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Dr. Gleeton and Dr. Sullivan were absent.

**EXECUTIVE SESSIONS**

8:49 a.m. – 9:12 a.m. 
Pursuant to 10 M.R.S. § 8003-B(1) and 24 M.R.S. § 2510 to discuss a pending complaint or investigation

12:04 p.m. – 12:07 p.m. 
Pursuant to 1 M.R.S. § 405(6)(F) to discuss confidential information

2:00 p.m. – 2:17 p.m. 
Pursuant to 1 M.R.S. § 405(6)(E) to seek legal advice from the Board’s attorney

**RECESSES**

9:47 a.m. – 10:00 a.m. 
Recess

12:15 p.m. – 12:47 p.m. 
Lunch

**I. Call to Order**

Dr. Barnhart called the meeting to order at 8:37 a.m.
A. Amendments to Agenda

Dr. Sacchetti moved to amend the following items onto the agenda: 1) CR17-54 under complaints; and 2) a consent agreement regarding CR17-170 under Consent Agreements/Resolution Documents for Review. Mr. Ross seconded the motion, which passed unanimously.

B. Scheduled Agenda Items

1. 1:00 p.m. Adjudicatory Hearing Elizabeth L. Bartlett, M.D. – Preliminary Denial of License Application - Continuance granted; proposed resolution to be presented

II. Licensing

A. Applications for Individual Consideration

1. Initial Applications
   
a. Moriah Krason, M.D.
      
      Dr. Sacchetti moved to approve Dr. Krason’s license application. Mr. Ross seconded the motion, which passed unanimously.
   
b. Mostafa Mazen, M.D.
      
      Dr. Sacchetti moved to grant Dr. Mazen a waiver regarding the postgraduate training requirement and approve his license application. Ms. Weinstein seconded the motion, which passed unanimously.
   
c. Aaron Perme, M.D.
      
      Dr. Sacchetti moved to approve Dr. Perme’s license application. Ms. Dench seconded the motion, which passed unanimously.
   
d. Andrew Spell, M.D.
      
      Dr. Sacchetti moved to approve Dr. Spell’s license application. Mr. Ross seconded the motion, which passed unanimously.

2. Reinstatement Applications (none)

3. Renewal Applications
a. Miguel West, M.D.

At 8:49 a.m. Ms. Dench moved to enter executive session pursuant to 10 M.R.S. § 8003-B(1) and 24 M.R.S. § 2510 to discuss a pending complaint or investigation. Mr. Ross seconded the motion, which passed 6-0-0-1. Dr. Waddell was recused from the matter and left the room.

At 9:12 a.m. Mr. Ross moved to come out of executive session. Dr. Sacchetti seconded the motion, which passed 6-0-0-1. Dr. Waddell was recused from the matter and left the room.

Dr. Wetzel moved to approve Dr. West’s renewal application and to issue a complaint (CR18-263). Ms. Weinstein seconded the motion, which passed 6-0-0-1. Dr. Waddell was recused from the matter and left the room.

4. Requests to Convert to Active Status (none)

5. Requests to Withdraw License/License Application
   a. Elizabeth L. Bartlett, M.D.

   Mr. Ross moved to rescind the preliminary denial of Dr. Bartlett’s license application and allow her to withdraw her application. Dr. Sacchetti seconded the motion, which passed unanimously.

6. Requests for Supervisory Relationships (none)

B. Other Items for Discussion
   a. Reference Letters

   The Board discussed the value of continuing to request references during the licensure process and instructed staff to draft a plan for review at an upcoming meeting.

C. Citations and Administrative Fines

   Ms. Weinstein moved to issue a citation and administrative fine to the physician in the instance presented by staff. Ms. Dench seconded the motion, which passed 5-1-1-0 with Dr. Wetzel abstaining.

   Dr. Sacchetti moved to issue citations and administrative fines to the physician assistant and physician in the instance presented by staff. Ms. Dench seconded the motion, which passed unanimously.

III. Consent Agreements/Resolution Documents for Review
A. Michael S. Zahra, M.D. [Appendix A]

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

B. CR17-50 Karyn Tocci, M.D. [Appendix B]

Dr. Sacchetti moved to approve the signed consent agreement. Mr. Ross seconded the motion, which passed 6-1.

C. CR17-88 Robin E. Locke, M.D. [Appendix C]

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

D. CR17-198/CR18-91 Mia H. Marietta, M.D. [Appendix D]

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

E. CR17-170 Heather M. Sneff, M.D. [Appendix E]

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

IV. Complaints

1. CR17-151

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

2. CR18-69

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

MOTION: A patient complains about the care she received and states the physician did not address her concerns. Review of the records reveals the physician did attempt to communicate with the patient and tried to treat her pain. Appropriate care was provided.

3. CR18-145 Zachary E. Smith, M.D.

Dr. Sacchetti moved to dismiss the complaint with a letter of guidance. Dr. Waddell seconded the motion, which passed unanimously.
MOTION: In this case, a patient complains that the physician falsified her medical record when he stated that she was overmedicalized, that her care was not following the standards of medicine in multiples cases and that she had sought second and third opinions for all of her ailments. The physician responded that his documentation reflected the information he received from the patient and his attempt to distill the same. He also stated that at times he may have documented unartfully or used language that he typically would not rely on for direct patient communication.

The letter of guidance will advise the physician that there is an ongoing shift toward transparency in medical documentation and ease of patient access to such information. In documenting patient encounters, he should exercise judgement when deciding what narrative information to include as part of the medical record. In this case, a patient read and challenged his note where they disagreed or felt misrepresented. Certain comments may be construed as insensitive or inflammatory, or have the potential to evoke real harm. A physician’s clinical opinion, even when it conflicts with the patient or another physician, should be written professionally. A medically complicated patient whose opinions may challenge his own presents an opportunity to advance his interpersonal skills while maintaining some influence over the therapeutic outcome.

4. CR18-153

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

MOTION: A patient complains that a physician touched her inappropriately during an examination in an emergency department. There were several other people in the room besides the patient, her husband and the doctor. The hospital immediately investigated the case and found that appropriate medical care was provided and that indeed appears to be the case.

5. CR18-154

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

MOTION: A patient complains that issues involving her knee were not properly managed by her orthopedic surgeon. The physician reports that he was managing the patient in a methodical, conservative manner which is supported by the medical record. The patient requested a second opinion and this was arranged. The second orthopedic surgeon took a more aggressive surgical approach. Review of the medical records shows that reasonable care was provided.

6. CR18-157 Stephen J. Bien, M.D.

Dr. Barnhart moved to dismiss the complaint with a letter of guidance. Ms. Dench seconded the motion, which passed unanimously.
MOTION: In this case, an anonymous person, using a patient’s name, reported to the Board that the physician allows early refills and does not follow rules for prescribing controlled substances. The physician’s response outlined his medical decision making on the patient and his policies regarding early refills and other aspects of controlled substance prescribing.

The letter of guidance will advise the physician that patients presenting with early refills need increased scrutiny, including random pill counts. Tools such as review of the Maine Prescription Monitoring Program reports, and other elements of universal precautions need to be used consistently and documented in the medical record. Patients who repeatedly break the treatment contract are not candidates for outpatient opiate maintenance treatment despite pregnancy or life circumstances, which can be unfortunate. In addition, the physician is advised to avail himself of further medical education and/or consultation with other providers regarding office based treatment of opioid use disorder.

7. CR18-156

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

MOTION: A patient complains about his primary care physician. He contends that the physician endangered him through improper prescribing. The records show that the physician acted appropriately when prescribing the medications in question. Not only were these clinically necessary but the patient had taken them previously without any reaction. The physician, citing irreconcilable differences, dismissed the patient from his practice with an opioid taper and records were transferred to another provider within an acceptable amount of time. Appropriate care and effort to transfer care were provided.

8. CR18-166

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

MOTION: The patient complains that the physician denied him appropriate treatment. The patient states that he was denied an MRI, medication, and other medical supplies until he filed a complaint with the president of the company. The physician responded that the patient was referred to a surgeon who did not recommend any surgical intervention. The physician did offer alternative treatment options and did talk to the patient about tapering him off his current medication, which is not indicated for his type of pain. Review of the records reveals the patient received reasonable care.

9. CR18-174

Mr. Ross moved to dismiss the complaint. Ms. Dench seconded the motion, which passed unanimously.
MOTION: The patient complains that the physician discontinued his medication and states that the physician is taking all his patients off this medication. The physician responded that the patient was initially started on the medication for acute pain and the medication is not intended to be used for chronic pain. The patient and physician discussed that providers do not use this type of medication for chronic pain and that his medical condition does not support the use of chronic opiates. Other treatment options were discussed as well as why this medication is considered an opiate. The patient requested a referral to a specialist for review of his care, which was granted. Review of the records reveals the patient received reasonable care.

10. CR18-175

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

MOTION: The patient complains that the physician discontinued his medication and did not provide an alternative. The physician responded that the patient stated that the medication was not effective so it was discontinued. The patient has been referred to a surgeon and has been offered non-opioid treatment options. Review of the records reveals the patient received reasonable care.

11. CR18-192

Dr. Sacchetti moved to dismiss the complaint. Ms. Weinstein seconded the motion, which passed 6-1.

MOTION: A patient complains that his physician will no longer prescribe an opioid analgesic for him despite ongoing leg pain. The patient is a young man who injured his knee which predisposed him to a venothromboembolus. The medical records show that his injury and subsequent complications were addressed appropriately including treatment for the acutely painful condition. As his condition improved, the opioid was deemed no longer necessary according to the overseeing physician. The patient’s progress is supported by physical therapy notes.

12. CR18-193

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

MOTION: The patient complains that he has been on Toprol XL to treat atrial fibrillation for many years and was recently told that the drug was unavailable and that he would need to take a generic medication. The patient contends that he has had an allergic reaction to the generic medication in the past. The physician responded that Toprol XL became unavailable and another drug was trialed with monitoring of the patient. Subsequently, Toprol XL again became available and the patient was provided that drug. Review of the records reveals appropriate care was provided.
13. CR18-183

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

**MOTION:** A patient alleges that he was unfairly dismissed by his physician of twenty-five years and contends that the physician should have protected him from the advances of a staff member at the office. The patient made a serious threat toward a staff member which violated the practice’s safety policy and resulted in the patient’s prompt termination. The physician communicated with the patient after the incident expressing regret for having to end their relationship on such a note, relayed details on transitioning care to a new provider both verbally and in writing, and offered to bridge medication.

14. CR18-194

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

**MOTION:** A patient complains about the care received from the physician and feels tests were unnecessarily ordered for financial gain. The patient did not follow through with recommendations and treatment, and delayed and missed scheduled appointments. Review of the records reveals an appropriate treatment plan and follow up.

15. CR18-121

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

**MOTION:** A patient complains that lab test results from an emergency department (ED) visit were not properly followed up on by the ED physician leading to a delay in diagnosis of ovarian cancer. The ED physician acknowledges that lab results were not properly managed and has led efforts to establish new policies and procedures at his facility to prevent similar events in the future. Review of the records and additional material provided by the physician in response to Board inquiry shows that appropriate steps have been taken. No further Board action is warranted.

16. CR18-128

Dr. Waddell moved to set the matter for an adjudicatory hearing and authorize AAG Miller to negotiate a consent agreement requiring the physician to have a competence evaluation and a § 3286 evaluation if she wishes to return to active practice. Mr. Ross seconded the motion, which passed unanimously.
17. CR18-144

Dr. Sacchetti moved to dismiss the complaint. Ms. Dench seconded the motion, which passed 5-0-0-2. Dr. Barnhart and Mr. Ross were recused from the matter and left the room.

**MOTION:** A patient complains about the care he received from a psychiatrist, specifically the discontinuation of methadone and being denied a palliative care exemption under the new opioid law. The patient had multiple pain generators that were more appropriately treated with non-opioid therapy. As reflected in the records, his management included the involvement of other specialists to address underlying pathology in a methodical and appropriate manner. The patient demonstrated noncompliance within the parameters of his controlled medication contract which eventually resulted in a tapering dose of methadone and unsuccessful trials with different buprenorphine formulations. Eventually, the patient was dismissed from the practice for his unwillingness to follow a path of treatment which excluded previously prescribed opioids.

18. CR18-143

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

**MOTION:** A patient complains about the care she received from her primary care physician. The patient has a complex medical history. Her care has been complicated by needing the expertise of consultants and specialists; several emergency room visits and hospitalizations; no shows and struggles with phone communications at the primary care physician’s office; home health nursing care and difficulties obtaining transportation. Review of the medical records reveals reasonable, appropriate care.

19. CR18-167

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

**MOTION:** A patient complains that a physician tried to prescribe unnecessary pain medications. A review of the records shows appropriate care was given.

20. CR18-169

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

21. CR18-187

Dr. Waddell moved to issue a citation and administrative fine, and to dismiss the complaint if the citation is accepted and the fine is paid. Mr. Ross seconded the motion, which passed 6-1.
22. CR18-190

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

**MOTION:** Following orthopedic surgery, the patient complains that she was reassigned to another physician without explanation. The physician responded that his employment contract was abruptly ended without cause and that he no longer had access to prior patient’s data, including contact information. The physician states that he was assured by the practice that his prior patients would be promptly contacted and provided transfer of care information. The medical practice confirmed the physician’s abrupt termination from the practice and lack of access to patient contact information.

23. CR18-195

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

**MOTION:** A patient complains of an inappropriate interaction with a physician in the emergency department. The patient disagrees about the diagnosis the physician reviewed from the records. The patient complains of behavioral issues at work and nurses document behavioral issues with nursing staff upon arrival. The patient notes taking an immediate dislike to the physician and then becoming severely dysregulated upon hearing a diagnosis she states was not helpful in the past which was very similar to her preferred diagnosis. The patient then demonstrated very typical behavior for the physician’s diagnosis with extreme agitation.

The chart was reviewed and careful documentation was noted. The physician did a careful assessment for safety. Although difficult for the patient to hear, the recommendation to cut back the number of her medications (which numbered over 30) was appropriate and contributed to her current state. The further recommendation to be supervised daily while making medication changes in intensive outpatient ultimately was followed. The emergency provider had contact with the outpatient provider.

It is impossible to know if the physician’s demeanor was inappropriate or somehow set off this patient who was already agitated.

24. CR18-196

At 12:04 p.m. Dr. Waddell moved to enter executive session pursuant to 1 M.R.S. 405(6)(F) to discuss confidential information. Mr. Ross seconded the motion, which passed 6-0-0-1. Dr. Sacchetti was recused from the matter and left the room.

At 12:07 p.m. Mr. Ross moved to come out of executive session. Ms. Weinstein seconded the motion, which passed 6-0-0-1. Dr. Sacchetti was recused from the matter and left the room.
Dr. Barnhart moved to investigate further. Ms. Dench seconded the motion, which passed 6-0-0-1. Dr. Sacchetti was recused from the matter and left the room.

25. CR18-235

Ms. Weinstein moved to deny the complainant’s request to withdraw the complaint and to notice the physician of the complaint. Dr. Sacchetti seconded the motion, which passed 6-1.

26. CR17-54

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

27. Intentionally left blank

V. Assessment and Direction

28. AD18-216

Mr. Ross moved to close with no further action upon verification of action taken in another licensing jurisdiction. Dr. Waddell seconded the matter, which passed 6-0-0-1. Dr. Sacchetti was recused from the matter and left the room.

29. AD18-181

Dr. Sacchetti moved to issue a complaint (CR18-259). Ms. Weinstein seconded the motion, which passed unanimously.

30. AD18-180

Dr. Sacchetti moved to issue a complaint (CR18-260). Ms. Dench seconded the motion, which passed unanimously.

31. AD18-238

Dr. Barnhart moved to issue a complaint (CR18-262) and request that the physician voluntarily agree not to practice medicine in Maine until the Board reviews treatment recommendations and approves a return to work plan. Dr. Waddell seconded the motion, which passed 6-0-0-1. Dr. Sacchetti was recused from the matter and left the room.

32. AD18-244

Dr. Waddell moved to issue a complaint (CR18-261). Dr. Sacchetti seconded the motion, which passed unanimously.

33. Intentionally left blank
34. Pending Adjudicatory Hearings and Informal Conferences Report

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

35. Consumer Assistance Specialist Feedback (none)

36. Other Items for Discussion (none)

VI. Informal Conference (none)

VII. Minutes for Approval

Dr. Sacchetti moved to approve the minutes of the October 9, 2018 meeting. Ms. Dench seconded the motion, which passed unanimously.

VIII. Board Orders & Consent Agreement Monitoring

A. Board Orders (none)

B. Monitoring Reports

1. Kevin M. Kendall, M.D.

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

2. Cathleen G. London, M.D.

Dr. Waddell moved not to approve the proposed practice monitor and to allow an extension until the next Board meeting for Dr. London to propose another practice monitor. Ms. Weinstein seconded the motion, which passed 6-0-0-1. Dr. Sacchetti was recused from the matter and left the room.

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

Dr. Waddell moved to terminate Dr. Carter’s probation. Mr. Ross seconded the motion, which passed unanimously.

IX. Adjudicatory Hearing 1:00 p.m. – Continuance granted

A. Elizabeth L. Bartlett, M.D. – Preliminary Denial of License Application

X. Remarks of Chair (none)

XI. Remarks of Executive Director
A. NBME Video-Based Communication Assessment Project

The Board reviewed information regarding a video-based communication assessment tool.

B. CPEP 2019 Learning Summit

Mr. Ross moved to approve attendance of a Board member and a staff member at the CPEP 2019 Learning Summit February 11-12, 2019 in Denver, Colorado. Ms. Dench seconded the motion, which passed unanimously.

XII. Assistant Executive Director’s Report

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

A. IAMRA Memo

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

B. AIM Memo

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

C. PA Supervision Memo

At 2:00 p.m. Mr. Ross moved to enter executive session pursuant to 1 M.R.S. § 405(6)(E) to seek legal advice from the Board’s attorney. Dr. Waddell seconded the motion, which passed unanimously.

At 2:17 p.m. Mr. Ross moved to come out of executive session. Dr. Sacchetti seconded the motion, which passed unanimously.

The Board reviewed a letter expressing concerns of the American Academy of Physician Assistants (AAPA) that the PA Supervision – New Graduates Chart Review policy is anticompetitive and violates federal antitrust law.

Following review and discussion, Dr. Waddell moved to rescind the PA Supervision – New Graduates Chart Review policy and to refer the issue to a joint workgroup with the Osteopathic Board to discuss possible revisions to the Chapter 2 Rule Regarding Physician Assistants. Mr. Ross seconded the motion, which passed unanimously.

D. Complaint Status Report

As of November 1, 2018, there are one hundred four complaints outstanding. Eighteen complaints were opened during the month of October and twenty-two were closed.
E. 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 (none)

XVII. Requests for Guidance (none)

XVIII. Standing Committee Reports

A. Licensure and CME Committee

1. Licensing Status Report [Appendix F]

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

XIX. Board Correspondence (none)

XX. FSMB Material (none)

XXI. FYI

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

XXII. Other Business (none)

XXIII. Adjournment 2:28 p.m.

At 2:28 p.m. Mr. Ross moved to adjourn the meeting. Dr. Sacchetti seconded the motion, which passed unanimously.

Respectfully submitted,

[Signature]

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

In re:  
MICHAEL S. ZAHRA, M.D.  

CONSENT AGREEMENT FOR LICENSURE

This document is a Consent Agreement, effective when signed by all parties, regarding the pending application for license renewal in the State of Maine of Michael S. Zahra, M.D. The parties to the Consent Agreement are: Michael S. Zahra, M.D. ("Dr. Zahra"), 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. Zahra held a temporary license in Maine beginning January 15, 2017, and has held a full license in Maine since March 31, 2017 (license number MD21482). Dr. Zahra specialized in pediatrics and pediatric critical care medicine.

2. On April 24, 2018, Dr. Zahra submitted an application to renew his Maine medical license. On Dr. Zahra's application, he answered "yes" to the question "Have you ever been notified of the existence of allegations, investigations and/or complaints involving you, filed with or by ANY licensing authority (INCLUDING MAINE), which allegations remain open as of the date of this application?" In connection with his response to that question, he stated, "I am currently being investigated by Missouri and Ohio due to a reckless
driving conviction in July 2017 and for seeking treatment for alcohol use disorder.” On his application, he answered “no” to the question “Have you been diagnosed with or treated for any medical or mental health disorder that impaired your behavior, judgment, understanding, or ability to function in school, work or other important life activities?”

3. On April 25, 2018, Dr. Zahra submitted a copy of an August 1, 2017 evaluation report from Positive Sobriety Institute that contained information providing his diagnoses, and recommending treatment and monitoring. Dr. Zahra entered into a five year monitoring contract with the Missouri Physicians Health Program (MoPHP) on August 3, 2017.

4. Pursuant to 32 M.R.S. § 3280-A(2)(A), the Board may deny license renewal if the Board finds cause that may be considered grounds for refusal to renew the license.

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

6. Pursuant to 32 M.R.S. § 3282-A(2)(B), the Board may refuse to issue, or impose other discipline for misuse of alcohol, drugs or other substances that has resulted or that may result in the licensee performing services in a manner that endangers the health or safety of patients.

7. On August 14, 2018, the Board reviewed the foregoing information and voted to preliminarily deny Dr. Zahra’s application for renewal of his
medical license. In lieu of the denial, the Board also voted to offer Dr. Zahra this Consent Agreement. Should Dr. Zahra decide to accept this Consent Agreement, he should sign it and date it in front of a notary and return it to the Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before October 25, 2018. Should Dr. Zahra decide not to accept this Consent Agreement and wish to appeal the preliminary denial of his application for permanent licensure, Dr. Zahra must submit a written request for an adjudicatory hearing to the Board within thirty (30) days of receipt of the Notice of Preliminary Denial of License Application or the preliminary denial of his application will become final.

COVENANTS

8. Dr. Zahra admits the foregoing facts and that such conduct constitutes grounds for denial of licensure and imposition of other discipline pursuant to 32 M.R.S. §§ 3282-A(2)(A) and (2)(B).

9. As discipline for his conduct, Dr. Zahra agrees to the following terms and conditions:

   a) Dr. Zahra shall maintain and comply with all requirements of his August 3, 2017 five-year monitoring contract with MoPHP. Within seven (7) days of the effective date of this Consent Agreement, Dr. Zahra shall enroll in the Maine Professionals Health Program ("MPHP") and ensure that there is coordinated monitoring between MoPHP and MPHP. Such coordinated monitoring shall include immediate notification of any violation of the August 3, 2017 monitoring contract or any MPHP monitoring contract, and of any
positive or problematic toxicology test. Dr. Zahra must maintain monitoring through MoPHP or MPHP until at least August 2, 2022. Dr. Zahra expressly authorizes and agrees to execute any release necessary for the Board, Board staff, and the Board’s assigned Assistant Attorney General to communicate directly with and obtain information from MPHP and/or MoPHP. Dr. Zahra shall ensure that the Board receives quarterly compliance reports from MPHP or MoPHP; and

b) A CIVIL PENALTY in the amount of Five Hundred Dollars ($500.00), 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.

10. Dr. Zahra 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. Zahra described herein may be considered in future Board action(s) as evidence of a pattern of misconduct.

12. Upon execution of this Consent Agreement, the Board shall issue a renewal of Dr. Zahra’s license contingent upon his meeting all other licensure requirements.
13. Violation of any of the terms or conditions of this Consent Agreement by Dr. Zahra shall constitute unprofessional conduct and grounds for additional discipline of his Maine medical license by the Board, including but not limited to imposition of civil penalties, or modification, suspension, and revocation of licensure.

14. This Consent Agreement is not appealable, constitutes disciplinary action, is reportable to the National Practitioner Data Bank, the Federation of State Medical Boards, and other licensing jurisdictions, and is effective until modified or rescinded in writing by all of the parties hereto.

15. The Board and the Department of Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

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

17. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

18. Dr. Zahra 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, MICHAEL S. ZAHRA, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT. I UNDERSTAND THAT BY SIGNING IT, THAT I WAIVE CERTAIN RIGHTS. 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: 10/19/18

MICHAEL S. ZAHRA, M.D.

STATE OF Missouri
ST. LOUIS COUNTY, S.S. (County)

Personally appeared before me the above-named Michael S. Zahra, 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: 10/17/2018

NOTARY PUBLIC
MY COMMISSION ENDS: 05/25/2021

RACHAEL ANDREWS
Notary Public - Notary Seal
STATE OF MISSOURI
St. Louis County
My Commission Expires: May 25, 2021
Commission # 17708/86
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED: 11-13-18

MARY LOUISA BARNHART, M.D.,
Acting Chair

STATE OF MAINE DEPARTMENT
OF THE ATTORNEY GENERAL

DATED: November 13, 2018

MICHAEL MILLER
Assistant Attorney General

Effective Date: November 13, 2018
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

In re: KARYN TOCCI, M.D. Complaint No. CR17-50

) 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 Karyn Tocci, M.D. The parties to the Consent Agreement are: Karyn Tocci, M.D. ("Dr. Tocci"), 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. Tocci has held an administrative medical license in the State of Maine since October 24, 2011 (license number AL91006).

2. On March 27, 2017, the Board initiated a complaint alleging that Dr. Tocci failed to respond to a Board subpoena for patient records and failed to respond to notice of a patient complaint notwithstanding repeated attempts by Board staff to communicate with Dr. Tocci via mail, email, federal express and telephone messages. The Board docketed the complaint as CR17-50, and sent it to Dr. Tocci via email, first class mail, and certified mail for a response. The complaint sent by certified mail was returned to the Board "unclaimed." Dr. Tocci was served in person with complaint 17-50 by an Attorney General Detective on May 3, 2017.
3. Dr. Tocci failed to respond to complaint 17-50 within thirty (30) days as required by 32 M.R.S. § 3282-A(1).

4. By letter dated September 25, 2017, Dr. Tocci responded to complaint 17-50. In her response, Dr. Tocci explained her work under her medical license, and described her history of a difficult personal relationship that contributed to her lack of response to Board staff communications.

5. On September 29, 2017, Dr. Tocci underwent a neuropsychological assessment requested by the Board.

6. On October 10, 2017, the Board held an informal conference with Dr. Tocci. Following the informal conference, the Board voted to further investigate the complaint and requested that Dr. Tocci agree to provide certain information to the Board and engage in ongoing counseling within specific timeframes.

7. On June 2, 2018, Dr. Tocci underwent a psychological evaluation requested by the Board due to concerns that she had not completed the counseling as agreed. The evaluation report made recommendations regarding further treatment.

8. Pursuant to 32 M.R.S. § 3282-A(2)(H), the Board may impose discipline for a violation of Board statute or rule.

9. Pursuant to 32 M.R.S. § 3282-A(2)(Q), the Board may impose discipline for failing to produce upon request of the Board any documents in the licensee's possession or under the licensee's control concerning a pending
complaint or proceeding or any matter under investigation by the Board, unless otherwise prohibited by state of federal law.

10. Pursuant to 32 M.R.S. § 3282-A(2)(R), the Board may impose discipline for failure to respond timely to a complaint notification by the Board.

11. On July 10, 2018, the Board reviewed complaint CR17-50, and voted to set the matter for an adjudicatory hearing. In addition, the Board voted to offer Dr. Tocci this Consent Agreement to resolve the matter without further proceedings. Absent Dr. Tocci’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 28, 2018, the matter will be scheduled for an adjudicatory hearing.

COVENANTS

12. Dr. Tocci admits the facts stated above and acknowledges that the Board has determined that such conduct constitutes grounds for discipline pursuant to 32 M.R.S. §§ 3282-A(2)(H) (violation of Board statute), A(2)(Q) (failure to respond to Board subpoena), and (A)(2)(R)(failure to respond timely to Board complaint notification).

13. As discipline for the foregoing conduct, Dr. Tocci agrees to accept, and the Board imposes a requirement that:

   Within thirty (30) days of the effective date of this Consent Agreement, Dr. Tocci shall submit for approval by the Board, Board Chair, Board Secretary or Board designee the name of a licensed psychiatrist or
psychologist with whom she shall engage in weekly psychotherapy sessions for a period of at least one year. Dr. Tocci shall provide copies of the September 29, 2017 neuropsychological assessment and the June 2, 2018 psychological evaluation to the treating psychiatrist or psychologist immediately upon approval, if not previously provided. Dr. Tocci must initiate the weekly psychotherapy sessions no later than thirty (30) days after notification of the approval of the treating psychiatrist or psychologist. Following approval, the treating psychiatrist or psychologist shall submit written reports to the Board every month no later than the 28th day of each month. The reports shall confirm ongoing treatment and shall identify any issues or concerns regarding Dr. Tocci's professionalism or issues that may impact Dr. Tocci's ability to competently and safely practice administrative medicine. After receipt by the Board of no less than twelve (12) reports, the treating psychiatrist or psychologist may in his or her report request that the Board modify or terminate the reporting or ongoing treatment requirement contained in this subparagraph. Upon receipt of such request, the Board may grant or deny the request in its sole discretion.

14. Dr. Tocci 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. Tocci shall provide such notice in
writing to Julie Best, Complaint Coordinator, or her successor. Failure to comply with or respond to any request shall be considered unprofessional conduct and a violation of this Consent Agreement.

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

16. Violation by Dr. Tocci 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.

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

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

19. 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.

20. 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.

21. 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.

22. Dr. Tocci acknowledges by her signature hereeto 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.

23. Dr. Tocci has been represented by Elizabeth A. Olivier, Esq., who has participated in the negotiation of the terms of this Consent Agreement.

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

DATED: 10/24/18  
KARYN TOCCI, M.D.

STATE OF Maine  
Cumberland, S.S.

Personally appeared before me the above-named Karyn Tocci, 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: Oct 26 2018  
NANCY N. CONDON  
NOTARY PUBLIC/ATTORNEY  
Notary Public, Maine  
My Commission Expires December 3, 2024

MY COMMISSION ENDS: 

DATED: Oct 26 2018  
ELIZABETH A. OLIVIER, Esq.  
Counsel for Karyn Tocci, M.D.
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED: 11-13-18

MARY LOUISA BARNHART, M.D.,
Acting Chair

STATE OF MAINE DEPARTMENT
OF THE ATTORNEY GENERAL

DATED: November 13, 2018

MICHAEL MILLER
Assistant Attorney General

Effective Date: November 17, 2018
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

In re:  
ROBIN E. LOCKE, M.D.  
No. CR17-88

) 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 Robin E. Locke, M.D. The parties to the Consent Agreement are: Robin E. Locke, M.D. ("Dr. Locke"), 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. Locke has held a license to practice medicine in the State of Maine since May 7, 2009 (license number MD18128), and specializes in internal medicine and oncology.

2. On March 16, 2017, the Board received a report from MaineGeneral Medical Center ("MGMC") pursuant to 24 M.R.S. § 2506 stating that MGMC had received a report of unprofessional conduct alleging that Dr. Locke for a period of approximately two years had been writing prescriptions for herself for controlled substances under the name and credentials of a MGMC colleague and that MGMC had placed Dr. Locke on precautionary suspension effective March 10, 2017.
3. On March 20, 2017, the Board received a report pursuant to 24 M.R.S. § 2505 from a physician who stated that in reviewing his prescriptions in the prescription monitoring program ("PMP"), he discovered many prescriptions for Schedule II drugs to Dr. Locke under his DEA number dating back to January of 2013, and that Dr. Locke was not his patient. The prescriptions were primarily for oxycodone.

4. Review of records of the PMP revealed approximately 109 prescriptions for Dr. Locke for oxycodone, oxycontin, alprazolam, and lorazepam from the physician who filed the § 2505 report for the period January 2013 through February 2017. In addition, the PMP review revealed approximately 38 prescriptions for Dr. Locke for oxycodone and oxycontin from an Advance Practice Registered Nurse, Certified Nurse Practitioner for the period March 2012 through December 2012.

5. On March 28, 2017, Board staff contacted the Advance Practice Registered Nurse, Certified Nurse Practitioner who stated that she worked with Dr. Locke at the Alfond Cancer Center until May 2012. She told Board staff that she never prescribed controlled substances to Dr. Locke nor was Dr. Locke ever her patient.

6. On March 9, 2017, Dr. Locke sent an email to MGMC stating that she had enrolled herself in a rehabilitation program and was seeking assistance in managing narcotic use.

7. On April 11, 2017, Dr. Locke entered into an Interim Consent Agreement for License Suspension with the Board.
8. On April 21, 2017, the Board issued a complaint based upon the allegations arising from the reports mentioned above. The Board docketed the complaint as CR17-88 and sent it to Dr. Locke for a response.

9. By letter dated June 28, 2017, Dr. Locke responded to Complaint CR17-88 through legal counsel, declined to provide a substantive response, stated that she was enrolled in the Maine Medical Professionals Health Program ("MPHP"), and that she did not anticipate any immediate return to practice.

10. On April 2, 2018, the Board amended Complaint CR17-88 following another report from MGMC that a patient reported to that entity that Dr. Locke encouraged the patient to take higher doses of pain medication, that Dr. Locke would conduct pill counts of the patient's medication and he would receive fewer pills following the count, and that the patient became dependent on the medication and was struggling to get off of that medication. In addition, the patient's medical record did not contain medication lists or documentation that pill counts were conducted. The Board sent Amended Complaint CR17-88 to Dr. Locke for a response.

11. By letter dated May 7, 2018, Dr. Locke responded to the Amended Complaint CR17-88 through legal counsel. Dr. Locke denied diverting medication from the patient.

12. Pursuant to 32 M.R.S. § 3282-A(2)(A), the Board may impose discipline for fraud, deceit or misrepresentation in obtaining a license or in connection with service rendered within the scope of the license issued.
13. Pursuant to 32 M.R.S. § 3282-A(2)(B), the Board may impose discipline for misuse of alcohol, drugs or other substances that has resulted or may result in the licensee performing services in a manner that endangers the health or safety of patients.

14. 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.

15. On June 12, 2018, the Board reviewed Amended Complaint CR17-88, and voted to set this matter for an adjudicatory hearing. In addition, the Board voted to offer Dr. Locke this Consent Agreement to resolve this matter without further proceedings. Absent Dr. Locke’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 August 23, 2018, the matter will be scheduled for an adjudicatory hearing.

COVENANTS

16. Dr. Locke agrees that if the Board were to hold an adjudicatory hearing in these matters, the Board would have sufficient evidence by a preponderance of the evidence by which it could find that grounds for discipline exist pursuant to 32 M.R.S. §§ 3282-A(2)(A) (for engaging in fraud, deceit or misrepresentation in connection with a service rendered within the scope of the license issued), (2)(B) (for misuse of alcohol, drugs or other
substances that may result in the licensee performing services in a manner that endangers the health or safety of patients), and (2)(F) (for engaging in unprofessional conduct), and the Board hereby finds that grounds for discipline exist pursuant to 32 M.R.S. §§ 3282-A(2)(A), (B), and (F).

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

18. Violation by Dr. Locke 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.

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

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

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

22. 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.

23. 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.

24. 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.

25. Dr. Locke 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.

26. Dr. Locke has been represented by Ronald W. Schneider, Jr., Esq., who has participated in the negotiation of the terms of this Interim Consent Agreement.

27. 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, ROBIN E. LOCKE, 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: 10/26/18

ROBIN E. LOCKE, M.D.

STATE OF Maine

Washington, S.S.

Personally appeared before me the above-named Robin E. Locke, 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: 10/26/18

KERI ANN BARNARD
NOTARY PUBLIC/ATTORNEY

MY COMMISSION ENDS:

DATED: 10/30/18

RONALD W. SCHNEIDER, JR., Esq.
Counsel for Robin E. Locke, M.D.
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED: 11-12-18
MARY LOUISA BARNHART, M.D.,
Acting Chair

STATE OF MAINE DEPARTMENT
OF THE ATTORNEY GENERAL

DATED: November 13, 2018
MICHAEL MILLER
Assistant Attorney General

Effective Date: November 13, 2018
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

In re: MIA H. MARIETTA, M.D. Complaint Nos. CR17-198, CR18-91

) 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 Mia H. Marietta, M.D. The parties to the Consent Agreement are: Mia H. Marietta, M.D. ("Dr. Marietta"), 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. Marietta has held a license to practice medicine in the State of Maine since September 14, 2011 (license number MD18931), and specializes in general surgery.

2. On October 31, 2017, the Board issued a complaint following a report from Mid Coast Hospital ("Mid Coast") stating that Dr. Marietta’s employment was terminated effective May 26, 2017. Mid Coast reported that the decision was based on a review of cases, Dr. Marietta’s clinical performance during surgery, and the lack of an appropriate response to post-operative complications involving a 33 year-old patient. In addition, it was alleged that Dr. Marietta submitted an application to renew her license to the Board on August 21, 2017, and answered "no" to a question which asked whether she
had been terminated or suspended from any employment. The Board docketed that complaint as CR17-198, and sent it to Dr. Marietta for a response.

3. By letter dated November 6, 2017, Dr. Marietta responded to the complaint. In her response, Dr. Marietta explained that her employment with Mid Coast ended pursuant to a mutual agreement and that she was told the end of her employment was not going to be reported. Dr. Marietta explained that based on her understanding she believed that her answer on the renewal application was correct. She stated that a community based hospital was probably not the ideal choice for a young surgeon straight out of training. Dr. Marietta stated that there was no mentorship program or regular performance review at Mid Coast. Dr. Marietta informed the Board that she would be focusing going forward on outpatient services.

4. On February 17, 2018, the Board received an independent outside expert review of the care provided by Dr. Marietta to several surgical patients at Mid Coast. The independent outside reviewer concluded that the cases demonstrated a lack of experience and oversight, poor documentation, and delays in diagnosis and treatment of expected complications in complex cases.

5. On June 7, 2018, the Board issued a complaint following a report from a registered nurse. The nurse reported that a resident at an assisted living facility had received prescriptions in the mail from an out of state pharmacy that the resident did not have orders for. The nurse reported that Dr. Marietta issued the prescriptions for this resident but when contacted by the nurse denied having any knowledge of them. In addition, the nurse
reported that the patient has some dementia and also denied knowledge of the prescriptions. The complaint further alleged that Dr. Marietta told the Board of Pharmacy investigator that she had a telemedicine encounter with the patient through a "cyber-intermediary" and that she spoke with the patient by phone. Despite numerous requests, Dr. Marietta failed to produce the medical records created by her that were associated with the telemedicine prescriptions. The Board docketed the complaint as CR18-91, and sent it to Dr. Marietta for a response.

6. By letter dated June 15, 2018, Dr. Marietta responded to the complaint. In her response, Dr. Marietta stated that she had been participating in "limited telemedicine" for the past several months, and that she believed that she had been compliant with the Board rules regarding the practice of telemedicine. Dr. Marietta stated that each contact and subsequent prescription "involve[d] a detailed phone call." Dr. Marietta produced what medical records she had for the patient encounter and provided contact information for the telemedicine company.

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

8. Pursuant to 32 M.R.S. § 3282-A(2)(E), the Board may impose discipline if the licensee has engaged 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, or that evidences a lack of knowledge or inability to apply principles or skills to carry out the practice for which the licensee is licensed.

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

10. Pursuant to 32 M.R.S. § 3282-A(2)(H), the Board may impose discipline for a violation of Board rules. Board Rules Chapter 6 “Telemedicine Standards of Practice” provides that a licensee who uses telemedicine in providing health care shall be held to the same standards of care and professional ethics as a licensee using traditional in-person encounters with patients and failure to conform to the appropriate standards of care or professional ethics while using telemedicine may subject the licensee to discipline by the Board. Board Rules Chapter 6, § 3(3). Generally, a licensee shall perform an in-person medical interview and physical examination for each patient. However, the medical interview and physical examination may not be in-person if the technology utilized in a telemedicine encounter is sufficient to establish an informed diagnosis as though the medical interview and physician examination had been performed in-person. Prior to providing treatment, including issuing prescriptions, electronically or otherwise, a licensee who uses telemedicine in providing health care shall interview the patient to collect the relevant medical history and perform a physical examination, when medically necessary, sufficient for the diagnosis and
treatment of the patient. Board Rules Chapter 6, § 3(7). The licensee shall provide a copy of the medical records to the treating physician(s). Board Rules Chapter 6, § 3(10).

11. On April 10, 2018, and August 14, 2018, the Board reviewed complaints CR17-198 and CR18-91, and voted to set this matter for an adjudicatory hearing. In addition, the Board voted to offer Dr. Marietta this Consent Agreement to resolve this matter without further proceedings. Absent Dr. Marietta’s acceptance of this Consent Agreement by signing and dating it in front of a notary and mailing it to Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before November 1, 2018, the matter will be scheduled for an adjudicatory hearing.

COVENANTS

12. Dr. Marietta admits the facts stated above and agrees that such conduct constitutes grounds for discipline pursuant to 32 M.R.S. §§ 3282-A(2)(A) (for misrepresentation in obtaining a license), (2)(E) (for lack of ability or fitness to discharge the duty owed by the licensee to a client or patient or the general public, or that evidences a lack of knowledge or inability to apply principles or skills to carry out the practice for which the licensee is licensed), (2)(F) (for engaging in unprofessional conduct), and (2)(H) (for violation of Board rules).

13. As discipline for the foregoing conduct, Dr. Marietta agrees to accept the following:
a) A PRACTICE LIMITATION: Dr. Marietta shall limit her surgical medical practice to minor outpatient office-based procedures involving local anesthesia only with no sedation. Dr. Marietta shall be required to obtain Board approval following additional specialized training or a Clinical Competence Assessment from The Center for Personalized Education for Professionals ("CPEP"), in order to engage in surgical practice broader than the limitation contained in this subparagraph; and

b) A period of PROBATION of not less than two (2) years during which Dr. Marietta shall obtain pre-approval of her engaging in any practice that is located in Maine or that provides health care to Maine patients. Dr. Marietta shall submit written notification to the Board of her proposed practice together with a proposed plan for oversight and mentorship ("mentorship plan"). Approval of the proposed practice and mentorship plan may be granted by the Board, Board Chair, Case Reporter, or Board designee. After a period of probation of not less than two (2) years, Dr. Marietta may request that the Board terminate or modify the requirement of probation. Upon receipt of such request and any information requested by the Board in connection with such request, the Board shall determine, in its sole discretion whether to maintain, modify, or eliminate the requirements of probation.

14. Dr. Marietta acknowledges that while this Consent Agreement 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. Failure to comply with or respond
to any request shall be considered unprofessional conduct and a violation of this Consent Agreement.

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

16. Violation by Dr. Marietta 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.

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

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

19. 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.

20. 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.

21. 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.

22. Dr. Marietta 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.

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, MIA H. MARIETTA, 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: 10/18/18

MIA H. MARIETTA, M.D.

STATE OF \( \text{\underline{\text{Maine}}} \)

\( \underline{9348} \), S.S.

Personally appeared before me the above-named Mia H. Marietta, 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: 10/31/18

NOTARY PUBLIC/ATTORNEY
MY COMMISSION ENDS:

JAMES AMBROSE
Notary Public, Maine
My Commission Expires January 23, 2020
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED: 11-13-18

MARY LOUISA BARNHART, M.D.,
Acting Chair

STATE OF MAINE DEPARTMENT
OF THE ATTORNEY GENERAL

DATED: November 17, 2018

MICHAEL MILLER
Assistant Attorney General

Effective Date:
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

In re: HEATHER M. SNEFF, M.D. Complaint No. CR17-170

) 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 Heather M. Sneff, M.D. The parties to the Consent Agreement are: Heather M. Sneff, M.D. ("Dr. Sneff"), 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. Sneff has held a license to practice medicine in the State of Maine since February 24, 2010 (license number MD18391), and specializes in family practice.

2. On August 24, 2017, the Board initiated a complaint alleging incompetence and unprofessional conduct, following a mandated report from a hospital where Dr. Sneff worked as a locum tenens family medicine physician. The hospital reported that Dr. Sneff was removed early from clinical patient care duties in order to finish documentation and to address outstanding patient messages, orders, labs and imaging results, and that notwithstanding being provided with an opportunity to complete the necessary medical record documentation, Dr. Sneff left the position with unfinished patient encounters,
unsigned orders, and unsigned lab or test results. The Board docketed that complaint as CR17-170, and sent it to Dr. Sneff for a response.

3. By letter dated October 23, 2017, Dr. Sneff responded to the complaint. Dr. Sneff explained that she no longer has access to the medical records at the hospital. She told the Board that this was one of her “most challenging positions” due to “the significant staffing shortage and the unique lack of supports for administrative work.” Dr. Sneff stated that she “walked into a clinic in crisis and did the best that [she] could.” Dr. Sneff stated that she had a “non-working computer for nearly [her] entire time at the job” which was not fixed until about four weeks from her last day there. Dr. Sneff stated that there were issues associated with the electronic medical record (“EMR) used. Dr. Sneff acknowledged that charting is a weakness of hers and that she disclosed it to the hospital prior to her employment. Dr. Sneff stated that she tried to inform the hospital about her concerns proactively and felt that she kept “patient safety and care foremost.”

4. Upon further investigation, Dr. Sneff informed the Board that she could not recall the specifics features in the EMR that she did not have access to as a locum tenens provider or for which she did not have permissions enabled. The Board notes that Dr. Sneff failed to timely respond to the complaint notice and other Board communication. Interviews conducted with other medical providers associated with the hospital failed to corroborate several issues asserted by Dr. Sneff, with the exception of inconsistency in
labelling documents that made it more difficult to find them in the EMR at times.

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

6. On May 8, 2018, and August 14, 2018, the Board reviewed complaint CR17-170 and voted to set this matter for an adjudicatory hearing. In addition, the Board voted to offer Dr. Sneff this Consent Agreement to resolve this matter without further proceedings. Absent Dr. Sneff's acceptance of this Consent Agreement by signing and dating it in front of a notary and mailing it to Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before November 9, 2018, the matter will be scheduled for an adjudicatory hearing.

COVENANTS

7. Dr. Sneff 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).

8. As discipline for the foregoing conduct, Dr. Sneff agrees to accept the following:

a) A WARNING for unprofessional conduct associated with medical recordkeeping;
b) A CIVIL PENALTY in the amount of One Thousand Dollars ($1,000.00), payment of which may be made in installments and 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. The full amount of the civil penalty imposed by this paragraph shall be paid within one year of employment and no later than two (2) years after the execution of this Consent Agreement;

c) Dr. Sneff shall comply with the medical recordkeeping plan submitted by Dr. Sneff to the Board on August 8, 2018, or prior to providing any health care services in the State of Maine or pursuant to her Maine medical license, Dr. Sneff must notify the Board and submit an alternative proposed written medical recordkeeping plan setting forth how medical records will be accurately and timely completed. Any alternative medical recordkeeping plan to the August 8, 2018 medical recordkeeping plan must be approved by the Board Chair or Board Secretary before Dr. Sneff provides health care services in the State of Maine or pursuant to her Maine medical license; and

d) Dr. Sneff shall notify the Board of any employment within fourteen (14) days of employment and must promptly provide a copy of this Consent Agreement, together with any amendments, if any, to any health care employer.

9. Any conduct of Dr. Sneff described herein may be considered in future Board action(s) as evidence of a pattern of misconduct.
10. Violation by Dr. Sneff of any of the terms or conditions of this Consent Agreement shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of re-licensure.

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

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

13. 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.

14. 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.

15. 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.

16. Dr. Sneff 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.

17. 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, HEATHER M. SNEFF, 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: 11/8/18

HEATHER M. SNEFF, M.D.

STATE OF MAINE

Cumberland, S.S.

Personally appeared before me the above-named Heather M. Sneff, 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: 11/8/18

YOLANDE P. JUSTICE
NOTARY PUBLIC/ATTORNEY

Notary Public, Maine
My Commission Expires October 31, 2022

MY COMMISSION ENDS: 10/31/2022
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED:  11-13-18

MARY LOUISA BARNHART, M.D.,
Acting Chair

STATE OF MAINE DEPARTMENT
OF THE ATTORNEY GENERAL

DATED:  11-19-18

MICHAEL MILLER
Assistant Attorney General

Effective Date:  11-17-18
The following information is included:

A summary of all new licenses granted in October 2018 by license type (76);

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

A summary of all pending applications by license type (196);

A list of online vs. paper renewals in September 2018 by license type 92.31%);

The number of licenses expired October 31, 2018 (48)

The number of licenses lapsed for date 7/31/2018 (43); and

The list of licenses withdrawn in October 2018 (13).

In addition, the overall licensing statistics include:

The number of active MD licenses (not including EC) November 1, 2018 (6059);

The number of active MD licenses with a Maine address (not including EC) on November 1, 2018 (3478);

The number of active PA/PAN licenses on October 1, 2018 (883);

The number of active PA/PAN licenses with a Maine address on November 1, 2018 (806); and

The number of licenses pending renewal on November 1, 2018 (42).

We look forward to your feedback.
# SELECTION FILE SUMMARY

**STATE OF MAINE - DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION**  
**BOARD OF LICENSURE IN MEDICINE**

Selection File Name: MONTHLY-ISSUED

## SUMMARY BY LICENSE PREFIX

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## SUMMARY BY LICENSE STATUS

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