

STATE OF MAINE BOARD OF OSTEOPATHIC LICENSURE

In Re: Paul Gosselin, D.O.

Disciplinary Action

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DECISION AND ORDER

I. PROCEDURAL HISTORY

Pursuant to the authority found in 5 M.R.S. § 9051 et seq., 10 M.R.S. § 8003(5), and 32 M.R.S. § 2591-A, the State of Maine Board of Osteopathic Licensure (“Board”) met in public session at its offices in Augusta, Maine, on July 10, 2014. The purpose of the meeting was to conduct an adjudicatory hearing to determine whether grounds existed to impose discipline on licensee Paul Gosselin, D.O.

A quorum of the Board was in attendance during all stages of the proceedings. Participating and voting Board members were Joseph R.D. deKay, D.O.; John F. Gaddis, D.O.; Katherine Norfleet, Public Member; Gary E. Palman, D.O.; Natania Piper, D.O.; David Rydell, D.O.; Kathy Walker, LMSW; and Chair Marty W. McIntyre. Dr. Gosselin was present and represented by Eric Mehnert, Esq. Michael Miller, Esq., Assistant Attorney General, represented the State of Maine. Rebekah J. Smith, Esq., served as Presiding Officer. The hearing was held in accordance with the requirements of the Administrative Procedures Act, 5 M.R.S. § 9051 et seq.

State Exhibits #1 to #3 and #5 to #21 were admitted without objection with the exception of State Exhibit #9, which was admitted over Licensee’s objection on the basis that it contained hearsay. The State withdrew State Exhibit #4. Licensee Exhibits #1 to #2 were admitted without objection. The Board took notice of its statutes and rules and confirmed that no participating member had any conflict of interest or bias that would prevent him or her from rendering an impartial decision in this matter. Both parties presented an opening statement. The State presented

four witnesses: William Beaulieu, Officer with the Fairfield Police Department; Michael Ross, Detective with the Skowhegan Sheriff's Department; James Gioia, Detective with the Office of the Attorney General; and the Licensee. The Licensee presented five witnesses: Dana Clifford, a patient of Dr. Gosselin; John Gosselin, brother of Dr. Gosselin; Albert Languet, a patient of Dr. Gosselin; Wendy Languet, the wife of a patient of Dr. Gosselin; and Charles Roy, pharmacist. Witnesses were sequestered with the exception of Detective Gioia, who served as a security presence during the hearing. Both parties made closing statements. The Board then deliberated and made the following findings of fact and conclusions of law by a preponderance of the credible evidence regarding the allegations of violations by Dr. Gosselin.

II. PREHEARING RULINGS

Licensee's motion to present the testimony of Kim Gosselin, his wife, by telephone was granted over the State's objection although Licensee ultimately did not call Ms. Gosselin as a witness. The State's relevance objections to the testimony of Licensee witnesses Albert Languet, Wendy Languet, and Dana Clifford were denied. The State's relevance objection to the testimony of Theresa Johnson, regarding what she was informed about whether the Board would initiate a complaint in an unrelated matter, was sustained. Licensee's claim of institutional bias, which he argued was present due to the fact that the Assistant Attorney General representing the State in this hearing was counsel to the Board in other matters, was denied.

In a conference held approximately 15 minutes prior to the start of the hearing on July 10, Licensee requested a continuance of the hearing on the basis that his counsel had not had sufficient time to review the State's exhibits. Pursuant to the documents proffered by the parties, the State's counsel provided Licensee's counsel with the State's witness list on July 2 and informed Licensee's counsel at that time that she would provide him with the State's exhibits on July 3. Only two of the

State's Exhibits had not been previously provided to, or were not otherwise previously available to, Licensee. When notified as to when the State's exhibits would be shared, Licensee's counsel did not indicate a concern about the timing of the State's disclosure of its exhibits. On July 3, at 3:04 p.m., the State's counsel provided Licensee's counsel with the State's exhibits by email. On July 8, Licensee's counsel provided the State's counsel with his witness list. During a prehearing conference held on July 9, Licensee's counsel did not request a continuance or otherwise object to the timing of the State's disclosure of its exhibits. During a prehearing conference held just before the hearing on July 10, Licensee proffered two exhibits, which had not been seen before by the State, which were admitted without objection.

On the morning of hearing, Licensee's counsel indicated that professional and personal obligations between July 3 and the hearing had prevented him from thoroughly reviewing the State's exhibits and that the documents had not been provided sufficiently in advance of hearing to satisfy the requirements of due process. The Administrative Procedures Act, which governs this hearing, does not specify a time within which proposed exhibits must be exchanged prior to hearing. It does, however, require that the notice of hearing, provided to Licensee originally on May 14, 2014, for a June 12, 2014, hearing and on June 5, 2014, for the continued hearing date, must be given to the person whose legal rights, duties, or privileges are at issue sufficient in advance of the anticipated time of the decision to afford an adequately opportunity to prepare and submit evidence and argument. 5 M.R.S. § 9052. Applying that standard, the notice of hearing was clearly provided sufficiently in advance of hearing. Further, if that standard were to apply to the exchange of documents, the State's counsel provided Licensee's counsel with the State's proposed exhibits, nearly all of which were previously available to Licensee, 7 days prior to hearing. Under these circumstances, Licensee's continuance request was denied.

III. FINDINGS OF FACTS

1. On July 15, 1999, Dr. Paul Gosselin was granted a license as a Doctor of Osteopathic Medicine. (State Exh. #2.)
2. In April 2002, Dr. Gosselin entered into a consent agreement with the Board in which he agreed that he had demonstrated unprofessional conduct by calling two pharmacies pretending to be his physician assistant in an attempt to obtain a prescription for a nonscheduled drug for himself in March 2001 and by responding to repeated calls from an ICU nurse to care for a patient in an ICU unit in October 1999 though not on call and after he had consumed alcoholic beverages at a social gathering. (State Exh. #16.) As conditions of licensure, Dr. Gosselin agreed to receive treatment from a psychiatrist and a professional counselor and receive oversight from a practice manager, among other things. (State Exh. #16.)¹
3. On July 12, 2012, the Board issued a Final Decision and Order in a disciplinary action regarding Dr. Gosselin in which it found that Dr. Gosselin committed unprofessional conduct; treated an immediate family member under circumstances not warranted by the governing Board Rule; committed sexual misconduct by committing a sexual violation and/or sexual impropriety with a patient; and disobeyed the Board's directive to obtain a mental evaluation. (State Exh. #18.) The Board issued Dr. Gosselin a warning and required him to complete a course on professional boundaries and comply with the directive

¹ State Exhibits #16, #17, and #18 were not provided to the Board until after it found Dr. Gosselin had committed violations. The Board was instructed that the exhibits were to be considered only for purposes of determining an appropriate sanction.

contained in the Board's July 13, 2010, letter to obtain a mental evaluation. (State Exh. #18.)

4. Officer William Beaulieu of the Fairfield Police Department was responding to an accident on March 7, 2013, when he was advised that one of the vehicles involved had left the scene. (Testimony of Beaulieu.) Officer Beaulieu was subsequently advised that the vehicle that left the scene was off to the side of the road about two miles from the scene. (Testimony of Beaulieu.) When he arrived, Officer Beaulieu observed damage to the underside of the front end of Dr. Gosselin's car, in which Dr. Gosselin was still sitting. (Testimony of Beaulieu.) The damage had apparently been caused by Dr. Gosselin driving into a ditch and then back up onto the road. (Testimony of Beaulieu.) Although Dr. Gosselin's vehicle was not involved in the crash itself, it was Officer Beaulieu's understanding that Dr. Gosselin's erratic driving had caused two vehicles to collide. (Testimony of Beaulieu.) Officer Beaulieu observed that Dr. Gosselin was shaky, slurred his words, and had a dull look on his face, but did not appear to have been injured. (Testimony of Beaulieu.) Dr. Gosselin denied knowing what had happened, but indicated that he was a doctor on his way to meet patients. (Testimony of Beaulieu.) Dr. Gosselin indicated he was on several medications when asked by Officer Beaulieu if he was taking medication. (Testimony of Beaulieu.) Dr. Gosselin did not say anything when shown the damage to his vehicle. (Testimony of Beaulieu.) Officer Beaulieu asked Dr. Gosselin if he would be willing to come to the station for further questioning, to which Dr. Gosselin agreed. (Testimony of Beaulieu.) At the station, Officer Beaulieu administered field sobriety tests and an intoxilizer test, which did not indicate the presence of alcohol. (Testimony of Beaulieu.) Officer Beaulieu called in a drug recognition expert because he suspected that Dr. Gosselin was under the influence

of drugs due to his lethargic and unsteady state. (Testimony of Beaulieu.) Officer Beaulieu did not place Dr. Gosselin under arrest during the incident. (Testimony of Beaulieu.)

5. Detective Michael Ross, a trained drug recognition expert with the Somerset Sheriff's Department, was asked to come to the Fairfield Police Department to investigate whether Dr. Gosselin was under the influence of drugs. (Testimony of Ross.) A video of the first approximately seven minutes of the interview with Dr. Gosselin, which was videotaped by Detective Ross, was played during the hearing. (State Exh. #13.) During the interview, Detective Ross determined that Dr. Gosselin was alert but was "on the nod," a phenomenon he had observed in individuals who were under the influence of a narcotic or another central nervous system depressant, wherein they are actually awake and alert but appear to be nodding off. (Testimony of Ross.) Dr. Gosselin indicated that he did not remember what had happened that morning but he believed he had fallen asleep while driving. (Testimony of Ross.) Dr. Gosselin appeared somewhat disoriented and his speech was slow and slurred. (Testimony of Ross; State Exh. #13.) Dr. Gosselin indicated that he had not been hurt in the accident. (State Exh. #13.) Dr. Gosselin requested that Detective Ross conduct the interview quickly because he had patients waiting for him at his office, including patients with cancer. (Testimony of Ross; State Exh. #13.) Dr. Gosselin indicated that he had fallen asleep while driving before, most recently because his blood sugar was too high. (Testimony of Ross; State Exh. #13.) When Detective Ross asked Dr. Gosselin if he wanted to test his blood sugar to see if that had caused him to pass out that morning, Dr. Gosselin declined, indicating that he had testing materials in his office. (Testimony of Ross; State Exh. #13.) When Detective Ross requested an EMT to conduct the blood sugar

test, Dr. Gosselin was verbally aggressive to the EMT. (Testimony of Ross.) The blood sugar result was normal. (Testimony of Ross.) Although Dr. Gosselin mentioned some of the prescription medication he was taking in response to Detective Ross's inquiries, he did not reference valproic acid. (Testimony of Ross.) Detective Ross formed the opinion that Dr. Gosselin was under the influence of narcotics and requested that he provide a urine sample. (Testimony of Ross.) Detective Ross accompanied Dr. Gosselin into the restroom to obtain the sample. (Testimony of Ross.) Detective Ross took the sample cup out of the packaging in Dr. Gosselin's presence, and when Dr. Gosselin returned the cup filled with urine to Detective Ross, Detective Ross pulled his gloves off in a manner that allowed them to encompass the sample. (Testimony of Ross.) Still in Dr. Gosselin's presence, Detective Ross placed evidence tape around the gloves, placed the sample inside a bag with lab paperwork, signed another pocket on the bag, and sealed the bag. (Testimony of Ross.) He then placed the sample inside the box and placed evidence tape over the box. (Testimony of Ross.) Detective Ross hand delivered the sample to the lab that day. (Testimony of Ross.) Detective Ross was not aware of any other urine samples taken from suspects that morning while he was at the Fairfield Police Department questioning Dr. Gosselin. (Testimony of Ross.) Although Detective Ross read Dr. Gosselin his Miranda rights at the start of his interview, Detective Ross did not place Dr. Gosselin under arrest at any point during his interrogation. (Testimony of Ross.)

6. At the conclusion of the interview, Dr. Gosselin informed Detective Ross that he would have to fight any charges because he could lose his job over it. (Testimony of Ross.) Following Detective Ross's investigation and while Dr. Gosselin was still at the police

station, Officer Beaulieu issued Dr. Gosselin a court summons for Operating Under the Influence. (Testimony of Beaulieu.)

7. A forensic chemistry report of urine provided by Dr. Gosselin on March 7, 2013, found that the sample contained morphine, oxymorphone, methadone, hydroxyalprazolam, mirtazepine, and diphenhydramine. (State Exh. #9.) Dr. Gosselin had been prescribed methadone by another doctor to aid sleep and alleviate pain, which he had been taking off and on for two years. (Testimony of Gosselin; State Exh. #10.)
8. Dr. Gosselin's testimony as to the events surrounding the day of March 7, 2013, regarding the accident was not credible. Dr. Gosselin testified that he had been experiencing symptoms for a couple of days prior to the accident on March 7 that included severe chest pain, headaches, nausea, stomach pain, and dizziness. (Testimony of Gosselin.) Dr. Gosselin testified that he vaguely recalled that on March 7, 2013, he was driving to work and having chest pains, felt irritable and agitated, and passed out while driving. (Testimony of Gosselin.) He testified that he then went off the road and into a ditch. (Testimony of Gosselin.) He stated that after he awoke, he returned to his house, encountered his brother and told him that he was not feeling well, took a couple of aspirin, and began to drive to work again. (Testimony of Gosselin.) Dr. Gosselin's brother, John Gosselin, however, testified that he did not see Dr. Gosselin on the morning of March 7, 2013, until he went to the scene of the accident. (Testimony of John Gosselin.)
9. Dr. Gosselin testified that once he was back out on the road, he passed out again and when he came to, he had just driven out of a large ditch and hit his head on the ceiling, which caused him to wake up. (Testimony of Gosselin.) Dr. Gosselin stated that he told Officer Beaulieu that he was having chest pains and had hit his head during the accident.

(Testimony of Gosselin.) Dr. Gosselin testified that when he got into the car with Officer Beaulieu, he was told he was being taken to the hospital, and when he got to the police station, the police stopped him from leaving. (Testimony of Gosselin.)

10. Dr. Gosselin testified that he believed he told Detective Ross that he was taking valproic acid. (Testimony of Gosselin.) Dr. Gosselin disputed Detective Ross's testimony as to how he handled the urine sample once it was provided by Dr. Gosselin. (Testimony of Gosselin.) Dr. Gosselin contended that when he provided his urine sample, he did so in the office he was questioned in at the police station, as opposed to the bathroom as described by Detective Ross, and that he observed two other urine samples sitting in the same location. (Testimony of Gosselin.) Dr. Gosselin maintained that the urine toxicology report submitted by the State was not produced from his urine sample, but was switched with someone else's urine sample. (Testimony of Gosselin.) Dr. Gosselin denied taking the substances besides methadone that were found in his urine sample, although he acknowledged that he had taken mirtazapine at times for sleep and may have been taking it at the time of the accident. (Testimony of Gosselin.) Dr. Gosselin opined that police enjoyed ruining the career of a doctor. (Testimony of Gosselin.)
11. Dr. Gosselin agreed that he was not in any condition to practice medicine on March 7, 2013, and that he would have been a danger to the health and safety of patients. (Testimony of Gosselin.) Dr. Gosselin denied seeing patients on March 7, 2013, but acknowledged that he signed some prescriptions that day. (Testimony of Gosselin.) On March 7, 2013, Dr. Gosselin signed prescriptions for patients W.C., R.G., F.F., and J.R. (State Exh. #11 and State Exh. #19.) By undated letter, patient F.F. indicated that he recalled that Dr. Gosselin was in a car accident in March 2013 and did not see him until later in that month but his

usual prescription was mailed to him by his pharmacist. (Lic. Exh. #1.) By letter dated July 1, 2014, patient W.C. stated that in early March 2013, he received a prescription for his usual medication without seeing Dr. Gosselin. (Lic. Exh. #2.) Although Dr. Gosselin maintained that he was merely authorizing refills on March 7, 2013, evidence from the Prescription Drug Monitoring Program indicated that it was unlikely that the prescriptions were refills. (Testimony of Gosselin.)

12. Dr. Gosselin indicated that on March 8, 2013, at about 9:00 p.m., the hospital called him to instruct him to come in for treatment because his blood work indicated the presence of valproic acid in a critical range. (Testimony of Gosselin.) Dr. Gosselin indicated that at some point in the day or two prior to March 7, due to his symptoms, he had cut his arm, which ultimately required treatment when he went to the hospital on the evening of March 8, 2013. (Testimony of Gosselin.) He stated that on March 8, 2013, he was treated at the hospital for several hours with charcoal and IV fluids to reduce his level of valproic acid, for which he had been taking a prescription. (Testimony of Gosselin.) Dr. Gosselin did not provide any medical records to support his contention that his driving and behavior on March 7, 2013, were due to symptoms from high levels of valproic acid in his bloodstream.
13. Although Dr. Gosselin's wife did not testify, Dr. Gosselin maintained that she called the Board of Osteopathic Licensure for advice regarding how to answer the question as to whether Dr. Gosselin had been arrested or convicted since his last application. (Testimony of Gosselin.) Dr. Gosselin testified that his wife was unable to reach anyone at the Board office, so she also called the Assistant Attorney General's office, where she did get a response as to how to answer that question, before she filled out Dr. Gosselin's application for renewal of his license. (Testimony of Gosselin.)

14. Dr. Gosselin could not recall when he was first prescribed testosterone. (Testimony of Gosselin.) During his testimony, he noted that his own prescription for testosterone was expensive. (Testimony of Gosselin.) Dr. Gosselin's prescription for the steroid Axiron, prescribed by Dr. Eric Caccamo, for the years 2012 and 2013 were filled on June 19, 2012; January 10, 2013; August 16, 2013; September 23, 2013; October 21, 2013; and December 20, 2013. (State Exh. #10.)
15. Dr. Gosselin stated that the reason he presented multiple prescriptions to a pharmacy for testosterone for office use was because he received coupons from the manufacturer so he could obtain the samples for free to distribute to patients. (Testimony of Gosselin.) Dr. Gosselin maintained that he did not utilize the steroid prescriptions he obtained for office use for himself. (Testimony of Gosselin.) Although the office use prescriptions he obtained samples of were often multi-use dosages, Dr. Gosselin did not maintain a log of the patients to whom he provided samples. (Testimony of Gosselin.) Dr. Gosselin testified that instead of maintaining a log of the use of the samples, he made notations in individual patient's records when he provided a patient with a sample, although he did not produce any such records. (Testimony of Gosselin.) Dr. Gosselin personally paid for the 8 prescriptions for steroids that he obtained for office use on February 22, 2012; April 5, 2012; May 8, 2012; June 27, 2012; July 25, 2012; November 9, 2012; June 4, 2013; and September 23, 2013, rather than use coupons, according to the pharmacist who filled those prescriptions. (State Exh. #10; Testimony of Roy.)²

² Although some of these prescriptions are marked as "office use" in the Prescription Monitoring Program and record the prescriber as Dr. Gosselin, others simply record the prescriber as Dr. Gosselin without noting them as "office use." (State Exh. #10.) Pharmacist Charles Roy indicated that it was his mistake that some of the prescriptions were not identified as "office use," even though that was their purpose. (State Exh. #20.)

16. On May 6, 2013, Dr. Gosselin electronically submitted an application for renewal of his license as a Doctor of Osteopathic Medicine. (State Exh. #3.) On the application, Dr. Gosselin was asked: “Since your last application to the Board, have you . . . [b]een arrested or convicted for anything other than a minor traffic violation? (OUI is not considered a minor traffic violation).” (State Exh. #3.) Dr. Gosselin responded “no.” (State Exh. #3.) At the conclusion of the application, Dr. Gosselin certified that the information provided in his application was true and accurate to the best of his knowledge and belief. (State Exh. #3.) Dr. Gosselin’s license was renewed and is scheduled to expire on May 31, 2015. (State Exh. #2.)
17. Dr. Gosselin testified that there were no conditions on the deferred disposition of his Operating Under the Influence charge other than a requirement that he stay out of trouble. (Testimony of Gosselin.) Nevertheless, under the deferred disposition he entered into on December 23, 2013, even if Dr. Gosselin did not violate the agreement, which included participation in the DEEP substance abuse program, he would be convicted of the lesser charge of driving to endanger, be required to pay a fine of \$575, and lose his license for 30 days. (State Exh. #21.) Dr. Gosselin indicated that his criminal defense attorney had been seeking to remove the DEEP requirement and that he had not yet fulfilled it. (Testimony of Gosselin.)
18. On May 14, 2014, the Board issued a Notice of Hearing to Dr. Gosselin indicating that the allegations against him would be heard at a hearing on June 12, 2014. Following a continuance of the hearing date, on June 5, 2014, the Board issued a Notice of Hearing to Dr. Gosselin indicating that the allegations against him would be heard at a hearing on July 10, 2014. (State Exhibit #1.)

IV. GOVERNING STATUTES AND RULES

1. The Board may refuse to issue, modify, restrict, suspend, revoke, or refuse to renew the license of an individual licensee who practices fraud or deceit in obtaining a license or in connection with service rendered within the scope of the license issued. 32 M.R.S. § 2591-A(2)(A).
2. The Board may refuse to issue, modify, restrict, suspend, revoke, or refuse to renew the license of an individual licensee who commits habitual substance abuse that has resulted or is foreseeably likely to result in the licensee performing services in a manner that endangers the health or safety of the licensee's patients. 32 M.R.S. § 2591-A(2)(B).
3. The Board may refuse to issue, modify, restrict, suspend, revoke, or refuse to renew the license of an individual licensee who engages in 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 in the practice for which the licensee is licensed. 32 M.R.S. § 2591-A(2)(F).
4. The Board may refuse to issue, modify, restrict, suspend, revoke, or refuse to renew the license of an individual licensee who violates a rule adopted by the Board. 32 M.R.S. § 2591-A(2)(H).
5. Physicians who are licensees of the Board may treat themselves under the following circumstances:
 - A. Physicians may treat themselves in emergency situations when there are no other qualified physicians that are reasonably available to address the emergency.
 - B. Physicians may treat themselves for acute problems.

- C. Physicians may treat their own chronic problems for a period of no longer than two months when in an isolated setting or when regular care is not otherwise reasonably available and the delay involved in obtaining treatment from a routine or alternative source of medical care may result in an emergency or acute exacerbation of the chronic problem.
 - D. Physicians may also treat themselves for seasonal problems. Rules of Board of Osteopathic Licensure (02-083), Chapter 16, Section 2.
- 6. For each violation of applicable laws, rules, or conditions of licensure, the Board may take one or more of the following actions: issue warnings, censures, or reprimands; suspend a license for up to 90 days for each violation of applicable laws, rules and conditions of licensure; revoke a license; impose civil penalties of up to \$1,500 for each violation of applicable laws, rules and conditions of licensure; and impose conditions of probation upon a licensee for such time period as the Board determines appropriate. Execution of all or any portion of a term of suspension may be stayed pending successful completion of conditions of probation. 10 M.R.S. § 8003(5)(A-1).
 - 7. The Board may assess the licensee for all or part of the actual expenses incurred by the Board or its agents for investigations and enforcement duties performed, including the hourly costs of hearing officers. 10 M.R.S. § 8003-D.

V. CONCLUSIONS OF LAW

The Board, considering the above facts and those alluded to in the record but not referred to herein, concluded that it had jurisdiction over Paul Gosselin, D.O., and determined as follows:

- 1. By a vote of 7 to 1, Dr. Gosselin did not practice fraud or deceit in violation of 32 M.R.S. § 2591-A(2)(A) by answering “no” to the question on his renewal application asking whether

since his last application he had been arrested or convicted of anything other than a minor traffic violation.

2. By a vote of 5 to 3, Dr. Gosselin committed unprofessional conduct in violation of 32 M.R.S. § 2591-A(2)(F) by answering “no” to the question on his renewal application asking whether since his last application he had been arrested or convicted of anything other than a minor traffic violation.
3. By a vote of 8 to 0, Dr. Gosselin violated 32 M.R.S. § 2591-A(2)(H) by violating Board Rule Chapter 16 by self-prescribing in circumstances that did not warrant self-treatment.
4. By a vote of 8 to 0, Dr. Gosselin violated 32 M.R.S. § 2591-A(2)(B) by undertaking habitual substance abuse that resulted in or was foreseeably likely to result in his performing services in a manner that endangered the health or safety of his patients.
5. By a vote of 8 to 0, Dr. Gosselin violated 32 M.R.S. § 2591-A(2)(F) by violating a standard of professional behavior that has been established in the practice by practicing osteopathic medicine after ingesting morphine, oxymorphone, hydroxylaprazolam, mirtazapine, diphenhydramine, and methadone.
6. By a vote of 8 to 0, Dr. Gosselin violated 32 M.R.S. § 2591-A(2)(F) by violating a standard of professional behavior that has been established in the practice by having morphine, oxymorphone, hydroxylaprazolam, mirtazapine, and diphenhydramine in his urine without having a valid prescription to account for having those substances in his urine.

As a sanction for the above violations, the Board voted unanimously as follows:

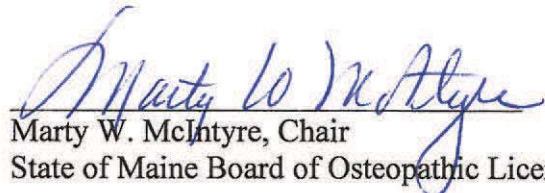
1. Dr. Gosselin’s license is suspended for a period of 450 days.
2. Following a mandatory 90 day suspension, the suspension will be stayed upon Dr. Gosselin’s successful completion of the following conditions of probation: a. Dr. Gosselin’s

submission of a comprehensive evaluation, to include substance abuse, mental health, cognitive function, and medical treatment that is approved by the Board, b. Dr. Gosselin's submission of a treatment plan designed to adequately respond to the results of the assessment that is approved by the Board, and c. participation in the Maine Physicians Health Program.

3. Upon a stay of the suspension, Dr. Gosselin's licensure will be conditioned on compliance with the following terms of probation for a period of five years: a. monthly reporting from treatment providers regarding Dr. Gosselin's participation in the treatment plan, and b. monthly reports from a practice monitor approved by the Board.
4. Dr. Gosselin is responsible for the costs of \$3,145.78 for this proceeding, representing its actual cost in hearing officer services, due within one year of this Decision and Order.

So Ordered.

Dated: July 17, 2014


Marty W. McIntyre, Chair
State of Maine Board of Osteopathic Licensure

V. APPEAL RIGHTS

Pursuant to the provisions of 10 M.R.S. § 8003(5) and 5 M.R.S. § 11002(3), any party that appeals this Decision and Order must file a Petition for Review in the Superior Court within 30 days of receipt of this Order. The petition shall specify the person seeking review, the manner in which they are aggrieved and the final agency action which they wish reviewed. It shall also contain a concise statement as to the nature of the action or inaction to be reviewed, the grounds upon which relief is sought and a demand for relief. Copies of the Petition for Review shall be

served by certified mail, return receipt requested, upon the State of Maine Board of Osteopathic Licensure, all parties to the agency proceedings, and the Attorney General.