



STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE
137 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0137

SHERIDAN R. OLDHAM, M.D.
CHAIRMAN

JOHN ELIAS BALDACCI
GOVERNOR

RANDAL C. MANNING
EXECUTIVE DIRECTOR

January 9, 2008

Robert W. Chagrasulis, M.D.
Calais Regional Surgical Services
10 Palmer St.
Calais, ME 04619

RE: Request for Unrestricted License

Dear Dr. Chagrasulis:

This letter is to inform you that on January 8, 2008, the Maine Board of Licensure in Medicine voted to grant your request to terminate the Consent Agreement for Conditional Licensure.

Enclosed please find a document entitled "Termination of Consent Agreement for Conditional Licensure." Please date, sign, and return it to me at the above address.

The Board will make reports to the National Practitioner Data Bank and to the Federation of State Medical Boards documenting your successful fulfillment of and the resulting termination of the Consent Agreement effective January 9, 2008.

Please feel free to contact me @ 207-287-6931 if you have any questions.

Very truly yours,

Maria A. MacDonald
Investigator

/mm

Enclosure

cc: David Simmons, M.D.

Maureen Lathrop ✓

CR 06-220

**STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE**

IN RE:)	TERMINATION OF
)	CONSENT AGREEMENT
Robert W. Chagrasulis, M.D.)	FOR REINSTATEMENT
)	AND CONDITIONED LICENSE

This document terminates a Consent Agreement dated December 3, 2002, regarding the issuance of a conditional active license to practice medicine in the State of Maine to Robert W. Chagrasulis, M.D. The parties to that Consent Agreement were: Robert W. Chagrasulis, M.D. (“Dr. Chagrasulis”), the State of Maine Board of Licensure in Medicine (“the Board”), and the Office of the Attorney General (the “Attorney General”).

BACKGROUND

1. On December 3, 2002, the parties entered into a Consent Agreement For Reinstatement and Conditioned License.
2. On or about December 27, 2007, the Board received a written request from Dr. Chagrasulis to terminate the Consent Agreement For Reinstatement and Conditioned License based upon his compliance to date, and with the representation to the Board that he would continue to remain an active participant in the Maine Medical Association’s Physicians Health Program and Alcoholics Anonymous and Caduceus.
3. On January 8, 2008, the Board reviewed Dr. Chagrasulis’ written request to terminate the Consent Agreement For Reinstatement

and Conditioned License, his prior compliance with its terms and conditions, his successful practice of medicine thereunder, and his representation that he would remain an active participant in the Maine Medical Association's Physicians Health Program and Alcoholics Anonymous and Caduceus. Following its review, the Board voted to grant Dr. Chagrasulis' request to terminate the Consent Agreement For Reinstatement and Conditioned License dated December 3, 2002.

COVENANT

4. Dr. Chagrasulis, the Board, and the Office of Attorney General hereby agree to terminate the Consent Agreement For Reinstatement and Conditioned License dated December 3, 2002.

I, ROBERT W. CHAGRASULIS, M.D., HAVE READ AND UNDERSTAND THE FOREGOING TERMINATION TO THE CONSENT AGREEMENT AND AGREE WITH ITS CONTENTS AND TERMS. I ACKNOWLEDGE THAT I HAVE HAD THE OPPORTUNITY TO DISCUSS THIS AGREEMENT WITH LEGAL COUNSEL PRIOR TO SIGNING IT.

Dated:

14 January 2008



ROBERT W. CHAGRASULIS, M.D.

STATE OF MAINE
BOARD OF LICENSURE IN
MEDICINE

DATED:

1/30/08

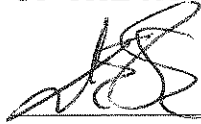


SHERIDAN R. OLDHAM, M.D.,
Chairman

STATE OF MAINE OFFICE
OF THE ATTORNEY GENERAL

DATED:

1/30/08



DENNIS E. SMITH
Assistant Attorney General

Effective Date: January 8, 2008

THERE ARE THREE ACTIONS UNDER
THIS TAB, A CONSENT AGREEMENT
DATED 7/11/95, A CONSENT AGREEMENT
DATED 3/5/96 AND A CONSENT
AGREEMENT DATED 12/3/02

**STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE**

IN RE: Robert W. Chagrasulis, M.D.)
) **CONSENT AGREEMENT**
) **FOR REINSTATEMENT**
) **AND CONDITIONED LICENSE**

This document is a Consent Agreement and Order, effective when signed by all parties, regarding reinstatement and a conditioned license to practice medicine in the State of Maine. The parties to the Consent Agreement are: Robert W. Chagrasulis, M.D. (the "Licensee"), the State of Maine Board of Licensure in Medicine (the "Board") and the Maine Department of Attorney General.

FACTUAL BACKGROUND

1, Robert W. Chagrasulis, M.D., was first licensed to practice medicine in Maine in 1986.

2. In 1995, the Licensee entered into his first Consent Agreement with the Board in which he agreed not to practice medicine until resolution of the Board's preliminary denial of his renewal application. (See Attachment A).

3. In 1996, the Licensee signed his second Consent Agreement with the Board which conditioned the issuance of his license upon his compliance with the substance abuse monitoring requirements set forth in the Agreement. (See Attachment B). The licensee failed to comply with the Agreement and no license issued from 1996 to the present.

4. Since 1996, the Licensee has completed a two year fellowship in surgery at Vanderbilt University. He has participated in the Physicians' Health Program in Maine with documented urine monitoring since November 2001. The Licensee has received favorable recommendations from Vanderbilt University, the Physicians' Health Program, his treating psychiatrist and numerous individuals.

5. The Licensee has completed his outstanding and current Continuing Medical Education requirements for licensure.

CONDITIONS OF LICENSURE

Based on Dr. Chagrasulis' acceptance of responsibility for his actions, his continuing treatment of his substance abuse problem and his depression, as well as the understanding and agreement between Dr. Chagrasulis and the Board that any future use of any illicit substance by Dr. Chagrasulis will result in revocation of his license, the

Board will issue and Dr. Chagrasulis will agree to accept the following discipline and modifications to his license.

The Licensee and the Board agree and understand that maintenance of his license shall be conditioned upon the Licensee's compliance with the following conditions of licensure. Except as may be specified below, failure to comply with any of the following conditions may result in the non-renewal or revocation of the Licensee's license to practice medicine in the State of Maine.

1. **ABSTINENCE.** The Licensee agrees that henceforth he shall completely abstain from the use of any and all Prohibited Substances. "Prohibited Substances" as used throughout this Consent Agreement shall mean: opiates; alcohol; cocaine; fentanyl; mood, consciousness or mind-altering substances, whether illicit or not; and all drugs which are dispensed to or prescribed for the Licensee by anyone other than a treating physician knowledgeable of the Licensee's history of substance abuse, unless the circumstances constitute a genuine medical or surgical emergency.

A. **Prescription Medication.** If any controlled drug is dispensed or prescribed for the Licensee for a personal medical condition, the Licensee or the Supervising Physician shall notify the Board by telephone and in writing within 48 hours or as soon thereafter as possible. This notice shall be followed by a written summary of all pertinent circumstances. The Supervising Physician shall be apprised every five days of all continuing pertinent circumstances regarding continued use of the controlled drug, and a written report thereof shall be submitted to the Board for every five days that the use of the controlled drug continues after the initial 48-hour report.

B. **Future Use of Prohibited Substances Shall Result in Loss of Licensure.** The Licensee agrees and understands that any reliable evidence of use at any time in the future, whether in Maine or elsewhere, of any Prohibited Substance shall constitute a violation of this Consent Agreement, which MAY RESULT IN THE IMMEDIATE, INDEFINITE AUTOMATIC SUSPENSION OF LICENSURE, AND PROOF OF USE MAY RESULT IN AUTOMATIC REVOCATION/NON-RENEWAL OF LICENSURE.

2. **SANCTION FOR VIOLATION OF LICENSE CONDITIONS.**

A. **Automatic Suspension.** Any reliable oral or written report to the Board of violation, technical or otherwise, of these License Conditions shall result in the immediate, indefinite and automatic suspension of the Licensee's license. The automatic suspension of the Licensee's license shall become effective at the time the Licensee receives actual notice from the Board that a reliable report of violation has been made. Actual notice can be provided by telephone, in person, in writing, by another means or any combination of the above-referenced means. The indefinite, automatic suspension shall continue until the Board holds a hearing on the matter,

unless the Board earlier determines that the report is without merit or decides that no further sanction is warranted.

B. Continued Suspension; Other Sanctions. The Licensee's indefinite automatic suspension shall continue for such time until the Board holds a hearing and reaches a decision. The Board shall attempt to hold a hearing within 60 days of the automatic suspension or as soon thereafter as practicable (unless both the Licensee and the Board agree to hold the hearing later) and shall be held pursuant to the Maine Administrative Procedure Act. The Board may impose such other discipline, including without limitation, fines, further suspension, probation, non-renewal or revocation, as the Board after hearing deems appropriate. By this Consent Agreement, the Licensee expressly accords the Board jurisdiction, concurrent with the Courts, to revoke his license if the Board deems is appropriate.

3. SUBSTANCE MONITORING. The Licensee understands and agrees that he may, for the remainder of his career as a licensed physician, undergo some level of substance monitoring to test whether the Licensee has used a Prohibited Substance, as defined in Paragraph 1. The monitoring shall be through urinalysis testing and/or blood testing, and any other reliable method, which may later be developed and approved by the Board.

The Licensee irrevocably agrees that the Board and the Maine Department of Attorney General must have full access to all test data and reports.

Reasonable changes in testing to more reliable methods of detection of usage may be proposed by the Licensee or the board and changes shall be made in the Board's discretion, with or without a hearing. It is the Licensee's obligation to ensure that the plan for testing, as stated herein, is complied with in full.

A. Supervising Physician. The Licensee shall propose a Supervising Physician, who shall be approved by the Board (the "Supervising Physician") and who shall have the Licensee appear and provide samples as provided below. The Supervising Physician may appoint designees, who must also be physicians and who must also be approved in advance by the Board.

1. It is the responsibility of the Licensee to ensure that the Supervising Physician or one of the Supervising Physician's approved designees is available to have the Licensee appear and provide urine samples as required by the Consent Agreement. In the event neither the Supervising Physician nor any designee is available (or anticipated to be available) at the given time to be responsible for urine monitoring, the Licensee shall contact by telephone as soon as possible (followed up within 24 hours by writing) the Board Executive Director or Assistant Executive Director. The Licensee shall by telephone resolve with the Board Executive Director or Assistant Executive Director a plan for urine monitoring to be used for the duration of time that the

Supervising Physician and all designees are unavailable. Under no circumstances shall the Licensee fail to provide a urine sample to some person pursuant to the plan which is preapproved by the Board Executive Director or Assistant Executive Director.

B. Process. All urine and blood samples shall be handled through legal chain of custody methods. All samples provided shall be analyzed by a certified laboratory, which regularly handles these types of tests, and tests shall be conducted by such reliable methods as exist. The Board must approve any changes.

C. Frequency of Urine Testing. It is the Licensee's obligation to ensure that all the samples are given and test occur as specified and that the random samples are in fact random and that they are provided within 2 hours after notice to the Licensee (without any foreknowledge by the Licensee) and are of at least the frequency required. Failure to maintain this schedule or the random nature of the tests shall be cause for suspension, non-renewal or revocation of the Licensee's license, unless proof of genuine emergent medical circumstances (for the Licensee or a patient of his) exist which warrant less serious disciplinary actions being taken by the Board.

1. Following the period of one year from November, 2002, and for a period of four (4) years thereafter, urine samples shall be provided at least once each month. Further, the Board or the Supervising Physician may request random samples drawn at any time.

2. Following the period of five (5) years from November, 2002, the Board or the Supervising Physician may request random samples provided at any time.

3. The frequency of urine testing shall continue as outlined herein even while the Licensee is on vacation or other leave of absence. He shall be responsible for making arrangements that the testing is carried out with the frequency and standards outlined in this Consent Agreement.

D. Blood Testing. It is the Licensee's obligation to ensure that all of the samples are given and tests occur as specified and that the random samples are in fact random and those they are provided within two hours after notice to the Licensee (without any foreknowledge by the Licensee) and are of at least the frequency required. Failure to maintain this schedule or the random nature of the tests shall be cause for suspension, non-renewal or revocation of the Licensee's license, unless proof of genuine emergent medical circumstances (for the Licensee or a patient) exist which warrants less serious disciplinary action being taken by the Board.

1. Process. The Licensee shall remain present while the results of the samples are tested to ensure the Licensee's availability if it tests positive and a blood sample is then needed as specified in this Consent Agreement or in the plan.

2. Frequency of Blood Samples and Testing.

a. Blood samples must be drawn any time a test evidences any level of a Prohibited Substance.

b. Blood samples must be drawn any time the Supervising Physician or the Board deems one is warranted.

E. Visual Samples. The Licensee shall provide each urine and blood sample in the physical presence and under the direct observation of the Supervising Physician or his/her designee who shall visually observe the Licensee providing the sample. Otherwise, the sample shall be deemed unacceptable and the Licensee shall immediately provide another sample. Any such occurrence shall be reported to the Board by the Licensee and by the Supervising Physician, both by telephone and in writing within 24 hours or as soon thereafter as possible. In addition, the unacceptable sample shall be retained and tested, with the intention that the tests of the unacceptable and the acceptable samples both are sent upon completion to the Board.

F. Second Sample. At the same time as each urine and blood sample is taken, the Licensee must provide a second sample (or shall have provided sufficient quantity to constitute a valid second sample) which shall also be taken in the physical presence and under the visual observation of the person collecting the sample. Responsibility for providing a second sample shall be the Licensee's. The second urine or blood sample shall be frozen (or maintained by other appropriate means approved by the Board), stored in a controlled setting, kept under a legal chain of custody, inaccessible to the Licensee, and shall be stored for subsequent testing in the event the first sample tests positive for a Prohibited Substance.

(1) Testing the Second Sample. The Executive Director of the Board shall designate where the test of the second sample shall be executed.

G. Standards for Tests. Standards for detectable levels of Prohibited Substances for which the urine and blood samples shall be tested shall be set forth in the Licensee's written, preapproved plan for substance monitoring.

H. Reporting Test Results.

1. Immediate Report of Positive Test Results. Any test result evidencing any level of a Prohibited Substance, whether by urine sample, intoxilyzer sample, or blood sample, shall be reported to the Board by the Supervising Physician by telephone and in writing within 24 hours or as soon thereafter as possible.

2. Reporting Negative Test Results. Written reports of all tests shall be sent to the Board monthly by the Supervising Physician, together with an explanation of the dates and times samples were provided and tests made, the type(s) of tests made, and the substances tested for (together with detectable levels tested for), and the test results. The Licensee shall ensure that all reports are made to the Board in a timely fashion.

3. Confidentiality Waived. With regard to the Board and its agents and any process to be pursued by the Board, the Licensee hereby waives all claims of confidentiality and privilege with respect to all tests taken pursuant to this Consent Agreement.

4. Retention of Reports. The Supervising Physician shall permanently retain all original laboratory data and test reports.

I. Rebuttable Presumption Raised by Positive Test. It is agreed and understood that a test (whether by urine sample or blood sample) evidencing any Prohibited Substance, when confirmed, shall raise a rebuttable presumption that such substance was in fact used by the Licensee. Such a positive test result shall alone be sufficient to prove the use of the Prohibited Substance by the Licensee. The Licensee further agrees that the result of the test may be admitted into evidence in any proceeding regarding the Licensee's license, whether before the Board or before a Court of competent jurisdiction. The confirmatory test shall be performed immediately upon any initial positive test result and it may also be admitted into evidence in any proceeding regarding the Licensee's license

J. Immediate, Indefinite, Automatic Suspension for Positive Test. If any urine or blood test is positive (i.e., in any manner evidences any use of any Prohibited Substance), then the result shall be the immediate, indefinite, automatic suspension of the Licensee's license, which shall continue until the Board holds a hearing on the matter, unless the Board, or the Board Secretary and the Department of Attorney General, earlier determine that the report is without merit. The suspension shall begin the moment the Licensee first learns of a positive test or report of a positive test to the Board, whether from the Supervising Physician or his/her designee, from the Board or from any other source in writing, orally or by any other means. This shall include non-confirmed, positive tests.

K. Board Hearing to Determine if Licensee Used Any Prohibited Substance. After receiving a positive report evidencing use by the Licensee of any Prohibited Substance, the Board shall investigate the situation, including demanding a response from the Licensee. The Board shall attempt to hold a hearing within 60 days of the automatic suspension or as soon thereafter as practicable (unless both the Licensee and the Board agree to hold the hearing later) and it shall be held pursuant to the Maine Administrative Procedure Act. By this Consent Agreement, the Licensee expressly accords the Board jurisdiction, concurrent with the Courts, to revoke his license if it determines he used any Prohibited Substance.

L. Failure to Maintain Sampling Schedule or Failure to Appear or to Provide Sample. Failure by the Licensee: to maintain the sampling schedule; to appear when demanded to provide a sample; to appear within two hours of being so notified; or to provide samples upon being demanded to do so shall be dealt with as follows:

1. Failure to Maintain Sampling Schedule. It is the Licensee's responsibility to ensure that both the schedule for sampling and the random sampling required are maintained.

a. Report. If the scheduled samples or the random samples are not drawn as required, then the Supervising Physician or his/her designee and the Licensee (and any other person knowledgeable of such failure) must telephone the Board as soon as possible and send to the Board a written report of such failure within 48 hours.

b. Suspension. An immediate, indefinite suspension of licensure may result from any failure by the Licensee to comply with the mandated schedule of samples or if the random samples are not provided as required. The suspension shall begin the moment the Licensee actually learns a report has been made or sent to the Board.

c. Meeting with Board. Both the Licensee and the Supervising Physician (and the responsible designee, if any) shall appear before the Board regarding this situation at its next regularly scheduled Board meeting, unless the next meeting is to be held within 15 days of the suspension, in which case they may be scheduled to appear at the subsequent regularly scheduled Board meeting.

d. Board Action. The Board may order the Licensee's license reinstated or, if appropriate, may continue the suspension and may set the matter for hearing. The Board shall attempt to hold a hearing within 60 days of the automatic suspension, or as soon thereafter as practicable, at which time it may take such action

as it deems appropriate, including without limitation reinstatement, fines, probation, suspension, non-renewal and revocation.

2. Failure to Appear.

a. Report and Meeting with Board. The Licensee and the Supervising Physician (and the responsible designee, if any) must, telephone the board as soon as possible and send to the board a written report of such occurrence within 48 hours, and both the Licensee and the Supervising Physician shall appear before the Board, regarding any failure to appear when demanded to provide a sample, at the next regularly scheduled Board meeting, unless the next meeting is to be held within 15 days of the report, in which case they may be scheduled to appear at the subsequent regularly scheduled Board meeting.

b. Suspension. An immediate, indefinite suspension of licensure shall result from any failure by the Licensee to appear for a scheduled or randomly ordered test, unless the Licensee and the Supervising Physician present the failure as having been caused by a genuinely emergent circumstance beyond the Licensee's control, as long as the Licensee appeared within six hours of the resolution of the emergency. Except in this instance, the suspension shall begin the moment the Licensee actually learns a report has been made or sent to the Board.

c. Board Action. The Board may order the Licensee's license reinstated or, if appropriate, may continue the suspension and set the matter for hearing. The Board shall attempt to hold a hearing within 60 days of the automatic suspension, or as soon thereafter as practicable, at which time it may take such action as it deems appropriate, including without limitation reinstatement, fines, probation, suspension, non-renewal and revocation.

3. Failure to Provide Sample.

a. Report and Meeting with Board. The Licensee and the Supervising Physician (and the responsible designee, if any) shall telephone the Board as soon as possible and send to the Board a written report of any occurrence regarding failure or refusal to provide a sample within 48 hours, and both the Licensee and the Supervising Physician shall appear before the Board at the next regularly scheduled Board meeting, unless the next meeting is to be held within 15 days of the report, in which case they may be scheduled to appear at the subsequent regularly scheduled Board meeting.

b. Second Opportunity to Provide Urine Sample. If the Licensee appears when scheduled or ordered, but fails to provide an adequate sample, then with regard to urine, after accurate notation of any and all substances consumed (no substance shall be consumed which might affect the accuracy of the tests to be

performed), a second opportunity to provide a urine sample shall be given after a reasonable time, not to exceed two hours. A repeat failure, if within the Licensee's control, or any refusal, shall result in an immediate, indefinite suspension of licensure. The suspension shall begin the moment of the occurrence.

c. **Board Action.** The Board may order the Licensee's license reinstated, or, if appropriate, may continue the suspension and set the matter for hearing. The Board shall attempt to hold a hearing within 60 days of the automatic suspension, or as soon thereafter as is practicable, at which time it may take such action as it deems appropriate, including without limitation reinstatement, fines, probation, suspension, non-renewal and revocation.

M. Amendment of Testing Provisions. Upon written application by the Licensee to the Board, the Board may amend the above agreed conditions for testing as long as such changes are otherwise consistent with the schedule set forth in this Consent Agreement. Amendment from the conditions shall be in the discretion of the Board and shall be based upon such information as the Board deems pertinent. A decision may be made by the Board, in its discretion, with or without providing a hearing. The Board can propose Amendment(s), which may or may not be agreed to by the Licensee.

N. Increasing Testing. For good cause shown (i.e., questionable reports or problems with providing samples), the Board can, in its discretion, without hearing, unilaterally increase the frequency of testing to the highest levels contemplated by this Consent Agreement, and may also add an additional four random tests per month. In addition, the Board may, in its discretion, without a hearing, extend the periods of testing by up to an additional five years.

4. PROFESSIONAL MANAGEMENT.

A. Aftercare Treatment Sessions. The Licensee agrees to submit for Board approval the name of a licensed individual or agency in the treatment of substance abuse with whom the Licensee shall consult and counsel for the purpose of working on all issues pertaining to the Licensee's depression and chemical dependency, including the Licensee's compliance with this Consent Agreement, which consultations shall be monthly with at least one of the approved individuals or agencies for one year beginning on the date of this Consent Agreement and at least annually for the following four years.

B. Amendment of Aftercare Treatment Requirements. After three years, upon written application to the Board by the Licensee, the Board may amend this schedule. Amendment shall be in the discretion of the Board and shall be based upon such information as the Board deems pertinent. A decision may be made with or without providing a hearing.

C. Change of Specialist. If the Licensee proposes to change the substance abuse specialist, then the Licensee shall make written application to the Board, including among other things a letter from the Licensee regarding his reasons for requesting such change and separate letters from the current specialist and the proposed new specialist relative to their understanding of the reasons for this request and, to the extent applicable, any concerns they may have. The Board may in its discretion grant or deny such request with or without providing a hearing. If the request is denied, nothing precludes the Licensee from proposing another specialist. In requesting a change of specialist, the Licensee understands that the Board may inquire into any issues it deems pertinent with any person, including, without limitation, the current specialist.

D. Reports from the Specialist. Beginning one month from the date hereon and continuing thereafter, within a month after every session, the specialist shall submit to the Board a written report regarding the Licensee's compliance with his schedule of meetings, the Licensee's competency to continue practicing medicine, and the prognosis of the Licensee's continued recovery.

E. Board Investigation. At any time the Board may deem appropriate, the Board or its agent may contact the Licensee and/or the specialist to receive further information relative to the Licensee. In addition, if the Board deems it appropriate, it may meet to inquire directly of the specialist about the Licensee's progress.

5. SELF-HELP GROUP MEETINGS.

A. Attendance at AA and NA. The Licensee agrees to attend Alcoholics Anonymous ("AA") and/or Narcotic Anonymous ("NA") a minimum of three times each week through one year from the effective date of this agreement and at least once each week through four years thereafter.

B. Impaired Physicians Self-Help Group. The Licensee agrees that he shall attend self-help ground meetings of an impaired medical professional group, if available, on a regular basis for the term of this agreement which is 5 years beginning on September, 1999. Meetings of the impaired professional self-help groups may be substituted on a one-for-one basis with meetings of AA or NA.

C. Reports of Attendance. Beginning three months from the date hereon and continuing every three months thereafter, the Licensee shall submit to the Board a signed, written quarterly report of his attendance at AA, NA or impaired professional self-help group meetings. Any instances of failure to attend the required numbers of meetings shall be noted, together with specific explanation detailing reasons.

D. Failure to Meet This Requirement. It is the parties' understanding that periodically reasonable explanations may exist for occasionally missing a meeting; however, unexcused continuous or repeated failures to comply with the requirements of this section of the Consent Agreement shall constitute a violation of the Consent Agreement which, after hearing before the Board, can result in licensure discipline, including without limitation a fine, suspension, non-renewal, probation or revocation of the Licensee's conditional, probational license.

6. MAINTENANCE OF OBLIGATIONS WHEN AWAY FROM MAINE OR HOME.

It is the intention of the parties that the Licensee's obligations regarding substance monitoring and self-help group meetings shall be maintained regardless of whether the Licensee is in Maine. For instance, if the Licensee is going on a business trip or a vacation, it shall be the Licensee's and the Supervising Physician's obligation to ensure that arrangements are made consistent with this Consent Agreement in such other location(s) to ensure the continuation and satisfaction of his obligations under this Consent Agreement. If necessary, the Licensee shall consult with his Supervising Physician and the Physician's Health Program to establish a schedule to meet his obligations under this Agreement which will be acceptable to the Board. Any such occurrences shall be noted in writing sent to the Board explaining the arrangements made and how the arrangements were carried out.

A. It is the parties' intention that the Licensee notify the Board in writing in advance of departure regarding the arrangements made. Failure to do so in advance shall be excused only for good cause shown.

B. If the Licensee moves to another State, he shall enter into a substance abuse monitoring agreement with that State's Licensing authority which incorporates all the terms of this agreement. Failure to meet the conditions outside of Maine shall be dealt with in the same manner as failure otherwise to maintain the obligations of this Consent Agreement.

7. INVOLVEMENT IN THE MAINE COMMITTEE ON PHYSICIANS' HEALTH. The Licensee shall continue his contractual involvement with the Maine Committee on Physicians' Health as long as any term of this Consent Agreement remains in force. The Licensee is encouraged to actively participate in the Committee.

8. MONITORING OF BEHAVIOR. The Licensee agrees that his behavior will be monitored by a physician, approved by the Board, who is in contact with the Licensee on an average of four or five times a week. This physician will agree to inform the Board if the Licensee demonstrates any signs of withdrawal or behavior change, which could result from the use of a Prohibited Substance. The monitoring physician shall report such information by telephone and in writing within 24 hours or as soon thereafter as possible.

9. **NOTICE TO HOSPITALS.** Within a reasonable time after execution of this agreement by the Board and approved by the Department of Attorney General, the Licensee shall provide a copy of this Consent Agreement to:

A. **Hospitals.** Notice to all hospitals at which the Licensee practices shall be provided, at a minimum, to the Hospital CEO and the Hospital Medical Director.

B. **Others.** Any other entity or person involved in the monitoring or treatment process which or whom the Board deems appropriate shall receive and review this Consent Agreement.

10. **DESIGNATED COPY OF CONSENT AGREEMENT.**

A. **Reading and Signing the Consent Agreement by Others.** The Licensee shall have each person set forth in Paragraph 9 above read, date, and sign a copy of the Consent Agreement (the "Designated Copy"). The Designated Copy shall also be read and signed by the Supervising Physician, all designees and by the Evaluator. The original Designated Copy which is signed by the above-referenced persons shall at all times be kept on file at the Licensee's office and shall be subject to inspection upon request of the Board or its agent. A copy of the signature page shall be made and sent to the Board. The Licensee agrees that if new individuals assume the roles set forth in Paragraph 9 during the existence of this Agreement, such individuals shall also read, date and sign the Agreement.

11. The Licensee shall be required to maintain his Maine license to practice medicine for as long as this Agreement is in effect. In the event that the Licensee applies for licensure in other jurisdictions during the pendency of this Agreement, the Licensee shall notify said jurisdiction of the existence of this Agreement.

12. **REQUIREMENT REPORT.** The Licensee agrees and hereby irrevocably directs that IF ANYONE HAS REASON TO SUSPECT THAT THE LICENSEE HAS USED A PROHIBITED SUBSTANCE OR HAS OTHERWISE VIOLATED THIS CONSENT AGREEMENT, SUCH PERSON MUST REPORT THE LICENSEE TO THE BOARD WITHIN 24 HOURS OR AS SOON THEREAFTER AS POSSIBLE. SUCH REPORT SHALL BE MADE BY TELEPHONE AND IN WRITING. ALL PERTINENT FACTS AND CIRCUMSTANCES RELATED TO THE ALLEGED VIOLATION SHALL BE REPORTED TO THE BOARD.

13. **WAIVER OF CONFIDENTIALITY AND RELEASE OF RECORDS.** The Licensee agrees and understands that the Board and the Department of Attorney General shall have complete access to the Licensee's present and future personal medical and counseling records regarding chemical dependency and to all otherwise confidential data pertaining to treatment or monitoring of the Licensee for chemical dependency.

14. BOARD'S JURISDICTION. The Licensee acknowledges that the Board has jurisdiction over his license. The Licensee understands that, at the time the Board is agreeing to issue him this Conditional, Probationary License, the Board does not have the statutory jurisdiction to revoke licenses. In consideration for the Board's issuing to the Licensee his license pursuant to this Consent Agreement, the Licensee agrees that, regarding any alleged violation of this Consent Agreement, the Board is granted jurisdiction to revoke his license or take such other disciplinary action as is available to the Courts, following an adjudicatory hearing conducted in accordance with the Maine Administrative Procedure Act. The Board may also, if it deems it preferable, refer such matter for action in Court.

15. MISCELLANEOUS PROVISIONS.

A. Notice. Unless otherwise specified in this Consent Agreement, written notice shall be deemed served upon mailing by first class mail, postage prepaid.

1. Notice to the Board:

State of Maine Board of Licensure in Medicine
Attention: Assistant Executive Director
137 State House Station
Augusta, Maine 04333-0137
Telephone: (207) 287-3601

2. Notice to the Licensee:

Robert W. Chagrasulis, M.D.
RR2, Box 621A
Bridgton, ME 04009

B. Address Change. If the Licensee changes jobs, moves his residence, moves his office practice, changes telephone numbers at work or at home, or secures privileges at a hospital, the Licensee shall provide notice to the Board within two weeks after such occurrence.

C. Costs. All costs incurred in performance of the Modifications and Conditions of this Consent Agreement shall be borne by the Licensee. If a violation of this Consent Agreement is proven to have occurred, regardless of the sanctions imposed, the Board may require the Licensee to reimburse the Board for all costs and attorney's fees incurred in proving such violation.

D. Hearings. Unless otherwise specified, hearings shall be held consistent with the Maine Administrative Procedure Act.

E. **Severance.** If any clause of this Consent Agreement is deemed illegal or invalid, then that clause shall be deemed severed from this Consent Agreement.

16. **AMENDMENT OF CONSENT AGREEMENT.** This Consent Agreement cannot be amended orally. It can be amended only by a writing signed by the parties hereto and approved by the Department of Attorney General.

A. Requests for amendments made by the Licensee shall be made in writing submitted to the Board.

B. The Board may also propose amendments by sending a written proposal to the Licensee.

17. **ADVICE OF COUNSEL.** The Licensee has been informed that he has the right to legal counsel.

18. **WAIVER OF RIGHT TO APPEAL BOARD'S DECISION AND CERTAIN FUTURE BOARD DECISIONS.** In regard to all terms and conditions of this Consent Agreement, the Licensee waives any further hearings or appeal to the Court regarding the Conditional License issued hereunder. Nothing in this paragraph shall be deemed a waiver of the Licensee's rights under rule, statute or the Maine or United States Constitutions, to appeal a decision or action later taken by the Board except as the Licensee may have agreed herein, such as with discretionary decisions by the Board and which may occur with or without a hearing, increased jurisdiction of the Board to revoke his license for violation of this Consent Agreement. The Licensee agrees that this Consent Agreement and Order is a final order resolving the Licensee's application for Licensure.

I, ROBERT W.. CHAGRASULIS, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT. I UNDERSTAND THAT BY SIGNING, I WAIVE CERTAIN RIGHTS. I SIGN IT 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: 25 Nov 02


Robert W. Chagrasulis, M.D.

STATE OF MAINE

Cumberland, ss.

Personally appeared before me the above named Robert W. Chagrasulis, 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: November 25, 2002



Notary Public

My Commission Expires:

HOLLY A. DVORAK
Notary Public, Maine
My Commission Expires June 6, 2009

**STATE OF MAINE BOARD OF
LICENSURE IN MEDICINE**

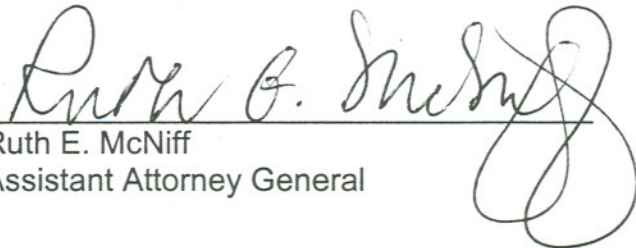
Dated: 12/3/02



Edward David, M.D., Chairman

**STATE OF MAINE DEPARTMENT
OF ATTORNEY GENERAL**

Dated: 12/3/02



Ruth E. McNiff
Assistant Attorney General

EFFECTIVE DATE:

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

IN RE:)
Robert W. Chagrasulis, M.D.) CONSENT AGREEMENT

This document is a Consent Agreement entered into between and among Robert W. Chagrasulis, M.D., 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.A. § 8003(5)(B) and 32 M.R.S.A. § 3282-A.

On September 28, 1994, Dr. Robert W. Chagrasulis applied for renewal of his license to practice medicine in the State of Maine for the period from July 1, 1994 through June 30, 1996. Based on his answers to questions on the renewal application and his convictions for gross sexual assault and driving to endanger, the Board denied his application for renewal. Dr. Chagrasulis appealed the denial of his application for renewal and, in lieu of the adjudicatory hearing which had been scheduled for July 11, 1995, Dr. Chagrasulis agrees to the following conditions pending the resolution of his appeal by the Board:

1. The Board agrees to continue the adjudicatory hearing from July 11, 1995 until its meeting in September, 1995.

2. Dr. Chagrasulis agrees that he will not practice medicine or render any professional health care services to any person in the State of Maine, or prescribe or dispense any controlled substances or other prescription medicine to any person, including himself, until affirmative action is taken by the Board on the pending appeal by Dr. Chagrasulis of the Board's denial of his application to renew his Maine medical license.

3. Dr. Chagrasulis further agrees to provide the Board with all reports of examinations and treatment by psychologists, psychiatrists and substance abuse counselors.

4. Dr. Chagrasulis also agrees to an independent evaluation by an examiner selected by the Board, if the Board deems such examination to be necessary.

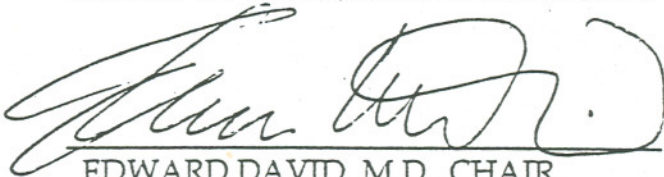
Dr. Chagrasulis has been advised by counsel with respect to the terms of this Agreement.

Dated: 30 June 1995

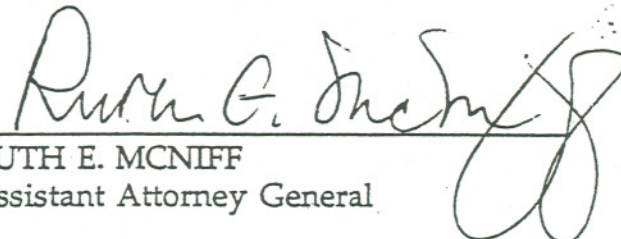

ROBERT W. CHAGRASULIS, M.D.

BOARD OF LICENSURE IN MEDICINE

Dated: 7-11-95


EDWARD DAVID, M.D., CHAIR

Dated: July 11, 1995


RUTH E. MCNIFF
Assistant Attorney General

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

IN RE:)	
)	CONSENT AGREEMENT
ROBERT W. CHAGRASULIS, M.D.)	REGARDING CONDITIONAL,
)	PROBATIONARY LICENSE

This document is a Consent Agreement and Order, effective when signed by all parties, regarding the renewal of a license to practice medicine in the State of Maine, with conditions, to Robert W. Chagrasulis, M.D. The parties to this Consent Agreement are Robert W. Chagrasulis (the "Licensee"), the State of Maine Board of Licensure in Medicine (the "Board"), and the Maine Department of Attorney General.

Dr. Chagrasulis completed his application for renewal of his license in December, 1994. On March 14, 1995, the Board voted to deny his application for renewal alleging violations of 32 M.R.S.A. § 3282-A(2)(A) and (F). Dr. Chagrasulis' application for renewal of his license is resolved by this Consent Agreement which is entered into pursuant to 32 M.R.S.A. § 3271(5), 3282-A(1)(a) and 10 M.R.S.A. § 8003(5)(A-1)(4).

FACTUAL BACKGROUND

Robert W. Chagrasulis, M.D., has been licensed to practice medicine in Maine since 1986. On September 28, 1994, Dr. Chagrasulis submitted an application for renewal of his medical license. In response to Question 16-1, which asked whether Dr. Chagrasulis had suffered from any physical, psychiatric or addictive disorder that impaired or required limitations on his functioning as a physician or resulted in an inability to engage in the practice of medicine for 30 days since July 1, 1992, Dr. Chagrasulis answered in the affirmative. In response to Question 16-2, which asked whether he had been arrested or convicted of any criminal offense, including motor vehicle offenses, since July 1, 1992, Dr. Chagrasulis answered "No." Dr. Chagrasulis submitted additional information in support of his application for renewal of his license in November and December, 1994.

After the application process was completed, the Board learned that:

1. Dr. Chagrasulis had been convicted of operating under the influence of alcohol on January 11, 1993.
2. Dr. Chagrasulis had been arrested for operating under the influence of

alcohol on April 22, 1994. This charge was dismissed and Dr. Chagrasulis pled guilty to driving to endanger on February 8, 1995.

3. On April 7, 1994, Dr. Chagrasulis was indicted for a violation of 17 M.R.S.A. § 253(1)(A) gross sexual assault, arising out of an incident on December 5, 1992. He pled guilty to the charge of unlawful sexual contact on June 9, 1995 and was sentenced to a period of 60 days incarceration and probation for one year after his release.

Dr. Chagrasulis did not reveal any of these charges, arrests or convictions to the Board when he applied for renewal of his license in 1994.

At the Board's request, Dr. Chagrasulis has been evaluated by George Dreher, M.D., for substance abuse and Bruce Kerr, Ph.D., a psychologist. Dr. Chagrasulis has agreed to become involved with the Maine Physician's Health Program and the Cadaceus Group. He will also continue counseling with Robert Savadove, M.D. and a substance abuse counselor.

Based on Dr. Chagrasulis' acceptance of responsibility, his continuing treatment of his substance abuse problem, the positive letters of support from physicians who had known him and patients who had been treated by him, the evaluations of Dr. Dreher and Dr. Kerr, Dr. Chagrasulis' willingness to update his education and enroll in an advanced surgical residency and the understanding and agreement between Dr. Chagrasulis and the Board that any future use of any illicit substance or alcohol by Dr. Chagrasulis shall result in revocation of his license, the Board will issue Dr. Chagrasulis a conditional license to practice medicine in the State of Maine under the following terms.

CONDITIONS OF LICENSURE

Dr. Chagrasulis agrees to accept a reprimand from the Board as discipline for violations of 32 M.R.S.A. § 3282-A(2)(A) & (F). Dr. Chagrasulis and the Board agree and understand that the renewal of Dr. Chagrasulis' license shall be based upon the licensee's compliance with the following conditions of licensure. Except as may be specified below, failure to comply with any of the following conditions shall constitute cause for the Board to suspend, nonrenew or revoke the licensee's license to practice medicine in the State of Maine.

1. ABSTINENCE. The Licensee agrees that he shall completely abstain from the use of any and all Prohibited Substances. "Prohibited Substances" as used throughout this Consent Agreement shall mean: opiates; alcohol; cocaine; mood or mind-altering substances, whether illicit or not, exclusive of caffeine, nicotine and over-the-counter medications; and all drugs which are dispensed to or prescribed for the Licensee by anyone other than a treating

physician or other licensed health professional authorized to prescribe and knowledgeable of the licensee's history of substance abuse.

A. If any controlled drug is dispensed or prescribed for Dr. Chagrasulis for a personal medical condition, Dr. Chagrasulis or the Supervising Physician shall immediately notify the Board by telephone, which notice shall be followed by a written summary of all pertinent circumstances to be mailed to the Board within one week. The Supervising Physician shall be apprised every week of all continuing pertinent circumstances regarding continued use of the controlled drug, and a written report thereof shall be submitted to the Board for every week that the controlled drug use continues after the initial report.

B. Future Use of Prohibited Substances shall result in Loss of Licensure. The Licensee agrees and understands that any evidence of use at any time in the future, whether in Maine or elsewhere, of any Prohibited Substance shall constitute a violation of this Consent Agreement, with SHALL RESULT IN THE IMMEDIATE INDEFINITE AUTOMATIC SUSPENSION OF LICENSURE AND PROOF OF USE SHALL RESULT IN AUTOMATIC REVOCATION/NON-RENEWAL OF LICENSURE.

2. SUBSTANCE MONITORING. The Licensee understands and agrees that he may for the remainder of this agreement undergo some level of substance monitoring to test whether the Licensee has used a Prohibited Substance, as defined in paragraph 1. The monitoring shall be through urinalysis testing, intoxilyzer and blood testing, and any other reliable method which may later be developed and approved by the Board. Dr. Chagrasulis irrevocably agrees that the Board and the Maine Department of the Attorney General shall have full access to all test data and reports. Changes in testing to a more reliable, or equally reliable but less intrusive, methods of detection of usage may be proposed by Dr. Chagrasulis or the Board and changes shall be made in the Board's discretion, with or without a hearing. All substance testing shall be performed in strict compliance with a written plan for testing which must be submitted by Dr. Chagrasulis to the Board and approved before he is licensed by the Board and no later than 30 days from the date this agreement is signed by all parties. It is Dr. Chagrasulis' obligation to ensure that the plan for testing, as stated herein, is complied with in full.

A. Supervising Physician. The Licensee shall propose a Supervising Physician who shall have the Licensee appear and provide samples as provided below. The Supervising Physician may appoint designees, who must be licensed health professionals and who must also be approved by the Board.

- (1) It is the responsibility of the Licensee to ensure that the Supervising Physician or one of the Supervising Physician's approved designees is available to have the Licensee appear and provide urine samples as required by this Consent Agreement. In the event neither the Supervising Physician nor any designee is available (or anticipated to be available) at the given time to be responsible for urine monitoring, the Licensee shall immediately, with reasonable consideration for the circumstances, contact by telephone (followed up within 24 hours by writing) the Board Executive Director or Assistant Executive Director. The Licensee shall by telephone resolve with the Board Executive Director or Assistant Executive Director a plan for urine monitoring to be used for the duration of time that the Supervising Physician and all designees are unavailable. Under no circumstances shall the Licensee fail to provide a urine sample to some person pursuant to the plan which is preapproved by the Board Executive Director or Assistant Executive Director.

- B. Process. All urine and blood samples, as required, shall be handled through legal chain of custody methods.¹ All samples provided shall be analyzed by a certified laboratory which regularly handles these types of tests, and tests shall be conducted by such reliable methods as exist. Any changes must be approved by the Board.

- C. Timing and Frequency of Urine Testing. It is the Licensee's obligation to ensure that all the samples are given and tests occur as specified, that the random samples are in fact random, that they are provided with the frequency required, and that they are provided within two hours after notice to the Licensee without any foreknowledge of the Licensee. With regard to this last requirement, however, if Dr. Chagrasulis is working and cannot find coverage or if the Supervising Physician cannot go to Dr. Chagrasulis to secure the sample, then Dr. Chagrasulis may negotiate or arrange for sampling at a rescheduled time. Failure otherwise to maintain this schedule with reasonable consideration for the circumstances, or the random nature of the tests shall be cause for suspension, non-renewal or revocation of Dr. Chagrasulis' license,

¹The Licensee must submit for Board approval a detailed, written plan regarding the chain of custody to be utilized, including the conditions regarding obtaining, handling, storage and testing of the samples, and specifying the means by which access to the samples shall be restricted.

unless proof of genuine emergent medical circumstances (for Dr. Chagrasulis, his Supervisor or a patient of his) exist as determined by and to the satisfaction of the Board.

- (1) For a period of one (1) year from the date of licensure, urine samples shall be obtained according to the following schedule:

The first three months, twice weekly (random); second three months, once weekly (random); next six months, at least twice a month (random).

Further, the Board or the Supervising Physician may reasonably request that random samples be obtained at any time.

- (2) After the first year, urines will be obtained at least once a month random. Further, during this period, the Board or the Supervising Physician may request random samples be obtained at any time.
- (3) Following the period of three (3) years from the date of licensure, the testing schedule may be amended by the Board upon written submission of a request and proposal by Dr. Chagrasulis, with such decision being in the Board's discretion with or without providing a hearing. The testing cannot be discontinued entirely without Board approval, which decision can be made with or without a hearing and in Board's discretion.

D. Blood Testing. At this point, the Board is not requiring that Dr. Chagrasulis undergo blood testing. However, the Board may, for cause, impose such testing according to the terms specified herein, with or without hearing. If the Board should impose testing, it is the Licensee's obligation to ensure that all of the samples are given and tests occur as specified and that the random samples are in fact random and that they are provided within two hours after notice to the Licensee (without any foreknowledge by the Licensee) and are of at least the frequency required. Failure to maintain this schedule or the random nature of the tests shall be cause for suspension, non-renewal or revocation of Dr. Chagrasulis' license, unless proof of emergent medical circumstances (for Dr. Chagrasulis, his Supervisor, or a patient) exist as determined by and to the satisfaction of the Board.

- (1) Process. The Licensee shall remain present while the results of the blood samples are tested to ensure the Licensee's availability if he tests positive and a second blood test, at Dr. Chagrasulis'

option, is then needed to be taken as specified in this Consent Agreement.

(2) Frequency of Blood Samples and Testing. If the Board decides to require Dr. Chagrasulis to undergo blood testing, the Board may impose a schedule which is equal to or less onerous than the following:

- (a) From the date of implementing a requirement for testing and for a period of one (1) year thereafter, tests shall be taken four times per month. Further, the Board or the Supervising Physician may request random samples at any time.
- (b) Following the period of one year from the date of implementing testing, and for a period of two (2) years thereafter, samples shall be taken twice per month, unless the Board decides it appropriate to shorten the duration, by petition filed no sooner than two years after testing commenced. Further, the Board or the Supervising Physician may request random samples taken at any time.
- (c) Following the period of three (3) years after testing commenced, the Board or the Supervising Physician may request random samples at any time.
- (d) The frequency of testing shall continue as outlined herein even while the Licensee is on vacation or other leave of absence. He shall be responsible for making arrangements such that the testing is carried out with the frequency and standards outlined in this Consent Agreement.
- (e) At any time during the term of this Consent Agreement, the Board may increase the level of testing back to the highest levels permitted under this Consent Agreement. Such action can be taken by the Board in its discretion with or without holding a hearing.
- (f) Testing may be done by any medical facility or law enforcement agency certified by the State.

(3) Frequency of Second Blood Samples; Testing.

- (a) A second blood sample must be drawn anytime a test

evidences any level of a Prohibited Substance.

- (b) A second blood sample may be drawn any time the Supervising Physician or the Board for cause deems one is warranted.

- E. Visual Samples. The Licensee shall provide any urine or blood sample in the physical presence and under the direct observation of the Supervising Physician or his/her designee who shall visually observe the Licensee providing the sample. Otherwise, the sample shall be deemed unacceptable and the Licensee shall immediately provide another sample. Any such occurrence shall be reported to the Board by the Licensee and by the Supervising Physician, both by telephone and in writing within 24 hours or as soon thereafter as possible. In addition, the unacceptable sample shall be retained and tested, with the intention that the tests of the unacceptable and the acceptable samples both be sent upon completion to the Board.
- F. Second Sample. At the same time as each urine or blood sample is taken, the Licensee, at his option, may provide a second sample (or provide sufficient quantity to constitute a second sample) which shall also be taken in the physical presence and under the visual observation of the person collecting the sample. Responsibility for providing a second sample shall be the Licensee's. The second urine or blood sample shall be frozen (or maintained by other appropriate means approved by the Board), stored in a controlled setting and kept under a legal chain of custody, inaccessible to the Licensee, and shall be stored for subsequent testing in the event the first sample tests positive for a Prohibited Substance.
 - (1) Testing the Second Sample. The Executive Director of the Board or his designee shall designate where the test of the second sample shall be executed.
- G. Standards for Tests. Standards for detectable levels of Prohibited Substances for which the urine or blood samples shall be tested shall be set forth in the Licensee's written, pre-approved plan for substance monitoring.
- H. Reporting Test Results.
 - (1) Immediate Release of Positive Test Results. Any test result evidencing any level of a Prohibited Substance, whether by urine sample or blood sample, shall be reported to the Board by the

Supervising Physician by telephone and in writing within 24 hours or as soon thereafter as possible.

- (2) Reporting Negative Test Results. Except as otherwise specified, written reports of all other tests shall be sent to the Board monthly by the Supervising Physician together with an explanation of the dates and times samples were provided and tests made, the type(s) of tests made, and the substances tested for (together with detectable levels tested for), and the test results. Dr. Chagrasulis shall ensure that all reports are made to the Board in a timely fashion.
 - (3) Confidentiality Waived. As to the Board and its agents and any process to be pursued by the Board, the Licensee hereby waives all claims of confidentiality and privilege with respect to all tests taken pursuant to this Consent Agreement.
 - (4) Retention of Reports. All original laboratory data and test reports shall be permanently retained by the Supervising Physician.
- I. Rebuttable Presumption Raised by Positive Test. It is agreed and understood that a test (whether by urine sample or blood sample) evidencing any Prohibited Substance, when confirmed, shall raise a rebuttable presumption that such substance was in fact used by the Licensee. Such a positive test result shall alone be prima facie evidence of the use of the Prohibited Substance by the Licensee. The Licensee further agrees that the result of the test may be admitted into evidence in any proceeding regarding the Licensee's license, whether before the Board or before a Court of competent jurisdiction. The confirmatory test shall be performed immediately upon any initial positive test result.
- J. Immediate, Indefinite, Automatic Suspension for Positive Test. If any urine or blood test is positive (i.e., in any manner evidences any use of any Prohibited Substance), then the result shall be the immediate, indefinite, automatic suspension of the Licensee's license, which shall continue until the Board holds a hearing on the matter, unless the Board, or the Board Secretary and the Department of the Attorney General earlier determine that the report is without merit. The suspension shall begin the moment the Licensee first learns of a positive test or report of a positive test to the Board, whether from the Supervising Physician or his/her designee, from the Board or from any other source in writing and orally or by any other means. This shall

include non-confirmed, positive tests. However, if the licensee is performing a medical procedure and no replacement is available for him, he shall complete the procedure.

K. Board Hearing to Determine if Licensee Used Any Prohibited Substance. After receiving a positive report evidencing use by the Licensee of any Prohibited Substance, the Board shall investigate the situation, including demanding a response from the Licensee. The Board shall hold a hearing within 60 days of the automatic suspension or as soon thereafter as practicable (unless both the Licensee and the Board agree to hold the hearing later) and it shall be held pursuant to the Maine Administrative Procedure Act. By this Consent Agreement, the Licensee expressly accords the Board jurisdiction, concurrent with the Courts, to suspend or revoke his license, or take such other appropriate disciplinary action if it determines he used any Prohibited Substance.

L. Failure to Maintain Sampling Schedule to Appear or to Provide Sample. Failure by the Licensee to maintain the sampling schedule; to appear when demanded to provide a sample; to appear within two hours of being so notified; or to provide samples upon being demanded to do so shall be dealt with as follows:

- (1) Failure to Maintain Sampling Schedule. It is the Licensee's responsibility to ensure that both the schedule for sampling and the random sampling required are maintained.
 - (a) Report. If the scheduled samples or the random samples are not drawn as required, then the Supervising Physician or his/her designee and the Licensee (and any other person knowledgeable of such failure) must within 24 hours telephone the Board and send to the Board a written report of such failure.
 - (b) Suspension. An immediate, indefinite suspension of licensure shall result from any failure as set forth on page 5 by the licensee to comply with the mandated schedule of samples or if the random samples are not drawn as required. The suspension shall begin the moment the Licensee actually learns a report has been made or sent to the Board. However, if the Licensee is performing a medical procedure and no replacement is available for him, he shall complete the procedure.

- (c) Meeting With Board. Both the Licensee and the Supervising Physician (and the responsible designee, if any) shall appear before the Board regarding this situation at its next regularly scheduled Board meeting unless the next meeting is to be held within 15 days of the suspension in which case they may be scheduled to appear at the subsequent regularly scheduled Board meeting.
 - (d) Board Action. The Board may order the Licensee's license reinstated or, if appropriate, may continue the suspension and may set the matter for hearing. The Board shall hold a hearing within 60 days of the automatic suspension, or as soon thereafter as practicable, at which time it may take such action as it deems appropriate, including without limitation reinstatement, fines, probation, suspension, non-renewal and revocation.
- (2) Failure to Appear.
- (a) Report and Meeting with Board. The Licensee and the Supervising Physician (and the responsible designee, if any) must, within 24 hours, telephone the Board and send to the Board a written report of such occurrence, and both the Licensee and the Supervising Physician shall appear before the Board, regarding any failure to appear when demanded to provide a sample, at the next regularly scheduled Board meeting unless the next meeting is to be held within 15 days of the report, in which case they may be scheduled to appear at the subsequent regularly scheduled Board meeting.
 - (b) Suspension. An immediate, indefinite suspension of licensure shall result from any failure by the Licensee to appear for a scheduled or randomly ordered test, unless Dr. Chagrasulis and the Supervising Physician present the failure as having been caused by an emergent circumstance beyond Dr. Chagrasulis' control, as long as Dr. Chagrasulis appeared within 6 hours of the scheduled or randomly called test or as soon thereafter as possible. Except in this instance, the suspension shall begin the moment the Licensee actually learns a report has been made or sent to the Board.
 - (c) Board Action. The Board may order the Licensee's license

reinstated or, if appropriate, may continue the suspension and set the matter for hearing. The Board shall attempt to hold a hearing within 60 days of the Automatic suspension, at which time it may take such action as it deems appropriate, including without limitation reinstatement, fines, probation, suspension, non-renewal and revocation.

(3) Failure to Provide Sample.

- (a) Report and Meeting with Board. The Licensee and the Supervising Physician (and the responsible designee, if any) shall within 24 hours telephone the Board and send to the Board a written report of any occurrence regarding failure or refusal to provide a sample, and both the Licensee and the Supervising Physician shall appear before the Board at the next regularly scheduled Board meeting unless the next meeting is to be held within 15 days of the report, in which case they may be scheduled to appear at the subsequent regularly scheduled Board meeting.
- (b) Second Opportunity to Provide Urine Sample and Suspension. If the Licensee appears when scheduled or ordered, but fails to provide an adequate sample, then with regard to urine, after accurate notation of any and all substances consumed, (no substance shall be consumed which might affect the accuracy of the tests to be performed), a second opportunity to provide a urine sample shall be given after a reasonable time, not to exceed two hours. A repeat failure, or any refusal, shall result in an immediate, indefinite suspension of license. The suspension shall begin the moment of the occurrence. However, if the Licensee is performing a medical procedure and no replacement is available for him he shall complete the procedure.
- (c) Board Action. The Board may order the Licensee's license reinstated, or, if appropriate, may continue the suspension and set the matter for hearing. The Board shall hold a hearing within 60 days after the automatic suspension, or as soon thereafter as is practicable, at which time it may take such action as it deems appropriate, including without limitation reinstatement, fines, probation,

suspension, non-renewal and revocation.

- M. Amendment of Testing Provisions. Upon written application by the Licensee to the Board, the Board may amend the above agreed conditions for testing as long as such changes are otherwise consistent with the duration schedule set forth in this Consent Agreement. Amendment from the conditions shall be in the discretion of the Board and shall be based upon such information as the Board deems pertinent. A decision may be made by the Board, in its discretion, with or without providing a hearing. The Board can propose Amendment(s), which may or may not be agreed to by the Licensee.
- N. Increasing Testing. For good cause shown (i.e. questionable reports or problems with providing samples), the Board can for cause, in its discretion, without hearing, unilaterally increase the frequency of testing to the highest levels contemplated by this Consent Agreement, and may also add an additional four random tests per month. In addition, the Board may, in its discretion, without a hearing and extend the periods of testing by up to an additional five years. The Board can increase the level of testing beyond the parameters set forth above and/or extend the period beyond five years from the date hereon, only for good cause shown after holding a hearing.

3. PROFESSIONAL MANAGEMENT.

- A. Aftercare Treatment Sessions. Dr. Chagrasulis agrees to submit for Board approval the name of a licensed individual or agency in the treatment of substance abuse with whom the Licensee shall consult and counsel for the purpose of working on all issues pertaining to Licensee's compliance with this Consent Agreement, which shall occur at least monthly for the first two years after licensure, and at least annually for the following three years, or more frequently at the discretion of the counselor.
- B. Amendment of Aftercare Treatment Requirements. After three years, upon written application to the Board by the Licensee, the Board may amend this schedule. Amendment shall be in the discretion of the Board and shall be based upon such information as the Board deems pertinent. A decision may be made with or without providing a hearing.
- C. Change of Specialist. If the Licensee proposes to change the Specialist, then the Licensee shall make written application to the Board, including among other things a letter from the Licensee regarding his

reasons for requesting such change and separate letters from the current Specialist and the proposed new Specialist relative to their understanding of the reasons for this request and, to the extent applicable, any concerns they may have. The Board may in its discretion grant or deny such request with or without providing a hearing. If the request is denied, nothing precludes the Licensee from proposing another Specialist. In requesting a change of Specialist, the Licensee understands that the Board may inquire into any issues it deems pertinent with any person including without limitation, the current Specialist.

- D. Reports From the Specialist. Beginning one month from the date of licensure and after every visit thereafter, the Specialist shall submit to the Board a written report regarding the Licensee's compliance with his schedule of meetings, the Licensee's competency to continue practicing as a physician, and the prognosis of the Licensee's continued recovery.
- E. Board Investigation. At any time the Board may deem appropriate, the Board or its agent may contact the Licensee and/or the Specialist to receive further information relative to the Licensee. In addition, if the Board deems it appropriate, it may meet to inquire directly of the Specialist about the Licensee's progress.

4. SELF-HELP GROUP MEETINGS.

- A. Attendance at AA. Attendance is not required by the Physician's Health Program.
- B. Physician's Health Program. The Licensee agrees that he shall attend self-help group meetings of an impaired medical professional group on a regular basis.
- C. Reports of Attendance. Beginning three months after date of licensure and continuing every three months thereafter, the Licensee shall submit to the Board a signed, written quarterly report of his attendance at AA or Physician's Health Program meetings. Any instances of failure to attend the required numbers of meetings shall be noted, together with specific explanation detailing reasons.
- D. Failure to Meet This Requirement. It is the parties' understanding that periodically reasonable explanations may exist for occasionally missing a meeting; however, unexcused continuous or repeated failures to comply with the requirements of this section of the Consent Agreement shall constitute a violation of the Consent Agreement

which, after hearing before the Board, can result in licensure discipline, including without limitation a fine, suspension, non-renewal, probation, or revocation of the Licensee's conditional probational license.

5. MAINTENANCE OF OBLIGATIONS WHEN AWAY FROM MAINE OR HOME. It shall be the Licensee's and the Supervising Physician's obligation to ensure that arrangements are made consistent with this Consent Agreement to ensure the continuation and satisfaction of his obligations under this Consent Agreement. If the Licensee wishes to practice medicine outside the United States, e.g. Doctors Without Borders, or moves to another state, the Licensee shall seek approval of the Board for such a change. The Board shall not withhold approval without sufficient reason. If approval is given and the Licensee practices medicine outside the United States and substance monitoring is not available, the Licensee shall continue to abstain from any prohibited substances and report monthly, in writing, to the Executive Director of the Board. It is the intention of the parties that the Licensee's obligations regarding substance monitoring and self-help group meetings shall be maintained as long as the licensee is practicing in the United States.
 - A. It is the parties' intention that the Licensee notify the Board in writing in advance of travel, regarding the arrangements made. Failure to do so in advance may be excused for good cause shown.
 - B. Failure to meet the conditions of paragraph 5 may be dealt with in the same manner as failure otherwise to maintain the obligations of this Consent Agreement.
6. INVOLVEMENT IN THE MAINE COMMITTEE ON PHYSICIANS' HEALTH. The Licensee shall enter into a contract with the Maine Committee on Physicians' Health as long as any term of this Consent Agreement remains in force. The Licensee is encouraged to actively participate in the committee.
7. EVALUATIONS BY AN INDEPENDENT EXAMINER.
 - A. Evaluations. Consistent with the schedule set forth below, the Licensee shall be evaluated by a physician who specializes in treating and evaluating patients with substance abuse history and chemical dependencies (the "Evaluator"). The Evaluator shall be selected by the Board. The Evaluator (no designee is permissible) shall be responsible for independently assessing the Licensee's progress, his abstinence, any trouble areas and any other matters the Evaluator deems pertinent.
 - B. Timing of Evaluations and Reports. The Licensee shall meet with the

Evaluator for an independent evaluation, and an evaluation report shall be submitted by the Evaluator within two weeks of such evaluation, commensurate with the following schedule:

- (1) From the first year following licensure, the Licensee shall meet with the Evaluator once every four months.
 - (2) After the first year following licensure, the Licensee may in writing request amendment of the schedule of evaluations, which the Board may decide, in its discretion, with or without providing the Licensee a hearing. Unless the Board votes to continue the evaluations once every four months or at some other frequency, for the remainder of the Agreement, the Licensee shall meet with the Evaluator and have a report submitted at least once a year.
 - (3) The Board can order additional evaluations by another practitioner if deemed warranted by the Evaluator's reports or by other information received by the Board.
 - (4) For good cause shown (i.e., questionable evaluation reports), the Board can unilaterally, in its discretion, with or without a hearing, increase the schedule of evaluations to whatever level it deems appropriate for such period of time as it deems appropriate.
- C. Report by An Evaluator. The Evaluator shall meet with the Licensee and submit to the Board a written report regarding at least the following: the Licensee's progress; the Licensee's safety and competency to continue practicing medicine; the status of the Licensee's rehabilitation; the Licensee's ability to control his chemical dependency; and the prognosis for the Licensee's continuing recovery. The Board may request further information regarding the Licensee and may also request a meeting with the Evaluator. The Licensee shall be informed if the Board intends to meet with the Evaluator.
- D. Obligation of Evaluator to Report Problems or Concerns to the Board. If the Evaluator has reason to believe that the Licensee has used a Prohibited Substance or otherwise has concerns that the Licensee may have violated this Consent Agreement or may be a risk to patients, then the Evaluator must report such information by telephone and in writing to the Board within 24 hours or as soon thereafter as possible. All pertinent facts and circumstances shall be reported by the Evaluator.

- E. Change of Evaluator. The Board may, either on its own motion or upon written request by the Licensee, change the Evaluator. Such decision shall be made in consultation with the Evaluator and Licensee, but the Board shall have sole discretion in this matter. This decision may be made without providing the Licensee a hearing.
8. NOTICE TO HOSPITALS, CLINICS, EMPLOYERS, PARTNERS, HEALTH CARE PRACTITIONERS, PHYSICIAN EXTENDERS AND EMPLOYEES. The Licensee shall provide a copy of this Consent Agreement to each of the following:
- A. Hospitals, Clinics, Residencies. Hospital employers and/or hospitals at which he has any form of privileges, and all clinics or residency programs at which the Licensee provides services.
- B. Medical Practice. All medical practice partners, physician employers, or Physician Extenders (Physician's Assistants, Advanced Practice Nurse Practitioners) with whom he may work.
- C. Office Manager. The person who manages any office in which he practices.
- D. Others. Any other entity or person involved in the monitoring or treatment process, which or who the Board deems appropriate shall receive and review this Consent Agreement.
9. DESIGNATED COPY OF CONSENT AGREEMENT.
- A. Reading and Signing the Consent Agreement by Others. Dr. Chagrasulis shall have each person set forth in Paragraph 8 above read, date, and sign a copy of the Consent Agreement (the "Designated Copy"). The Designated Copy shall also be read and signed by the Supervising Physician, all designees and by the Evaluator. The original Designated Copy which is signed by the above-referenced persons shall at all times be kept on file at the Licensee's place of employment and shall be subject to inspection upon request of the Board or its agent. A copy of the signature pages shall be made and sent to the Board.
- B. Updating the Designated Copy. Within 30 days after any change in this Consent Agreement, a new copy of the Designated Copy shall be reviewed and signed by the persons specified in paragraph 8(E) which shall be denoted as the current Designated Copy. A copy of each current Designated Copy shall be sent to the Board.

- C. Retention of Old Designated Copies. All old Designated Copies shall be retained permanently by the Licensee.
- D. Amending the Designated Copy Requirement. After July 1, 1998, the Licensee can petition the Board in writing for this requirement to be amended. The Board may make a decision in its discretion without providing the Licensee a hearing.
- (1) Requirement to Report. The Licensee agrees and hereby irrevocable directs that IF ANYONE HAS REASON TO SUSPECT THAT THE LICENSEE HAS USED A PROHIBITED SUBSTANCE OR HAS OTHERWISE VIOLATED THIS CONSENT AGREEMENT, SUCH PERSON MUST REPORT THE LICENSEE TO THE BOARD WITHIN 24 HOURS OR AS SOON THEREAFTER AS POSSIBLE. SUCH REPORT SHALL BE MADE BY TELEPHONE AND IN WRITING. ALL PERTINENT FACTS AND CIRCUMSTANCES SHALL BE REPORTED TO THE BOARD.
- E. Declaration Upon Executing Designated Copy. I have read this Consent Agreement and understand that I must report to the Board any belief there has been a violation of the Agreement or any reason to suspect that Dr. Chagrasulis has used a Prohibited Substance.

	Print Name & Title	Signature	Date
(1)	_____	_____	_____

(2)	_____	_____	_____

(3)	_____	_____	_____

(4)	_____	_____	_____

(5)	_____	_____	_____
(6)	_____	_____	_____
(7)	_____	_____	_____
(8)	_____	_____	_____
(9)	_____	_____	_____
(10)	_____	_____	_____

10. EDUCATION. Dr. Chagrasulis shall bring his continuing medical education credits up to date. Furthermore, he shall re-enter an approved surgical residency for a period of time agreed upon jointly by Dr. Chagrasulis and the Program Director. Upon successful completion, the Program Director shall notify the Board in writing.

11. SANCTION FOR VIOLATION OF LICENSE CONDITIONS.

A. Automatic Suspension. Any oral or written report to the Board of violation, technical or otherwise, of these License Conditions shall result in the immediate, indefinite and automatic suspension of the Licensee's license. The automatic suspension of the Licensee's license shall become effective at the time the Licensee receives actual notice from the Board that a report of violation has been made. Actual notice can be provided by telephone, in person, in writing, by another means or any combination of the above-referenced means. The indefinite, automatic suspension shall continue until the Board holds a hearing.

on the matter, unless the Board earlier determines that the report is without merit or decides that no further sanction is warranted.

- B. Continued Suspension: Other Sanctions. The Licensee's indefinite automatic suspension shall continue for such time until the Board holds a hearing and reaches a decision. The Board shall attempt to hold a hearing within 60 days of the automatic suspension or as soon thereafter as practicable (unless both the Licensee and the Board agree to hold the hearing later) and shall be held pursuant to the Maine Administrative Procedure Act. The Board may impose such other discipline, including without limitation, fines, further suspension, probation, non-renewal or revocation, as the Board after hearing deems appropriate. By this Consent Agreement, the Licensee expressly accords the Board jurisdiction, concurrent with the Courts, to revoke his license if the Board deems it appropriate.
12. WAIVER OF CONFIDENTIALITY AND RELEASE OF RECORDS. The Licensee agrees and understands that the Board and the Department of the Attorney General shall have complete access to the Licensee's present and future personal medical and counseling records regarding chemical dependency and to all otherwise confidential data pertaining to treatment or monitoring of the Licensee for chemical dependency.
13. BOARD'S JURISDICTION. The Licensee acknowledges that the Board has jurisdiction over his license. The Licensee understands that, at the time the Board is agreeing to issue him this Conditional, Probationary License, the Board does not have the statutory jurisdiction to revoke licenses. In consideration for the Board's issuing to the Licensee his license pursuant to this Consent Agreement, the Licensee agrees that, regarding any alleged violation of this Consent Agreement, the Board is granted jurisdiction to revoke his license to take such other disciplinary action as is available to the Courts. The Board may also, if it deems it preferable, refer such matter for action in Court. The Board is granted jurisdiction to revoke his license and to take such other disciplinary action as is available to the Courts. Nothing herein shall be construed to prohibit the Licensee from invoking the appellate jurisdiction of a reviewing court in the event of adverse action by the Board. The Board may also if it deems it preferable refer such matter for action in the court.
14. TERMINATION OF REQUIREMENTS OF CONSENT AGREEMENT. This Consent Agreement shall remain in effect until the Board takes action to issue Dr. Chagrasulis' license without any conditions, which may be done upon petition by Dr. Chagrasulis to the Board no sooner than three years from the date of licensure. If Dr. Chagrasulis does not make application for

earlier relief, then five years after licensure, Dr. Chagrasulis shall petition the Board for full licensure. It is Dr. Chagrasulis' obligation to file timely applications for renewal of his license and to comply with all other legal requirements to maintain his license during the period of this Agreement.

15. MISCELLANEOUS PROVISIONS.

A. Notice. Unless otherwise specified in this Consent Agreement, written notice shall be deemed served upon mailing by first class mail, postage pre-paid.

(1) Notice to the Board:

State of Maine Board of Licensure in Medicine
Attention: Executive Director
137 State House Station
Augusta, Maine 04333
Telephone: (207) 287-3601

(2) Notice to the Licensee:

Robert W. Chagrasulis, M.D.
P.O. Box 480
Bridgton, ME 04009

B. Address Change. If the Licensee changes jobs, moves his residence, changes telephone numbers at work or at home, or secures privileges at another hospital, the Licensee shall provide prompt written notice to the Board.

C. Costs. All costs incurred in performance of the modifications and conditions of this Consent Agreement shall be borne by the Licensee. If a violation of this Consent Agreement is proven to have occurred, regardless of the sanctions imposed, Dr. Chagrasulis shall reimburse the Board for all costs and attorney's fees incurred in proving such violation.


D. Hearings. Unless otherwise specified, hearings shall be held consistent with the Maine Administrative Procedure Act.

E. Severance. If any clause of this Consent Agreement is deemed illegal or invalid, then that clause shall be deemed severed from this Consent Agreement.

16. AMENDMENT OF CONSENT AGREEMENT. This Consent Agreement cannot be amended orally. It can be amended only by a writing signed by the parties hereto.
- A. Requests for amendments made by the Licensee shall be made in writing submitted to the Board.
- B. The Board may also propose amendments by sending a written proposal to the Licensee.
17. ADVICE OF COUNSEL. The Licensee has been informed that he has the right to legal counsel. He has consulted with an attorney who has negotiated this Consent Agreement on his behalf.
18. WAIVER OF RIGHT TO APPEAL BOARD'S DECISION AND CERTAIN FUTURE BOARD DECISIONS. In regard to all terms and conditions of this Consent Agreement, the Licensee waives any further hearings or appeal to the Court regarding his Application for Licensure and the Conditional License issued hereunder. Nothing in this paragraph shall be deemed a waiver of the Licensee's rights under rule, statute or the Maine or United States Constitutions, to appeal a decision or action later taken by the Board subsequent to licensure, except as the Licensee may have agreed herein, such as with discretionary decisions by the Board and which may occur with or without a hearing, increased jurisdiction of the Board to revoke his license for violation of this Consent Agreement. The Licensee agrees that this Consent Agreement and Order is a final order resolving the Licensee's Application for Licensure.

I, ROBERT W. CHAGRASULIS, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT. I UNDERSTAND THAT BY SIGNING, I WAIVE CERTAIN RIGHTS. I SIGN IT 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: 20 Feb 96



Robert W. Chagrasulis, M.D.

Dated: 2-28-96



Edward David, M.D., Chair
Board of Licensure in Medicine

Dated: 3-5-96



RUTH E. McNIFF
Assistant Attorney General
Department of Attorney General.