

STATE OF MAINE  
BOARD OF LICENSURE IN MEDICINE

IN RE: )  
MERYL J. NASS, M.D. ) ORDER OF IMMEDIATE  
CR21-191, CR21-210, AD21-217, ) SUSPENSION  
AD21-220, and AD22-1 )

On January 11, 2022, the Maine Board of Licensure in Medicine (“the Board”) met and reviewed complaint and investigation materials regarding Meryl J. Nass, M.D. (“Dr. Nass”). On the basis of its review of these materials, the Board concludes that the continued ability of Dr. Nass to practice as a physician in the State of Maine constitutes an immediate jeopardy to the health and physical safety of the public who might receive her medical services, and that it is necessary to immediately suspend her ability to practice medicine in order to adequately respond to this risk.

This suspension is issued pursuant to 5 M.R.S. § 10004(3). Dr. Nass’s ability to practice medicine will be suspended effective immediately upon issuance of this Order for a thirty (30) day period ending on February 11, 2022, at 11:59 p.m., pending further Board action at an adjudicatory hearing, which will be scheduled shortly. A formal notice of hearing will be transmitted, which will outline the issues and procedures for that hearing.

PRELIMINARY FINDINGS

Specifically, the Board preliminarily finds for purposes of this Order and pursuant to the materials reviewed as follows:

1. Dr. Nass was first issued a license to practice medicine in Maine on August 22, 1997 (license number MD14575). Dr. Nass specializes in internal medicine in Ellsworth, Maine.
2. On December 19, 2021, the Board received a report pursuant to 24 M.R.S. § 2505 from a physician. The physician reported that she had admitted Patient 1 to her hospitalist service on that day and that the patient had for two weeks had dyspnea, cough and fatigue. The physician reported that the patient told her that Dr. Nass diagnosed the patient “over the phone” with COVID and prescribed 5 days of Ivermectin which is not indicated for treatment of COVID. The physician reported that the patient was unvaccinated and was hospitalized requiring supplemental oxygen for COVID-19 pneumonia.
3. In response to a Board subpoena requesting the medical records for Patient 1, Dr. Nass provided handwritten pages and copies of phone texts. Dr. Nass initially sent phone text messages regarding Patient 2 as phone text

messages related to Patient 1. In an email dated January 4, 2022, Dr. Nass stated that Patient 1's son "texted [her] regarding himself and his two parents, all of whom had Covid at the same time and all three wound up eventually in the hospital. The texts are intermingled for all three patients." The medical records provided by Dr. Nass for Patient 1 included a copy of a written prescription for Ivermectin for Patient 1 dated September 28, 2021 and an associated progress note that contains a brief additional note almost two months later dated December 17 "[j]ust beginning to turn a corner Day 11. Doesn't need additional rx." The September 28, 2021 progress note contains no patient medical history, no physical examination, no chief complaint, no coordination of care or set follow-up care, no medical decision-making, no diagnosis, no patient informed consent, and no assessment and plan other than identifying Ivermectin 27 mg/d x 5, Zinc 30 mg/d, Vitamin C 500 mg/d, and aspirin 325 mg/d. A December 19, 2021 handwritten note on notebook paper references the patient's admission to the hospital and multiple "conversations" but no substantive notes associated with the conversations including who the conversations were with or what they were about. The medical records did not include patient authorization for Dr. Nass to disclose information to any other person(s).

Text messages produced in response to the medical record subpoena are associated with Patient 1's son and include December 10, 2021 communications regarding his treatment with Ivermectin and hydroxychloroquine. Patient 1's son texted Dr. Nass on December 15, 2021 that his father was "borderline delirious. He moans on every exhale and he says snippets of things that don't make any sense. He's coherent once he's awake and in a conversation." Dr. Nass did not respond to the text directly. Patient 1's son next texted Dr. Nass on December 17, 2021, "Dr. Nass my parents aren't doing very well. My dad's breathing is very shallow and when he tries to breathe deeply he begins to cough violently. I don't see any signs of improvement. When do I need to consider taking him to the ER? Should we be taking more ivermectin?" Dr. Nass did not respond to the text directly. On December 19, 2021 at 1:20 pm, Patient 1's son texted Dr. Nass, "I think it might be time to take my parents to the ER. They are getting very weak. I don't see any symptoms improving. Can you talk?" Dr. Nass responded, "My son's family is just getting ready to leave. Can we talk at 2 PM?" The text messages included references to Dr. Nass receiving a Board subpoena for Patient 1's medical records.

4. The records for Patient 1's hospitalization in December 2021 were consistent with the physician report.

5. On December 11, 2021, Dr. Nass emailed Board staff and stated "one of my complex, high risk patients for Covid just got Covid. The patient [Patient 2] and I wanted him treated with hydroxychloroquine. I reviewed his dozen or so medications and discussed all potential drug interactions and how to

ameliorate them, and we decided to proceed. But the problem was finding a pharmacist willing to dispense the drug. I was eventually forced, when the pharmacist called a few minutes ago and asked me for the diagnosis, to provide misinformation: that I was prescribing the drug for Lyme disease, as this was the only way to get a potentially life-saving drug for my patient.” Dr. Nass posted her communication to Board staff on her website/blog. In addition, Dr. Nass referred to her interaction with a pharmacist during a ZOOM meeting with members of the Maine State Legislature. She stated, “I lied and said the patient had Lyme disease and so the pharmacist dispensed the medication only because I lied ... .”

6. In response to a Board subpoena requesting the medical records for Patient 2, Dr. Nass provided handwritten pages and phone texts. In her email producing the records Dr. Nass stated “This is the gentleman for whom I prescribed hydroxychloroquine and was forced to inform the pharmacist was for a non-Covid diagnosis. That is because I was following the ethical principles of the AMA and other ethical codes of my profession.” Dr. Nass produced: a) a copy of a handwritten prescription for Ivermectin dated September 2, 2021 for Patient 2; b) a handwritten progress note dated September 2, 2021 for Patient 2 that identifies 21 medications and supplements, but contains no patient history, no physical examination, no chief complaint, no medical decision-making, no diagnosis, no patient informed consent, and no assessment and plan other than “High Risk” and a reference to the Ivermectin script which was mailed. In the middle of the September 2, 2021 progress note and outlined by hand is another note dated December 11, 2021- “[Patient 2] is high risk + needs HCQ rx. Must [decrease] diltiazem and watch for hypoglycemia” and notes the prescribing of azithromycin and hydroxychloroquine, with “call in 3 wks”; c) a handwritten telephone note dated December 1, 2021, of a conversation with Patient 2’s spouse regarding Patient 2 stating “Day 9” symptoms including a temperature of 102.9 and oxygen saturation at 89%, refers to ordering a prednisone taper, Aldactone, and Avodart, but holding off and get chest x-ray and let her know the result; d) a handwritten progress note dated December 17, 2021, referencing Patient 2 and his spouse and “advice re hospitalization”; e) a handwritten note on notebook paper dated December 19, 2021, referencing a phone call discussion with another physician regarding Patient 2 and his hospitalization; and f) a handwritten progress note dated December 23, 2021 of a telephone call from Patient 2’s spouse that Patient 2 was doing better in the hospital and including a note about the spouse’s own nausea. The medical records did not include written patient authorization for Dr. Nass to disclose information to any other person(s).

Text messages produced in response to the medical record subpoena are associated with Patient 2’s spouse and include texts from September 7 and 8 referencing a pharmacy in New York. On December 11, 2021, Dr. Nass texted Patient 2’s spouse “The pharmacy called me back and question [sic] me for the

reason for the prescription and I told him Lyme disease.” Patient 2’s spouse replied “Thank you for letting us know. We picked up the medication.” Dr. Nass texted back “Good. And I wrote a letter to the board of medicine telling them they had forced me to miss inform [sic] a pharmacy today in order to get a life-saving medicine to a patient. Let’s see what they do with that”. There are a series of texts between Patient 2’s spouse and Dr. Nass dated December 15, 2021 discussing various medications for Patient 1, then asking for a pharmacy, and Dr. Nass texts “I cannot remember your name, town, and date of birth. I do remember lying to the pharmacy. Please send me that information. Texting does not provide me names.” Additional texts were provided including texts associated with Patient 2’s hospitalization during December 2021.

7. Hospital records for Patient 2 indicate that he was admitted through the hospital emergency department on December 16, 2021. Patient 2 presented with 9 days of symptoms and had completed the “ivermectin protocol” with his “Covid specialist physician’s office”. Patient 2 was unvaccinated and presented with multiple diagnoses including diabetes, hypertension, obstructive sleep apnea, obesity, and a known heart murmur. The patient refused antiviral treatment initially and requested that the ED physician speak with his COVID doctor, Dr. Nass. The ED physician noted that he tried to contact Dr. Nass but she did not answer her phone. The records noted that Patient 2 had tested positive for COVID by home test on December 7, 2021. The patient was admitted on December 16, intubated on December 18, self-extubated on December 30, 2021, and discharged on January 4, 2022.

8. On December 31, 2021, the Board received a report pursuant to 24 M.R.S. § 2505 from a Certified Nurse Midwife (“CNM”). The CNM reported that earlier in 2021 one of her pregnant patients became ill and tested positive for COVID. The patient [Patient 3] contacted the CNM office on September 22, 2021, for advice about COVID-19 care and told the CNM that she was on hydroxychloroquine. The CNM reported that she was shocked. Patient 3 told the CNM that the hydroxychloroquine had been prescribed by Dr. Nass. The CNM reported her concern that Dr. Nass prescribed a medication which was not an approved or recommended treatment for COVID-19 and did not consult with the obstetric/midwifery practice prior to doing so.

9. In response to a Board subpoena requesting the medical records for Patient 3, Dr. Nass provided two pages: 1) one page with a copy of two handwritten prescriptions dated September 21, 2021 for Patient 3 for hydroxychloroquine and a “z-pak” with a note indicating that they were faxed to Walmart; and 2) a handwritten progress note for the patient “28 yo 6 mos pregnant”, referencing a positive test at urgent care and identifying in the assessment and plan “stop montelukast, HCQ, Z-pak, fluids, rest”. The progress note contains no patient history, no physical examination, no medical decision-making, no patient informed consent, no coordination of care, and no recommended follow-up.

10. On June 15, 2020, the United States Food and Drug Administration (“FDA”) revoked the Emergency Use Authorization for chloroquine phosphate (CQ) and hydroxychloroquine sulfate (HCQ) based on information that the drug may not be effective to treat COVID-19 and that the drug’s potential benefits for such use do not outweigh its known and potential risks.

11. The FDA has not authorized or approved the use of Ivermectin for use in preventing or treating COVID-19 in humans.

12. The American Medical Association Code of Medical Ethics contains standards of professional behavior established for the practice of medicine and include in Principle II that a physician be honest in all professional interactions. Opinion 1.2.11 Ethically Sound Innovation in Medical Practice provides, in part, that when a physician offers “existing innovative diagnostic or therapeutic services to patients” they must “recognize in this context informed decision making requires the physician to disclose (i) how a recommended diagnostic or therapeutic service differs from the standard therapeutic approach if one exists; (ii) why the physician is recommending the innovative modality; (iii) what the known and anticipated risks, benefits, and burdens of the recommended therapy and alternatives are; (iv) what experience the professional community in general and the physician individually has had to date with the innovative therapy; and (v) what conflicts of interest the physician may have with respect to the recommended therapy.”

13. Board Rules Chapter 6 establishes Telemedicine Standards of Practice. Physicians using telemedicine in providing health care will be held to the same standards of care and professional ethics as those providing traditional care. §§ 1(3), 3(3). Chapter 6 sets forth practice guidelines associated with obtaining a medical history and physical examination § 3(7), informed consent § 3(9), coordination of care § 3(10), follow-up care § 3(11), medical records § 3(13), privacy and security § 3(14), disclosure and functionality § 3(16), patient access and feedback § 3(17). Absent a valid physician-patient relationship, a licensee’s prescribing to a patient based solely on a telephonic evaluation is prohibited. § 20.

14. On October 26, 2021, the Board received a complaint alleging that Dr. Nass was engaging in the public dissemination of “misinformation regarding the SARS CoV2 pandemic and the official public health response calling for vaccinations” via a video interview and on her website, and that the information that Dr. Nass was disseminating was a “danger to the public.” Dr. Nass’s comments in the interview and on her website include, but are not limited to:

a) she “did not intend to comply with masking and vaccine orders”;

- b) that the federal government “won’t let us find out” how many people are immune from less severe or asymptomatic COVID cases and the federal government has “basically prohibited the use of normal tests of immunity, normal antibody, T-cell tests, etc., or some pattern of those”, and “instead we all have to be vaccinated” and that “doesn’t make scientific or medical sense”;
- c) “the more doses of vaccine, the more shots you get the greater the risk of adverse reactions”;
- d) “if you’re going to get myocarditis over 80% get it after the second dose, not after the first dose” and “people who got it after the first dose, many of them had already been infected with COVID”;
- e) “if we are doing this for people’s health it would be very important to identify how many people are immune and they don’t have to worry about masks ... they don’t have to worry about distancing, they don’t have to worry about vaccination. They are immune. We know so far that those people have broad and very durable long-term immunity. As best we know ... they’re very immune a year after they had the infection”;
- f) “so the FDA was forced to issue a license for the Pfizer vaccine for certain people and yet there is no comirnaty vaccine in the United States, so there are no vials of licensed Pfizer vaccines in the United States. The FDA did a bait and switch”;
- g) “why is the federal government so interested in getting everyone vaccinated? It seems that one probable reason is unless you get people vaccinated and you have to give them boosters every so often there is no logical justification for vaccine passports ... which is probably going to be your electronic ID, and probably will mediate your financial transactions, will identify where you are any time, etc., you know will have broad uses for increased control and surveillance. There may be other reasons. I mean there may be things in these vaccines that the government wants to inject in us”;
- h) “but obviously vaccinating people who are already immune and have much better immunity than you would get from these vaccines that are extremely weak and short lived in what they give you, and dangerous with many potential serious side effects, and 14,000 deaths reported to the federal VAERS system in the 8 to 10 months we have been vaccinating people, not quite 10 months, the vaccines are a problem”;
- i) “we’re vaccinating for a virus that is gone. We have no benefit from the mRNA, we have only problems from it”;
- j) “the vaccines don’t work very well, so there are loads of people who are getting infected who’ve been vaccinated almost at the same rate as the vaccinated”;
- k) “the governments seem to think they own our children because they are vaccinating children age 12 and up without parental permission in many parts of the United States”;
- l) “children have the worst side effect profile, and they get the least benefit from the vaccines. So you are either vaccinating them to try and, you know, stop it spreading in children so adults don’t get it, because if children are getting a

cold, you don't vaccinate kids against colds, we never have before, or you are vaccinating them for some other nefarious reason";

m) "the DNA from the adenovirus could potentially become a part of our DNA ... the human beings we're the guinea pigs for these vaccines";

n) "there are drugs like Ivermectin, hydroxychloroquine, chloroquine, mefloquine, and others that are quite effective against this virus, that will kill off the virus the first week you have it when virus is still growing";

o) Operation Warp Speed is the result of an agenda that "seems to be the same one that has been in play since 2001, you know, the 9/11. Which is increased surveillance, right, increased central control, and some blurring of national borders and national sovereignty, which we haven't seen much of yet but the close collusion of many countries with the same program indicates that there is international collusion going on at high levels";

p) "the people who are not getting vaccinated are tending to be the most educated, the wealthiest"; and

q) "if you did not know that the CDC was a criminal agency by now, this ought to get you going. Remember COVID vaccines are associated with high rates of miscarriages."

15. On November 7, 2021, the Board received a complaint that Dr. Nass was spreading COVID and COVID vaccination misinformation on Twitter, which included a link to an interview with Dr. Mercola, and include, but are not limited to:

a) that a patient informed consent form for hydroxychloroquine used at a hospital was a form "designed to scare patients from using a safe drug that works well for COVID by making false claims. The form therefore can only result in injuries and possibly deaths";

b) "you're the guinea pigs, and they're not collecting the data. Nobody should have these shots";

c) a "large number of Americans are recovered and have very durable long-lasting immunity, much stronger than what you would achieve from the vaccine, which is limited only to immunity against spike, wears off over the next few months, may, in fact, permanently limit the kind of immune response [you] would make were you to be infected with COVID again. So there is absolutely no reason -- no good reason to vaccinate someone who is recovered, and several bad reasons. You can harm them. There's a higher rate of injury in the recovered if you vaccinate them and you may damage -- potentially damage their immune response later"; and

d) cities are vaccinating 12-15 year-olds without parental permission.

In response to the complaint, Dr. Nass stated that "[e]verything that I say in public is accurate."

16. AMA Code of Medical Ethics Opinion 2.3.2 Professionalism in the Use of Social Media includes that physicians should ensure that the personal and

professional information on their own sites is “accurate and appropriate” and must recognize that their actions online and content posted “may negatively affect their reputations among patients and colleagues, may have consequences for their medical careers, and can undermine public trust in the medical profession.”

For the purposes of this Order of Immediate Suspension and subject to holding the aforementioned full adjudicatory hearing on this matter to determine if any violations have actually occurred, the Board finds that the actions of Dr. Nass constitute immediate jeopardy to the health and physical safety of patients who might receive her medical services and that delaying imposition of a suspension until holding a hearing would not adequately respond to this known risk. It is of great concern that Dr. Nass admittedly lied to a pharmacist in order to have the pharmacist dispense a medication that was not FDA approved for use in the treatment of COVID-19, she blamed the Board and the Maine Board of Pharmacy for her decision to deceive another medical professional, that she involved the patient in the deception, and that the medical records for that patient do not reflect that she followed Board rules regarding telemedicine standards of practice; that all three patient medical records produced by Dr. Nass reflect that she failed to comply with Board rules regarding telemedicine standards of practice which were designed to protect public health and safety; and that two of the patient medical records produced by Dr. Nass included phone text messages that occurred with persons who were not the patient, without written authorization to do so from the patient, and included her admission in one that she did not know who she was texting with.

- A. 32 M.R.S. § 3282-A(2)(A) by engaging in the practice of fraud, deceit or misrepresentation in connection with services rendered within the scope of the license issued.
- B. 32 M.R.S. § 3282-A(2)(E)(1) by engaging in conduct that evidences a lack of ability or fitness to discharge the duty owed by the licensee to a client or patient or the general public.
- C. 32 M.R.S. § 3282-A(2)(E)(2) by engaging in conduct that evidences a lack of knowledge or inability to apply principles or skills to carry out the practice for which the licensee is licensed.
- D. 32 M.R.S. § 3282-A(2)(F) by engaging in unprofessional conduct by violating a standard of professional behavior, including engaging in disruptive behavior, that has been established in the practice of medicine. For purposes of this paragraph, “disruptive behavior” means aberrant behavior that interferes with or is likely to interfere with the delivery of care.
- E. 32 M.R.S. § 3282-A(2)(H) by violating a rule adopted by the Board.




ORDER OF IMMEDIATE SUSPENSION

The Board ORDERS as follows:

Dr. Meryl J. Nass, M.D.'s license to practice medicine in Maine is suspended immediately and she may not practice medicine upon issuance of this Order for a thirty (30) day period ending on February 11, 2022, at 11:59 p.m. pending further Board action at an adjudicatory hearing, which shall be scheduled shortly.

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

January 12, 2022



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MAROULLA S. GLEATON, M.D.,  
CHAIR