

STATE OF MAINE  
BOARD OF LICENSURE IN MEDICINE

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

On January 11, 2022, the Maine Board of Licensure in Medicine (“the Board”) met and reviewed materials submitted in connection with complaints and investigations regarding Meryl J. Nass, M.D., license number MD14575 (“Dr. Nass”). On the basis of its review of these materials, the Board issues this Order directing Dr. Nass to submit to a neuropsychological evaluation by a Board-selected psychologist on February 1, 2022. This formal interim Order is issued pursuant to 32 M.R.S. § 3286.

PRELIMINARY FINDINGS

Specifically, the Board preliminarily finds for purposes of this Order Directing Evaluation and pursuant to the materials submitted 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 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) “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”; d) “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”; e) “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”; f) “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”; g) “the DNA from the adenovirus could potentially become a part of our DNA ... the human beings we’re the guinea pigs for these vaccines”; h) 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”; and i) “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.”

3. In response to the notice of the complaint, Dr. Nass questioned the Board’s authority. She stated “[p]lease inform me how the board of registration in medicine is authorized to investigate my private life.” Board staff responded: “The basis here for the Board’s jurisdiction is that there is alleged unprofessional conduct, particularly where you have communicated in your capacity as a physician in the interview and on the website that could allow for patients and the public to view the information you provide as misleading and/or inaccurate. Please refer to the American Medical Association (AMA) Code of Medical Ethics for provisions that apply in contexts other than a patient clinical setting. ...In addition to responding to the complaint, please confirm that the attached screen shots and website pages are maintained by you and state whether you have provided any of this information or access to the website to any of your patients....” Dr. Nass and Board staff continued to email several more times without Dr. Nass providing a response to the complaint.

4. 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) stating 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”; and b) “you’re

the guinea pigs, and they're not collecting the data. Nobody should have these shots”.

5. On December 9, 2021, Dr. Nass emailed and stated: “Please consider this my response. Everything I say in public is accurate. It is astonishing that 2 people that I have never met are filing complaints against me for misinformation. It is even more astonishing that the Board has reviewed these complaints (which is what is done according to the board’s website) and decided to proceed with them. As I answered you earlier (and wrote to the two attorneys who work for the Board) I would like for you to inform me what constitutes misinformation or disinformation. I have not heard back regarding that request.”

6. On December 11, 2021, Dr. Nass wrote to Board staff and stated “ [t]here is something else I would like you to provide to the Medical Board ... one of my complex, high risk patients for Covid just got Covid. The patient 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 ... .” She also texted with the patient’s spouse thereby directly involving the patient in her deception of the pharmacist: “[t]he 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”.

7. Dr. Nass was sent three subpoenas for individual patient records on December 20, 2021, December 21, 2021, and January 3, 2022. Dr. Nass acknowledged the first subpoena and questioned the Board’s authority to issue it. Board staff responded and provided the statutory authority for the Board to issue subpoenas. Thereafter Board staff engaged in several additional email communications with Dr. Nass seeking her compliance with the subpoenas. On December 29, 2021, Dr. Nass communicated that she thought there was only one patient whose records had been subpoenaed. When Dr. Nass produced the patient medical records, she incorrectly attached phone text communications and identified them for one of the patients and it required two

more clearly stated communications informing her of the error before she sent the correct records. The patient medical records produced by Dr. Nass consisted of text messages with individuals who were not the patient and sparse handwritten notes that do not comply with applicable standards of practice as reflect in Board Rules Chapter 6 Telemedicine Standards of Practice.

8. In an email producing one of the patient's medical records Dr. Nass stated, "[t]his 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."

9. With another patient's medical records, Dr. Nass produced text messages with the patient's son that included the following exchange - Patient's son: "It is so upsetting how you are being harassed and persecuted for your work. For prescribing FDA approved drugs. Are you accepting donations for your legal support?" Dr. Nass: "Does she have a diagnosis yet? How is she struggling? I only got the email about 4:30 today. But I know some crack attorneys. I certainly was hoping to make a public spectacle of an investigation. Hopefully the attorneys will allow that. I haven't even thought about details like payment. Let's see where this is going."

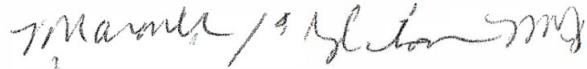
10. In the interests of public health and safety, the Board may compel a physician to submit to a mental or physical examination upon a complaint or allegation that the physician is or may be unable to practice medicine with reasonable skill and safety to patients by reason of a mental illness, alcohol intemperance, excessive use of drugs, narcotics, or as a result of a mental or physical condition interfering with the competent practice of medicine. 32 M.R.S. § 3286. By practicing medicine in this State, every physician licensed is deemed to have given consent to a mental or physical examination when directed in writing by the Board. *Id.*

11. The information received by the Board demonstrates that Dr. Nass is or may be unable to practice medicine with reasonable skill and safety to her patients by reason of mental illness, alcohol intemperance, excessive use of drugs, narcotics, or as a result of a mental or physical condition interfering with the competent practice of medicine.

#### ORDER DIRECTING EVALUATION

NOW THEREFORE pursuant to 32 M.R.S. § 3286 and upon consideration of the information presented and considered, and based upon the preliminary findings identified above, the Board hereby ORDERS Dr. Nass to submit to a

neuropsychological evaluation by a Board selected psychologist to occur on February 1, 2022. The Board ORDERS Dr. Nass to timely communicate and cooperate with Board staff regarding the scheduling of the evaluation and respond to Board staff within the time specified in communications from Board staff. Failure of Dr. Nass to undergo the evaluation as directed constitutes an admission of the allegations against her.



Dated: January 11, 2022

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MAROULLA S. GLEATON, M.D.,  
CHAIR