

Board of Licensure in Medicine - Board of Osteopathic Licensure Workgroup
January 28, 2025
12:00 p.m. – 1:26 p.m.

Board Members - In Person

Public Member Lynne Weinstein (BOLIM)
John Brewer, DO (BOL)
Melissa Michaud, PA (BOL)
Public Member Peter Michaud, JD, RN (BOL)
Public Member Dennis Smith, Esq. (BOL)
Public Member Mary-Anne Ponti, RN, DBA (BOL)

Board Members - Remote

Maroulla Gleaton, MD (BOLIM)
Christopher Ross, PA (BOLIM)
Anthony Ng, MD (BOLIM)
David Flaherty, PA (BOLIM)
Public Member Jonathan Sahrbeck (BOLIM) (excused at 1:00 p.m.)
Noah Nesin, MD (BOLIM)

Board Staff Present

Executive Secretary Rachel MacArthur (BOL)
Executive Director Timothy Terranova (BOLIM)
Assistant Executive Director Valerie Hunt (BOLIM)
Medical Director Paul Smith, MD (BOLIM)
Administrative Assistant Maureen Lathrop (BOLIM)

Legal Counsel - Remote

AAG Jennifer Willis (BOLIM)
AAG Lisa Wilson (BOL)

I. Introduction of Board Members and Staff

II. Discussion of Board Members' Suggested Topics

A. Representation - MD/DO/PA/Public

Workgroup members agreed that there needs to be fair representation of allopathic and osteopathic physicians, physician assistants and public members.

B. Board structure including number of members

A larger Board would allow for dividing tasks and improving efficiency. It may also allow for a better representation of specialties. If the Board size is large enough separate committees could be created – one to review complaints and one to handle adjudicatory hearings. This would remove the argument of bias because the same Board members would not investigate and adjudicate complaints. The committees would need statutory authority to dismiss and adjudicate complaints, rather than the full Board. The number of Board members would need

to be sufficient to include allopathic, osteopathic, physician assistant and public member representation on each committee.

Mr. Terranova suggested that five allopathic physicians, five osteopathic physicians, three to four physician assistants and three to four public members may be fair representation and a sufficient number of members to allow for the creation of committees.

C. Staffing/salaries

Mr. Terranova stated that merging the Boards would not require a reduction in staff size. BOLIM has a current open position that would allow for retention of staff of both Boards and ensure adequate staffing.

D. Educational sessions to learn differences

Mr. Terranova asked if the workgroup would be interested in hearing from the Federation of State Medical Boards (FSMB) regarding the Model Practice Act and how different boards conduct business.

E. Experiences of other states

Mr. Terranova reported that he requested information from New Mexico, which merged two years ago, and West Virginia, which attempted to merge last year, but had the bill vetoed by the governor.

F. How will cultures be valued in change

G. Name of Board

Ms. Michaud suggested The Maine Board of Medicine as a potential name. Workgroup members agreed that the name is inclusive of allopathic and osteopathic physicians and physician assistants.

H. Transparency

I. Meeting dates and times

This matter was briefly discussed. The structure of the Board will affect frequency of meetings. Committees to review complaints and adjudicate cases may need to meet monthly. The full Board may need to meet less frequently depending on the need for review of administrative matters.

J. Difference in approach to care and investigations

Mr. Smith has experience with both BOLIM and BOL complaint processes. He noted that the processes are similar but noted that BOLIM has multiple staff members dedicated to complaints and investigations, while BOL has one full time staff member and one part time

staff member. Mr. Smith noted that BOL is licensing more physicians and receiving more complaints. More staff resources are needed.

Mr. Terranova briefly described BOLIM complaint unit staff and their duties:

- The Complaint Coordinator is responsible for supervising complaint unit staff, arranging expert reviews and physician evaluations, and monitoring licensees under consent agreement
- The Consumer Assistance Specialist is the point of contact for the public and assists with preparing complaints for Board review (this position is shared with BOL)
- The Investigative Secretary is responsible for requesting records and complaint related material, and managing all complaint related materials submitted
- The Medical Director reviews incoming medical records related to complaints and highlights specific records relevant to complaints prior to Board review.

Both Boards have assigned legal counsel and utilize an investigator with the AG's Office when necessary.

K. Disparities in licensing

BOL statute requires that the Board review and vote to approve all license applications. The BOL does not require applicants to complete a jurisprudence exam.

BOLIM relies on delegation to approve license applications with no issues. The Assistant Executive Director reviews and approves license applications with no affirmative responses to the personal data questions on the application, except for hospital privileges and malpractice. The Board Secretary reviews applications with affirmative responses to the personal data questions and may approve the application or refer to the full Board.

BOLIM has a licensing supervisor and two licensing specialists who split the incoming applications based on the last name of applicant with one handling A-L and the other handling M-Z.

L. What is the reason for change

Workgroup members discussed the need to be clear about the reason for merging the Boards and agreed enhanced public protection is the primary reason. Mr. Smith expressed concern that current staffing levels may affect BOL's ability to carry out its mission. Dr. Gleaton pointed out that merging into one Board reflects how the practice of medicine has evolved to be collaborative.

M. Updating terminology

III. Next Steps

Mr. Smith noted that as discussions continue the workgroup will need to think about having rules in place when the Boards merge and how the merger will affect the IMLC and PA Compacts.

Workgroup members agreed on monthly 1 ½ hour virtual meetings to continue discussions. BOLIM staff will send a poll to determine the next meeting date and time.

The workgroup would like to have the following information prior to the next meeting:

- A list of states that recently merged allopathic and osteopathic boards (within the last ten years)
- Feedback from state boards regarding roadblocks encountered. Mr. Terranova reported that he is waiting for feedback from New Mexico and West Virginia.
- How did recently merged boards choose a name and how was the new name received by licensees
- FSMB presentation on model practice act
- Provide the LD number for legislative resolve once assigned
- Dr. Brewer noted that the Maine Osteopathic Association Winter Symposium will be held in the next couple of weeks. He will ask that feedback coming out of the meeting regarding potential merger of the Boards be shared.

I. Adjourn 1:26 pm