

Board of Licensure in Medicine - Board of Osteopathic Licensure Workgroup
ZOOM meeting
March 25, 2026
5:30 p.m. – 5:54 p.m.

Board Members Present

Public Member Peter Michaud, JD, RN (BOL)
John Brewer, DO (BOL)
Paul Vinsel, DO (BOL)
Melissa Michaud, PA (BOL)
Public Member Mary-Anne Ponti, RN, DBA (BOL)
Renée Fay-LeBlanc, MD (BOLIM)
Noah Nesin, MD (BOLIM)
Public Member Lynne Weinstein (BOLIM)

Board Staff Present

Executive Secretary Rachel MacArthur (BOL)
Executive Director Tim Terranova (BOLIM)
Assistant Executive Director Valerie Hunt (BOLIM)
Administrative Assistant Maureen Lathrop (BOLIM)
Medical Director Paul Smith, MD (BOLIM)
Complaint Coordinator Kelly McLaughlin (BOLIM)

Legal Counsel Present

Assistant Attorney General Lisa Wilson (BOL)
Assistant Attorney General Jennifer Willis (BOLIM)

Roll Call

A roll call of board members present was conducted.

LD 2233 - Legislative Update

Mr. Terranova reported that the public hearing was held last Wednesday. Several osteopathic board members testified. The committee had very few questions and did not request that any additional information be provided.

Dr. Vinsel stated that the Maine Osteopathic Association testified neither for or against the bill and that testimony against the bill came from persons located out of state.

Mr. Terranova discussed the work session held this afternoon. Again, there were very few questions. Mr. Terranova informed workgroup members that the committee did make some amendments to the bill:

- BOLIM's current statute contains language stating, "Nothing in this chapter may be construed as to affect or prevent the practice of the religious tenets of a church in the

ministration to the sick or suffering by mental or spiritual means.” This language was not included in the bill and the committee added it.

- Concerns were expressed by chiropractors that their profession was not specifically included in the bill under the definition of health care team, rather than be considered “... other licensed professional.” The committee discussed the concerns and determined that chiropractors did not need to be specifically added.
- Under practice of medicine manipulation was included rather than osteopathic manipulation, and the committee left as drafted.
- Concerns about quorums were raised. The committee amended the language regarding quorums slightly to state that a quorum for an adjudicatory hearing will include at least one member of the same profession as the subject licensee of the adjudicatory hearing.
- LD2080 regarding physician associates bill passed both the House and Senate. The language in LD2233 reflects “old language” and will be changed to reflect the new language once the bill passes.
- The timing of the first election of board officers was changed to January of 2027 to allow officers to be elected at the first meeting of the new board. Future elections will be in July of odd numbered years.
- Language will be added to make sure board appointments are staggered.
- Adding language that BOLIM or BOL will be changed to the new board name wherever referenced in Maine statute.
- Allocation of \$200,000 for one-time costs was added. That money will come out of reserves.
- Additional information for the annual report will be required. The committee would like the complaint and disciplinary information to be categorized by profession. In addition, the committee also wants historical reference for past years.

The committee voted unanimously ought to pass as amended. Eleven of the thirteen committee members were present. The bill will come back to the committee for language review and then will go to the House and Senate for vote. Mr. Terranova will track the bill and inform workgroup members if any further changes are made to the language of the bill.

Dr. Nesin asked if there has been any indication from the Governor’s Office on intention regarding the bill? Mr. Terranova stated it is his understanding that the Governor’s Office is aware of and supportive of the bill.

Review of Draft Checklist

Update or combine mission statements.

Review of Draft Timeline

No changes since last meeting.

Next Steps

The next meeting will be on April 22nd. Mr. Terranova will keep workgroup members updated on the bill’s progress. He asked if workgroup members wanted specific information for the next meeting.

Dr. Fay-LeBlanc said it would be helpful to have the current mission statements of both boards and a draft of a combined mission statement for review with next month’s meeting materials.

Public Comment

No comments

Adjourn

The meeting adjourned at 5:54 p.m.

*Prepared by Maureen S. Lathrop, Administrative Assistant (BOLIM)
March 26, 2026*

Board of Licensure in Medicine/Board of Osteopathic Licensure Workgroup
161 Capitol Street
Augusta, Maine 04333-0137
March 25, 2026
5:30 pm

The February 25, 2026 meeting of the workgroup is being held with workgroup members participating virtually on Zoom. There will be an opportunity for the public to view the meeting at the Board's offices in Augusta. A link for the public to access the meeting virtually is included below and posted on the Board's website. **The Board encourages members of the public to attend the meeting virtually.**

Join Zoom Meeting <https://mainestate.zoom.us/j/85408098104>

Meeting ID: 854 0809 8104 **Passcode:** 45129954 or by phone (312) 626-6799 or 1 (646) 876-9923

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- I. Role Call of Board Members
 - II. LD 2233
 - III. Legislative Update
 - IV. Review of Draft Checklist
 - V. Review of Draft Timeline
 - VI. Next Steps
 - VII. Public Comment
 - VIII. Adjourn



132nd MAINE LEGISLATURE

SECOND REGULAR SESSION-2026

Legislative Document

No. 2233

H.P. 1509

House of Representatives, March 12, 2026

**An Act to Combine the Board of Licensure in Medicine and Board
of Osteopathic Licensure into a Single Licensing Board for All
Physicians and Physician Associates**

Reported by Representative MATHIESON of Kittery for the Joint Standing Committee on Health Coverage, Insurance and Financial Services pursuant to Joint Order 2025, H.P. 1486.

Reference to the Committee on Health Coverage, Insurance and Financial Services suggested and ordered printed pursuant to Joint Rule 218.

A handwritten signature in cursive script that reads "Robert B. Hunt".

ROBERT B. HUNT
Clerk

1 **Be it enacted by the People of the State of Maine as follows:**

2 **PART A**

3 **Sec. A-1. 5 MRSA §12004-A, sub-§24**, as amended by PL 1999, c. 687, Pt. B, §1,
4 is repealed.

5 **Sec. A-2. 5 MRSA §12004-A, sub-§24-A** is enacted to read:

6 **24-A.**

7 <u>Maine Board of Medicine</u>	<u>\$1,250/Year-Member</u>	<u>32 MRSA §20111</u>
	<u>\$1,500/Year-Chair</u>	
	<u>\$1,500/Year-Vice-Chair</u>	
	<u>\$7,500/Year-Secretary</u>	

11 **Sec. A-3. 5 MRSA §12004-A, sub-§29**, as amended by PL 1999, c. 687, Pt. B, §1,
12 is repealed.

13 **Sec. A-4. 32 MRSA c. 36**, as amended, is repealed.

14 **Sec. A-5. 32 MRSA c. 48**, as amended, is repealed.

15 **Sec. A-6. 32 MRSA c. 153** is enacted to read:

16 **CHAPTER 153**

17 **MAINE BOARD OF MEDICINE MEDICAL PRACTICE ACT**

18 **SUBCHAPTER 1**

19 **GENERAL PROVISIONS**

20 **§20101. Short title**

21 This chapter may be known and cited as "the Maine Board of Medicine Medical
22 Practice Act."

23 **§20102. Definitions**

24 As used in this chapter, unless the context otherwise indicates, the following terms
25 have the following meanings.

26 **1. Allopathic physician.** "Allopathic physician" means a physician who graduated
27 from medical school with an M.D. degree.

28 **2. Board.** "Board" means the Maine Board of Medicine established in Title 5, section
29 12004-A, subsection 24-A.

30 **3. Collaborative agreement.** "Collaborative agreement" means a document agreed
31 to by a physician associate and a physician that describes the scope of practice for the
32 physician associate as determined by practice setting and describes the decision-making
33 process for a health care team, including communication and consultation among health
34 care team members.

1 **4. Consultation.** "Consultation" means engagement in a process in which members
2 of a health care team use their complementary training, skill, knowledge and experience to
3 provide the best care for a patient.

4 **5. General business.** "General business" means all board actions conducting public
5 business, with the exception of disciplinary investigations, complaints and adjudicatory
6 hearings resolving disciplinary matters involving licensees or applicants.

7 **6. Health care team.** "Health care team" means 2 or more health care professionals
8 working in a coordinated, complementary and agreed-upon manner to provide quality, cost-
9 effective, evidence-based care to a patient and may include a physician, physician
10 associate, advanced practice nurse, nurse, physical therapist, occupational therapist, speech
11 therapist, social worker, nutritionist, psychotherapist, counselor or other licensed
12 professional.

13 **7. License.** "License" means a license, certificate, certification, registration, permit,
14 approval or other similar document issued by the board to qualified individuals granting
15 authority to engage in the practice of medicine.

16 **8. Osteopathic physician.** "Osteopathic physician" means a physician who graduated
17 from medical school with a D.O. degree.

18 **9. Physician.** "Physician" means an allopathic or osteopathic physician or surgeon
19 licensed by the board.

20 **10. Physician associate.** "Physician associate" means a physician associate licensed
21 or privileged under chapter 145-A by the board.

22 **11. Practice agreement.** "Practice agreement" means a document agreed to by a
23 physician associate who is the principal clinical provider in a practice and a physician that
24 states the physician will be available to the physician associate for collaboration or
25 consultation.

26 **12. Practice of medicine.** "Practice of medicine" means diagnosing, relieving in any
27 degree or curing, or professing or attempting to diagnose, relieve or cure a human disease,
28 ailment, defect or complaint, whether physical or mental, or of physical or mental origin,
29 by attendance, surgery or advice or by prescribing or furnishing a drug, medicine,
30 appliance, manipulation, method or therapeutic agent, including, but not limited to:

31 A. Advertising, holding out to the public or representing in any manner that an
32 individual is authorized to practice medicine in this State;

33 B. Offering or undertaking to prescribe, order, give or administer any drug or medicine
34 for use by any other person;

35 C. Offering or undertaking to prevent or to diagnose, correct or treat in any manner or
36 by any means, methods or devices any disease, illness, pain, wound, fracture, infirmity,
37 defect or abnormal physical or mental condition of any person;

38 D. Offering or undertaking to perform any surgical operation upon any person;

39 E. Rendering a written or otherwise documented medical opinion concerning the
40 diagnosis or treatment of a patient or the actual rendering of treatment to a patient
41 within a state by a physician located outside the state as a result of transmission of

1 individual patient data by electronic or other means from within a state to the physician
2 or the physician's agent;

3 F. Rendering a determination of medical necessity or a decision affecting the diagnosis
4 or treatment of a patient;

5 G. Using the designation doctor, doctor of medicine, doctor of osteopathic medicine,
6 doctor of osteopathy, physician, surgeon, physician and surgeon, Dr., M.D., D.O. or
7 any combination of those designations in the conduct of any occupation or profession
8 pertaining to the prevention, diagnosis or treatment of human disease or condition
9 unless such a designation additionally contains the description of another branch of the
10 healing arts for which an individual holds a valid license in the jurisdiction where the
11 patient is located; and

12 H. Maintaining adequate medical records pursuant to the standard of care.

13 **13. Prescription or legend drug.** "Prescription or legend drug" has the same meaning
14 as "prescription drug" in section 13702-A, subsection 30 and includes schedule II to
15 schedule V drugs or other substances regulated under the federal Controlled Substances
16 Act, 21 United States Code, Section 812.

17 **14. Render medical services.** "Render medical services" means to render health care
18 services for the diagnosis, prevention, treatment, cure or relief of a health condition, injury
19 or disease, including, but not limited to:

20 A. Advertising, holding out to the public or representing in any manner that an
21 individual is authorized to render medical services in this State;

22 B. Offering or undertaking to prescribe, order, give or administer any drug or medicine
23 for use by any other person;

24 C. Offering or undertaking to prevent or to diagnose, correct or treat in any manner or
25 by any means, methods or devices any disease, illness, pain, wound, fracture, infirmity,
26 defect or abnormal physical or mental condition of any person;

27 D. Offering or undertaking to perform any surgical operation upon any person;

28 E. Rendering a written or otherwise documented medical opinion concerning the
29 diagnosis or treatment of a patient or the actual rendering of treatment to a patient
30 within a state by a physician associate located outside the state as a result of
31 transmission of individual patient data by electronic or other means from within a state
32 to the physician associate or the physician associate's agent;

33 F. Rendering a determination of medical necessity or a decision affecting the diagnosis
34 or treatment of a patient;

35 G. Using the designation physician associate, physician assistant or P.A. or any
36 combination of those designations in the conduct of any occupation or profession
37 pertaining to the prevention, diagnosis or treatment of human disease or condition in
38 the jurisdiction where the patient is located; and

39 H. Maintaining adequate medical records pursuant to the standard of care.

40 **§20103. Individual license**

41 Only an individual may be licensed or privileged by the board and only an individual
42 licensed or privileged by the board may practice medicine or render medical services to

1 patients in this State, unless exempted in statutory provision or appropriately licensed by
2 and practicing within the individual's legal scope of practice under the authority of another
3 state licensing board.

4 **§20104. License required**

5 **1. Unlicensed practice.** The following provisions apply.

6 A. A person may not engage in the practice of medicine without a license or during
7 any period when that person's license has expired or has been suspended, surrendered
8 or revoked.

9 B. A person may not render medical services as a physician associate without a license
10 or privilege from the board and may not render medical services during any period
11 when that person's license or privilege has expired or has been suspended, surrendered
12 or revoked.

13 **2. Penalties.** A person who violates this section may be subject to action pursuant to
14 Title 10, section 8003-C.

15 **SUBCHAPTER 2**

16 **MAINE BOARD OF MEDICINE**

17 **§20111. Creation; declaration of policy**

18 The Maine Board of Medicine, as established in Title 5, section 12004-A, subsection
19 24-A, is created within this subchapter. The board recognizes the unique philosophical and
20 educational differences between allopathic physicians, osteopathic physicians and
21 physician associates. This subchapter is not intended to combine these into one profession.
22 The purpose of this subchapter is to protect the people of this State by efficiently setting
23 licensing standards for the 3 separate professions with one licensing board.

24 **§20112. Membership**

25 **1. Membership; terms; removal.** The board consists of 22 members who are legal
26 residents of this State and are appointed by the Governor as follows:

27 A. Six allopathic physicians, all of whom must hold a valid license under this chapter
28 and have been in the clinical practice of medicine in this State for a continuous period
29 of 5 years immediately preceding the appointment;

30 B. Six osteopathic physicians, all of whom must hold a valid license under this chapter
31 and have been in the clinical practice of medicine in this State for a continuous period
32 of 5 years immediately preceding the appointment;

33 C. Four physician associates, all of whom must hold a valid license under this chapter
34 and have been in the clinical practice of rendering medical services in this State for a
35 continuous period of 5 years immediately preceding the appointment; and

36 D. Six members of the public, all of whom must have no financial interest in the
37 medical profession and have never been licensed, certified or given a permit in this
38 State or any other state to practice medicine or render medical services.

1 The Governor may accept nominations from consumer or patient advocacy groups,
2 professional associations and other organizations and individuals. An individual who has
3 been disciplined by a medical regulatory body in any jurisdiction or who has been convicted
4 of a crime that is related to the practice of medicine or the rendering of medical services or
5 that is punishable by more than one year's imprisonment is not eligible for appointment to
6 the board. Appointment of members must comply with Title 10, section 8009.

7 **2. Terms.** Terms of the members of the board are for 5 years. An individual who has
8 served 10 years or more on the board is not eligible for reappointment to the board. A
9 board member may be removed by the Governor for cause.

10 **3. Quorum.** The following provisions apply.

11 A. A majority of the members of the board constitutes a quorum for the transaction of
12 official general business, rulemaking, policy making, guidelines and legislation.

13 B. Five members of the board constitute a quorum for the conduct of adjudicatory
14 hearings pursuant to this chapter.

15 C. Five members of an investigative committee under section 20141 constitute a
16 quorum for all investigative committee meetings.

17 **4. Meetings.** The board shall hold a minimum of 2 regular meetings a year and any
18 additional special meetings at a time and place the chair may designate.

19 **5. Board officers.** Beginning on the 2nd Tuesday of July in 2027 and every 2nd
20 Tuesday in July in odd-numbered years, the members of the board shall meet at the time
21 and place the board may determine and shall elect a chair, a vice-chair and a secretary, who
22 hold their respective offices for a term of 2 years. The secretary shall perform such duties
23 as delegated by the board through rule. The board through its executive director shall
24 receive all fees, charges and assessments payable to the board and account for and pay over
25 the same according to law. The board shall hold regular meetings at times and places as it
26 may determine. The board shall cause a seal to be engraved and shall keep a record of all
27 its proceedings.

28 **6. Compensation.** Members of the board are compensated according to the provisions
29 of Title 5, chapter 379, subchapter 1. If the fees to be collected under any of the provisions
30 of this chapter are insufficient to pay the salaries and expenses provided by this section, the
31 members of the board are entitled only to a pro rata payment for salary in any years in
32 which such fees are insufficient.

33 **7. Oath.** Each member of the board shall, before entering upon the duties of the
34 member's office, take the constitutional oath of office.

35 **§20113. Powers and duties**

36 The board has the following powers and duties in addition to all other powers and
37 duties imposed by this chapter.

38 **1. Powers.** The board may:

39 A. Establish standards of eligibility for examinations for candidates desiring admission
40 to medical practice as physicians or physician associates in this State;

41 B. Design or adopt an examination and other suitable criteria for establishing a
42 candidate's knowledge in medicine and its related skills;

- 1 C. License and establish standards of practice for physicians and physician associates
2 practicing medicine or rendering medical services in this State;
- 3 D. Conduct adjudicatory hearings, administer oaths, compel the testimony of witnesses
4 and compel the production of books, records and documents relevant to inquiry
5 pursuant to a subpoena and take evidence in all matters relating to the exercise and
6 performance of the powers and duties vested in the board;
- 7 E. Issue subpoenas in accordance with Title 10, section 8003-A and Title 5, section
8 9060 for the production of documents, records and the testimony of witnesses in the
9 course of an investigation or an adjudicatory hearing. This authority applies to any
10 stage of an investigation and is not limited to an adjudicatory proceeding. During
11 investigation, this power is delegated to investigative committees pursuant to section
12 20141 or, outside of regular meetings of the investigative committees, to the executive
13 director or, in the executive director's absence, to the assistant executive director;
- 14 F. Engage legal counsel, to be approved by the Attorney General, and investigative
15 assistants of the board's own choosing to advise the board generally and specifically
16 and to represent the board in hearings before the board and in appeals taken from a
17 decision of the board;
- 18 G. Except as provided in paragraph M and subsection 2, paragraph E, employ and
19 prescribe the duties of other personnel as the board determines necessary. Except as
20 prescribed in paragraph M, the appointment and compensation of that staff is subject
21 to the Civil Service Law;
- 22 H. Mandate, conduct and operate, or contract with other agencies, individuals, firms
23 or associations for the conduct and operation of, programs of medical education,
24 including statewide programs of health education for the general public and for the
25 disbursement of funds accumulated through the receipt of licensure fees for this
26 purpose, as long as the funds are not disbursed for this purpose for out-of-state travel,
27 meals or lodging for a physician being educated under this program;
- 28 I. Conduct and operate, or contract with other agencies or nonprofit organizations for
29 the conduct and operation of, a program of financial assistance to medical students
30 indicating an intent to engage in family practice in rural areas of this State, under which
31 the students may be provided with interest-free grants or interest-bearing loans in an
32 amount not to exceed \$5,000 per student per year on terms and conditions as the board
33 may determine;
- 34 J. Conduct examinations relevant to licensure;
- 35 K. Provide services and carry out functions necessary to fulfill the board's statutory
36 responsibilities;
- 37 L. Set reasonable fees for services such as providing license certifications and
38 verifications, providing copies of board law and rules and providing copies of
39 documents. The board may also set reasonable fees to defray its costs in administering
40 examinations for special purposes that it may from time to time require and for
41 admitting courtesy candidates from other states to its examinations;
- 42 M. Appoint an executive director who serves at the pleasure of the board and who
43 shall assist the board in carrying out its administrative duties and responsibilities under

1 this chapter. The salary range for the executive director must be set by the board within
2 the range established by Title 2, section 6-C;

3 N. Direct staff to review and approve applications for licensure or renewal in
4 accordance with criteria established in law or in rules adopted by the board. Licensing
5 decisions made by staff may be appealed to the board or one of its investigative
6 committees pursuant to section 20141;

7 O. Establish protocols for the operation of a professional review committee as defined
8 in Title 24, section 2502, subsection 4-A. The protocols must include the committee
9 reporting information the board considers appropriate regarding reports received,
10 contracts or investigations made and the disposition of each report, as long as the
11 committee is not required to disclose any personally identifiable information. The
12 protocols may not prohibit an impaired licensee under this chapter from seeking
13 alternative forms of treatment;

14 P. At the direction of the board or one of its investigative committees pursuant to
15 section 20141, order a licensee or applicant for licensure or relicensure to undergo a
16 mental or physical examination. An individual examined pursuant to the direction of
17 the board or one of its investigative committees may not prevent the testimony of the
18 examining individual or prevent the acceptance into evidence of the report of an
19 examining individual in any proceeding before the committee or board;

20 Q. When there is a finding of a violation, assess the licensee for all or part of the actual
21 expenses incurred by the board or its agents for investigations and enforcement duties
22 performed. For the purposes of this paragraph, "actual expenses" includes, but is not
23 limited to, travel expenses and the proportionate part of the salaries and other expenses
24 of investigators or inspectors, hourly costs of hearing officers, costs associated with
25 record retrieval and the costs of transcribing or reproducing the administrative record;

26 R. Issue a license limited to the practice of administrative medicine, or any other
27 special license, as defined by rules adopted by the board; and

28 S. Adopt rules as the board determines necessary and proper to carry out this chapter.
29 Rules adopted pursuant to this paragraph are routine technical rules as defined in Title
30 5, chapter 375, subchapter 2-A.

31 **2. Duties.** The board shall:

32 A. Investigate complaints in a timely fashion on the board's own motion and those
33 filed with the board regarding the potential violation of this chapter or the violation of
34 rules adopted by the board pursuant to its authority;

35 B. Open investigations following receipt of reports required by law to be filed with the
36 board or other information and reports made to the board regarding a licensee or
37 applicant for licensure;

38 C. Keep a record of the names and residences of all individuals licensed under this
39 chapter and a record of all money received and disbursed by the board. Records or
40 duplicates must always be open to inspection in the office of the secretary during
41 regular office hours. The board shall annually make a report to the Commissioner of
42 Professional and Financial Regulation and to the Legislature containing a full and
43 complete account of all its official acts during the preceding year and a statement of its

1 receipts and disbursements and comments or suggestions as the board determines
2 essential;

3 D. Submit to the Commissioner of Professional and Financial Regulation the board's
4 budgetary requirements in the same manner as is provided in Title 5, section 1665. The
5 Commissioner of Professional and Financial Regulation shall in turn transmit these
6 requirements to the Bureau of the Budget without revision, alteration or change, unless
7 alterations are mutually agreed upon by the department and the board or the board's
8 designee; and

9 E. Ensure that the budget submitted by the board to the Commissioner of Professional
10 and Financial Regulation is sufficient, if approved, to provide for adequate legal and
11 investigative personnel on the board's staff and that of the Attorney General to ensure
12 that professional liability complaints described in Title 24, section 2607 and complaints
13 regarding this chapter may be resolved in a timely fashion. The board's staff must
14 include one position staffed by an individual who is primarily a consumer assistant.
15 Within the limit set by this chapter, the board shall charge sufficient licensure fees to
16 finance this budget provision. The board shall submit legislation to request an increase
17 in these fees should they prove inadequate to the provisions of this paragraph. Within
18 the limit of funds provided to it by the board, the Department of the Attorney General
19 shall make available to the board sufficient legal and investigative staff to enable all
20 complaints mentioned in this paragraph to be resolved in a timely fashion.

21 **3. Annual report.** Beginning March 1, 2028 and annually thereafter, the board shall
22 submit to the Legislature a report consisting of statistics on the following for the preceding
23 year:

24 A. The number of complaints against licensees received from the public or filed on the
25 board's own motion;

26 B. The number of complaints dismissed for lack of merit or insufficient evidence of
27 grounds for discipline;

28 C. The number of cases in process of investigation or hearing carried over at year-end;
29 and

30 D. The number of disciplinary actions finalized during the report year.

31 **§20114. Role of commissioner**

32 The Commissioner of Professional and Financial Regulation shall act as a liaison
33 between the board and the Governor. The Commissioner of Professional and Financial
34 Regulation does not have the authority to exercise or interfere with the exercise of
35 discretionary, regulatory or licensing authority granted by statute to the board. The
36 Commissioner of Professional and Financial Regulation may require the board to be
37 accessible to the public for complaints and questions during regular business hours and to
38 provide any information the Commissioner of Professional and Financial Regulation
39 requires in order to ensure that the board is operating administratively within the
40 requirements of this chapter.

41 **§20115. Inspection or copying of record; procedure**

1 B. A member of the athletic team's coaching, communications, equipment or sports
2 medicine staff;

3 C. A member of a band or cheerleading squad accompanying the athletic team; and

4 D. The athletic team's mascot.

5 **2. Restrictions.** An individual authorized to provide medical services in this State
6 pursuant to subsection 1 may not provide medical services at a health care facility,
7 including a hospital, ambulatory surgical facility or any other facility where medical care,
8 diagnosis or treatment is provided on an inpatient or outpatient basis.

9 **§20124. Application; fees; general requirements**

10 **1. Application.** An applicant seeking a license from the board must submit an
11 administratively complete application, licensure or application fee established by rule
12 adopted by the board and any other materials required by the board.

13 **2. Fees.** All fees set forth in this chapter are nonrefundable application fees or
14 administrative processing fees payable to the board at the time of application or at the time
15 board action is requested. The board shall establish by rule the fees for each license issued
16 by the board. The maximum fees for each license issued by the board are provided in this
17 subchapter.

18 **3. Confidentiality of personal contact and health information.** A personal
19 residence address, personal telephone number or personal e-mail address submitted to the
20 board as part of an application, complaint or investigation under this chapter is confidential
21 and may not be disclosed except as permitted under this section or as otherwise required
22 by law unless the applicant who submitted the information has indicated that the applicant
23 is willing to have the applicant's personal residence address, personal telephone number or
24 personal e-mail address treated as a public record. Personal health information submitted
25 to the board as part of an application under this chapter is confidential and may not be
26 disclosed except as otherwise permitted under this section or otherwise required by law.
27 The board and its staff may disclose personal health information about and the personal
28 residence address, personal telephone number or personal e-mail address of a licensee or
29 an applicant for a license under this chapter to a government licensing or disciplinary
30 authority or to a health care provider located within or outside this State that is concerned
31 with granting, limiting or denying a license or employment or privileges to the applicant or
32 licensee.

33 **4. Public contact information required.** An applicant or licensee shall provide the
34 board with a current professional address and telephone number, which will be the
35 applicant's or licensee's public contact address. An applicant or licensee who does not have
36 a public contact address and telephone number must use the applicant's or licensee's
37 personal address and telephone number as the public contact information.

38 **5. Consent to physical or mental examination; objections to admissibility of**
39 **examiner's testimony waived.** For the purposes of this section, a physician or physician
40 associate licensed or privileged by the board who accepts the privilege of practicing
41 medicine or rendering medical services in this State by the filing of an application and of
42 biennial license renewal:

1 A. Is deemed to have consented to a mental or physical examination by an individual
2 or entity selected or approved by the board when directed in writing by the board or an
3 investigative committee pursuant to section 20141; and

4 B. Is deemed to have waived all objections to the admissibility of testimony based on
5 the examination under paragraph A or reports from that examination on the ground that
6 these constitute a privileged communication.

7 Pursuant to Title 4, section 184, subsection 6, the District Court shall immediately suspend
8 the license of a physician or physician associate who can be shown, through the results of
9 the medical or physical examination conducted under this section or through other
10 competent evidence, to be unable to practice medicine or render medical services with
11 reasonable skill and safety to patients by reason of mental illness, alcohol intemperance or
12 excessive use of drugs or narcotics or as a result of a mental or physical condition
13 interfering with the competent provision of medical services.

14 **6. License must be displayed.** A physician or physician associate licensed under this
15 chapter is entitled to receive a license under the seal of the board and signed by the chair
16 and the secretary. The license must be publicly displayed at the individual's principal place
17 of practice as long as the individual continues the practice of medicine.

18 **§20125. Licensure of physician associates**

19 **1. Qualification for licensure.** The board may issue to an individual a license to
20 practice as a physician associate under the following conditions.

21 A. A license may be issued to an individual who:

22 (1) Graduated from a physician assistant or physician associate program approved
23 by the board;

24 (2) Passed a physician assistant or physician associate national certifying
25 examination administered by the National Commission on Certification of
26 Physician Assistants or its successor organization;

27 (3) Demonstrates current clinical competency either by having engaged in the
28 clinical rendering of medical services during the preceding 24 months, or by
29 providing a plan to practically demonstrate to the board's satisfaction the
30 individual's clinical competency, the requirements of which may be set by
31 rulemaking;

32 (4) Does not have a license, certificate of registration or privilege that is the subject
33 of disciplinary action such as probation, restriction, suspension, revocation or
34 surrender;

35 (5) Completes an application approved by the board;

36 (6) Pays an application fee of up to \$400; and

37 (7) Passes an examination approved by the board.

38 B. An applicant may not be licensed unless the board finds that the applicant is
39 qualified and no cause exists, as set forth in section 20144, that may be considered
40 grounds for disciplinary action against a licensed physician associate.

41 **2. Rules.** The board may adopt rules regarding the licensure and practice of physician
42 associates. These rules may pertain to, but are not limited to, the following matters:

- 1 A. Information to be contained in the application for a license;
- 2 B. Education requirements for the physician associate;
- 3 C. Requirements for collaborative agreements and practice agreements, including
4 uniform standards and forms;
- 5 D. Requirements for a physician associate to notify the board regarding certain
6 circumstances, including, but not limited to, any change in address of the physician
7 associate, the permanent departure of the physician associate from this State, any
8 criminal convictions of the physician associate and any discipline by other jurisdictions
9 of the physician associate;
- 10 E. Issuance of temporary physician associate licenses;
- 11 F. Continuing education requirements as a precondition to continued licensure or
12 licensure renewal;
- 13 G. Fees for the application for an initial physician associate license, which may not
14 exceed \$400; and
- 15 H. Fees for the biennial renewal of a physician associate license in an amount not to
16 exceed \$350.

17 **3. Privileging of physician associates.** The board shall issue a privilege to a physician
18 associate as permitted under chapter 145-A. The application fee to obtain a privilege
19 through the Physician Assistants Licensure Compact may not be higher than the application
20 fee for a physician associate license, and any fee for renewal of a Physician Assistants
21 Licensure Compact privilege may not exceed \$350.

22 **4. Renewal of Physician Assistants Licensure Compact privilege.** A physician
23 associate exercising the physician associate's compact privilege in this State must renew
24 that compact privilege timely and consistent with all requirements of chapter 145-A and of
25 the participating state that issued the physician associate's qualifying license and shall pay
26 all fees required by the board.

27 **§20126. Physician associate criminal history record information; fees**

28 **1. Background check.** The board shall request a background check for an individual
29 who submits an application for initial licensure or licensure by endorsement as a physician
30 associate under this chapter. The board shall request a background check for each licensed
31 physician associate who applies for an initial compact privilege and designates this State
32 as the applicant's participating state in accordance with chapter 145-A. The background
33 check must include criminal history record information obtained from the Maine Criminal
34 Justice Information System established in Title 16, section 631 and the Federal Bureau of
35 Investigation.

36 A. The criminal history record information obtained from the Maine Criminal Justice
37 Information System must include public criminal history record information as defined
38 in Title 16, section 703, subsection 8.

39 B. The criminal history record information obtained from the Federal Bureau of
40 Investigation must include other state and national criminal history record information.

41 C. An applicant or licensee shall submit to having fingerprints taken. The Department
42 of Public Safety, Bureau of State Police, upon payment by the applicant or licensee of

1 a fee established by the board, shall take or cause to be taken the applicant's or licensee's
2 fingerprints and shall forward the fingerprints to the Department of Public Safety,
3 Bureau of State Police, State Bureau of Identification so that the State Bureau of
4 Identification can conduct state and national criminal history record checks. Except
5 for the portion of the payment, if any, that constitutes the processing fee charged by
6 the Federal Bureau of Investigation, all money received by the Bureau of State Police
7 for purposes of this paragraph must be paid to the Treasurer of State. The money must
8 be applied to the expenses of administration incurred by the Department of Public
9 Safety. An individual who fails to transmit criminal fingerprint records to the State
10 Bureau of Identification pursuant to this paragraph is subject to the provisions of Title
11 25, section 1550.

12 D. The subject of a Federal Bureau of Investigation criminal history record check may
13 obtain a copy of the criminal history record check by following the procedures outlined
14 in 28 Code of Federal Regulations, Sections 16.32 and 16.33. The subject of a state
15 criminal history record check may inspect and review the criminal history record
16 information pursuant to Title 16, section 709.

17 E. State and federal criminal history record information of an applicant for a physician
18 associate license may be used by the board for the purpose of screening the applicant.
19 State and federal criminal history record information of a licensed physician associate
20 seeking an initial compact privilege may be used by the board for the purpose of taking
21 disciplinary action against the licensee. A board action against an applicant for
22 licensure or a licensee under this subsection is subject to the provisions of Title 5,
23 chapter 341.

24 F. Information obtained pursuant to this subsection is confidential. The results of
25 background checks received by the board are for official use only and may not be
26 disseminated to the Physician Assistants Licensure Compact Commission established
27 under section 18537 or to any other person.

28 G. An individual whose license has expired and who has not applied for renewal may
29 request in writing that the Department of Public Safety, Bureau of State Police, State
30 Bureau of Identification remove the individual's fingerprints from the bureau's
31 fingerprint file. In response to a written request, the bureau shall remove the
32 individual's fingerprints from the fingerprint file and provide written confirmation of
33 that removal.

34 **2. Rules.** The board, following consultation with the Department of Public Safety,
35 Bureau of State Police, State Bureau of Identification, may adopt rules to implement this
36 section. Rules adopted pursuant to this subsection are routine technical rules as defined in
37 Title 5, chapter 375, subchapter 2-A.

38 **§20127. Licensure of allopathic physicians**

39 Except as otherwise specified by this chapter, all applicants for licensure as an
40 allopathic physician or surgeon in this State must satisfy the following requirements.

41 **1. Medical education.** Each applicant must:

42 A. Graduate from a medical school designated as accredited by the Liaison Committee
43 on Medical Education or the Committee on Accreditation of Canadian Medical
44 Schools;

1 B. Graduate from an unaccredited medical school, be evaluated by the Educational
2 Commission for Foreign Medical Graduates and hold a current certificate from the
3 Educational Commission for Foreign Graduates; or

4 C. Graduate from an unaccredited medical school and achieve a passing score on a
5 comprehensive examination determined by the board to be substantially equivalent to
6 the United States Medical Licensing Examination or other examinations designated by
7 the board as the qualifying examination or examinations for licensure.

8 **2. Postgraduate training.** Each applicant who has graduated from an accredited
9 medical school on or after January 1, 1970 but before July 1, 2004 must have satisfactorily
10 completed at least 24 months in a medical graduate educational program accredited by the
11 Accreditation Council on Graduate Medical Education, the Canadian Medical Association
12 or the Royal College of Physicians and Surgeons of Canada. Notwithstanding other
13 requirements of postgraduate training, an applicant is eligible for licensure when the
14 candidate has satisfactorily graduated from a combined postgraduate training program in
15 which each of the contributing programs is accredited by the Accreditation Council on
16 Graduate Medical Education and the applicant is eligible for accreditation by the American
17 Board of Medical Specialties in both specialties. Each applicant who has graduated from
18 an accredited medical school prior to January 1, 1970 must have satisfactorily completed
19 at least 12 months in a medical graduate educational program accredited by the
20 Accreditation Council on Graduate Medical Education, the Canadian Medical Association
21 or the Royal College of Physicians and Surgeons of Canada. Each applicant who has
22 graduated from an accredited medical school on or after July 1, 2004 or an unaccredited
23 medical school must have satisfactorily completed at least 36 months in a medical graduate
24 educational program accredited by the Accreditation Council on Graduate Medical
25 Education or be licensed or registered to practice medicine according to the laws and rules
26 of Canada, the United Kingdom of Great Britain and Northern Ireland or Ireland. An
27 applicant who has completed 24 months of postgraduate training and has received an
28 unrestricted endorsement from the director of an accredited graduate education program in
29 this State is considered to have satisfied the postgraduate training requirements of this
30 subsection if the applicant continues in that program and completes 36 months of
31 postgraduate training. Notwithstanding this subsection, an applicant who is board certified
32 by the American Board of Medical Specialties is deemed to meet the postgraduate training
33 requirements of this subsection. Notwithstanding this subsection, in the case of
34 subspecialty or clinical fellowship programs, the board may accept in fulfillment of the
35 requirements of this subsection postgraduate training at a hospital in which the subspecialty
36 clinical program, such as a training program accredited by the American Dental
37 Association Commission on Dental Accreditation or its successor organization, is not
38 accredited but the parent specialty program is accredited by the Accreditation Council on
39 Graduate Medical Education, including training that occurs following graduation from a
40 dental school accredited by the American Dental Association Commission on Dental
41 Accreditation or its successor organization but before graduation from a medical school
42 accredited by the Liaison Committee on Medical Education or its successor organization.

43 **3. Current clinical competency.** An applicant must have engaged in active clinical
44 practice in the previous 24 months or provided a plan to practically demonstrate to the
45 board's satisfaction the applicant's clinical competency, the requirements of which may be
46 set by rulemaking.

1 **4. National board certification not required.** The board may not require an applicant
2 for initial licensure or license renewal as an allopathic physician under this section to obtain
3 certification from a specialty medical board or to obtain a maintenance of certification as a
4 condition of licensure. For the purposes of this subsection, "maintenance of certification"
5 means a program that requires an allopathic physician to engage in periodic examination,
6 self-assessment, peer evaluation or other activities to maintain certification from a specialty
7 medical board.

8 **5. Examination.** Each applicant must achieve a passing score on each component of
9 the uniform examination of the Federation of State Medical Boards or other examinations
10 designated by the board as the qualifying examination or examinations for licensure. Each
11 applicant must additionally achieve a passing score on a State of Maine jurisprudence
12 examination administered by the board.

13 **6. Fees.** Each applicant shall pay a fee of up to \$700 plus the cost of the qualifying
14 examination or examinations.

15 **7. Board action.** An applicant may not be licensed unless the board finds that the
16 applicant is qualified and no cause exists, as set forth in section 20144, that may be
17 considered grounds for disciplinary action against a licensed physician or surgeon.

18 **8. Waiver for exceptional circumstances.** The board may waive the requirements of
19 subsection 2 for a physician who does not meet the postgraduate training requirements but
20 who meets the requirements of this subsection.

21 A. To be considered for a waiver under this subsection, the physician must:

22 (1) Be a graduate of a foreign medical school, not including a medical school in
23 Canada or Great Britain;

24 (2) Be licensed in another state; and

25 (3) Have at least 3 years of clinical experience in the area of expertise.

26 B. If the physician meets the requirements of paragraph A, the board shall use the
27 following qualifications of the physician to determine whether to grant a waiver:

28 (1) Completion of a 3-year clinical fellowship in the United States in the area of
29 expertise. The burden of proof as to the quality and content of the fellowship is
30 placed on the applicant;

31 (2) Appointment to a clinical academic position at a licensed medical school in the
32 United States;

33 (3) Publication in peer-reviewed clinical medical journals recognized by the board;

34 (4) The number of years in clinical practice; and

35 (5) Other criteria demonstrating expertise, such as awards or other recognition.

36 C. The costs associated with the board's determination of licensing eligibility in regard
37 to paragraph B may be assessed for payment by the applicant upon completion of the
38 determination under paragraph A. The application cost must reflect and not exceed the
39 actual cost of the final determination.

40 **§20128. Licensure of osteopathic physicians**

1 Except as otherwise specified by this chapter, all applicants for licensure as an
2 osteopathic physician or surgeon in this State must satisfy the following requirements.

3 **1. Osteopathic education.** An applicant must graduate from an osteopathic medical
4 school designated as accredited by the American Osteopathic Association's Commission
5 on Osteopathic College Accreditation.

6 **2. Postgraduate training.** An applicant who has graduated from an accredited
7 osteopathic medical school prior to January 1, 2026 must have satisfactorily completed at
8 least 12 months in a medical graduate educational program accredited by the Accreditation
9 Council on Graduate Medical Education or the American Osteopathic Association. An
10 applicant who has graduated from an accredited osteopathic medical school on or after
11 January 1, 2026 must have satisfactorily completed at least 36 months in a graduate
12 educational program accredited by the Accreditation Council on Graduate Medical
13 Education or the American Osteopathic Association. The board may not require an
14 applicant for initial licensure or license renewal as an osteopathic physician under this
15 chapter to obtain certification from a specialty medical board or to complete maintenance
16 of certification as a condition of licensure. For the purposes of this subsection,
17 "maintenance of certification" means a program that requires a physician to engage in
18 periodic examination, self-assessment, peer evaluation or other activities to maintain
19 certification from a specialty medical board.

20 **3. Current clinical competency.** An applicant must have engaged in active clinical
21 practice in the previous 24 months or provided a plan to practically demonstrate to the
22 board's satisfaction the applicant's clinical competency, the requirements of which may be
23 set by rulemaking.

24 **4. Examination.** An applicant must achieve a passing score on each component of
25 the National Board of Osteopathic Medical Examiners' Comprehensive Osteopathic
26 Medical Licensing Examination of the United States, known as the COMLEX-USA
27 examination, or other examinations designated by the board as the qualifying examination
28 or examinations for licensure.

29 **5. Fees.** An applicant shall pay a fee of up to \$700 plus the cost of the qualifying
30 examination or examinations.

31 **6. No cause for disciplinary action.** An applicant may not be licensed unless the
32 board finds that the applicant is qualified and no cause exists, as set forth in section 20144,
33 that may be considered grounds for disciplinary action against a licensed physician.

34 **§20129. Background check for expedited physician licensure through Interstate**
35 **Medical Licensure Compact**

36 **1. Background check.** The board shall request a background check for an individual
37 licensed under this chapter who applies for an expedited license under section 18506. The
38 background check must include criminal history record information obtained from the
39 Maine Criminal Justice Information System and the Federal Bureau of Investigation.

40 **A.** The criminal history record information obtained from the Maine Criminal Justice
41 Information System must include a record of public criminal history record information
42 as defined in Title 16, section 703, subsection 8.

43 **B.** The criminal history record information obtained from the Federal Bureau of
44 Investigation must include other state and national criminal history record information.

1 C. An applicant shall submit to having fingerprints taken. The State Police, upon
2 payment by the applicant, shall take or cause to be taken the applicant's fingerprints
3 and shall forward the fingerprints to the State Bureau of Identification so that the
4 bureau can conduct state and national criminal history record checks. Except for the
5 portion of the payment, if any, that constitutes the processing fee charged by the
6 Federal Bureau of Investigation, all money received by the State Police for purposes
7 of this paragraph must be paid over to the Treasurer of State. The money must be
8 applied to the expenses of administration incurred by the Department of Public Safety.

9 D. The subject of a Federal Bureau of Investigation criminal history record check may
10 obtain a copy of the criminal history record check by following the procedures outlined
11 in 28 Code of Federal Regulations, Sections 16.32 and 16.33. The subject of a state
12 criminal history record check may inspect and review the criminal history record
13 information pursuant to Title 16, section 709.

14 E. State and federal criminal history record information of an applicant may be used
15 by the board for the purpose of screening that applicant.

16 F. Information obtained pursuant to this subsection is confidential. The results of
17 background checks received by the board are for official use only and may not be
18 disseminated to the Interstate Medical Licensure Compact Commission, established in
19 section 18512, or to any other person or entity.

20 G. An individual whose expedited licensure through the Interstate Medical Licensure
21 Compact under chapter 145 has expired and who has not applied for renewal may
22 request in writing that the State Bureau of Identification remove the individual's
23 fingerprints from the bureau's fingerprint file. In response to a written request, the
24 bureau shall remove the individual's fingerprints from the fingerprint file and provide
25 written confirmation of that removal.

26 **2. Rules.** The board, following consultation with the State Bureau of Identification,
27 shall adopt rules to implement this section. Rules adopted pursuant to this subsection are
28 routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

29 **§20130. Other physician license types**

30 **1. Temporary licensure.** A physician who is qualified under section 20127 or 20128
31 may, without examination, be granted a temporary license for a period not to exceed one
32 year when the board determines that this action is necessary in order to provide relief for
33 local or national emergencies or for situations in which the number of physicians is
34 insufficient to supply adequate medical services or for the purpose of permitting the
35 physician to serve as locum tenens for another physician who is licensed to practice
36 medicine in this State. The fee for this temporary license may not be more than \$400.

37 **2. Youth camp physicians.** A physician who is qualified under section 20127 or
38 20128 may, at the discretion of the board, be temporarily licensed as a youth camp
39 physician so that the physician may care for the campers in that particular youth camp
40 licensed under Title 22, section 2495 for which the physician was hired and retained as a
41 youth camp physician. That physician is entitled to practice only on patients in the youth
42 camp. The temporary license must be obtained each year. Application for this temporary
43 license must be made in the same form and manner as for regular licensure. An

1 examination may not be exacted from applicants for these temporary licenses. The fee for
2 temporary licensure may not be more than \$400 annually.

3 **3. Emergency 100-day license.** A physician who presents a current active
4 unconditioned license from another United States licensing jurisdiction and who can
5 provide reasonable proof of meeting qualifications for licensure in this State must be issued
6 a license to serve temporarily for declared emergencies in this State or for other appropriate
7 reasons as determined by the board. The license is effective for not more than 100 days.
8 The fee for this license may not be more than \$400.

9 **4. Temporary educational certificate.** The board may issue a temporary educational
10 certificate in accordance with the following.

11 A. An applicant who is qualified under this subchapter may receive a temporary
12 educational certificate from the board to act as a hospital resident. A certificate to a
13 hospital resident may be renewed every 3 years at the discretion of the board for not
14 more than 8 years.

15 B. An applicant who is enrolled in a program of medical and graduate medical training
16 conducted jointly by a medical school accredited by the Liaison Committee on Medical
17 Education and a graduate medical education program approved by the Accreditation
18 Council on Graduate Medical Education may receive a temporary educational
19 certificate from the board to act as a hospital resident as part of that graduate medical
20 education program if the applicant is concurrently enrolled in the final year of medical
21 training and the initial year of graduate medical education. The board may not issue a
22 certificate pursuant to this paragraph for a period longer than that required to obtain the
23 M.D. or D.O. degree. The period during which the certificate is in force may not be
24 considered in determining satisfaction of the requirement for postgraduate medical
25 education under this subchapter.

26 C. An applicant for a temporary educational certificate may not be certified unless the
27 board finds that the applicant is qualified and that there exists no cause, as set forth in
28 section 20144, that would be considered grounds for disciplinary action against a
29 licensed physician or surgeon. The board, in its discretion, may require an examination
30 for applicants for temporary educational certificates. Recipients of these certificates
31 are entitled to all the rights granted to physicians who are licensed to practice medicine
32 and surgery, except that their practice is limited to the training programs in which they
33 are enrolled. A temporary educational certificate may be suspended or revoked, or the
34 board may refuse to renew the certificate, for the reasons stated in section 20144 or if
35 the hospital resident has violated the limitations placed upon the temporary educational
36 certificate. The fee for this license may not be more than \$300.

37 **5. Visiting instructors.** A physician who has an unrestricted license to practice
38 medicine or surgery in another state may practice medicine or surgery in this State when
39 the physician is performing medical procedures as part of a course of instruction in graduate
40 medical education in a hospital located in this State. The right of a visiting medical
41 instructor to practice medicine in this State may be suspended or revoked for the reasons
42 stated in section 20144 or if the visiting medical instructor has performed medical
43 procedures that are not a part of a course of instruction. A visiting medical instructor shall
44 apply for authorization from the board to practice under this subsection. The fee for this
45 authorization may not be more than \$300.

1 **§20131. Biennial renewal of physician and physician associate licenses; qualification;**
2 **fees; reinstatement after lapse**

3 **1. Renewal of licenses.** Except as otherwise provided in this chapter, a physician or
4 physician associate with a license issued by the board, including Interstate Medical
5 Licensure Compact licenses, shall apply to the board for relicensure using application
6 forms and submitting supporting documents required by the board. Except as provided in
7 paragraph A for initial proration of expiration dates, the board shall provide to every
8 licensee whose renewal application is approved and accepted proof of license renewal that
9 is valid for no longer than 2 years.

10 A. Regardless of the date of initial licensure or last license renewal, the license of
11 every physician and physician associate born in an odd-numbered year expires at
12 midnight on the last day of the month of the individual's birth in every odd-numbered
13 year. The license of every physician and physician associate born in an even-numbered
14 year expires at midnight on the last day of the month of the individual's birth in every
15 even-numbered year. Prior to expiration, a physician or physician associate must
16 renew the license issued pursuant to this section by means of application to the board,
17 on forms prescribed and supplied by the board.

18 B. At least 60 days prior to expiration of a current license, the board shall notify each
19 licensee of the requirement to renew the license. If an administratively complete
20 license renewal application, as determined pursuant to this section, has not been
21 submitted prior to the expiration date of the existing license, the license immediately
22 and automatically expires. A license may be reinstated within 90 days after the date of
23 expiration upon submission of an administratively complete application and payment
24 of the renewal fee and late fee. If an administratively complete renewal application is
25 not submitted within 90 days of the date of the expiration of the license, the license
26 immediately and automatically lapses. The board may reinstate a license that has
27 lapsed pursuant to subsection 4.

28 **2. Criteria for license renewal.** Prior to renewing a license:

29 A. The board may pose any question to the licensee or other sources that the board
30 determines appropriate related to qualification for relicensure. These matters may
31 include, but are not limited to, confirmation of health status, professional standing and
32 conduct, professional liability claims history and license status in other jurisdictions.
33 The board shall, after affording the licensee due process, deny license renewal if the
34 board finds cause that may be considered grounds for refusal to renew the license
35 pursuant to section 20144, including, but not limited to, a determination that an
36 outstanding financial obligation to the board exists; and

37 B. A licensee seeking renewal of a license with the intent of conducting active clinical
38 medical practice or rendering medical services in this State shall submit evidence,
39 satisfactory to the board, of successful completion of a course of continuing medical
40 education within the preceding 24 months, as prescribed by rule. A licensee may not
41 engage in the clinical practice of medicine or render medical services in this State in
42 any degree, unless the board has found the licensee qualified by continuing medical
43 education and has marked the current license with the designation "active."

44 **3. Fees.** The following fees apply to licensure.

1 A. The board may charge a license renewal application fee of not more than \$600 to
2 all applicants for full license renewal.

3 B. In addition to the application processing fee, the board may require payment of a
4 late application fee of not more than \$100 from all licensees, regardless of age, from
5 whom the board has not received an administratively complete license renewal
6 application prior to the license expiration date. An application is not administratively
7 complete if it is not signed and dated by the licensee or does not provide full
8 information and responses of sufficient detail to permit board review, evaluation and
9 decision on renewal qualification. An application received without the required license
10 renewal application fee is considered incomplete and the applicant is subject to a late
11 fee.

12 C. The board may prorate the fee for biennial relicensure for individuals who have
13 been issued a full license within the past 12 months. The manner of proration, if done,
14 must be explained in the board's published schedule of fees. The board may waive all
15 or a portion of the established license renewal application fee upon receipt of a request
16 for waiver based on hardship or other special circumstance. Any waiver request
17 granted and the basis for the waiver must be recorded in the minutes of the board's
18 proceedings.

19 D. Unless received and deposited to the board's account in error and in violation of
20 this section or the board's rules, a license renewal application fee or late fee paid to the
21 board is not refundable if the board or the board's staff has commenced processing the
22 application, regardless of the board's action on the application.

23 **4. Reinstatement after lapse.** A license may be reinstated after the lapse of a license
24 under the following conditions.

25 A. A license that has lapsed pursuant to subsection 1, paragraph A or B may be
26 reinstated upon application by the individual on forms provided by the board. An
27 individual whose license has lapsed for more than 5 years shall apply for a new license.

28 B. When applying for reinstatement, the licensee must state the reason why the license
29 lapsed and pay all fees in arrears at the time of lapse plus the current license renewal
30 application fee and a nonrefundable reinstatement application processing fee of \$100.

31 C. The board may not reinstate a lapsed full license if the board finds any cause that
32 may be considered a ground for discipline pursuant to section 20144 if the license had
33 been in force. Prior to concluding that no cause exists, the board shall conduct the
34 inquiries required by subsection 2, paragraph A for applications for renewal. In
35 addition, the board may not reinstate the license of any individual who has not provided
36 evidence satisfactory to the board of having actively engaged in the clinical practice of
37 medicine or rendering of medical services during the past 24 months under the license
38 of another jurisdiction of the United States or Canada unless the applicant has first
39 satisfied the board of the applicant's current clinical competency by providing a plan
40 to practically demonstrate to the board's satisfaction the applicant's clinical
41 competency, the requirements of which may be set through rulemaking.

42 **§20132. Withdrawal of license**

43 A licensee who notifies the board in writing of the withdrawal of the individual's
44 license is not required to pay licensure fees or penalties beyond those due at the time of the

1 holder's withdrawal, but after a holder gives this notice, the holder's license to practice is
2 not valid until reinstated by the board.

3 **§20133. Inactive license status**

4 A licensee who wants to retain licensure while not practicing or rendering medical
5 services may apply for an inactive status license. During inactive status, the licensee must
6 renew the license and pay the renewal fee set by rule. Inactive status licensees may not
7 engage in the clinical practice of medicine and may not engage in the clinical rendering of
8 medical services. Continuing medical education hours and the jurisprudence examination
9 are not required for an inactive status licensee unless the inactive status licensee seeks
10 reinstatement or conversion to active status.

11 **SUBCHAPTER 4**

12 **COMPLAINTS AND INVESTIGATIONS**

13 **§20141. Investigative committees**

14 Separate investigative committees are established within the board with the power and
15 authority to conduct and act upon investigations in accordance with this subchapter.

16 **1. Composition.** The chair of the board shall divide the membership of the board into
17 2 investigative committees of 11 members. Each investigative committee must include 3
18 allopathic physicians, 3 osteopathic physicians, 2 physician associates and 3 public
19 members. The chair or vice-chair of the board shall chair each investigative committee,
20 and each investigative committee may choose an alternate to chair individual meetings in
21 the absence of the chair and vice-chair. Each investigative committee has the power to act
22 as an investigative committee or a hearing panel.

23 **2. Powers and duties of investigative committee.** An investigative committee of the
24 board has the following powers and duties:

25 A. The duty to investigate complaints, mandated reports, other reports and licensing
26 matters in a timely fashion regarding potential violation of this chapter or the violation
27 of rules adopted by the board pursuant to its authority;

28 B. The power to issue subpoenas for the production of documents and records;

29 C. The power to direct that a licensee or applicant for licensure or relicensure undergo
30 a mental or physical examination. An individual examined pursuant to the direction of
31 the committee may not prevent testimony or prevent the acceptance into evidence of a
32 report based on that examination in any proceeding before the committee or board;

33 D. The power to dismiss complaints;

34 E. The power to dismiss complaints and issue letters of guidance or concern. A letter
35 of guidance or concern may be used to educate, reinforce knowledge regarding legal
36 or professional obligations and express concern over action or inaction by the licensee
37 or applicant that does not rise to the level of misconduct sufficient to merit disciplinary
38 action. The issuance of a letter of guidance or concern is not a formal proceeding and
39 does not constitute an adverse disciplinary action of any form. Notwithstanding any
40 provision of law to the contrary, a letter of guidance or concern is not confidential. The

1 board may place a letter of guidance or concern, together with any underlying
2 complaint, report and investigation materials, in a licensee's or applicant's file for a
3 specified amount of time, not to exceed 10 years. Any letters, complaints and materials
4 placed on file may be accessed and considered by the board in any subsequent action
5 commenced against the licensee or applicant within the specified time frame.
6 Complaints, reports and investigation materials placed on file are confidential only to
7 the extent that confidentiality is required pursuant to Title 24, chapter 21;

8 F. The power to hold an informal conference with a licensee or applicant for licensure
9 or relicensure. The committee shall provide the licensee with adequate notice of the
10 informal conference and the issues to be discussed. The complainant may attend and
11 may be accompanied by up to 2 individuals, including legal counsel. The informal
12 conference must be conducted in executive session of the committee, pursuant to Title
13 1, section 405, unless otherwise requested by the licensee. Before the committee
14 decides what action to take at the informal conference or as a result of the informal
15 conference, the committee shall give the complainant a reasonable opportunity to
16 speak. Statements made at the informal conference may not be introduced at a
17 subsequent formal hearing unless all parties consent. The complainant, the licensee
18 and the complainant's and the licensee's representatives, if any, shall maintain the
19 confidentiality of the informal conference;

20 G. The power, with the consent of the licensee, to enter into a consent agreement that
21 resolves an investigation and that fixes the period and terms of probation best adapted
22 to protect the public health and safety and rehabilitate or educate the licensee. Consent
23 agreements may be entered into only with the consent of the applicant or licensee, the
24 investigative committee and the Department of the Attorney General. Any remedy,
25 penalty or fine or cost recovery that is otherwise available by law, even if only in the
26 jurisdiction of the District Court, may be achieved by consent agreement, including
27 long-term suspension or permanent revocation of a professional license. A consent
28 agreement is not subject to review or appeal and may be modified only by a writing
29 executed by all parties to the original consent agreement. A consent agreement is
30 enforceable by the board and by an action in Superior Court;

31 H. The power to accept a voluntary surrender of a license or privilege, in consideration
32 of which the committee may negotiate stipulations, including terms and conditions for
33 reinstatement, that ensure protection of the public health and safety and serve to
34 rehabilitate or educate the licensee. These stipulations may be set forth only in a
35 consent agreement signed by the board, the licensee and the Office of the Attorney
36 General;

37 I. If the committee concludes that modification or nonrenewal of the license is in order,
38 the power to hold an adjudicatory hearing in accordance with Title 5, chapter 375,
39 subchapter 4;

40 J. The power to refer the investigation to an adjudicatory hearing before the board or
41 to the Office of the Attorney General to file a complaint in the District Court in
42 accordance with Title 4, chapter 5; and

43 K. The power to conduct adjudicatory hearings referred by the other investigative
44 committee under this section.

45 **3. Adjudicatory hearings.** The following provisions apply to adjudicatory hearings.

1 A. Adjudicatory hearings must be conducted by an adjudicatory hearing panel
2 composed solely of a subset of board members taken from among one of the 2
3 investigative committees, with a minimum quorum of 5 members serving as an
4 adjudicatory hearing panel. A board member may not serve on an adjudicatory hearing
5 panel if the board member participated in the review and investigation of the licensee
6 or applicant for licensure whose case is being adjudicated.

7 B. Adjudicatory hearings held by adjudicatory hearing panels must be conducted
8 consistent with Title 5, chapter 375, subchapter 4.

9 C. A presiding officer shall conduct each board hearing, as determined by the
10 adjudicatory hearing panel or by board rule.

11 D. The board may adopt rules governing its adjudicatory hearings in accordance with
12 section 20113, subsection 1, paragraph S.

13 **§20142. Complaints; reports; investigations**

14 The board, acting through an investigative committee of the board pursuant to section
15 20141, shall investigate a complaint, on its own motion or upon receipt of a written
16 complaint filed with the board, regarding alleged noncompliance with or violation of this
17 chapter or any rules adopted by the board. The board shall notify the licensee of the content
18 of a complaint filed against the licensee as soon as possible, but not later than 60 days after
19 receipt of this information. The licensee shall respond within 30 days. The board shall
20 share the licensee's response with the complainant, unless the board determines that it
21 would be detrimental to the health of the complainant, the licensee or a patient related to
22 the complaint to obtain the response or that the complainant is not legally entitled to the
23 confidential medical information contained in the response. Board staff shall ensure that
24 the complaint is referred to one of the investigative committees described in section 20141
25 for review. When a complaint has been filed against a licensee and the licensee moves or
26 has moved to another state, the board may report to the appropriate licensing board in that
27 state the complaint that has been filed, other complaints in the physician's record on which
28 action was taken and disciplinary actions of the board with respect to that physician. When
29 an individual applies for a license under this chapter and any issue arises during the
30 application review that may constitute grounds for discipline, the board, acting through the
31 investigative committee, may investigate the professional or criminal record of that
32 individual, including professional records that the individual may have as a licensee in
33 other states. The board may deny a license or authorize a restricted license based on the
34 record of the applicant in other states or for any reason enumerated in this chapter that
35 constitutes grounds for discipline. When the board receives a report pursuant to Title 24,
36 section 2505 or 2506 regarding a licensee, board staff shall ensure that the report is referred
37 to one of the investigative committees for review. Following review, the investigative
38 committee may close the matter without action, further investigate or open a complaint.

39 **§20143. Emergency action**

40 Upon its own motion or upon complaint, the board, or an investigative committee of
41 the board pursuant to section 20141, in the interests of public health, safety and welfare,
42 shall treat as an emergency a complaint or allegation that an individual licensed under this
43 chapter is or may be unable to practice medicine with reasonable skill and safety to patients
44 by reason of mental illness, alcohol intemperance or excessive use of drugs or narcotics or
45 as a result of a mental or physical condition interfering with the competent practice of

1 medicine. In enforcing this section, the board, or an investigative committee of the board
2 pursuant to section 20141, may compel a licensee to submit to a mental or physical
3 examination directed by the board. Failure of a licensee to submit to this examination when
4 directed constitutes an admission of the allegations against the physician, unless the failure
5 was due to circumstances beyond the physician's control, upon which a final order of
6 disciplinary action may be entered without the taking of testimony or presentation of
7 evidence. A licensee affected under this section must, at reasonable intervals, be afforded
8 an opportunity to demonstrate that the licensee can resume the competent practice of
9 medicine with reasonable skill and safety to patients. For the purposes of this chapter, by
10 practicing or by making and filing a biennial license to practice medicine in this State, a
11 licensee licensed under this chapter who accepts the privilege to practice medicine in this
12 State is deemed to have given consent to a mental or physical examination when directed
13 in writing by the board and to have waived all objections to the admissibility of the
14 examiner's testimony or examination reports on the grounds that the testimony or reports
15 constitute a privileged communication. Injunctions must issue immediately to enjoin the
16 practice of medicine by an individual licensed to practice under this chapter when that
17 individual's continued practice may cause irreparable damage to the public health or safety
18 prior to the time proceedings under this chapter could be instituted and completed. In a
19 petition for injunction pursuant to this section, there must be set forth with particularity the
20 facts that make it appear that irreparable damage to the public health or safety may occur
21 prior to the time proceedings under this chapter could be instituted and completed. The
22 petition must be filed in the name of the board on behalf of this State.

23 **§20144. Disciplinary action; judicial review**

24 **1. Disciplinary action.** The board may suspend or revoke a license or privilege issued
25 by the board pursuant to Title 5, section 10004. In addition to the powers under Title 10,
26 section 8003, subsection 5, the board may suspend, revoke or refuse to issue or renew a
27 license or privilege or impose license or privilege restrictions, conditions and periods of
28 probation based on the following grounds for discipline:

29 A. The practice of fraud, deceit or misrepresentation in obtaining a license or authority
30 from the board or in connection with services within the scope of the license or
31 authority;

32 B. Misuse of alcohol, drugs or other substances that has resulted or may result in the
33 licensee performing services in a manner that endangers the health or safety of patients;

34 C. A professional diagnosis of a mental or physical condition that has resulted or may
35 result in the licensee performing services in a manner that endangers the health or
36 safety of patients;

37 D. Aiding or abetting the practice of medicine or rendering of medical services by an
38 individual who is not licensed under this chapter and who has not been properly
39 delegated the task and who claims to be legally licensed;

40 E. Incompetence in the practice for which the licensee is licensed or authorized by the
41 board. A licensee is considered incompetent in the practice if the licensee has engaged
42 in conduct that evidences a lack of ability or fitness to perform the duties owed by the
43 licensee to a client or patient or the general public; or engaged in conduct that evidences
44 a lack of knowledge or inability to apply principles or skills to carry out the practice
45 for which the licensee is licensed;

- 1 F. Unprofessional conduct. A licensee is considered to have engaged in unprofessional
2 conduct if the licensee violates a standard of professional behavior, including engaging
3 in disruptive behavior, that has been established in the practice for which the licensee
4 is licensed. For purposes of this paragraph, "disruptive behavior" means aberrant
5 behavior that interferes with or is likely to interfere with the delivery of care;
- 6 G. Subject to the limitations of Title 5, chapter 341, conviction of a crime that involves
7 dishonesty or false statement or that relates directly to the practice for which the
8 licensee is licensed or authorized by the board, or conviction of a crime for which
9 incarceration for one year or more may be imposed;
- 10 H. A violation of this chapter or a rule adopted by the board;
- 11 I. Engaging in false, misleading or deceptive advertising;
- 12 J. Prescribing drugs listed as controlled substances by the United States Department
13 of Justice, Drug Enforcement Administration for other than accepted therapeutic
14 purposes;
- 15 K. Failure to report to the board a physician or physician associate licensed under this
16 chapter or a physician associate privileged under chapter 145-A, in accordance with
17 Title 24, section 2505;
- 18 L. Failure to comply with the requirements of Title 24, section 2905-A;
- 19 M. Revocation, suspension or restriction of a license to practice medicine or other
20 disciplinary action; denial of an application for a license; or surrender of a license to
21 practice medicine following the institution of disciplinary action by another state or a
22 territory of the United States or a foreign country if the conduct resulting in the
23 disciplinary or other action involving the license would, if committed in this State,
24 constitute grounds for discipline under the laws or rules of this State;
- 25 N. Engaging in any activity requiring a license under the governing law of the board
26 that is beyond the scope of acts authorized by the license held;
- 27 O. Continuing to act in a capacity requiring a license or authority under this chapter or
28 a rule adopted by the board after expiration, suspension or revocation of that license or
29 authority;
- 30 P. Noncompliance with an order of the board or a consent agreement executed by the
31 board;
- 32 Q. Failure to produce any requested documents in the licensee's possession or under
33 the licensee's control relevant to a pending complaint, proceeding or matter under
34 investigation by the board;
- 35 R. Failure to timely respond to a complaint notification sent by the board;
- 36 S. Failure to comply with the requirements of Title 22, section 7253; or
- 37 T. Advertising, offering or administering conversion therapy to a minor.
- 38 **2. Judicial review.** Notwithstanding any provision of Title 10, section 8003,
39 subsection 5 to the contrary, any nonconsensual revocation pursuant to Title 10, section
40 8003, subsection 5 of a license or authority issued by the board may be imposed only after
41 a hearing conforming to the requirements of Title 5, chapter 375, subchapter 4 and is

1 subject to judicial review exclusively in the Superior Court in accordance with Title 5,
2 chapter 375, subchapter 7.

3 **3. Letters of guidance.** In addition to the authority conferred under Title 10, section
4 8003, subsection 5, the board may issue a letter of guidance or concern to a licensee or
5 applicant. A letter of guidance or concern may be used to educate, reinforce knowledge
6 regarding legal or professional obligations and express concern over action or inaction by
7 the licensee or applicant that does not rise to the level of misconduct sufficient to merit
8 disciplinary action. The issuance of a letter of guidance or concern is not a formal
9 proceeding and does not constitute an adverse disciplinary action of any form.
10 Notwithstanding any provision of law to the contrary, a letter of guidance or concern is not
11 confidential. The board may place a letter of guidance or concern, together with any
12 underlying complaint, report and investigation materials, in a licensee's or applicant's file
13 for a specified amount of time, not to exceed 10 years. Any letters, complaints and
14 materials placed on file may be accessed and considered by the board in any subsequent
15 action commenced against the licensee or applicant within the specified time frame.
16 Complaints, reports and investigation materials placed on file are confidential only to the
17 extent that confidentiality is required pursuant to Title 24, chapter 21.

18 SUBCHAPTER 5

19 DELEGATION; SCOPE OF PRACTICE; REQUIREMENTS; STANDARDS

20 §20151. Delegation by physicians and physician associates

21 A physician or physician associate may delegate to the physician's or physician
22 associate's employees or support staff or members of a health care team, including medical
23 assistants, certain activities relating to medical care and treatment carried out by custom
24 and usage when the activities are under the control of the physician or physician associate;
25 the activities being delegated do not, unless otherwise provided by law, require a license,
26 privilege, registration or certification to perform; the physician or physician associate
27 ensures that the employees or support staff or members of a health care team have the
28 appropriate training, education and experience to perform these delegated activities; and
29 the physician or physician associate ensures that the employees or support staff perform
30 these delegated activities competently and safely. The physician or physician associate
31 who delegates an activity permitted under this section to employees or support staff, to
32 program graduates or to participants in an approved training program is legally liable for
33 the activity performed by these individuals, and any individual in this relationship is
34 considered the physician's or physician associate's agent. This section may not be
35 construed to apply to registered nurses acting pursuant to chapter 31 or physician associates
36 acting pursuant to this chapter.

37 If the delegated activities are part of the practice of optometry as defined in chapter
38 151, the individual to whom these activities are delegated must possess a valid license to
39 practice optometry in this State, or otherwise may perform only as a technician within the
40 established office of a physician, and otherwise acting solely on the order of and under the
41 responsibility of a physician skilled in the treatment of eyes as designated by the proper
42 professional board, and without assuming evaluation or interpretation of examination
43 findings by prescribing corrective procedures to preserve, restore or improve vision.

1 **§20152. Physician associates; scope of practice and agreement requirements**

2 **1. Scope of practice.** A physician associate may render any medical service for which
3 the physician associate has been prepared by education, training and experience and is
4 competent to perform. The scope of practice of a physician associate is determined by
5 practice setting, including, but not limited to, a physician employer setting, physician group
6 practice setting or independent private practice setting, or, in a health care facility setting,
7 by a system of credentialing and granting of privileges.

8 **2. Dispensing drugs.** Except for distributing a professional sample of a prescription
9 or legend drug, a physician associate who dispenses a prescription or legend drug:

10 A. Shall comply with all relevant federal and state laws and federal regulations and
11 state rules; and

12 B. May dispense the prescription or legend drug only when:

13 (1) A pharmacy service is not reasonably available;

14 (2) Dispensing the drug is in the best interests of the patient; or

15 (3) An emergency exists.

16 **3. Consultation.** A physician associate shall, as indicated by a patient's condition, the
17 education, competencies and experience of the physician associate and the standards of
18 care, consult with, collaborate with or refer the patient to an appropriate physician or other
19 health care professional. The level of consultation required under this subsection is
20 determined by the practice setting, including a physician employer, physician group
21 practice or private practice, or by the system of credentialing and granting of privileges of
22 a health care facility. A physician must be accessible to the physician associate at all times
23 for consultation. Consultation may occur electronically or through telecommunication and
24 includes communication, task sharing and education among all members of a health care
25 team.

26 **4. Collaborative agreement requirements.** A physician associate with less than
27 4,000 hours of clinical practice documented to the board shall work in accordance with a
28 collaborative agreement with an active physician that describes the physician associate's
29 scope of practice, except that a physician associate working in a physician group practice
30 setting or a health care facility setting under a system of credentialing and granting of
31 privileges and scope of practice agreement may use that system of credentialing and
32 granting of privileges and scope of practice agreement in lieu of a collaborative agreement.
33 A physician associate is legally responsible and assumes legal liability for any medical
34 service provided by the physician associate in accordance with the physician associate's
35 scope of practice under subsection 1 and a collaborative agreement under this subsection.
36 Under a collaborative agreement, collaboration may occur through electronic means and
37 does not require the physical presence of the physician at the time or place that the medical
38 services are provided. A physician associate shall submit the collaborative agreement, or,
39 if appropriate, the scope of practice agreement, to the board for approval and the agreement
40 must be kept on file at the main location of the place of practice and be made available to
41 the board or the board's representative upon request. Upon submission to the board of
42 documentation of 4,000 hours of clinical practice, a physician associate is no longer subject
43 to the requirements of this subsection.

1 **5. Practice agreement requirements.** A physician associate who has more than 4,000
2 hours of clinical practice may be the principal clinical provider in a practice that does not
3 include a physician partner as long as the physician associate has a practice agreement with
4 an active physician, and other health care professionals as necessary, that describes the
5 physician associate's scope of practice. A physician associate is legally responsible and
6 assumes legal liability for any medical service provided by the physician associate in
7 accordance with the physician associate's scope of practice under subsection 1 and a
8 practice agreement under this subsection. A physician associate shall submit the practice
9 agreement to the board for approval and the agreement must be kept on file at the main
10 location of the physician associate's practice and be made available to the board or the
11 board's representative upon request. Upon any change in the parties to the practice
12 agreement or other substantive change in the practice agreement, the physician associate
13 shall submit the revised practice agreement to the board for approval. Under a practice
14 agreement, consultation may occur through electronic means and does not require the
15 physical presence of the physician or other health care providers who are parties to the
16 agreement at the time or place that the medical services are provided.

17 **6. Construction.** To address the need for affordable, high-quality health care services
18 throughout this State and to expand, in a safe and responsible manner, access to health care
19 providers such as physician associates, this section must be liberally construed to authorize
20 physician associates to provide health care services to the full extent of their education,
21 training and experience in accordance with their scopes of practice as determined by their
22 practice settings.

23 **§20153. Review committee member immunity**

24 A physician or physician associate licensed under this chapter who is a member of a
25 utilization review committee, medical review committee, surgical review committee, peer
26 review committee or disciplinary committee that is a requirement of accreditation by the
27 Joint Commission on accreditation of hospitals or is established and operated under the
28 auspices of the physician's or physician associate's respective state or county professional
29 society or the board is immune from civil liability for undertaking or failing to undertake
30 an act within the scope of the function of the committee.

31 **§20154. Records of proceedings of medical staff review committees confidential**

32 All proceedings and records of proceedings concerning medical staff reviews, hospital
33 reviews and other reviews of medical care conducted by committees of physicians and
34 other health care personnel on behalf of hospitals located within this State or on behalf of
35 individual physicians, when the reviews are required by state or federal law or rule or as a
36 condition of accreditation by the Joint Commission on accreditation of hospitals or the
37 American Osteopathic Association Healthcare Facilities Accreditation Program or are
38 conducted under the auspices of the state or county professional society to which the
39 physician belongs, are confidential and are exempt from discovery. Provision of
40 information protected by this section to the board pursuant to Title 24, section 2506 does
41 not waive or otherwise affect the confidentiality of the records or the exemption from
42 discovery provided by this section for any other purpose.

43 **§20155. Lyme disease treatment**

44 **1. Definitions.** As used in this section, unless the context otherwise indicates, the
45 following terms have the following meanings.

1 A. "Long-term antibiotic therapy" means the administration of oral, intramuscular or
2 intravenous antibiotics, singly or in combination, for a period of time in excess of 4
3 weeks.

4 B. "Lyme disease" means:

5 (1) The presence of signs or symptoms compatible with acute infection with
6 Borrelia burgdorferi;

7 (2) Late stage, persistent or chronic infection with Borrelia burgdorferi;

8 (3) Complications related to an infection under subparagraph (1) or (2); or

9 (4) The presence of signs or symptoms compatible with acute infection or late
10 stage, persistent or chronic infection with other strains of Borrelia that are
11 identified or recognized by the United States Department of Health and Human
12 Services, Centers for Disease Control and Prevention as a cause of disease.

13 "Lyme disease" includes an infection that meets the surveillance criteria for Lyme
14 disease established by the United States Department of Health and Human Services,
15 Centers for Disease Control and Prevention or a clinical diagnosis of Lyme disease that
16 does not meet the surveillance criteria for Lyme disease set by the United States
17 Department of Health and Human Services, Centers for Disease Control and
18 Prevention but presents other acute and chronic signs or symptoms of Lyme disease as
19 determined by a patient's treating physician.

20 **2. Lyme disease treatment.** A physician licensed under this chapter may prescribe,
21 administer or dispense long-term antibiotic therapy for a therapeutic purpose to eliminate
22 infection or to control a patient's symptoms upon making a clinical diagnosis that the
23 patient has Lyme disease or displays symptoms consistent with a clinical diagnosis of Lyme
24 disease. The physician shall document the clinical diagnosis and treatment in the patient's
25 medical record. The clinical diagnosis must be based on knowledge obtained through
26 medical history and physical examination only or in conjunction with testing that provides
27 supportive data for the clinical diagnosis.

28 **§20156. Treatment of minors**

29 An individual licensed under this chapter who renders medical care to a minor for the
30 prevention or treatment of a sexually transmitted infection or treatment of substance use
31 disorder or for the collection of sexual assault evidence through a sexual assault forensic
32 examination is under no obligation to obtain the consent of the minor's parent or guardian
33 or to inform the parent or guardian of the prevention or treatment or collection. This section
34 may not be construed to prohibit the licensed individual rendering the prevention services
35 or treatment or collection from informing the parent or guardian. For purposes of this
36 section, "substance use disorder" means the use of drugs or alcohol solely for their
37 stimulant, depressant or hallucinogenic effect upon the higher functions of the central
38 nervous system and not as a therapeutic agent recommended by a practitioner in the course
39 of medical treatment.

40 **§20157. Posting of policy regarding acceptance of Medicare assignment**

41 An individual licensed to practice medicine or render medical services under this
42 chapter, or privileged under chapter 145-A, a chiropractor licensed pursuant to chapter 9
43 or a podiatrist licensed pursuant to chapter 51 who treats Medicare-eligible individuals

1 shall post in a conspicuous place that professional's policy regarding the acceptance of
2 Medicare assignment. This posting must state the policy on accepting assignment and
3 name the individual with whom the patient should communicate regarding the policy. The
4 Maine Board of Medicine, the Board of Licensure of Podiatric Medicine and the Board of
5 Chiropractic Licensure shall enforce the provisions of this section and inform each licensee
6 of the licensee's obligation under this section. Each board may discipline a licensee under
7 its jurisdiction for failing to comply with this section and impose a monetary penalty of not
8 less than \$100 and not more than \$1,000 for each violation.

9 **§20158. Release of contact lens prescription**

10 After contact lenses have been adequately fitted and the patient released from
11 immediate follow-up care by the physician, the patient may request a copy of the contact
12 lens specifications from the physician. The physician shall provide a copy of the
13 prescription at no cost, which must contain the information necessary to properly duplicate
14 the current prescription. The contact lens prescription must contain an expiration date not
15 to exceed 24 months from the date of issue. The prescription may contain fitting guidelines
16 and may also contain specific instructions for use by the patient. The prescribing physician
17 is not liable for an injury to or a condition of a patient that results from negligence in
18 packaging, manufacturing or dispensing lenses by anyone other than the prescribing
19 physician. The dispensing party may dispense contact lenses only upon receipt of a written
20 prescription, except that a physician may fill a prescription of an optometrist or another
21 physician without a copy of the prescription. Mail order contact lens suppliers must be
22 licensed by and register with the Maine Board of Pharmacy pursuant to section 13751,
23 subsection 3-A and are subject to discipline by that board for violations of that board's rules
24 and the laws governing the board. An individual who fills a contact lens prescription shall
25 maintain a file of that prescription for a period of 5 years. An individual, a corporation or
26 any other entity, other than a mail order contact lens supplier, that improperly fills a contact
27 lens prescription or fills an expired prescription commits a civil violation for which a fine
28 of not less than \$250 nor more than \$1,000 may be adjudged. An individual may file a
29 complaint with the board seeking disciplinary action concerning violations of this section.

30 **§20159. Expedited partner therapy**

31 An individual licensed under this chapter may not be disciplined for providing
32 expedited partner therapy in accordance with Title 22, chapter 251, subchapter 3, article 5.

33 **§20160. Issuance of prescription for ophthalmic lenses**

34 A physician licensed by the board may not issue a prescription for ophthalmic lenses,
35 as defined in section 19101, subsection 19, solely in reliance on a measurement of the eye
36 by a kiosk, as defined in section 19101, subsection 14, without conducting an eye
37 examination, as defined in section 19101, subsection 11.

38 **§20161. Requirements regarding prescription of opioid medication**

39 **1. Limits on opioid medication prescribing.** Except as provided in subsection 2, an
40 individual licensed under this chapter or privileged under chapter 145-A and whose scope
41 of practice includes prescribing opioid medication may not prescribe:

42 A. To a patient any combination of opioid medication in an aggregate amount in excess
43 of 100 morphine milligram equivalents of opioid medication per day;

1 B. To a patient who, on the effective date of this section, has an active prescription for
2 opioid medication in excess of 100 morphine milligram equivalents of an opioid
3 medication per day, an opioid medication in an amount that would cause that patient's
4 total amount of opioid medication to exceed 300 morphine milligram equivalents of
5 opioid medication per day; except that, on or after July 1, 2017, the aggregate amount
6 of opioid medication prescribed may not be in excess of 100 morphine milligram
7 equivalents of opioid medication per day;

8 C. Within a 30-day period, more than a 30-day supply of an opioid medication to a
9 patient under treatment for chronic pain. For the purposes of this paragraph, "chronic
10 pain" has the same meaning as in Title 22, section 7246, subsection 1-C; or

11 D. Within a 7-day period, more than a 7-day supply of an opioid medication to a patient
12 under treatment for acute pain unless the opioid product is labeled by the federal Food
13 and Drug Administration to be dispensed only in a stock bottle that exceeds a 7-day
14 supply as prescribed, in which case the amount dispensed may not exceed a 14-day
15 supply. For the purposes of this paragraph, "acute pain" has the same meaning as in
16 Title 22, section 7246, subsection 1-A.

17 **2. Exceptions.** An individual licensed under this chapter or privileged under chapter
18 145-A whose scope of practice includes prescribing opioid medication is exempt from the
19 limits on opioid medication prescribing established in subsection 1 only:

20 A. When prescribing opioid medication to a patient for:

21 (1) Pain associated with active and aftercare cancer treatment;

22 (2) Palliative care, as defined in Title 22, section 1726, subsection 1, paragraph A,
23 in conjunction with a serious illness, as defined in Title 22, section 1726,
24 subsection 1, paragraph B;

25 (3) End-of-life and hospice care; or

26 (4) Medication-assisted treatment for substance use disorder; and

27 B. When directly ordering or administering a benzodiazepine or opioid medication to
28 an individual in an emergency room setting, an inpatient hospital setting, a long-term
29 care facility or a residential care facility or in connection with a surgical procedure. As
30 used in this paragraph, "administer" has the same meaning as in Title 22, section 7246,
31 subsection 1-B.

32 **3. Electronic prescribing.** An individual licensed under this chapter or privileged
33 under chapter 145-A and whose scope of practice includes prescribing opioid medication
34 with the capability to electronically prescribe shall prescribe all opioid medication
35 electronically by July 1, 2017. An individual who does not have the capability to
36 electronically prescribe must request a waiver from this requirement from the
37 Commissioner of Health and Human Services stating the reasons for the lack of capability,
38 the availability of broadband infrastructure and a plan for developing the ability to
39 electronically prescribe opioid medication. The commissioner may grant a waiver
40 including circumstances in which exceptions are appropriate, including prescribing outside
41 of the individual's usual place of business and technological failures.

42 **4. Continuing education.** By December 31, 2017, an individual licensed under this
43 chapter or privileged under chapter 145-A must successfully complete 3 hours of

1 continuing education every 2 years on the prescription of opioid medication. The board
2 shall adopt rules to implement this subsection. Rules adopted pursuant to this subsection
3 are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

4 **5. Penalties.** An individual who violates this section commits a civil violation for
5 which a fine of \$250 per violation, not to exceed \$5,000 per calendar year, may be
6 adjudged. The Department of Health and Human Services is responsible for the
7 enforcement of this section.

8 **6. Opioid medication policy.** No later than January 1, 2018, a health care entity that
9 includes an individual licensed under this chapter or privileged under chapter 145-A whose
10 scope of practice includes prescribing opioid medication must have in place an opioid
11 medication prescribing policy that applies to all prescribers of opioid medications
12 employed by the health care entity. The policy must include, but is not limited to,
13 procedures and practices related to risk assessment, informed consent and counseling on
14 the risk of opioid use. For the purposes of this subsection, "health care entity" has the same
15 meaning as in Title 22, section 1718-B, subsection 1, paragraph B.

16 **§20162. Prohibition on providing conversion therapy to minors**

17 An individual licensed, registered or certified under this chapter may not advertise,
18 offer or administer conversion therapy to a minor.

19 **§20163. Duty to warn and protect**

20 **1. Duty.** A licensee has a duty to warn of or to take reasonable precautions to provide
21 protection from a patient's violent behavior if the licensee has a reasonable belief based on
22 communications with the patient that the patient is likely to engage in physical violence
23 that poses a serious risk of harm to self or others. The duty imposed under this subsection
24 may not be interpreted to require the licensee to take any action that in the reasonable
25 professional judgment of the licensee would endanger the licensee or increase the threat of
26 danger to a potential victim.

27 **2. Discharge of duty.** A licensee subject to a duty to warn or provide protection under
28 subsection 1 may discharge that duty if the licensee makes reasonable efforts to
29 communicate the threat to a potential victim, notifies a law enforcement agency or seeks
30 involuntary hospitalization of the patient under Title 34-B, chapter 3, subchapter 4, article
31 3.

32 **3. Immunity.** No monetary liability and no cause of action may arise concerning
33 patient privacy or confidentiality against a licensee for information disclosed to 3rd parties
34 in an effort to discharge a duty under subsection 2.

35 **SUBCHAPTER 6**

36 **TELEHEALTH SERVICES**

37 **§20181. Definitions**

38 As used in this subchapter, unless the context otherwise indicates, the following terms
39 have the following meanings.

1 **1. Asynchronous encounter.** "Asynchronous encounter" means an interaction
2 between a patient and a person licensed under this chapter through a system that has the
3 ability to store digital information, including, but not limited to, still images, video files,
4 audio files, text files and other relevant data, and to transmit such information without
5 requiring the simultaneous presence of the patient and the person licensed under this
6 chapter.

7 **2. Store and forward transfer.** "Store and forward transfer" means the transmission
8 of a patient's records through a secure electronic system to a person licensed under this
9 chapter.

10 **3. Synchronous encounter.** "Synchronous encounter" means a real-time interaction
11 conducted with an interactive audio or video connection between a patient and a person
12 licensed under this chapter or between a person licensed under this chapter and another
13 health care provider.

14 **4. Telehealth services.** "Telehealth services" means health care services delivered
15 through the use of information technology and includes synchronous encounters,
16 asynchronous encounters, store and forward transfers and telemonitoring.

17 **5. Telemonitoring.** "Telemonitoring" means the use of information technology to
18 remotely monitor a patient's health status via electronic means, allowing the person licensed
19 under this chapter to track the patient's health data over time. Telemonitoring may be
20 synchronous or asynchronous.

21 **§20182. Telehealth services permitted**

22 A person licensed under this chapter may provide telehealth services as long as the
23 licensee acts within the scope of practice of the licensee's license, in accordance with any
24 requirements and restrictions imposed by this subchapter and in accordance with standards
25 of practice.

26 **§20183. Confidentiality**

27 When providing telehealth services, a person licensed under this chapter shall comply
28 with all state and federal confidentiality and privacy laws.

29 **§20184. Professional responsibility**

30 All laws and rules governing professional responsibility, unprofessional conduct and
31 generally accepted standards of practice that apply to a person licensed under this chapter
32 also apply to that licensee while that licensee is providing telehealth services.

33 **§20185. Rulemaking**

34 The board shall adopt rules governing telehealth services by persons licensed under
35 this chapter. These rules must establish standards of practice and appropriate restrictions
36 for the various types and forms of telehealth services. Rules adopted pursuant to this
37 section are routine technical rules as defined by Title 5, chapter 375, subchapter 2-A.

38 **Sec. A-7. Revisor's review; cross-references.** The Revisor of Statutes shall
39 review the Maine Revised Statutes and include in the inconsistencies, conflicts and errors
40 bill submitted to the First Regular Session of the 133rd Legislature pursuant to Title 1,
41 section 94 any sections necessary to correct and update any cross-references in the statutes
42 to provisions of law repealed in this Act.

1 **Sec. A-8. Maine Revised Statutes amended; revision clause.** Wherever in the
2 Maine Revised Statutes the words "Board of Licensure in Medicine" or "Board of
3 Osteopathic Licensure" or both of those terms appear or reference is made to either or both
4 of those entities or those words, those words are amended to read or mean, as appropriate,
5 "Maine Board of Medicine" or "board," and the Revisor of Statutes shall implement this
6 revision when updating, publishing or republishing the statutes.

7 **Sec. A-9. Transition.** The following provisions apply to the reassignment of the
8 duties and responsibilities related to the licensing and regulation of allopathic physicians,
9 osteopathic physicians and physician associates in this State.

10 1. The Maine Board of Medicine is created and established by law. All other statutory
11 references to, responsibilities of and authority conferred upon the Board of Licensure in
12 Medicine and the Board of Osteopathic Licensure are deemed to refer to and vest in the
13 Maine Board of Medicine created by this Act. The Maine Board of Medicine is the
14 successor in every way to the powers, duties and functions related to the licensure and
15 regulation of physicians and physician associates in this State.

16 2. Notwithstanding the provisions of the Maine Revised Statutes, Title 5, all accrued
17 expenditures, assets, liabilities, balances of appropriations, allocations, transfers, revenues
18 or other available funds in an account or subdivision of an account of the Board of
19 Licensure in Medicine and the Board of Osteopathic Licensure must be transferred to the
20 proper accounts of the Maine Board of Medicine by the State Controller or by financial
21 order upon the request of the State Budget Officer and with the approval of the Governor.

22 3. All rules of the Board of Licensure in Medicine and the Board of Osteopathic
23 Licensure that are in effect on the effective date of this Act remain in effect until rescinded,
24 revised or amended.

25 4. All contracts, agreements and compacts of the Board of Licensure in Medicine and
26 the Board of Osteopathic Licensure as they pertain to the duties set forth in this Act that
27 are in effect on the effective date of this Act remain in effect until they expire or are altered
28 by the parties involved in the contracts or agreements. The Maine Board of Medicine is
29 the successor agency for all contracts, agreements and compacts of the Board of Licensure
30 in Medicine and the Board of Osteopathic Licensure.

31 5. All records of the Board of Licensure in Medicine and the Board of Osteopathic
32 Licensure as they pertain to the duties set forth in this Act must be transferred to the Maine
33 Board of Medicine as necessary to implement this Act.

34 6. All property and equipment of the Board of Licensure in Medicine and the Board of
35 Osteopathic Licensure pertaining to the duties set forth in this Act are transferred to the
36 Maine Board of Medicine as necessary to implement this Act.

37 7. Employees of the Board of Licensure in Medicine and the Board of Osteopathic
38 Licensure who were employees of those respective boards immediately prior to the
39 effective date of this Act retain all their employee rights, privileges and benefits, including
40 sick leave, vacation and seniority, provided under the Civil Service Law or collective
41 bargaining agreements. The Department of Administrative and Financial Services, Bureau
42 of Human Resources shall provide assistance to the affected employees and the Maine
43 Board of Medicine and shall assist with the orderly implementation of this subsection.

1 licensing board matters no later than January 31, 2027. The bill authorizes the committee
2 to report out a bill based on the report to the 133rd Legislature in 2027.

BOLIM & BOL Merger Checklist

Technical

ALMS	Outside Vendors	InforME	OIT
Merging Data Bases	New Prefixes	New Website/URL	New Distribution Lists
PA Licenses	API Updates	Online Licensing	New Mailboxes
API Updates	Video Updates	Jurisprudence Examination	Update Organization Profile
Complaint #'s	Compacts - Fingerprinting		Board Member Laptops

Licensing, Complaints, Administration & Financial

Licensing	Complaints	Administration	Financial
Application Updates	Complaint Materials Updates	Address Change	Budget
Jurisprudence Exam Updates	Policies and Procedures Updates	Rules	One Time Expenses
Policies and Procedures Updates		Policies	Contracts
		Guidelines	Memberships/Annual Dues
		Retention Schedule	P-Card

Building, Board & Staff

Building	Board	Staff
Office Reconfiguration	Continued Workgroup Meetings	Integration
Signage	Meeting Schedule	Workload Distribution
Lease	Committee Assignments	HR/Service Center
	Leadership	
	Compensation Board Members and Leadership	

Licensees/Interested Parties & FSMB

Licensees/ Interested Parties	FSMB
Communication	Update
	Request Support

NPDB

DRAFT

BOLIM & BOL Merger Timeline

