

Board of Licensure in Medicine - Board of Osteopathic Licensure Workgroup
ZOOM meeting
February 26, 2025
12:00 p.m. – 1:15 p.m.

Board Members Present

Public Member Lynne Weinstein (BOLIM)
Maroulla Gleaton, MD (BOLIM)
Renee Fay-LeBlanc, MD (BOLIM) – arrived at 1:10 p.m.
Melissa Michaud, PA (BOL)
Public Member Peter Michaud, JD, RN (BOL)
Public Member Dennis Smith, Esq. (BOL) – excused at 1:10 p.m.
Public Member Mary-Anne Ponti, RN, DBA (BOL)
John Brewer, DO (BOL)

Board Staff Present

Executive Secretary Rachel MacArthur (BOL)
Executive Director Timothy Terranova (BOLIM)
Assistant Executive Director Valerie Hunt (BOLIM)
Administrative Assistant Maureen Lathrop (BOLIM)

Legal Counsel Present

AAG Jennifer Willis (BOLIM)

Dr. Humayun Chaudhry, CEO of the Federation of State Medical Boards, gave a presentation (slides attached) providing a historical context of medical and osteopathic boards, recent consolidations and key points to consider when contemplating merger of the Maine medical and osteopathic boards. Ideally, allopathic and osteopathic professions should have equal representation on the board, and the opportunity to serve in leadership roles and on committees. Ultimately the purpose of the board is to protect the public and the boards should consider if a merger will support that mission.

Dr. Chaudhry responded to questions from Board members and concluded his presentation at 12:41 p.m.

Ms. Weinstein stated that it might be helpful for medical board members to observe an osteopathic board meeting and vice versa to learn more about similarities and differences in processes and functions.

Board members discussed that it may be helpful for staff to create a comparison document detailing the processes of both boards. Mr. Terranova and Ms. MacArthur will work on creating a comparison document to share for the next workgroup meeting.

Mr. Michaud asked if the AAGs could create a comparison document for the medical practice acts and rules of the two boards so board members can understand differences? AAG Willis will work on creating a comparison document to share with the workgroup.

Mr. Terranova suggested inviting the Maine Medical Association, Maine Osteopathic Association, Maine Academy of Physician Assistants and the Maine Hospital Association to make brief presentations at the next workgroup meeting to help identify areas of concern or confusion and request their assistance in providing information to their members. Workgroup members agreed this would be helpful.

Mr. Terranova also suggested creating a survey to send out to licensees. Workgroup members discussed that it was early in the process, and it would be more helpful to hear from the associations before considering a larger survey.

Ms. Ponti suggested that creating an educational fact sheet after hearing concerns from the associations

may be helpful.

Board members asked if there was feedback from the Maine Osteopathic Association Winter Symposium. Dr. Brewer stated there was some negative feedback from a small group of attendees.

Mr. Terranova noted that a discussion regarding recent board mergers is planned at the upcoming Administrators in Medicine meeting in April and he will report back to the workgroup.

Mr. Terranova commented that a member of the osteopathic board is interested in attending workgroup meetings but is unable to attend on Wednesdays due to his work schedule. Workgroup members suggested that adding some options for evening meetings might allow more Board members to attend. BOLIM staff will send a poll to determine the next meeting date and time.

Adjourn 1:15 pm



Considerations for Consolidation of State Medical and Osteopathic Boards



Historical Context Independent State Osteopathic Boards

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| STATE | 1910 | 1915 | 1924 | 1939 | 1967 | 2022 | 2025 |
|----------------|------|------|------|------|------|------|------|
| Arkansas | X | X | X | X | X | | |
| Arizona | | | | | X | X | X |
| California | | | X | X | X | X | X |
| Connecticut | X | X | X | X | | | |
| Florida | X | X | X | X | X | X | X |
| Georgia | X | X | X | X | X | | |
| Hawaii | | | | X | X | | |
| Idaho | X | X | X | X | X | | |
| Iowa | | | X | X | | | |
| Kansas | | | | X | | | |
| Louisiana | X | X | X | X | X | | |
| Maine | | | X | X | X | X | X |
| Maryland | | | X | X | X | | |
| Michigan | X | X | X | X | X | X | X |
| Minnesota | X | X | X | X | | | |
| Missouri | X | X | X | X | | | |
| Montana | X | X | X | X | X | | |
| Nebraska | X | X | X | X | X | | |
| New Mexico | X | X | X | X | X | | |
| Nevada | | | | X | X | X | X |
| North Carolina | X | X | X | X | X | | |
| North Dakota | X | X | X | X | X | | |
| Oklahoma | | | X | X | X | X | X |
| Pennsylvania | X | X | X | X | X | X | X |
| Rhode Island | | X | X | | X | | |
| South Carolina | | | | X | X | | |
| South Dakota | X | X | X | X | | | |
| Tennessee | X | X | X | X | X | X | X |
| Utah | | | | X | X | X | |
| Vermont | X | X | X | X | X | X | X |
| Washington | | | | X | X | X | X |
| West Virginia | | | | X | X | X | X |
| | 18 | 19 | 24 | 30 | 24 | 13 | 12 |

Current Separate Boards

- Arizona
- California
- Florida
- Maine
- Michigan
- Nevada
- Oklahoma
- Pennsylvania
- Tennessee
- Vermont
- Washington
- West Virginia



Recent Consolidations

- **New Mexico Medical Board (2021)**
 - Merged the New Mexico Board of Osteopathic Medicine with the New Mexico Medical Board, keeping the title New Mexico Medical Board
 - The board consists of 9 members: 8 physicians (at least 2 MDs and 2 DOs), 1 PA, and 2 public members
- **Illinois State Medical Board (2022)**
 - Merged the Medical Licensing Board and Medical Disciplinary Board into the Illinois State Medical Board
 - The board consists of 17 members: 8 MDs, 2 DOs, 2 DCs, 2 PAs, and 3 public members
- **Utah Medical Licensing Board (2024)**
 - The Utah Physicians and Surgeons Licensing Board was renamed as the Utah Medical Licensing Board and absorbed the Utah Osteopathic Surgeons Licensing Board and the Utah Physician Assistant Licensing Board.
 - The board consists of 15 members: 7 MDs and 2 DOs; 3 PAs; and 2 public members.

Introduced Consolidations

- Nevada (Pending Legislation – SB 78 – 2025)
 - Would merge the Board of Medical Examiners and the State Board of Osteopathic Medicine and rename it the Nevada Medical Board
 - Would consist of 11 members: 4 MDs, 4 DOs, 1 PA, 1 respiratory therapist, and 1 public member

Failed Consolidations

- Oklahoma (2015)
- Arizona (2016)
- West Virginia (2024)
 - Vetoed on March 27, 2024 by the West Virginia Governor, the bill would have subsumed the operations of the Board of Osteopathic Medicine under the unified West Virginia Board of Medicine, adding osteopathic physicians and genetic counselors to the purview of the Board.



FSMB Policies

- *A Guide to the **Essentials** of a Modern Medical Practice Act* was first issued in 1956
- ***Elements** of a State Medical and Osteopathic Board* was first issued in 1989
- Over the years, the **Essentials** and **Elements** guides underwent numerous revisions to respond to changes in medical education, the practice of medicine, evolving responsibilities of boards, and to assist member boards to be consistent with best practices in the interests of public protection and patient safety.
- In 2018, *Guidelines for the Structure and Function of a State Medical and Osteopathic Board* ("**Guidelines**") combined the **Elements** and **Essentials** guides, and contain the principles of state medical board responsibility, duty, empowerment, and accountability that the initial documents outlined, as well as detailing the essential components for the structure and function of a state medical board.
- **Guidelines** was updated in 2021 and again in 2024 to reflect current best practices



FSMB Guidelines for the Structure and Function of a State Medical and Osteopathic Board



Guidelines for the Structure and Function of a State Medical and Osteopathic Board

Adopted by FSMB House of Delegates, April 2024

INTRODUCTION

As early as 1914, the Federation of State Medical Boards (FSMB), which now represents 70 state and territorial medical and osteopathic licensing and disciplinary boards (hereafter referred to as "state medical board(s)" or "board(s)"), recognized the need for a guidance document supporting U.S. states and territories in their development, and updating as needed, of their medical practice acts, and the corresponding structures and functions of their medical boards.



FSMB Guidelines – Duty, Responsibility, and Power

“In some states, responsibility for licensing and disciplinary functions is divided between two separate Boards. In others, Boards are subject to supervision or, in some cases, complete control by larger administrative or umbrella agencies. In a few states, the Board is simply an advisory body.

In most states, the Board regulates both allopathic and osteopathic physicians; in others, separate boards exist. And in some states, narrow constitutional restrictions inhibit effective Board funding... The following section proposes a true working board with real and effective power and support, a proposal some states are much better prepared to implement than others...



FSMB Guidelines – Duty, Responsibility, and Power

...The section also reflects those principles the authors consider to be basic to the operation of any accountable medical board, regardless of the administrative structure of the state, the size or distribution of the physician population being regulated, the form of legislation required for funding, or the title of the body to which responsibility and power for regulation have been entrusted. It may be drawn upon by both allopathic and osteopathic boards, making appropriate adaptations in the area of Board membership. Larger administrative agencies can use it to better assess their own structures and functions and to explore the broader roles their medical boards might play in meeting public expectations.”



FSMB Guidelines – Board Membership

Composition and Size

The Board should consist of enough members to appropriately discharge its duties, and at least 25% should be public members. The Board should consider several factors when determining the appropriate size and composition, including the size of a state's physician population, the composition and functions of board committees, adequate separation of prosecutorial and judicial powers, and the other work of the board described throughout this document. The Board should be of sufficient size to allow for recusals due to conflicts of interest and occasional member absences to avoid concentrating final decisions in the hands of too few members or loss of a quorum.



FSMB Guidelines – Examinations

The Medical Practice Act should provide for the Board's authority to approve an examination(s) of medical knowledge satisfactory to inform the Board's decision to issue a full, unrestricted license to practice medicine and surgery in the jurisdiction.

No individual should receive a license to practice medicine in the jurisdiction unless they have successfully completed all components of an examination(s) identified as satisfactory to the Board:

- The currently administered United States Medical Licensing Examination (USMLE) Steps 1, 2, 3 or Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA) Levels 1, 2, 3; or
- Previously administered examinations, such as the Federation Licensing Examination (FLEX), National Board of Medical Examiners (NBME) Parts or National Board of Osteopathic Medical Examiners (NBOME) Parts; or
- A combination of these examinations identified as acceptable by the Board.



Thank You! Questions?



**U.S. Medical Regulatory Trends &
Actions Report**



**FSMB Policies &
Regulatory Resources**



**Advocacy Network
Newsletter**