Board of Licensure in Medicine - Board of Osteopathic Licensure Workgroup
ZOOM meeting
March 26, 2025
5:31 p.m. – 7:23 p.m.

Board Members Present
Public Member Lynne Weinstein (BOLIM)
Renee Fay-LeBlanc, MD (BOLIM)
Anthony Ng, MD (BOLIM)
Maroulla Gleaton, MD (BOLIM)
Melissa Michaud, PA (BOL)
Public Member Peter Michaud, JD, RN (BOL)
Public Member Dennis Smith, Esq. (BOL)
Public Member Mary-Anne Ponti, RN, DBA (BOL)
John Brewer, DO (BOL)
Christine Munroe, DO (BOL)
Lisa Ryan, DO (BOL)
Paul Vinsel, DO (BOL)

Board Staff Present
Executive Secretary Rachel MacArthur (BOL)
Executive Director Timothy Terranova (BOLIM)
Administrative Assistant Maureen Lathrop (BOLIM)
Paul Smith, MD, Medical Director (BOLIM)
Kelly McLaughlin, Complaint Coordinator (BOLIM)

Legal Counsel Present
AAG Jennifer Willis (BOLIM)
AAG Lisa Wilson (BOL)

Following roll call of board members present, Mr. Terranova gave the workgroup an update on LD805. Following the recent work session, the committee voted the bill unanimously ought not to pass. However, they also instructed that a letter be sent to the boards directing them to continue their work and to present their findings to the committee in January 2026.

Following the February workgroup meeting, the Maine Osteopathic Association, Maine Medical Association, Maine Hospital Association and Maine Academy of Physician Associates were invited to give presentations to the workgroup to identify areas of concern or confusion among their members.

Maine Osteopathic Association (MOA) Presentation - Amanda Mahan, Executive Director, Kathryn Brandt, DO and Isabella Askari, DO

Ms. Mahan indicated that the MOA, as well as the national organization American Osteopathic Association, are in support of a transparent data driven approach to evaluate merger of the two Boards. She shared key areas of concern for the MOA and its members.

1. **Ensuring an Objective & Transparent Study Process**

   Ms. Mahan encouraged the workgroup to involve stakeholders, including licensees and members

of the public, in the study process. A merger of the two boards will have an impact upon licensees and their patients. To ensure transparency, she suggested that agendas, meeting minutes and meeting material be shared. Ms. Mahan also noted that the MOA would be interested in having a formal workgroup member.

2. **Preserving DO Autonomy and Representation**

   Ms. Mahan noted that their members have emphasized the need for equal representation on a merged board to preserve the DO perspective and distinct approach to patient care. Ms. Mahan shared statistics regarding the growth of the osteopathic profession.

3. **Maintaining Profession-Specific Licensing & Disciplinary Standards**

   MOA members have expressed concern that merging the boards must not compromise profession-specific disciplinary standards or evaluation by peers who recognize osteopathic principles and techniques.

4. **Protecting Osteopathic Continuing Education and Standards**

   Ms. Mahan indicated that members have emphasized that osteopathic-specific continuing medical education that aligns with their training must be preserved.

5. **Financial & Operational Efficiency**

   Ms. Mahan noted that the assumption that a merger would improve efficiency must be proven, not presumed. A merger should only proceed if it demonstrably improves efficiency without compromising standards.

In conclusion, Ms. Mahan stated that MOA members recognize that administrative efficiencies could be gained with a single board. However, their overwhelming concerns center on representation, protection of osteopathic practice standards, and the long-term impact of such a significant change.

The MOA is committed to keeping members informed and can gather feedback to share with the workgroup.

Ms. Mahan extended an invitation for BOL leadership to attend the next membership meeting on June 14th.

Dr. Brandt provided a history of how osteopathic physicians had been sidelined in the medical profession.

Dr. Askari indicated that collaboration with stakeholders is key.

Maine Hospital Association (MHA) – Slide Presentation

Due to a conflict, the MHA was unable to have a representative participate in the meeting. The MHA prepared a slide presentation based on a poll of members. The MHA noted the following potential benefits and barriers from a hospital operations perspective:

Potential Benefits:

- Dealing with two boards for provider rules, requirements and reporting instead of three (MD/DO/Nursing)
- More standardization in terms of requirements for licensure
- Alignment with most other states

Potential Barriers:

- All physicians would require 36 months of GME training for licensure

The following potential benefits and barriers from a residency training program perspective were noted:

Potential Benefits:

- Aligns all residents in terms of licensing
- Save time and money by only needing to get training licenses from one board
- Similarly, it assists program directors by only needing one set of rules for residents

Potential Barriers:

- May limit ability of residents to moonlight until after 36 months of training. Currently DO's can moonlight after 12 months of training.

Mr. Terranova clarified that a merger of the boards would not automatically make licensing requirements the same for MDs and DOs. Changes to licensing requirements would involve a change in existing statutes.

Mr. Michaud indicated that the BOL has discussed changing licensing requirements for DOs to require a 36-month residency training program.

Maine Medical Association (MMA) Presentation – Andrew MacLean, CEO, Jim Jarvis, MD, R. Scott Hanson, MD and Anne Sedlack

Mr. MacLean shared that the MMA represents more than 4,000 physicians, residents and medical students in the state – including licensees of both BOLIM and BOL. He indicated that the MMA is neutral on the concept of merging the boards, but did state that a merger may enhance human and financial resources leading to enhanced efficiency and responsiveness as well as more fairness in the complaint, investigation and adjudicatory processes.

Dr. Jarvis discussed the GME process and indicated there is often confusion for physicians and staff who come from out of state and are familiar with only one board.

Dr. Hanson indicated that a merger of the boards may be beneficial to the Medical Professionals Health Program.

Maine Academy of Physician Associates (MEAPA) Presentation – Kathleen Moneghan, PA

Ms. Moneghan stated that MEAPA is supportive of a board merger. Currently having two licensing boards causes confusion for hospitals and health care facilities as well as the public seeking to verify a PA's licensure status. MEAPA can provide information regarding a potential board merger to its members and assist the workgroup by obtaining information helpful to its discussions.

BOLIM – BOL Structure and Processes

Mr. Terranova reviewed a comparison of BOLIM and BOL structures and processes with the workgroup, the majority of which are similar.

The workgroup discussed differences in rules, licensing requirements and review of license applications. Following discussion, workgroup members requested the following information:

Ms. Michaud requested that a copy of BOLIM's jurisprudence exam and study materials be shared with workgroup members. BOL does not require a jurisprudence exam for its licensees.

Dr. Gleaton requested a comparison of BOL's Chapter 16 Prescribing and Treatment of Self and Family Members Rule and BOLIM's guidance on prescribing for or treating self or family.

Workgroup members had a brief discussion regarding the number of licensing applications, complaints and investigations each board reviews monthly. In addition, there was discussion regarding the potential to create separate committees – one to review complaints/investigations and one to conduct adjudicatory hearings with a merged board with more board members.

Mr. Terranova informed the workgroup that the FSMB has a department dedicated to collecting and analyzing data. The FSMB is willing to assist the boards in designing a survey to send to licensees as well as analysis of the data.

Next Steps

The workgroup would like to see BOLIM and BOL budget and financial information at the next meeting.

Board staff will work on creating a fact sheet for review at the next meeting. Fact sheets can be distributed to the associations periodically for distribution to their members.

Board staff will work with IT to add a page to the BOLIM and BOL websites to post information regarding workgroup meetings.

The next workgroup meeting will be held on April 30th beginning at 5:30 p.m.

Adjourn 7:23 pm

MOA Comments on the BOL/BOLIM Workgroup Feasibility Study

March 26, 2025

Good evening, and thank you for the opportunity to speak. I am here on behalf of the **Maine Osteopathic Association (MOA), representing over 400 practicing osteopathic physicians** as well as an ever-growing number of osteopathic medical student members, dedicated to high standards of medical practice, patient care, and public health.

The discussion around merging the **Maine Board of Osteopathic Licensure (BOL) and the Maine Board of Licensure in Medicine (BOLIM)** is not a new one, and it's true that our members—many of whom have long histories in the medical practice environment in Maine—have shared concerns. The MOA and our national partner, the **American Osteopathic Association (AOA)**, support a **transparent, and data-driven approach** that fully evaluates the impact of such a merger before any decisions are made.

Key Concerns & Considerations

1. Ensuring an Objective & Transparent Study Process

This process must be **thorough, data-driven, and free of predetermined conclusions**. Many members fear that this discussion is happening behind closed doors and could lead to a decision that diminishes the distinct role of osteopathic medicine in Maine.

One long-time DO shared, *"We have seen promises of goodwill before, only to find ourselves sidelined. Any commitments to preserving osteopathic representation must be in writing, not just spoken assurances."*

Stakeholders, including licensees and the public, **must have opportunities to engage** throughout the study process to ensure true transparency. While patient protection is the primary role of the licensing boards, we believe strongly that licensees deserve to be a part of considering a merger like this that would affect them along with their patients.

While we have been allowed to attend meetings, this is our first true opportunity to share our input, and we hope it's not the last! **We would love to have a formal representative on the workgroup**, see workgroup meeting minutes, drafts circulated

for public comment, etc in the future to ensure this process is easy to follow for the public.

2. Preserving DO Autonomy & Representation

Our members repeatedly emphasize the need for **equal representation** on any merged board. Without explicit safeguards, there is concern that DO perspectives will be overshadowed.

A member stated, *"One only needs to look at history. The DO voice could be drowned out, and decision-making could become one-sided. This is not paranoia; this is experience."*

DOs have a **distinct approach to patient care** that must be preserved, particularly in regulatory decision-making. And the Osteopathic profession has grown exponentially in the last two decades – with this trend undoubtedly to continue. Now nearly 30% of all medical students are training in osteopathic programs. And in Maine DO licensure applications are increasing; approx. 1 in 5 Maine physicians is a DO (by my figures of the publicly available data) and 25% of family physicians are DOs.

3. Maintaining Profession-Specific Licensing & Disciplinary Standards

Since 1973, the **BOL has ensured that DOs are evaluated by true clinical peers** who understand osteopathic philosophy and practice.

One physician recounted their experience with a complaint, saying: *"I was distressed, but I was reassured knowing that my case would be evaluated by professionals who understood osteopathic principles. This is essential for fair oversight."*

Merging the boards **must not compromise profession-specific disciplinary standards** or the ability to be judged by true peers who recognize osteopathic principles and techniques.

4. Protecting Osteopathic Continuing Education & Standards

Our members emphasize that any changes **must preserve access to osteopathic-specific continuing medical education (CME)** and standards and guidance that align with our unique training.

This is a fundamental issue, as one member put it: *"If we merge, what guarantees do we have that osteopathic education won't slowly disappear?"*

5. Financial & Operational Efficiency

The assumption that a merger would improve efficiency **must be proven, not presumed**. A **merger should only proceed if it demonstrably improves efficiency without compromising standards**.

In General, we see some key operational areas for improvement regarding the BOL (according to feedback we have received):

-Communication (regarding licensure status, applications, complaints, etc), timely posting of information, (Agendas, Meeting links, etc)

-Improvement to communication and fairness for the individual licensee (and their representation) in the complaint and disciplinary process.
-Transparency of board member nominations and appointments (inconsistent information and communication)

MOA's Role in Supporting the Workgroup

MOA is committed to **keeping our members informed and engaged**. We have and will continue to:

- Provide ongoing updates in newsletters and communications.
- Invite BOL leadership to our **Membership Meetings (next is on June 14th** at the Samoset) to engage directly with DOs.
- Host meetings or surveys to **gather DO perspectives and relay them to this workgroup**.

If there are specific aspects of this study that require feedback, **we are more than willing to help facilitate that engagement**.

And as we have stated time and time again, we **welcome the opportunity to be a formal part of this work as a member of the workgroup**.

Conclusion & Recommendations

Our members recognize that administrative efficiencies could be gained with a single board. However, their overwhelming concerns center on **representation, protection of osteopathic practice standards, and the long-term impact of such a significant change**.

For these reasons, we strongly recommend:

1. **Ensuring that licensees and stakeholders have a voice** in the study process.
2. **Guaranteeing DO representation and profession-specific protections** in any proposed changes.

3. **Conducting a comprehensive, impartial evaluation** before any decisions are made.
    - Share public minutes. Share documents for open comment period. Include stakeholders.

As one member succinctly put it: *"If we're going to do this, we must do it right—with transparency, fairness, and a full understanding of the consequences."*

We appreciate the opportunity to contribute to this discussion and look forward to continued collaboration. I welcome any questions or thoughts from the group.

Amanda Mahan, Executive Director
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207-623-1101

Member Feedback for BOL/BOLIM Workgroup

Sally Weiss

March 26, 2025

Hospital Operation Perspectives

Potential Benefits:

- Ease of only having to deal with two boards (Medicine-MD, DO, PA and Nursing--NP) for provider rules, requirements and reporting instead of three.
- More standardization in terms of requirements for licensure
- Alignment with most other states so less confusion when providers and medical staff office staff come from away.

Potential Barriers:

- All physicians would require 36 months of GME training for licensure, so a DO could not be hired with 12-35 months of training as is currently allowed.

Maine Residency Training Program Perspectives

Potential Benefits:

- Aligns all residents in terms of licensing which makes sense as now all GME is accredited by one agency, the ACGME.
- Saves time and money by only needing to get training licenses from one board
- Similarly, it assists program directors by only needing one set of rules for residents
- “I have found both organizations to be approachable and helpful with any questions I have about residents and their licenses, complaints or concerns. But, as with anything, a one-stop-shop is even better. Given accreditation is now all through one entity, it makes sense for licensing too.”

Potential Barriers:

- May limit ability of residents to moonlight until after 36 months of training. Currently DO’s can moonlight after 12 months of training.

Board of Licensure in Medicine & Board of Osteopathic Licensure Procedures

These are general descriptions and do not include exceptions and individual details

Board Structure	Board Structure
• **Chair** • **Secretary** • **6 Physicians** • **3 Public Members** • **2 PAs** • **Meet Monthly (*2nd Tuesday*)**	• **Chair** • Vice Chair • **Secretary** • **6 Physicians** • **3 Public Members** • **2 PAs** • **Meet Monthly (*2nd Thursday*)**
BOLIM Rules	**BOL Rules**
• Chapter 1 – MD Licensure • **Chapter 2 – Physician Assistants** • Chapter 4 – Issuance of Citations • Chapter 5 – Collaborative Drug Therapy Management • **Chapter 10 – Sexual Misconduct** • **Chapter 11 – Telehealth Standards** • **Chapter 12 – Office Based Treatment of Opioid Disorder** • **Chapter 21 – Use of Controlled Substances for Treatment of Pain**	• **Chapter 2 – Physician Assistants** • **Chapter 10 – Sexual Misconduct** • **Chapter 11 – Telehealth Standards** • **Chapter 12 – Office Based Treatment of Opioid Disorder** • Chapter 14 – Continuing Medical Education • Chapter 16 – Prescribing and Treatment of Self and Family Members • Chapter 17 – Gifting • **Chapter 21 – Use of Controlled Substances for Treatment of Pain**
BOLIM Licensing Requirements for MDs	**BOL Licensing Requirements for DOs**
• **Graduate from an accredited medical school or be ECFMG certified** • 36 months of accredited post graduate training (PGT) • **Pass USMLE 1, 2, 3 (time and attempt limits)** • **Active practice within past two years (for clinical licenses)** • Pass the online, open book jurisprudence exam	• **Graduate from an accredited osteopathic medical school** • 12 months of accredited post graduate training (PGT) • **Pass COMLEX 1, 2, 3 tests** • **Active practice within past two years**

For Discussion Purposes Only

BOLIM Licensing Requirements for PAs	BOL Licensing Requirements for PAs
• **Accredited PA school graduation** • **Pass the national exam - PANCE** • **Have current certification with NCCPA** • **Active practice within past two years (for clinical licenses)** • **4,000 hrs of clinical work, or an Employer Agreement to work** • Pass the online, open book jurisprudence exam	• **Accredited PA school graduation** • **Pass the national exam - PANCE** • **Have current certification with NCCPA** • **Active practice within the past two years** • **4,000 hrs of clinical work, or an Employer Agreement to work**
BOLIM Licensing Process	**BOL Licensing Process**
• **Applications are submitted online using the Uniform Application** • **FCVS verifies medical school, PGT and national examination (optional for PAs)** • **Maine's Application Addendum completed on our website** • **Original Affidavit mailed with original notary or** *completed by electronic notarization* • Obtain the names and contact info for three references • **Current Curriculum Vitae** • **Licensing Specialists gather all necessary information and create a packet** • The application packet is reviewed by the Assistant Executive Director • If no issues - approved • If issues - referred to Secretary • Secretary can approve or refer to full Board	• **Applications are submitted online using the Uniform Application** • **FCVS verifies medical school, PGT and national examination (optional for PAs)** • **Maine's Application Addendum completed on our website** • **Original Release Affidavit mailed to us with wet signature & original notary** • Obtain two professional references for those who completed post-grad over a year prior. • **Current Curriculum Vitae** • **Executive Secretary creates a packet** • The Board reviews all applications
BOLIM IMLC	**BOL IMLC**
• **Entered into system and issued**	• **Entered into system and issued**

BOLIM Renewal Requirements	BOL Renewal Requirements
• **Active practice within past two years (for clinical licenses)** • 40 hours of AMA Category 1 CME every two years • **3 hours of opioid related CME every two years,** regardless of prescribing practices • Pass the online, open book jurisprudence exam every 4 years	• **Active practice within past two years** • 100 hours of CME, with 40 of those AOA Category 1 CME every two years • If prescribing, **3 hours of opioid related CME required every two years**
BOLIM Renewal Process	**BOL Renewal Process**
• **Online renewal applications** • **If all requirements met and no yes answers – system renews** • **If not all requirements are met or there are yes answers – individual review by Licensing Specialist** • Licensing Specialist gathers information, creates a packet and refers to Secretary for review • Secretary can approve or refer to full Board	• **Online renewal applications** • **If all requirements met and no yes answers – system renews** • **If not all requirements are met or there are yes answers – individual review by Executive Secretary** • Executive Secretary can approve after consulting with AAG, or refer to full Board
BOLIM Complaint Process	**BOL Complaint Process**
• **Complaint received** • **Entered into ALMS** • **Complaint reviewed by staff to determine what information to request** • **Complainant acknowledged and licensee noticed of complaint (email only)** • **Licensee responds** • **Response shared with the complainant** • Medical records reviewed and bookmarked by Medical Director • Packet assembled for Board review • Placed on the next available board agenda and a Board member is assigned as case reporter	• **Complaint received** • **Entered into ALMS** • **Complaint reviewed by Executive Secretary to determine what information to request** • **Licensee notified by letter, USPS and email; response & medical records requested by subpoena within 30 days** • **Licensee responds, this is shared with complainant via consumer Assistant Specialist, who requests rebuttal if any within 10 days** • After the 10 days has elapsed, the complaint documents are compiled and sent to the licensee/their attorney prior to meeting

• The Board file is shared with the licensee or attorney the Friday before the meeting • The complainant is notified the Friday before the meeting so they have an opportunity to attend • **Complaint is summarized by case reporter at meeting, discussion held, decision made by motion, and voted upon**	• Complainant & licensee are notified the week before the meeting in order to be able to attend if desired • **Complaint is summarized by case reporter at meeting, discussion held, decision made by motion, and voted upon**
BOLIM Assessment and Direction (2505 & 2506 reports)	**BOL 2505 & 2506 Investigations**
• **Report received** • **Requests for additional information from the reporter sent** • **Necessary records obtained** • Medical Director prepares packet • **Placed on the next available Board agenda** • **Board determines whether to file or issue a complaint**	• **Report received** • **Request for additional information from the reporter sent** • **Necessary records obtained** • **Placed on the next Board agenda** • **Board determines whether to file or issue a complaint**
BOLIM Malpractice Panel Process	**BOL Malpractice Panel Process**

• Panel includes:
  ○ Board Secretary
  ○ Medical Director
  ○ AAG
  ○ Executive Director
• Claims reviewed to determine if records are needed and/or the matter needs to go to the full Board before adjudication include:
  ○ Wrongful death
  ○ Wrong site surgery or
  ○ Sexual misconduct
• Settlements and judgements reviewed to determine if records are needed and/or the matter needs to go to the full Board include:
  ○ Incident occurred in the past 10 years
	• No specific panel for this – Either Executive Secretary or full Board handles this
	• Claims reviewed initially by AAG to see if additional info needed
	• Claims reviewed by Executive Secretary to determine if the matter needs to go the Board
	• Judgements/Settlements reviewed by Board to determine if more information is needed, or if action is needed

○ Wrongful death ○ Wrong site surgery ○ Sexual misconduct ○ $500,000 or more ○ 3 or more settlements in the past 10 years ○ $300,000 or more settlement and 1 pending claim	
BOLIM Agenda Workgroup	**BOL**
• The workgroup includes ○ Board Chair ○ Public Member ○ Medical Director ○ AAG • Staff refers cases to the agenda workgroup if, in their opinion, the case is likely to be dismissed by the Board. • If all workgroup members agree with dismissal a motion is written and given to the full Board with the file • If the workgroup is not unanimous, the complaint goes to the full Board according to the regular process	• All complaints are brought to the full Board regardless of the possibility of dismissal.