

**Board of Licensure in Medicine - Board of Osteopathic Licensure  
Workgroup  
ZOOM meeting  
May 28, 2025  
5:32 p.m. – 6:32 p.m.**

**Board Members Present**

Maroulla Gleaton, MD (BOLIM)  
Renee Fay-LeBlanc, MD (BOLIM)  
Lisa Ryan, DO (BOL)  
John Brewer, DO (BOL)  
Public Member Peter Michaud, JD, RN (BOL)  
Paul Vinsel, DO (BOL)

**Board Staff Present**

Assistant Executive Director Valerie Hunt (BOLIM)  
Administrative Assistant Maureen Lathrop (BOLIM)  
Licensing Specialist Savannah Okoronkwo (BOLIM)  
Executive Secretary Rachel MacArthur (BOL)

**Legal Counsel Present**

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

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A roll call of board members present was conducted.

**Discussion**

Amanda Mahan from the Maine Osteopathic Association, Kathryn Brandt, DO, Jodie Herman, DO and Donald McFadden, DO offered comments.

Workgroup members discussed that receiving feedback with specific concerns and issues faced by licensees would be helpful as issues may be solved by statutory structure. For those opposed to merging the two Boards specific reasons and suggestions for mitigating harm would be helpful.

There was discussion regarding the importance of having a Board member trained in Osteopathic Manipulation. There is currently no statutory requirement that a member of the Osteopathic Board be trained in Osteopathic Manipulation. Other Boards do have requirements for specific practices, so that could be included in statute.

Workgroup members discussed concerns that a merged Board would need sufficient representation of specialties to review cases fairly. Members noted that both Boards utilize opportunities to outsource expert reviews when they feel a case is outside of their scope.

Ms. MacArthur offered her comments that the workload is going to become unmanageable at some point, and she needs additional resources.  
The next meeting is June 25<sup>th</sup> at 5:30 pm.

Adjourn 6:32 pm

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STATE OF MAINE

BOARD OF LICENSURE IN MEDICINE

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IN RE: WORKSHOP MEETING

\* \* \* \* \*

This workshop meeting was held virtually via Zoom  
videoconference, pursuant to notice of meeting on May  
28, 2025, beginning at 5:31 p.m.

Court Reporter:	Debra J. Fusco
	Alley & Morrisette Reporting
	207-495-3900

1 (This workshop meeting was held virtually via Zoom  
2 videoconference, pursuant to notice of meeting on May  
3 28, 2025, beginning at 5:31 p.m.)

4 \* \* \* \* \*

5 MS. MACARTHUR: Good evening. My name is  
6 Rachel MacArthur, and I am the Executive Secretary of  
7 the Maine Board of Osteopathic Licensure. With me is  
8 Valerie Hunt, Assistant Executive Director of the Maine  
9 Board of Licensure in Medicine.

10 In accordance with the BOLIM Board Member  
11 Remote Participation Policy adopted by BOLIM on  
12 November 14, 2023, the Board Chair approved all Board  
13 Members to participate remotely for today's meeting of  
14 the Board pursuant to Section 2(F) of that policy.

15 Members of the public may attend the  
16 workgroup meeting in person at the Board's offices in  
17 Augusta. In addition, the meeting is being made  
18 virtually available to the public not attending the  
19 meeting in person through the platform Zoom. A link for  
20 the public to access the meeting virtually was posted on  
21 BOLIM's website. Savannah Okoronkwo is the electronic  
22 operator and host clerk for the virtual portion of the  
23 meeting, and will perform the duties of the meeting  
24 organizer such as muting, un-muting speakers and  
25 controlling what will be displayed visually.

1           It is the Board's sincere hope that all of  
2 those interested in the subject matter of today's  
3 meeting have received notice of the meeting and how to  
4 observe either in person or electronic.

5           I would like to go over some ground rules  
6 for this meeting.

7           One, Board Staff have established the Zoom  
8 meeting to allow public observation only. Members of  
9 the public are asked to mute their lines and turn off  
10 video cameras. The host clerk will force mute lines and  
11 turn off video cameras. Three, the Board meeting will  
12 be conducted with Board Members displayed visually and  
13 un-muted. Four, the use of the chat function will not  
14 be used. To the extent possible, that function has been  
15 disabled for this meeting. Five, for Board Members and  
16 Board Staff who are participating in the meeting, here  
17 are some helpful hints. All phones and cell phones  
18 should be on mute at this time. Thank you. If anybody  
19 requires a bathroom break, please speak up and request a  
20 break in the meeting. Members of the public who are  
21 attending the meeting in person are cautioned not to  
22 speak during the meeting as it may be picked up by the  
23 microphone and unnecessarily disrupt the meeting and/or  
24 the ability of the public to access the meeting  
25 virtually to hear the Board Members. Members of the

1 public who are attending the meeting in person are  
2 cautioned not to approach the Board Members or to engage  
3 them in discussion. Board Members are here today to  
4 conduct the business of the Board, and the Board Staff  
5 is here today to support the Board in conducting its  
6 business. Members of the public who are attending in  
7 person and are having difficulty hearing the discussion  
8 should log onto the Zoom meeting using their personal  
9 devices and listen using headphones. Access to the  
10 Board Staff offices is restricted to Board Staff and  
11 members.

12 The meeting today will follow, as best as  
13 possible, the agenda which will consist of  
14 introductions, public comment, next steps and  
15 adjournment.

16 I will now take a roll call of Board Members  
17 and identify staff presence. When I call your name,  
18 please indicate your presence.

19 For BOLIM Board Members:

20 Maroulla Gleaton.

21 DR. GLEATON: (Indicating.)

22 MS. MACARTHUR: Christopher Ross.

23 MR. ROSS: (Indicating.)

24 MS. MACARTHUR: Holly Fanjoy.

25 DR. FANJOY: (Indicating.)

1 MS. MACARTHUR: Renee Fay-LeBlanc.

2 DR. FAY-LEBLANC: Here.

3 MS. MACARTHUR: I apologize if I  
4 mispronounce anybody's name.

5 David Flaherty.

6 MR. FLAHERTY: (Indicating.)

7 MS. MACARTHUR: Gregory Jamison.

8 MR. JAMISON: (Indicating.)

9 MS. MACARTHUR: Noah Nesin.

10 DR. NESIN: (Indicating.)

11 MS. MACARTHUR: Anthony Ng.

12 DR. NG: (Indicating.)

13 MS. MACARTHUR: Jonathan Sahrbeck.

14 MR. SAHRBECK: (Indicating.)

15 MS. MACARTHUR: Brad Waddell.

16 DR. WADDELL: (Indicating.)

17 MS. MACARTHUR: Lynne Weinstein.

18 MS. WEINSTEIN: (Indicating.)

19 MS. MACARTHUR: All right. Next we have the  
20 BOL, Board of Osteopathic Licensure, Board Members.

21 Christine Munroe.

22 DR. MUNROE: (Indicating.)

23 MS. MACARTHUR: Lisa Ryan.

24 DR. RYAN: Here.

25 MS. MACARTHUR: John Brewer.

1 DR. BREWER: Here.

2 MS. MACARTHUR: Melissa Michaud.

3 MS. MICHAUD: (Indicating.)

4 MS. MACARTHUR: Brian Gillis.

5 DR. GILLIS: (Indicating.)

6 MS. MACARTHUR: Peter Michaud.

7 MR. MICHAUD: Here.

8 MS. MACARTHUR: Gust Stringos.

9 DR. STRINGOS: (Indicating.)

10 MS. MACARTHUR: Paul Vinsel.

11 DR. VINSEL: Here.

12 MS. MACARTHUR: Dennis Smith.

13 MR. SMITH: (Indicating.)

14 MS. MACARTHUR: Mary-Anne Ponti.

15 MS. PONTI: (Indicating.)

16 MS. MACARTHUR: And that's everybody on the

17 Board.

18 We have staff members: Myself, Rachel

19 MacArthur, Executive Secretary. We have Valerie Hunt,

20 the Assistant Executive Director. Kelly McLaughlin is

21 not here. Faith McLaughlin I believe is not here.

22 Nathan Fitts is here. Maureen Lathrop is here.

23 Savannah Okoronkwo is here. And Jennifer Willis, and

24 Lisa Wilson.

25 MS. WILSON: Here.

1 MS. MACARTHUR: Oh, there you are.

2 All right.

3 DR. GLEATON: This is Maroulla Gleaton. I'm  
4 sorry, I found my mute button. I'm here.

5 MS. MACARTHUR: We saw you wave.

6 DR. GLEATON: Thank you. I'll re-mute.

7 MS. MACARTHUR: As indicated, the purpose of  
8 this meeting is to gather public input. The workgroup  
9 hopes all individuals providing comments this evening  
10 have reviewed the previous meeting notes and the FAQ  
11 posted on the Boards' websites. Those individuals on  
12 Zoom wishing to provide comments should raise their  
13 electronic hand. I will call on each person as they  
14 appear on my screen. Once called, please start your  
15 video and un-mute your line. Those individuals  
16 attending the meeting at the Board office can indicate  
17 to staff that they would like to provide comments.

18 Please remember that this is an opportunity  
19 to provide information, but it is not intended to become  
20 a back and forth discussion. Workgroup members will  
21 listen to the comments, and all comments will be  
22 transcribed for members who are not present. The  
23 transcription will also be posted on the Boards'  
24 websites. Depending on the number of people wishing to  
25 provide comments, the workgroup may decide to place a



1 time limit.

2 How many members of the public are currently  
3 on? So there's 21 total people on, including Board  
4 Members, okay. How much time would the workgroup like  
5 to allocate for each speaker?

6 MR. MICHAUD: Do we know how many people  
7 wish to speak?

8 MS. MACARTHUR: I haven't been given any --  
9 I have one e-mail from a PA, and that's it.

10 MS. WILLIS: Maybe we could start with the  
11 raised hands, and get the participant list of folks who  
12 want to participate, and then get that information to  
13 Board Members.

14 MS. MACARTHUR: Yeah. If you're interested  
15 in speaking, giving a comment, if you could raise your  
16 hand, that would be great.

17 MS. WILLIS: And, Deb, my apologies. This  
18 is Jen Willis. I am off camera on the big camera. I am  
19 the Assistant Attorney General for the Board of  
20 Licensure in Medicine, and I was the one who just made  
21 that suggestion. You had asked us to identify  
22 ourselves, so I'm trying to model that behavior.

23 MADAM REPORTER: Thank you.

24 MS. MACARTHUR: So I'm not seeing any hands  
25 raised.

1 MS. HUNT: Hi, this is Valerie Hunt,  
2 Assistant Executive Director. If you are looking for  
3 the option to raise your hand, it is under "react." If  
4 you look at the bottom, there is a heart symbol. And if  
5 you click on that, there is the option to raise hand for  
6 anyone that may not know where that is located.

7 MR. MICHAUD: This is Peter Michaud again.

8 If there are very few people who want to  
9 speak, I'm in favor of giving them pretty much as much  
10 time as they want. If we have a large number of people,  
11 then we would have to restrict the time, but I think we  
12 should err on the side of getting as much input as  
13 possible.

14 MS. MACARTHUR: Agreed.

15 DR. GLEATON: I agree with that. This is  
16 Maroulla Gleaton. I agree with that comment.

17 MS. MACARTHUR: In addition, to allow  
18 everyone a chance to provide information, individuals  
19 will not be allowed a second chance to present this  
20 evening, unless the workgroup agrees to allow it.  
21 However, you can provide content at any time by  
22 e-mailing myself, Rachel MacArthur, or Tim Terranova.  
23 Our e-mail addresses can be found on our websites.

24 Are there any questions from workgroup  
25 members before we begin public comment?

1 (No response.)

2 MS. MACARTHUR: All right. Well, since  
3 there aren't any hands raised, I guess I will read this  
4 e-mail that was sent to myself and Mr. Terranova on  
5 May 27th.

6 "I am writing in strong support of combining  
7 the Board of Licensure in Medicine with the Board of  
8 Osteopathic Licensure. As you may recall, I contacted  
9 the Boards on more than one occasion about the work  
10 challenges I have had since the decision was made to  
11 stop allowing PAs to change supervising boards. I have  
12 been a PA since 2010, first registered with BOLIM, and  
13 later with the Osteopathic Board in 2016 when I changed  
14 roles and had a supervising physician who was a DO.  
15 Consequently, every time a pharmacy or a member of the  
16 general public searches for my license online, they are  
17 directed to the BOLIM site which lists my license as  
18 withdrawn. Readers are not given a reason for the  
19 withdrawal or a redirection to the Osteo Board site  
20 where my license is located. This has led to  
21 significant delays in patient care, and has impacted my  
22 credibility with my patients. My office colleagues are  
23 frustrated with the additional time they need to spend  
24 calling pharmacies and directing them to the correct  
25 site, and we have had to reassure patients of my

1 credentials on multiple occasions. Combining boards  
2 would resolve PA licensure confusion, allowing  
3 pharmacists and the general public to access one site  
4 for licensed confirmation for PAs and removing the  
5 workforce challenges and delays in patient care that the  
6 existing two boards originally created. Thank you."

7 Any commentary on that?

8 MR. MICHAUD: Do we know how many PAs are  
9 licensed by both boards together?

10 MS. MACARTHUR: They're actually not  
11 supposed to be.

12 MR. MICHAUD: No, I don't mean dual  
13 licensure. I mean what is the total number of PAs  
14 licensed in Maine?

15 DR. GLEATON: We should have that number.  
16 BOLIM has that number on their site, I'm sure.

17 MS. HUNT: Yeah, I believe it's a little  
18 under 2,000.

19 MS. MACARTHUR: We have very few. We have  
20 -- I mean maybe a hundred. Very few.

21 MR. MICHAUD: So 2,000, that's an awful lot  
22 of people who would be in the same position as the  
23 person who wrote.

24 DR. GLEATON: Well, they could be.

25 MS. MACARTHUR: If they switched sides, I

1 guess.

2 MR. MICHAUD: If they had switched, yeah.

3 MS. MACARTHUR: We were just, actually  
4 today, working on somebody who ended up applying for a  
5 PA license on both boards, and there was kind of a  
6 paperwork thing that we had to fix.

7 DR. BREWER: Could I just ask, are we aware  
8 of any other PAs that have experienced the same thing,  
9 having difficulty getting recognized as they switched?

10 MS. MACARTHUR: That specific issue, I  
11 haven't had anybody tell me about that type of issue  
12 previously. We do have, often, people who will e-mail  
13 me who need to e-mail them, or vice versa, because  
14 they're on the opposite board of the one that they've  
15 contacted.

16 MS. HUNT: Peter, I have an exact number for  
17 you. So BOLIM currently licenses 1,344 physician  
18 assistants.

19 MR. MICHAUD: Thank you.

20 MS. HUNT: You're welcome.

21 MS. MACARTHUR: Amanda, would you like me to  
22 read this?

23 MS. MAHAN: Hi everybody.

24 I'm happy to speak on behalf of the MOA. We  
25 have a couple board members who are on the call, but

1 they are in the car and are having a little difficulty  
2 coming off of mute.

3           You all have heard from us. I think our  
4 main concerns in this process are really to honor that  
5 we have a lot of members who are concerned about, you  
6 know, the loss of identity of losing a separate board  
7 and just concerned, you know, with maintaining a lot of  
8 the philosophy pieces and a lot of the culture that we  
9 feel is working really well with the Osteopathic Board.  
10 And, you know, the differences in practice are still  
11 real in some cases. So we think it's important for  
12 those to be reflected no matter how we move forward.  
13 Obviously, we recognize that there are some operational  
14 efficiencies, perhaps, and definitely some resource  
15 needs of the Osteopathic Board. So no matter what  
16 happens, I think those things need to be addressed.

17           We have members, again, who write in. I  
18 have a comment from Don Hankinson here who says, "I've  
19 had experience with similar issues, locally and  
20 nationally. Among them, the merger of our beloved  
21 osteopathic hospital with Maine Medical Center, and  
22 they've alerted me to the fact that the amalgamation of  
23 MD and DO organizations seems to often work out to the  
24 detriment of our profession."

25           So, you know, there are some, as I said,

1 concerns. I know we've talked about that quite a bit.  
2 We continue to hear those. And, again, I think we're  
3 all kind of waiting for a substantive, you know, what  
4 would it look like? I think that's what's hard to, you  
5 know, comment on at this point is we don't really know,  
6 and I know that's what this group is working on.

7 So, you know, we're happy to continue to  
8 stay involved. I know that the Board is planning to  
9 come and be at our meeting in two weeks so I appreciate  
10 that, and hope that there's some good member engagement  
11 there.

12 I've also spoken with our affiliate  
13 nationally, the American Osteopathic Association, and  
14 they were not able to be at this call, but they will be  
15 submitting their comments to both boards, so I hope that  
16 those can be received. And we will continue to share  
17 member comments as we get them.

18 MR. MICHAUD: I have two requests of the  
19 MOA, and actually anyone else. One is it would be  
20 really good to have specifics. It's one thing to sit --  
21 to hear a statement that we're concerned about loss of  
22 identity, loss of independence, but how? You know, we  
23 need to grapple with the -- with the concrete,  
24 especially if we're going to go forward and put together  
25 a statutory structure to propose. It's important for us

1 to hear what the problems are specifically, you know?  
2 One person had this happen, another person had that  
3 happen.

4 And my second request is, we would love to  
5 have suggestions from the organizations on what we  
6 should include in a bill because most of us have  
7 never -- you know, with some exceptions, have no  
8 experience in writing statutes. We don't know the  
9 breadth of problems that people have faced that might be  
10 solved by a particular statutory structure, and it would  
11 be a great help for us if we could get that from -- from  
12 the licensees for both boards actually, and the  
13 organizations who represent them.

14 MS. MAHAN: Sure. And I know it was not  
15 something that I was ready, prepared for tonight, but I  
16 have asked a lot of my colleagues around the country for  
17 that feedback, and it's something we're working on  
18 compiling.

19 MR. MICHAUD: Great.

20 MS. MAHAN: So the asks are out there, and  
21 we're looking at what's working in other states, perhaps  
22 what's not working, what things we really want to avoid,  
23 so we're working on that. And I know members are happy  
24 to chime in. Again, I think what's difficult is what  
25 are the questions, and what are -- you know, what are we



1 looking at -- especially for a licensee, right? Looking  
2 at this meeting and saying there's an open comment, I  
3 think that's great, and I appreciate you all for doing  
4 that. I think a lot of folks are looking at it like,  
5 well, what would I say? What do they want to hear?

6 So I think that's helpful, Peter, to say,  
7 you know, let's collect some personal stories of  
8 concrete examples, perhaps, of things that really are --  
9 you know, things we want to avoid. And, yeah, maybe  
10 some substantive -- what would work? What do we think?  
11 Let's put pen to paper. I think that's fair.

12 MR. MICHAUD: We are open to both kinds of  
13 comments. We're open to, we don't want this and here's  
14 why. You know, these are specific reasons why we don't  
15 think it's a good idea. But we're also open to, but if  
16 it -- you know, if it's going in that direction, here's  
17 what we would like to see in order to limit the harm, if  
18 people feel that there's a harm. And I appreciate the  
19 fact that you're putting those things together, and I  
20 look forward to seeing them.

21 MS. MACARTHUR: Maroulla.

22 DR. GLEATON: In followup to Peter's  
23 suggestion, I think it is important to hear what the  
24 concerns are from people. Given, you know, the  
25 increasing difficulties of having better function and

1 efficiency and maybe potentially having a combined  
2 board, I'd like to hear not only what are your concerns,  
3 but what are your solutions to those concerns? What  
4 would you like to see if this was a combined board to  
5 help us go forward in a more positive direction that  
6 might accomplish and meet the needs of people with  
7 concerns.

8 MS. HUNT: I think Dr. Brandt was next,  
9 Kathryn Brandt.

10 DR. BRANDT: Greetings from the Falmouth --  
11 hopefully this will be okay.

12 I do have a couple of --

13 MADAM REPORTER: I'm sorry, Dr. Brandt. I'm  
14 having a hard time hearing you. If you could start  
15 over, please.

16 DR. BRANDT: That's going to be a thing  
17 because of where I am, but I think I could clarify at  
18 least what Dr. Hankinson was alluding to in the concerns  
19 department is there has just been a very long storied  
20 history of mergers resulting in eclipsing, right? So  
21 Maine Medical Center and Brighton, the hospital in  
22 Portland merged, and what that resulted was the closure  
23 of the osteopathic hospital, turning it into a rehab  
24 center. It ranges from things like that to a merger of  
25 the boards of licensure in California, now a long time

1   ago but within memory -- paid \$65 and get MD after their  
2   names, and it took a great deal of effort to return that  
3   identity. So that is the history that people are  
4   experiencing when this comes up in discussion.

5                   And then I think -- so if we start to  
6   envision what -- what a good merger would look like, I  
7   think there would be a lot of reassurances around that  
8   not happening.

9                   On perhaps a more addressable tone, you  
10   know, when this idea was originally presented, we talked  
11   about, you know, the standards of care are the same.  
12   You know, the answer to that is most of the time, but  
13   not all of the time, and there is a pervading  
14   philosophy, and then also the practice of osteopathic  
15   manipulation that have standards that are unique to  
16   osteopathy. So we would need to see an assurance that  
17   if an osteopathic physician is brought to the Board,  
18   that they have a jury of their peers, if you will,  
19   people that understand that culture and that process.

20                   MS. MACARTHUR: Thank you, Dr. Brandt.

21                   MR. MICHAUD: Dr. Brandt, this is Peter  
22   Michaud.

23                   Would you want the jury of their peers  
24   situation to be only DOs hearing a case if a DO is  
25   involved? Because right now, we have DOs, MDs and

1 public members hearing a case where a DO's involved, and  
2 the case for an MD, and I'm wondering how that would  
3 work, how that would look.

4 DR. BRANDT: I think that's something that,  
5 you know, that we would challenge the group to do. I  
6 don't think it necessarily needs to be all DOs, but,  
7 again, it needs to be assurance of who has a voice, and  
8 what sorts of consultations are brought in for the  
9 direct expertise.

10 So I think one of the reasons that the MOA  
11 has talked about wanting to stay involved and have a  
12 voice is to engage in a discussion of, you know, what  
13 would that look like? How many does it take, or is it  
14 -- do you need someone who is certified in neuromuscular  
15 medicine on the board, for example, or something like  
16 that. I think that could be open to discussion.

17 DR. RYAN: Yeah. And, Dr. Brandt, this is  
18 Lisa Ryan, one of the Board Members. I think just  
19 informationally -- and I'm sure -- and somebody on BOLIM  
20 can speak for them, but if we have something that is  
21 presented to us that is sort of out of the area of  
22 expertise of the members of the Board, irregardless of  
23 whether they're a PA or a DO, that's what we do. We  
24 seek the expertise in an area that we don't -- you know,  
25 that we feel like we need more information on. So that

1 happens. Rest assured that happens currently, and I  
2 presume that happens with BOLIM too.

3 DR. BRANDT: We're talking about -- need to  
4 be built-in expertise all the time.

5 MS. MACARTHUR: I'm not sure I got all of  
6 that. Could you repeat that, Dr. Brandt? Utoh. All  
7 right.

8 Maroulla.

9 DR. GLEATON: So what I thought I heard her  
10 say is that she would like to see that kind of expertise  
11 on the Board consistently. And I think the -- first of  
12 all, I agree totally with what Dr. Ryan just said.  
13 That's what we do on BOLIM, just to let you know. It's  
14 almost impossible to have expertise in every area of  
15 medicine, whether we're talking osteopathic specialty  
16 manipulation or specialty care, or we're talking about  
17 ear, nose and throat specific surgical care. You can't  
18 have that kind of person consistently sitting on any  
19 given board at any given moment. And in recognition of  
20 that, we consistently, and often, ask for expertise  
21 reviews where we seek out that kind of person, the  
22 practices in Maine most -- most often, or we seek them  
23 first in the exact same area that we need to have an  
24 expert weigh in on. Certainly we would want osteopathic  
25 physicians to sit on the board -- on the combined board

1 just like we would want allopathic, just like we would  
2 want PAs, just like we would want public members. We're  
3 all equal in voices, and we all respect each other's  
4 opinions, but we often have to have expertise in certain  
5 areas to really do a good job, and we do that  
6 consistently, almost every meeting, more than once.

7 MS. MACARTHUR: We do the same thing. Not  
8 every meeting, but we do that as well.

9 Jodie Hermann.

10 DR. HERMANN: Hi there. Dr. Hermann here,  
11 nice to meet everybody, and thank you for bringing us  
12 in.

13 I could put my video on if you'd like --  
14 there it is, start my own video.

15 So first off, thank you for having us, and  
16 it's just been delightful that -- I can witness that you  
17 guys are taking your assignment seriously.

18 From the osteopathic portion, I'm the  
19 president of the MOA, and Amanda Mahan, who is our  
20 Executive Director, has given you a good amount of  
21 information. And what we've heard in general from our  
22 membership is we just want to make sure we have  
23 osteopathic representation. Could we keep our own  
24 board? That would be, of course, lovely. We do  
25 understand and empathize with the issue of cost and try

1 to, you know, put things together in order to create the  
2 best possible outcome we can for the State. So we --  
3 it's not that we're not seeing that. And, you know, if  
4 it were reversed with -- an allopathic were coming onto  
5 an osteopathic, it's an equitable representation. How  
6 is that going to happen? How does that turn out? So  
7 relative to the topic of discussion of specialties, yes,  
8 OMM is a specialty, but the OPP part that's put into  
9 everything, the Osteopathic Principals and Practice, is  
10 every provider.

11 So the thing I always say to people who are  
12 trying to understand, well, what's a DO? It's really  
13 like we're an MD plus we do these other things, and we  
14 got trained this way. So if I had the opportunity to  
15 create the board, I would say, you know -- whatever the  
16 number is, if we have a total of 12 board members, six  
17 of them can be allopathically trained, six of them can  
18 be osteopathically trained because, in general, that's  
19 going to cover the smear of everything, right? And  
20 then, just like we were saying, if we have a  
21 specialist -- you know, we don't have an ONMM, the  
22 person who's board certified in osteopathic  
23 manipulation. You have a case relative to that, bring  
24 somebody in or make sure somebody's on the board that's  
25 able to do that.

1           What we gathered from the information of the  
2 people within the osteopathic association is pretty much  
3 that in a stronghold, are pretty sensitive to people  
4 just smearing us around -- of course we are. Why?  
5 Because it's happened. Historically it's just happened  
6 all the time. So we are nervous, right? If you drowned  
7 in the bath tub when you were a kid, you get a little  
8 nervous in the lake. That's just the way it happens.

9           So those are some of the big drives. I  
10 think it's helpful if Amanda goes back and takes another  
11 look through relative to the questions you guys have  
12 already previously discussed, which I'm thankful about  
13 that. And I'm happy to be on any kind of, you know,  
14 something something advisory committee or meeting or  
15 whatever in order to help put it together. I know that  
16 you guys have been handed a task again, and I'm thankful  
17 that you're here taking it seriously. And if you need  
18 to reach out to us, myself, Kat Brandt, Amanda Mahan,  
19 we're more than happy to, you know, help you out.

20           Any questions?

21           MS. MACARTHUR: Thank you, Dr. Hermann.

22           DR. HERMANN: Thoughts? Ideas? Okay.

23           I'm assuming I should go dark again?

24           DR. GLEATON: No.

25           DR. HERMANN: Just trying to play by the



1 rules.

2 MR. MICHAUD: Thank you, Dr. Hermann. This  
3 is Peter Michaud. I'll speak for myself. I think it's  
4 extremely important to have members on the board who are  
5 trained in osteopathic manipulative technique generally  
6 because I think that a physician who is trained in OMT  
7 has a stronger grounding in osteopathic principals. And  
8 so I think having at least one member of the Board who  
9 has that training and -- I mean you all get the  
10 training, don't you, during your med school? But, you  
11 know, somebody who not only was trained in med school  
12 but has a real dedication to it, I guess, would be  
13 helpful.

14 DR. HERMANN: I appreciate that, because  
15 that shows insight, and that's absolutely correct. I am  
16 board certified in ONMM, and Kat Brandt is board  
17 certified through the family medicine path, and it does  
18 make a difference. So I agree with you on your  
19 statement.

20 MS. MACARTHUR: Maroulla.

21 DR. GLEATON: So I appreciate these  
22 comments. It might be helpful if I could understand --  
23 I think, you know, when we write up a statute, we can  
24 certainly specify at least one member in an area that  
25 you think is critical to have on a board. I don't think

1     that that would be that difficult to do. One other  
2     thing that I am reminded of and I -- I think this might  
3     even be in our statute that the person has to be a  
4     practicing physician. They can't be somebody who's not  
5     doing the work. So that would take care of somebody  
6     that isn't simply trained in it, but somebody that's  
7     actually working in it because I think that lends a  
8     certain amount of credence and common sense and  
9     practicality to the table that is necessary, especially  
10    when you're judging -- you know, you're gonna judge your  
11    peers, and you're gonna try to work through the  
12    complaints. So that might be something else we would  
13    want to have here. Not somebody that's simply trained,  
14    but somebody that's actually practicing. That's just a  
15    thought on my part.

16                 MS. MACARTHUR: Thank you, Dr. Gleaton.

17                 I've been asked to remind everybody to raise  
18    your hand before turning on your video, please.

19                 DR. FAY-LEBLANC: This is Dr. Fay-LeBlanc.  
20    I just had a question about if the Osteopathic Board now  
21    has something in their statute or bylaws about a  
22    practicing provider with the board certification in  
23    osteopathic manipulation, or if that would be something  
24    that we would want to write in if there was a single  
25    board?

1 MS. MACARTHUR: Go ahead, sorry.

2 MS. WILSON: This is Lisa Wilson, the AAG to  
3 the Osteo Board. Currently, no, there's nothing in the  
4 statute that specifies an -- you know, active  
5 practitioner.

6 MS. WILLIS: And this is Jen Willis, I'm off  
7 camera, I'm sitting next to Valerie so this is me over  
8 here. There's my hand.

9 Just to follow up on that, other boards do  
10 have specific types of practitioners who are identified  
11 in their statute, and that's certainly something that  
12 could be considered, and you could create a list of  
13 appropriate specialties that you thought should be  
14 represented on the board, among the actively engaged  
15 practitioners. Which, Dr. Gleaton, I think that's the  
16 language that you're remembering, and I think is in both  
17 of your statutes right now that a practitioner who's  
18 appointed to the Board has to have actively engaged in  
19 the practice in the preceding five years prior to their  
20 appointment. But there absolutely are models that could  
21 be used to create sort of individualized seats and  
22 identify a practitioner for individual specialties that  
23 this -- that the group and/or the individual boards  
24 thought were really important to represent in a joint  
25 combined board, if that's the direction that the group

1 wants to go.

2 MS. MACARTHUR: All right. I don't have any  
3 hands up, so I'm going to give my two cents.

4 As the only person who runs the paperwork  
5 side, it's going to become unmanageable at some point.  
6 I can pretty much assure you of that. I feel daily like  
7 it's getting a little bit more and more behind me. I  
8 try to keep up but -- I mean I'm working overtime every  
9 -- every week without fail so I do need help. So if the  
10 boards don't come together, then something is going to  
11 have to change anyway on our end, and that's all I have.

12 Dr. Hermann.

13 DR. HERMANN: I think that was a great point  
14 that you just brought up. And relative to the things  
15 that I was saying, it was more physician representation,  
16 but, of course, there's completely that whole other  
17 side, the administrative side, the things that we're  
18 trying to push through, things that our Osteopathic  
19 Board has been discussing -- I'm sorry, the Maine  
20 Osteopathic Board that we've been discussing is how can  
21 you handle the workload? We don't need to overburden  
22 everybody. Is it going to slow everything down? If  
23 somebody gets called to the Board in February, are they  
24 finally gonna show up in January the next year? How is  
25 that process going to look? And I know that's up to the

1 Board in the details of that, but it's requiring funding  
2 and making sure we have the appropriate support because  
3 the other portions we have heard from our members is  
4 that they don't really want it to slow down more.  
5 Somebody had just gone through it, and it was a  
6 six-month ordeal, and they were expressing how much  
7 energy that takes from them as they're trying to live  
8 their life but having this weigh on their shoulders. So  
9 I am assuming that you guys are already looking at that.  
10 And we are, of course, wanting to support whatever the  
11 administrative component of that is in order to make it  
12 facilitate more smoothly but not be overloaded.

13 MS. MACARTHUR: Dr. Gleaton.

14 DR. GLEATON: So maybe we need to hear  
15 because it's been my impression that the Osteopathic  
16 Board from the other members -- I have been at most all  
17 of these meetings. I think I've missed one. And it was  
18 clear to me early on that what I was hearing was the  
19 Osteopathic Board is really overwhelmed, and hasn't been  
20 able to handle. So I think you could look at not  
21 combining these boards, but it sounds like you're going  
22 to have to do something to ramp up your staff so that  
23 you can have the work done in a timely fashion for your  
24 members, which is fine, but that will ultimately mean  
25 more money to be paid by members to be licensed. And I

1 think that's what you're looking at. And we are pretty  
2 efficient on our side. Is it perfect? We would try  
3 hard -- we always try to work hard on our side to do  
4 that, and we would hope that our osteopathic colleagues  
5 have a similar -- and work towards those goals also to  
6 license our licensees the most efficient way possible,  
7 due diligence in handling complaints as efficiently as  
8 we could because it causes people stress and harm not to  
9 do so.

10 MS. MACARTHUR: I do do my best to get these  
11 licenses out as timely as I possibly can. The concern  
12 -- the challenge for me is that it's not just licenses,  
13 it's literally everything, and there's going -- I mean  
14 there's going to be a time when I'm going to miss  
15 something, I'm going to fail somewhere, and I don't want  
16 that to happen. I also feel like -- sorry to take over  
17 like this. I also feel like I don't think I need a  
18 whole lot of help. If the boards did combine -- and I'm  
19 hearing a little bit of it sounds like some may think  
20 the MD board is going take the DO board, and that's just  
21 not going to happen, it's going to be an equal thing.  
22 If I have help with the other things like contracts and  
23 things that Maureen helps me with so much, I think I  
24 could do the DO board -- most of it myself. So -- yeah,  
25 that's what I've got.

1 Dr. Hermann.

2 DR. HERMANN: Hi. Yeah, and thank you for  
3 sharing that. I have not seen the stat -- I have not  
4 seen the statistic sheets nor the money flow sheets, but  
5 as far as I understand, we get much less funding for the  
6 Osteopathic Board relative to help, et cetera. So I  
7 know that's one reason why she's feeling overwhelmed and  
8 it's just we don't have any money to buy -- to give  
9 somebody another job to help her out. So in that --  
10 again, I see the financial purpose, and the way it would  
11 streamline a lot of things and, you know, I feel  
12 terrible that she's under water. And we had this person  
13 who had been a physician for decades. I could -- that's  
14 just somebody being in their position for a long period  
15 of time. So it's finance also that's hurting the  
16 ability for the job to get done.

17 I'm going to be quiet. I think Amanda  
18 probably has some good information.

19 MS. MACARTHUR: Amanda, go ahead.

20 MS. MAHAN: Oh, sorry. Not able to put the  
21 video on, I guess.

22 I just wanted to chime in as someone who's  
23 watched the Osteopathic Board for many years. I've been  
24 at this, I think, about nine years now. It's a lot of  
25 work to do what Rachel does so I do want to acknowledge

1     that, and thank her for sticking with it. We sort of  
2     have known this cliff is coming and, in fact, some of us  
3     have raised the resource issue several times. Rachel  
4     should have more help, a hundred percent, that is what  
5     we all agree. We want a well-resourced board that works  
6     efficiently. I think just to make that clear, we do not  
7     want to stand in the way of a board that works, and a  
8     board that gets complaints seen efficiently, fairly,  
9     equitably -- people get back to practicing, hopefully,  
10    the way that we all want.

11                 So I just want to acknowledge that, and  
12    acknowledge to Rachel that it is a ton of work to do  
13    alone, and we would love to see you get the help that  
14    you need in order to maintain the efficiencies. But,  
15    you know, as Dr. Hermann said, we do notice the boards  
16    are differently resourced, and so that is part of the  
17    equation that -- it just has to get solved. Whether or  
18    not this is the answer, that has to get solved. So I  
19    don't have much more to say on that. I just want to  
20    thank Rachel, again, for sticking it out and, you know,  
21    say that we all agree on that. Let's get you some help,  
22    and let's make sure that it can run efficiently.

23                 MS. MACARTHUR: I don't have any other hands  
24    up. All right -- oh, Dr. Ryan.

25                 DR. RYAN: Thanks, Rachel.



1                   Have we gotten, other than that one  
2 physician assistant comment, do you know if BOLIM or if  
3 you have gotten any other kind of written comments?

4                   MS. MACARTHUR: I have only gotten this one.  
5 If nobody else -- oh, Dr. McFadden.

6                   Dr. McFadden? No?

7                   MS. HUNT: It looked like a clap, not a hand  
8 raise.

9                   MS. MACARTHUR: It did, it looked like a hi.  
10 Okay, all right.

11                   Next on the agenda is next steps.

12                   MS. HUNT: The meeting invitations have been  
13 sent out for the July meeting -- the June meeting. I'm  
14 jumping ahead of myself.

15                   MS. MACARTHUR: All right.

16                   MS. OKORONKWO: Hi, this is Savannah  
17 Okoronkwo. I'm also off camera, and it looks like we  
18 have Donald --

19                   DR. MCFADDEN: Hi. I'm a retired  
20 osteopathic anesthesiologist currently living in  
21 Florida.

22                   When I was practicing in Maine, this issue  
23 came up several times, and it became a legislative  
24 issue. I think we should walk very closely here because  
25 at this time, there are no osteopathic hospitals in

1 Maine, there are a lot of osteopathic physicians, and  
2 this can become a legislative issue which we would have  
3 no control over. That's all I have to say.

4 MS. MACARTHUR: Thank you, Dr. McFadden.

5 Dr. Ryan, did you have something?

6 DR. RYAN: In terms of next step kinds of  
7 things, you know, I will be attending -- I will be at  
8 the business meeting at the MOA conference on June 14th.  
9 So we are -- I mean our meeting -- our board will meet  
10 right before that meeting. So, you know, I would  
11 encourage Amanda, you know, certainly any comments or  
12 any -- and Dr. Hermann and Dr. Brandt, you know, any  
13 stories, anything that you have, you know, to share with  
14 me before that time or -- I think I would like to field,  
15 you know, kind of concerns and questions from the  
16 audience that day, but certainly if there's anything  
17 that you can get, you know, to Rachel who can get to me  
18 beforehand, that would be great, and I look forward to  
19 kind of seeing you all in person there.

20 MS. HUNT: And then next -- oh, go ahead.

21 MS. MACARTHUR: Dr. Brewer. Oh, you're  
22 muted.

23 DR. BREWER: Okay, sorry, thank you. I  
24 appreciate it. Can you hear me now?

25 MS. MACARTHUR: Yes.

1 DR. BREWER: Okay, thanks.

2 So a couple of things. Several of the  
3 speakers had made mention about parity on the boards,  
4 and on the fact answer/question sheet that we had -- one  
5 of the ideas that was put forth was having an equal  
6 number of MDs and DOs on a combined board. So we  
7 definitely are sensitive to that, and we're looking at  
8 that. And although that's too early to make any kind of  
9 a motion towards that direction because we really don't  
10 know what we're working with yet, that definitely was  
11 part of the ballgame, to make sure that there's parity  
12 with both of the professions and they're equally  
13 represented. So some of the fears -- and I absolutely  
14 can appreciate those, having -- being one of the senior  
15 members here, can appreciate the angst from prior  
16 confrontations that we had well in the past. So that  
17 issue of parity and equality and having an equal say at  
18 the table is obviously a very important one.

19 Amanda or Dr. Hermann, I wanted to ask you,  
20 do we have or do you have any sort of a feel, a straw  
21 pull, if you will, about how many members are feeling,  
22 you know, personal, you know, issues about doing a  
23 combination board, and what their reasons are? And do  
24 we have any numbers at all that we're looking at with  
25 regards to the entire organization? Anything like that

1 at all? That was my couple of questions, thanks.

2 MS. MAHAN: Dr. Brewer, I'm hesitating to  
3 respond because I don't really have a good answer for  
4 you. We haven't taken a straw pull, as you say. It's  
5 been discussed, and certainly we could, but, you know,  
6 we've heard from dozens of members who have strong  
7 feelings, but it's hard to say if that's the true  
8 feeling of the group. So that's sort of -- that's what  
9 we have. So we have some anecdotes, but we haven't  
10 taken a poll, and that could be a conversation for sure.

11 I would love to ask a clarifying question,  
12 if I could, in response to Dr. Ryan's comments about --  
13 I know the board meeting for the Osteopathic Board is on  
14 the 12th. I will be at the Samoset on the 12th. I'm  
15 just a little bit confused on the workings of this  
16 group, if there's a vote that's going to be taken or if  
17 there's a time limit, responses need to come in before  
18 that time? I'm wondering what does that mean for us?

19 MS. HUNT: Is that taking place in July?

20 MS. MACARTHUR: What's that?

21 MS. HUNT: The vote.

22 MS. MACARTHUR: Oh, I don't know about that.

23 MS. HUNT: For July, the July meeting.

24 MS. MACARTHUR: So apparently there's a vote  
25 in July?

1 MS. HUNT: I believe each board is going to  
2 bring that to their board meeting, but we do have a  
3 meeting in June that is scheduled for June 25th at 5:30  
4 in which I'm sure that that will be discussed.

5 MS. MACARTHUR: That must be something from  
6 the last meeting that I missed.

7 Dr. Ryan.

8 DR. RYAN: Yeah. I mean I think, Amanda,  
9 just for clarification, we're not having any vote or  
10 making, you know, any recommendations for our June  
11 meeting. I think we really wanted to be present at the  
12 -- at the MOA meeting and kind of get more feedback and  
13 more information, you know, from the organization and  
14 from members who are in attendance. We don't have a  
15 set, you know, agenda. I'm just sort of speaking as  
16 vice chair of the Board because our chair isn't here.  
17 We don't have any set time frame. You know, I think  
18 that, you know, from BOLIM and from our perspective, you  
19 know, if we make a decision that we want to move forward  
20 with a recommendation to merge the boards, somewhat akin  
21 to what Dr. McFadden was alluding to, we feel that we  
22 need to present -- if we choose that path, then we need  
23 to present what that is going to look like so that we're  
24 not -- so that we are sort of driving the ship, if you  
25 will, and not letting the legislature kind of make a

1 decision of what that combined board would look like.  
2 So we're thinking that in order to meet our deadlines,  
3 you know, we have to start really asking both boards the  
4 questions of, do we want to move forward with that, or  
5 do we want to remain two separate boards, and looking  
6 that we need to do that sometime probably, you know, by  
7 the end of this summer.

8 MS. MAHAN: Thank you, that's helpful.

9 MS. MACARTHUR: Peter, go ahead.

10 MR. MICHAUD: It's sort of an odd question  
11 how we move forward because it's hard to know if this  
12 group generally thinks merger is a good idea without  
13 having a merger structure to look at. So I don't think  
14 we can vote yes, we recommend merger. I guess if we say  
15 no, we don't recommend merger, then it stops there. But  
16 I think the first indication of the sense of this  
17 workgroup should be something more like -- well, kind of  
18 like a probable cause hearing in a legal situation where  
19 we think we have enough information, enough impetus to  
20 move in that general direction in order to start  
21 drafting something to see what a merged structure will  
22 look like. And then, as we work on the structure, as we  
23 work on specific language, I think issues will come up  
24 as to whether it really is a good idea or not. And, you  
25 know, we may see problems halfway through the drafting

1 process that we're not seeing now, or we may get halfway  
2 through the drafting process and feel like, you know,  
3 this is an even better idea than I thought two months  
4 ago. So I'd like to see us sort of start with just  
5 getting a sense of whether we ought to work on drafting,  
6 and then moving into the drafting process, rather than  
7 taking a vote as to whether we think merger is good or  
8 merger is bad.

9 MS. MACARTHUR: Thank you, Mr. Michaud.

10 All right.

11 So the next meeting is June -- I'm sorry --  
12 25th was it?

13 MS. HUNT: Yes, June 25th at 5:30. Just a  
14 reminder that all of the documents will be on the BOLIM  
15 website, and I believe on the Osteo website as well.

16 MS. MACARTHUR: Yes, it will link to the  
17 same page.

18 All right. Do we have to vote for  
19 adjournment?

20 MS. LATHROP: No.

21 MS. MACARTHUR: No? Okay.

22 DR. GLEATON: If we are in a meeting and  
23 it's a public meeting and you started it, let's just  
24 make sure a motion to adjourn, okay?

25 (Motion made.)

1 DR. RYAN: It was seconded by Dr.  
2 Fay-LeBlanc.

3 DR. GLEATON: Everybody in favor, raise your  
4 hand or say something.

5 (Members Indicating.)

6 Anybody opposed?

7 Okay. Have a great weekend and day.

8 DR. RYAN: Thank you everybody.

9 DR. BREWER: Thank you all. Thanks for your  
10 comments.

11 (Whereupon, the above-named meeting was adjourned at  
12 6:31 p.m.)

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**CERTIFICATE**

I, Debra J. Fusco, a Notary Public in and for the State of Maine, hereby certify that on the 28th day of May, 2025, that the foregoing is a true and accurate record as taken by me by means of computer-aided machine shorthand.

I further certify that I am a disinterested person in the event or outcome of the aforementioned cause of action.

IN WITNESS WHEREOF, I have hereunto set my hand this 28th day of May, 2025.

-----  
Debra J. Fusco

Court Reporter/Notary Public

My Commission expires: February 23, 2030

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May 27, 2025

Dear Mr. Terranova and Ms. MacArthur,

I am writing in strong support of combining the Board of Licensure in Medicine with the Board of Osteopathic Licensure.

As you may recall, I contacted the Boards on more than one occasion about the work challenges I have had since the decision was made to stop allowing PAs to change supervising boards. I have been a PA since 2010, first registered with BOLIM and later with the Osteopathic Board in 2016 when I changed roles and had a supervising physician who was a DO. Consequently, every time a pharmacy or a member of the general public searches for my license on-line, they are directed to the BOLIM site which lists my license as "withdrawn." Readers are not given reason for the withdrawal or easy redirection to the osteopathic board site where my license is located. *This has led to significant delays in patient care and has impacted my credibility with my patients.* My office colleagues are frustrated with the additional time they need to spend calling pharmacies and directing them to the correct site, and we have had to reassure patients of my credentials on multiple occasions.

Combining boards would resolve PA licensure confusion, allowing pharmacists and the general public to access one site for license confirmation for PAs, and removing the workforce challenges and delays in patient care that the existing two boards originally created.

Thank you.

Gretchen Preneta PA-C



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**TO:** Members of the Maine Board of Licensure in Medicine and the Maine Board of Osteopathic Licensure

**FROM:** American Osteopathic Association

**DATE:** May 28, 2025

**SUBJECT:** Combined MD/DO/PA Board Feasibility Study Workgroup

On behalf of the American Osteopathic Association (AOA) and the more than 197,000 osteopathic physicians (DOs) and medical students (OMSs) we represent nationwide, we thank the Maine Board of Licensure in Medicine and the Maine Board of Osteopathic Licensure (Boards) for this opportunity to provide feedback regarding the combined MD/DO/PA Board Feasibility Study Workgroup.

**The AOA shares the position of the Maine Osteopathic Association in support of the continued, *independent* existence of the allopathic (MD) and DO Boards, for the following reasons:**

All DOs and MDs complete the same basic medical school education; however, DOs **additionally** receive **several hundred hours of training in osteopathic principles and practice** that MDs traditionally do not receive. This training allows them to provide hands-on treatment (known as osteopathic manipulative treatment, or OMT) to their patients, and approach their care from a holistic perspective that takes into account mind, body, and spirit. Their approach also focuses on the body's innate ability to restore itself to wellness.

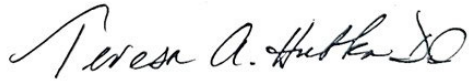
This unique osteopathic philosophy is woven throughout osteopathic medical education and training, and osteopathic competencies are assessed via the DO licensing exam series, the Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA). From a licensing and disciplinary perspective, DO boards are also uniquely well-suited to assess the competencies and qualifications of other DOs, thereby facilitating the entry and ongoing practice of qualified DOs within the community, which benefits patients.

In Maine, the Board of Osteopathic Licensure (BOL) has been safely and efficiently serving DOs and their patients since its establishment in 1973. It is **entirely self-sustaining** through application fees and fines, and does not require any money from the state to operate. Further, the BOL personally reviews each application for licensure to ensure that applicants meet the highest standards of patient care and professionalism—a safeguard that is not guaranteed should the boards be combined.

For these reasons, the AOA maintains its position that there is insufficient justification regarding the need for a feasibility study to combine the boards, which disregards the efficient and efficient functioning of the BOL. The AOA supports patient choice in medical care, and believes that separate boards play a critical role in ensuring that patients are able to continue to choose safe, high-quality medical care from either a DO or an MD.

Should you have any questions or require additional information, please feel free to contact Raine Richards, JD, AOA Vice President of State and International Affairs, at [rrichards@osteopathic.org](mailto:rrichards@osteopathic.org).

Sincerely,

A handwritten signature in black ink, reading "Teresa A. Hubka, DO". The signature is fluid and cursive, with the "DO" at the end being more distinct.

Teresa A. Hubka, DO, FACOOG  
President, AOA

CC: Robert Piccinini, DO, President-elect, AOA  
Bruce Wolf, DO, Chair, Department of Governmental Affairs, AOA  
J. Michael Wieting, DO, Chair, Council on State Health Affairs, AOA  
Kathleen Creason, MBA, Chief Executive Officer, AOA  
Raine Richards, JD, Vice President, State and International Affairs, AOA

## Terranova, Tim E

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**From:** Amanda Mahan <amahan@mainedo.org>  
**Sent:** Wednesday, May 28, 2025 5:36 PM  
**To:** MacArthur, Rachel; Terranova, Tim E  
**Subject:** Fwd: News from the MOA: Licensing Board Merger Open Comment TONIGHT 5/28, Congrats 2025 Grads, ME Section ACOG Meeting & CME at MOA Convention

**EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.**

Hi Rachel & Tim,

Just FYI I wanted to share a comment I received from a member who was not able to join tonight's meeting. Similarly, you should expect written comments from our national affiliate the American Osteopathic Association from Raine Richards, who was also unable to join live.

Many Thanks,  
Amanda

**Amanda Mahan**  
Executive Director  
Maine Osteopathic Association  
Phone: [207-623-1101](tel:207-623-1101)  
Website: [www.mainedo.org](http://www.mainedo.org)



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----- Forwarded message -----

**From:** [REDACTED]  
**Date:** Wed, May 28, 2025 at 4:34 PM  
**Subject:** Re: News from the MOA: Licensing Board Merger Open Comment TONIGHT 5/28, Congrats 2025

Grads, ME Section ACOG Meeting & CME at MOA Convention

To: Maine Osteopathic Association <[office@mainedo.org](mailto:office@mainedo.org)>

Thank you for the FYI on the pending question of merging the MOA & MMA licensing boards. I cannot be at the meeting this evening, but I would like to share a thought with you.

Given that I have had no personal participation on or with these boards, I admit that my comments lack that degree of authenticity which only experience can ascribe. Still, I want to urge a sense of caution to those considering this change,

I have had some experience with similar issues, both locally and nationally, among them the "merger" of our beloved OHM with MMC. And they have alerted me to the fact that the amalgamation of MD & DO organizations, seems to often work out to the detriment of our profession.

These words I share with you are from my heart and are spoken with a deep and abiding respect for all of you who volunteer your precious time to serve the people of Maine and our profession. I am grateful for your service and trust your best intentions. It is from a similar sense of responsibility to honor, cherish, and preserve what is of precious value in our profession for the healing of our neighbor's suffering, that I speak.

Respectfully, d

Donald V Hankinson, DO  
Explorations in The Science of Osteopathy  
12 Maxwell Woods Drive  
Cape Elizabeth, ME 04107  
207-232-4410

On Wednesday, May 28, 2025 at 03:24:32 PM EDT, Maine Osteopathic Association <[office@mainedo.org](mailto:office@mainedo.org)> wrote:



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***Welcome to your MOA E-News***

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- **MOA News:**

- **The 114th MOA Convention is coming soon! Join us in person at the Samoset or online for 20+ CE details & to register.**

## Summary of MOA Survey Feedback: Proposed Maine Licensing Board Merger

The Maine Osteopathic Association (MOA) recently [surveyed](#) licensed DOs across the state to gather feedback on the potential merger of the state's two physician licensing boards. Respondents shared their concerns, hopes, and experiences related to the [BOLIM/BOL Workgroup](#).

In the short one week response window, there were 27 individual responses, with input shared either via the survey link or to MOA staff via email. All response data can be found [here](#).

### Key Themes from Responses

#### 1. Strong Concern Over Loss of Osteopathic Identity

- Many DOs expressed deep concern that a merged board could lead to the dilution—or loss—of the osteopathic profession's identity in Maine.
- Some described the merger as a “death knell” for osteopathic medicine if not structured with safeguards for DO representation.

#### 2. Broad Support for Maintaining Distinct Representation

- Nearly all respondents emphasized that maintaining strong, distinct osteopathic representation is **very important**.
- Suggestions included:
  - Guaranteed DO seats on any merged board
  - Separate review processes for complaints against DOs
  - Recognition of the osteopathic philosophy and training in all regulatory functions

#### 3. Value of the Existing BOL

- Several respondents noted positive experiences with the current Maine Board of Osteopathic Licensure, citing accessibility and understanding of osteopathic practice.
- Concerns were raised about being absorbed into a system that may be more bureaucratic or less responsive to DO-specific concerns.

#### **4. Lack of Confidence in Rationale for Merger**

- Some respondents questioned the motives behind the proposed merger, suggesting it may have been initiated without sufficient input from DOs.
- Others noted the absence of clear evidence that a merger would lead to cost savings or improved efficiency.

#### **5. Limited Experience with Other State Boards**

- Most respondents indicated they did not have experience with other state licensing boards, but still emphasized the importance of preserving osteopathic oversight.
- One suggested that “The AOA Osteopathic Board of Medical Examiners (NBOME) is an excellent source for information and guidance.”

#### **Individual Feedback Highlights**

- One respondent noted: *“Maintenance of our own licensing board is CRITICAL to the survival of osteopathy in Maine.”*
  - Another shared: *“Very important. Having a dual board is another example of how DOs are treated as equals—but separate. That distinction matters.”*
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**Terranova, Tim E**

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**From:** Jacey Goddard [REDACTED]  
**Sent:** Monday, June 9, 2025 8:01 PM  
**To:** Terranova, Tim E  
**Subject:** Licensing Board

**EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.**

I wanted to directly express my significant concerns about anything that would threaten the distinct Osteopathic Licensing Board representing the licensing of Maine Osteopathic Physicians. Allopathic Physicians do not have sufficient training to adequately oversee osteopathic standard of care. Thank you for your efforts on our behalf and please reach out if you need anything from me.  
Sincerely  
Jacey Goddard, DO

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**MacArthur, Rachel**

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**From:** Judith Aldrich [REDACTED]  
**Sent:** Monday, June 9, 2025 8:20 PM  
**To:** PFR, Osteo  
**Subject:** DO license merger

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi,

I'm an osteopathic physicians who's father was also an osteopathic physicians.

I prefer having a separate license.

I did have a MA medical license and found as did other osteopathic physicians that the licensing Board unfairly delays licenses to osteopathic physicians.

We are osteopathic physicians and I absolutely want our own separate licensing board.

Judith Aldrich, DO

Sent from my iPad

## Terranova, Tim E

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**From:** JohnB [REDACTED] >  
**Sent:** Tuesday, June 17, 2025 8:03 AM  
**To:** Ryan, Lisa  
**Cc:** MacArthur, Rachel; Terranova, Tim E; Dr. Christine Munroe  
**Subject:** Re: Work Group Meeting

**EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.**

Lisa, thanks so much for donating your time to represent the Boards' group. Really appreciated. Your questions echo info and concerns I/others have had too. Great if Tim/ Rachel can shed light on that for next meeting. Thanks again, and also for leading the meeting last week! JB  
Sent from da Brew's iPhone

On Jun 17, 2025, at 7:47 AM, Ryan, DO, Lisa D [REDACTED] wrote:

. Rachel and Tim,

I spoke about the work group process at the MOA meeting last weekend and then had lunch with MOA and AOA leadership. There were questions raised that unfortunately I could not answer with regards to the behind the scenes and governmental aspect of the Boards. They also had questions about "how much it would cost" to adequately staff the BOM so that we could remain independent. Not sure if it is possible to look at what that cost would be and how that would affect the licensing fees for DO's. Is that something you both could provide for us?

Thanks and see you next week,

Lisa