

Board of Licensure in Medicine - Board of Osteopathic Licensure
Workgroup
ZOOM meeting
June 25, 2025
5:31 p.m. – 6:49 p.m.

Board Members Present

Public Member Lynne Weinstein (BOLIM)
Renée Fay-LeBlanc, MD (BOLIM)
Public Member Peter Michaud, JD, RN (BOL)
Melissa Michaud, PA (BOL)
Public Member Dennis Smith, Esq. (BOL)
Public Member Mary-Anne Ponti, RN, DBA (BOL)
John Brewer, DO (BOL)
Christine Munroe, DO (BOL)
Paul Vinsel, DO (BOL)

Board Staff Present

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

Legal Counsel Present

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

A roll call of board members present was conducted.

Discussion

Mr. Terranova asked the workgroup for feedback regarding public comments received. Workgroup members noted that there was a high level of concern expressed in the letters regarding the risks of merging the Boards and reference to the merger of Boards in California many years ago. However, the issue in California is not applicable to the current situation or present-day relationship between MDs and DOs.

Mr. Terranova addressed a concern expressed at the May meeting that the BOL did not receive equal funding. The Boards are financed through licensing fees. BOLIM has approximately four times as many licensees as BOL and therefore generates more revenue.

Workgroup members asked about experiences in other states following Board mergers. Mr. Terranova indicated that he and Ms. MacArthur had recently spoken with Executive Directors of other Boards and the feedback was positive - it is easier because both professions follow the same rules and standards.

Mr. Michaud noted that he recently spoke with members from the New Mexico Board and received positive feedback. Initially there were some administrative difficulties, but in terms of operation the comments were positive.

Mr. Smith stated that he attended the recent Maine Osteopathic Association conference. Dr. Ryan gave

a presentation to reassure members that the workgroup is studying the feasibility of merging the Boards to report to the legislature. The American Osteopathic Association opposes a merger and opposition to a merger in Nevada was successful.

Mr. Smith said that there is a fundamental misunderstanding about the mission of the Boards and a lack of knowledge of how the Boards operate. The Boards are state agencies tasked with protecting the public. He also noted that if the Boards were to merge it would be the end of BOLIM as it has been since 1895. Both BOLIM and BOL would experience changes.

The workgroup reviewed a document prepared by Mr. Smith detailing Ms. MacArthur's responsibilities as the Executive Secretary for the BOL as well as a document illustrating how those same responsibilities are divided among ten staff members at BOLIM.

The workgroup also reviewed charts prepared by BOLIM and BOL showing the increase in the number of licensees over the past ten years. The workgroup discussed that as the number of licensees continues to grow proportionately more staff are needed to complete the work. Mr. Smith asked about the possibility of estimating the cost to staff the BOL based on the current number of licensees and a minimum of four staff members – how much would licensing fees need to increase to create and fund the additional staff positions. He stated that it is important to show stakeholders that the workgroup is listening to concerns and investigating.

BOL workgroup members discussed the size of the documents received for each Board meeting – 12,000 pages – and noted the tremendous amount of reading and preparation required for each meeting. Concerns about the potential for missing important details were discussed. BOL workgroup members expressed that Ms. MacArthur undertakes a monumental task with the current workload. Ms. MacArthur commented that she is concerned about the potential for missing something important. BOL workgroup members noted the importance of having a medical director to guide staff during the complaint process and to organize records for review by Board members.

The workgroup questioned if the current BOLIM medical director would be able to handle the additional workload if the Boards merged. This issue will need to be reviewed if the Boards move forward with a merger.

There was brief discussion about the composition of a merged Board with an equal number of MDs and DOs and committees to review complaints and conduct hearings.

Mr. Terranova asked if the workgroup members feel discussions are at the stage to take information back to the respective Boards for consideration at the July meetings to vote either to continue moving forward and create a document with specific details of what a merged board would look like and how it would operate or determine that a merger is not feasible. Workgroup members from both Boards agreed that it was time to bring the issue to the Boards for discussion.

Mr. Terranova provided an email comment from Dr. Riley and asked if any member of the public wished to make a comment. No public comment made.

The next meeting is July 23rd at 5:30 p.m.

Adjourn 6:49

Rachel MacArthur: Duties & Responsibilities

- General
 - Primary contact for all communications to the Board of Osteopathic Licensure
 - Telephone
 - Email
 - Written Communications
 - Is BOL's FOAA Contact (acknowledge receipt of request within 5 days, provide a time and costs estimate, research and locate records, coordinate with BOL's Assistant Attorney General regarding any redactions, collection of any fees, provide the requested documents, provide yearly report to the Maine FOAA Ombudsman)
 - Is BOL's Public Records Officer – responsible for maintaining BOL's records in accordance with State Archive retention schedules
 - Is required to complete mandated training in order to access Criminal Records History Information
 - Is required to register an account with the National Practitioner Data Bank and undergo training and orientation in order to ensure timely and appropriate reporting of adverse actions
 - Responds to/Coordinates with:
 - The PFR Commissioner's Office
 - State agencies (i.e. licensing boards, Office of Attorney General, DHHS Licensing, State Bureau of Identification)
 - Federal agencies (i.e. DEA, DOJ)
 - The Federation of State Medical Boards
 - The Federation Credentials Verification Service
 - Administrators in Medicine
 - Medical Professionals Health Program (of the MMA) – to include attendance at quarterly meetings and coordination regarding licensees being actively monitored by MPHP
 - Maine Osteopathic Association
 - Maine Medical Association
 - Maine Medical Facilities (private practices and hospital systems)
 - National Practitioner Data Bank
 - Responsible for maintaining and updating the BOL website
 - Responsible for ordering all office supplies
 - Responsible for creating and managing BOL contracts with vendors who provide services to the BOL (expert witnesses, hearing officers, etc.)

- Responsible for managing BOL's finances, including but not limited to payment of invoices for rent, supplies, expert witnesses and reviews, hearing officers, and payment of BOL members
- Responsible for coordinating with Maine OIT regarding the Agency Licensing Management System (ALMS), including any issues, updates.
- Responsible for supervising the Consumer Assistant Specialist
- Responsible for staffing, providing public notice of Board meetings, and creating and maintaining the minutes of Board meetings
- Licensing
 - Responsible for processing all applications for initial licensure, including the following tasks:
 - Receipt of all applications
 - Receipt and processing of all application fees
 - For EACH original license application perform the following:
 - Communicate with the applicant regarding outstanding requirements or documentation needed
 - Review Uniform Application for completeness
 - Review Maine Application Addendum for completeness
 - Obtain National exam Scores
 - Run a report for the applicant in the FCVS Physician Data Center (PDC) to determine where the applicant is or has been licensed and or has been disciplined
 - If an applicant has a disciplinary action in another jurisdiction, obtain copies of any documentation related to that action (either by downloading from the agency's website or contacting the agency and requesting the records)
 - Run a report for the applicant in the National Practitioner data Bank (NPDB) to determine if the applicant has had any medical malpractice settlements, discipline or adverse action by a licensing board, or the suspension, revocation or privileges or employment related to unprofessional conduct or incompetent practice
 - Ensure receipt of two professional references, when required
 - Assemble an electronic application file using Adobe Acrobat Pro that includes:
 - The affidavit
 - The applicant information
 - The Uniform Application and Maine Application Addendum
 - School Certification of the applicant's attendance and successful completion

- School transcripts
 - Verification of Identity Documentation (i.e. license, birth certificate, passport)
 - Verification of Completion of Postgraduate Training from the PGT Program
 - Verification of National Board Scores
 - PDC Report
 - NPDB Report
 - Combine all complete and assembled applications into a single PDF, and bookmark each application for easy access and review by the Board members.
- Responsible for processing all applications for licensure and issuing letters of qualification pursuant to the Interstate Medical Licensure Compact (IMLC), including the following tasks:
 - Criminal Background Check: Primary responsibility for complying with BOL/SBI/FBI laws and policies regarding access to and review of criminal record history for applicants for licensure pursuant to the IMLC.
 - Issuing Letters of Qualification to other licensing boards for Maine physicians seeking licensure in another jurisdiction
 - Acting as the BOL's designated Commissioner to the Interstate Medical Licensure Compact Commission
- Responsible for processing all applications for renewal of licensure
 - Placing flags on applicants with open complaints/investigations
 - Issuing Title 5 letters
 - Lifting flags and issuing license renewals following Board review
 - When directed by the Board:
 - Compose and issue letters of preliminary denial of re-licensure in coordination with the Board AAG
 - If no appeal is filed by the applicant, then issue a letter of final letter of denial to the applicant, close the application, and report the adverse licensing action to the FSMB and NPDB
- Complaints and Investigations: Assisted by AAG & Consumer Assistant Specialist
 - Responsible for processing all complaints received by the Board, to include the following tasks:
 - Saving the complaint (written or online) into an electronic file
 - If a written complaint, sending a letter to the complainant acknowledging receipt of the complaint
 - Entering a license flag in ALMS for the licensee
 - Sending the complaint to the licensee – mail or email with a cover letter explaining the complaint process and requirement to respond

- Upon receipt of the response, save it to the electronic complaint file and provide it to the complainant (unless otherwise indicated) to provide an opportunity to submit a rebuttal
- Obtain medical records related to the complaint – to include requesting them from the licensee and/or creating and issuing a subpoena to a medical provider or medical facility
- Research the licensee for any disciplinary actions; if disciplinary actions exist then obtain copies and save them to the electronic complaint file
- Research the licensee for any previous letters of guidance; if they exist then save a copy to the electronic complaint file
- Print a copy of the licensee's licensing profile page on ALMS and save it to the electronic complaint file
- Assemble the completed electronic complaint file using Adobe Acrobat Pro – and bookmark it for ease of access and review by Board members
- Assign a Board member to be the case reporter for specific complaints
- Conduct additional investigation when directed by the Board following initial review of a complaint – and ensure timely follow-up
- When the Board votes to dismiss a complaint:
 - Closing the complaint following a vote to dismiss by the Board
 - Sending a closure of complaint letter to the licensee/complainant
 - Removing the license flag in ALMS
- When the Board votes to hold an Informal Conference:
 - Sending a notice of informal conference to the licensee/complainant
 - Scheduling the informal conference
 - Conducting any additional follow-up to the informal conference as directed by the Board
- When the Board votes to hold an Adjudicatory Hearing:
 - Contact the hearing officer
 - Assist AAG with exhibit preparation
 - When requested, secure a transcriptionist for the hearing
- When the Board votes to impose a summary suspension:
 - Notify the licensee of the summary suspension
 - Send the licensee a copy of the Board Order of Suspension
 - Report the adverse action to the FSMB and the NPDB
- When the Board votes to offer a Consent Agreement:
 - Upon acceptance by the licensee, provide a completed copy to the licensee
 - Save a copy of the Consent Agreement to the electronic complaint file
 - Report the adverse action to the FSMB and the NPDB
 - Close the complaint file
 - When required, create an electronic monitoring file for the licensee

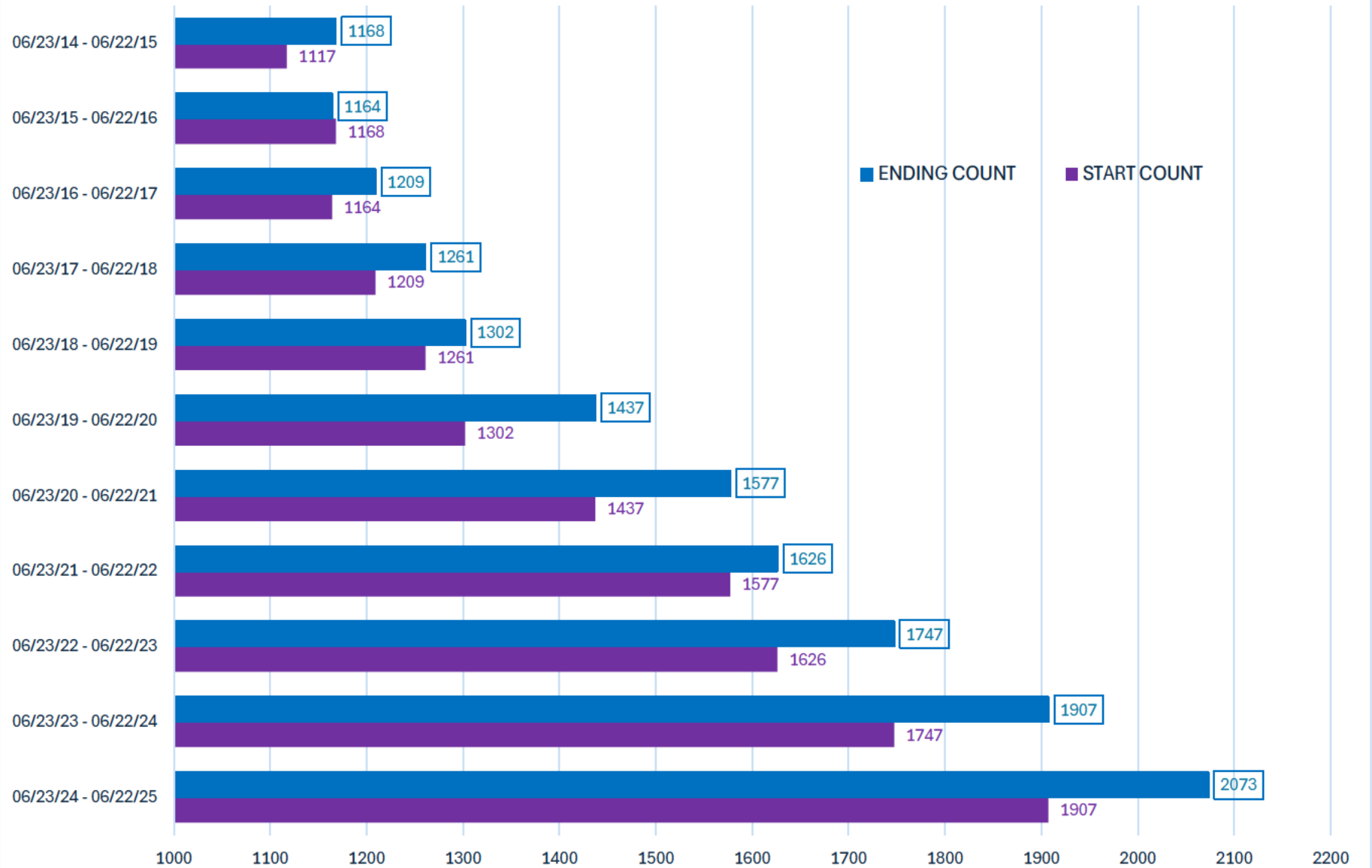
- Responsible for processing all mandated and other reports made to the BOL pursuant to 5 MRS Sections 2505 and 2506, to include:
 - Follow-up with the reporting individual or entity to request and obtain additional information related to the report, including:
 - Identification of witnesses/patients
 - Reports and other documents related to the report
 - Medical records related to the report
 - Police Reports
 - Court Records
 - Urine/Blood Test Results
 - Creating an electronic investigative file
 - Assigning a Board member as case reporter for the investigation
 - Upon review by the Board:
 - Close the investigation
 - Conduct additional investigation/follow-up
 - Initiate a complaint – and draft and then issue a complaint to the licensee and create an electronic complaint file and then follow the complaint processes
- Rule Making
 - Is BOL's primary rule making administrator
 - Responsible for knowledge of and completion of all documentation required for agency rule making
 - Responsible for ensuring publication of proposed rules
 - Responsible for collecting writing and verbal responses to proposed rules
 - Responsible for ensuring the process of a proposed rule according to statutory time requirements
- Legislation
 - Is BOL's representative to the PFR Legislation Team
 - Is responsible for tracking legislation that may impact BOL – and provide updates to the Board
 - Is responsible for providing PFR with a summary of a bill that may impact BOL
 - Is responsible for completing a Legislative Appraisal Form (LAF) following action on a bill by a legislative committee
 - Is responsible for submitting written testimony to the legislature on any bills that may impact BOL

BOLIM Staff & Duties: 10 People

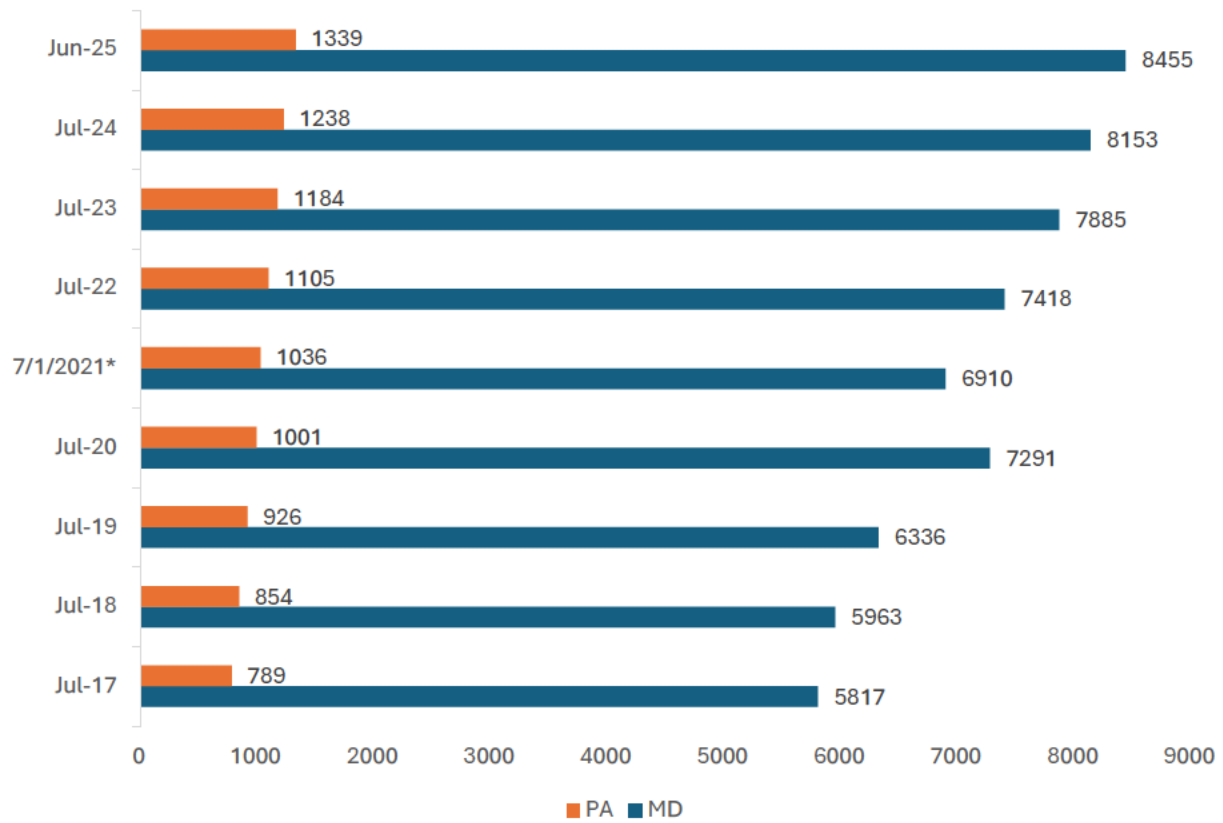
- Executive Director: Overall responsibility for the administration of the Board's Mission
- Assistant Executive Director: Responsible for overall administration in the absence of the Executive Director
- Licensing Staff Supervisor: Supervises two licensing specialists who are solely responsible for licensing and re-licensing of all individuals with the Board
- Complaint Coordinator: Supervises two staff (Investigative Secretary and Consumer Assistant Specialist) who are responsible for processing all complaints and investigations filed with the Board
- Medical Director: Works with Board staff to identify and bookmark medical records relevant to complaints and investigations. Primary responsibility for conducting and presenting investigations to the Board regarding mandated reports and medical malpractice settlements/judgments.
- Secretary: Primary responsibilities include: BOLIM's Records Officer; BOLIM's Rule Making; Drafting Board Meeting Minutes; Processing contracts and other invoices.

DO Licensee Count by Year

June 23 - June 22



MD/PA Active Licensee Count by Year July 1st



From: James N Riley, DO [REDACTED]
Sent: Friday, June 20, 2025 7:13 PM
To: MacArthur, Rachel <Rachel.MacArthur@maine.gov>
Cc: 'Amanda Mahan' <amahan@mainedo.org>; President@mainedo.org
Subject: Licensure Boards Proposed 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.

The public, the body politic, has a right and a duty to regulate the practice of certain professions, including medical professions. However, there is no duty, no right to merge medical professions.

In the USA, medical professional regulation by government is done largely through state licensing boards, which have broad authority. The funding for this regulation is in considerable part through license fees paid by the licensees.

The State of Maine has two medical licensing boards, as do many US states - one for MDs, and one for the smaller and more recently established group, DOs, “osteopaths”. Historically, the very existence of DOs as a medical profession was very hard fought. The MD profession fought hard to keep DOs from being licensed at all, but the DOs prevailed, and received the Maine Board of Osteopathic Licensure.

In Maine as elsewhere in the USA, over the last 100 years, the two medical professions have evolved to become much more collegial, much more cooperative, and much more mutually supportive. Nowadays, they usually lobby the state government cooperatively. But they are distinct. And the Maine DOs do not want to be subsumed within the 4 times larger Maine MD profession. They claim that their profession remains distinctive in ways that do make a professional difference. And perhaps they are the best judges of that. A similar opinion is reflected in many other US states.

Now there is a proposal to merge the DO Maine Board of Osteopathic Licensure with the MD Board of Licensure in Medicine. In terms of state regulation, this would eliminate the

status of DOs as a separate profession. And in practical terms, they would be governed by the 4 times larger MD profession. That would be unfair, and unjust.

The public, the body politic, has a right and a duty to regulate the practice of certain professions, including medical professions. However, there is no duty, no right to merge medical professions.

I hope that you will give this serious attention.

Thank you,

James Riley, DO

East Bank Health

Brewer, Maine