Board of Licensure in Medicine - Board of Osteopathic Licensure Workgroup
ZOOM meeting
July 22, 2026
5:30 p.m. – 6:44 p.m.

Board Members Present
Christine Munroe, DO (BOL)
Lisa Ryan, DO (BOL)
John Brewer, DO (BOL)
Public Member Dennis Smith, Esq. (BOL)
Public Member Mary-Anne Ponti, RN (BOL)
Renée Fay-LeBlanc, MD (BOLIM)
Noah Nesin, MD (BOLIM)
Public Member Lynne Weinstein (BOLIM)

Board Staff Present
Executive Secretary Rachel MacArthur (BOL)
Executive Director Tim Terranova (BOLIM)
Assistant Executive Director Valerie Hunt (BOLIM)
Medical Director Paul Smith, MD (BOLIM)
Administrative Assistant Maureen Lathrop (BOLIM)
Complaint Coordinator Kelly McLaughlin (BOLIM)
Licensing Specialist Savannah Okoronkwo (BOLIM)

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

I. Roll Call
A roll call of workgroup members present was conducted.

II. Review of Draft Timeline
Ms. Hunt reviewed the timeline and noted that review of the first three rules has taken longer than anticipated. The workgroup will begin reviewing additional rules and policies in August or September.

The inaugural newsletter is scheduled to be sent on July 28th. Board members will receive a draft for review and comment on July 24th. All comments must be submitted by July 27th.

An in-person meeting of BOLIM and BOL is scheduled for Thursday, September 24th.

III. Review of Meeting Schedule and Assignments
Workgroup members had no questions or concerns regarding the meeting schedule or committee assignments.

IV. Review of Duties of the Officers

Workgroup members reviewed requested changes to the Duties of Officers document and had no questions or concerns.

V. Updates

A. Technical

1. ALMS
   Board staff are meeting with ALMS monthly and working on a spreadsheet of changes needed.

2. InforME (website)
   Board staff received an estimate of $10,000 to $12,000 thousand to create a new website and will work on a contract.

B. Administrative/Financial

1. Budget

Board staff received accounting numbers for the BOM necessary to move forward with the ALMS project. There are still questions regarding how the budget will change in the middle of a fiscal year and the issue is being discussed.

2. Floor Plan

The landlord provided a floor plan to increase the size of the Board room to accommodate the audience and a plan to run the interior hallway into the current BOL area and create a third office in that space. In addition, there is an option to turn current storage space at the back of the building into a conference room.

Dr. Brewer asked when the renovations would start, how long they would take and where meetings would be held in the interim? Ms. Hunt responded that staff do not have a timeline yet but can inquire and bring back further information.

3. Review of MD, DO and PA rules

The workgroup discussed changes and comments originating from the rules subcommittee's review of the draft Chapters 1, 2 and 3 rules.

Dr. Fay-LeBlanc asked if the CME requirements included in the rules are chosen by the Board or required by law. She thinks the CME requirements should be the same for the three professions.

AAG Wilson responded that the CME requirements for DOs are in current statute. The BOM statute does not include a specific number of CME hours, and the Board can specify CME requirements by rule.

Dr. Ryan agreed that the CME requirement should be the same for all BOM licensees.

Mr. Smith said he believes BOLIM changed CME requirements to 40 hours of

Category I because the value of Category I CME was higher than other levels of CME in terms of maintaining current clinical competency.

Dr. Fay-LeBlanc agreed and noted that Category I CME can be audited while Category II CME cannot.

Mr. Terranova responded that Mr. Smith and Dr. Fay-LeBlanc were correct and added that BOLIM did not see value in requiring Category II CME that cannot be verified.

Dr. Munroe said that she thinks workgroup members agree with requiring 40 Category I CME credits. She expressed concern that she does not want to lose the requirement for osteopathic specific credits.

Dr. Ryan said that obtaining 40 AOA Category I credits that are relevant to her practice and professional development as a pediatrician can be challenging. She added that many AOA Category I CME are related to family practice and not specific to different specialties.

Dr. Munroe agreed that it can be difficult to get the 40 hours, but she does not want to lose the AOA requirement.

AAG Willis said if there is a requirement for a specific number of AOA hours in the rule it applies to all licensees. She suggested requiring 40 hours of Category I and listing the various accredited CME including AOA.

AAG Wilson responded that currently osteopathic primary care providers, defined as family practice, general practice or internists, are required to have AOA accredited CME. Specialists have the option to get AMA, AOA or ACGME credits.

Mr. Smith said that if the rule states that Category I CME includes AMA, AOA and ACGME licensees have flexibility to find CME appropriate to their practice. When BOM proposes the rule licensees, the public, and organizations will have the opportunity to make comments, and the Board may make changes depending on comments received.

Dr. Munroe would like a requirement for some AOA CME and added that licensees can learn from those courses not directly related to their specialty.

Mr. Smith asked if it would be possible to get a draft version of a proposed CME rule that includes 20 AOA CME credits.

Mr. Terranova responded that as currently written CME is included in the DO rule and is not a separate rule. Any changes will be sent to the workgroup and boards for review.

Ms. Hunt asked the workgroup if they wanted to include accepting AOA certification in place of the 40 credits. BOLIM accepts ABMS maintenance certification, not lifetime certification, in place of the 40 hours, which must include 3 hours of opioid-related CME. Workgroup members expressed support for

accepting AOA certification.

Dr. Fay-LeBlanc asked about the inclusion of a scope of practice section in the PA rule while the MD and DO related rules do not include that section.

Mr. Terranova responded that MDs and DOs practice medicine. PAs render medical services. AAG Willis added that there is a specific statutory definition for PA scope of practice – PAs can render medical services that they are competent to perform. It is reflective of their training and experience.

The workgroup discussed a comment regarding the intent of Section 8(5)(C)(2). Following discussion, the workgroup agreed that the language "dispensing the drug is in the best interests of the patient" be removed and rely solely on Section A.

Dr. Fay-LeBlanc also asked about the difference in licensing fees for PAs and physicians. Mr. Terranova responded that PA initial and renewal fees are in statute and cannot be changed without changing the statute.

Ms. Hunt stated that during BOLIM's regular monthly meeting staff present a report detailing licenses issued during the prior month. Staff's recommendation is to provide the report quarterly at the full board meeting rather than at monthly committee meetings. The workgroup agreed with that recommendation.

Mr. Terranova addressed a comment regarding requests to withdraw a license while an investigation is pending in another jurisdiction. He stated that BOLIM allows the licensee to withdraw their license. If another jurisdiction takes action and the licensee should reapply for licensure, the Board would be aware of the action. It was further clarified that withdrawal requests of this nature are brought to the full board for discussion. The workgroup agreed with allowing the withdrawal of a license while an investigation is pending in another jurisdiction.

The workgroup reviewed the inclusion of notification requirements and issuance of citations in the draft DO rule. The BOL currently does not issue citations. AAG Willis stated that including required notifications sets forth clear expectations about reporting information to the Board for review and creates another avenue to address issues with licensees without disciplinary action. Citations are public, but they are non-disciplinary. AAG Willis added that in addition to the notification requirements and citations included in the rules regarding MDs and PAs BOLIM also has a Chapter 4 rule with addition citations. The workgroup agreed with the inclusion of notification requirements and citations in the DO rule.

The workgroup addressed a comment regarding an appropriate fee for an inactive license renewal. Mr. Terranova stated that BOLIM recently changed the fee for an inactive status license renewal for MDs to $100. He asked the workgroup if the PA inactive status license fee should be proportionally the same. Dr. Nesin said if the fee is not proportionally the same then any fee chosen would be arbitrary.

Other comments regarding the PA rule were tabled because there was not a PA

workgroup member in attendance at the meeting.

VI. Next Steps

Mr. Terranova stated that he will send updated rules to the rules subcommittee within the next couple of weeks.

Mr. Terranova asked the workgroup if they want the Chapters 1, 2 and 3 draft rules posted on the website to request feedback with a statement that it is informational and not the official rule proposal.

AAG Willis advised the workgroup that there are risks in engaging in comment taking outside of MAPA rulemaking processes. The Boards will appear to be engaged in comment taking that is not compliant with the MAPA rulemaking process. The Attorney General's Office advises caution. AAG Willis added that there is a risk that the rule could be challenged if the Boards deviate from required processes. She recommended posting the rules as informational without taking comments as a safer option. She recommended adding a notice that the Boards are not accepting public comments and to include that the public will have the opportunity to provide comments once the rules are officially proposed by BOM. AAG Willis recommended checking with Chris Parr, Rulemaking Director, at the Secretary of States office before posting the rules to seek his advice.

Ms. Ponti asked if there was a timeline for the rule proposal. AAG Willis responded that once BOM is formed. In January of 2027 when BOM holds its first meeting it can review and vote to propose the rules.

VII. Public Comment

There were no public comments.

VIII. Adjourn 6:44 pm

The meeting adjourned at 6:44 p.m.

Prepared by Maureen S. Lathrop, Administrative Assistant (BOLIM)

Board of Licensure in Medicine/Board of Osteopathic Licensure Workgroup
161 Capitol Street
Augusta, Maine 04333-0137
July 22, 2026
5:30 pm

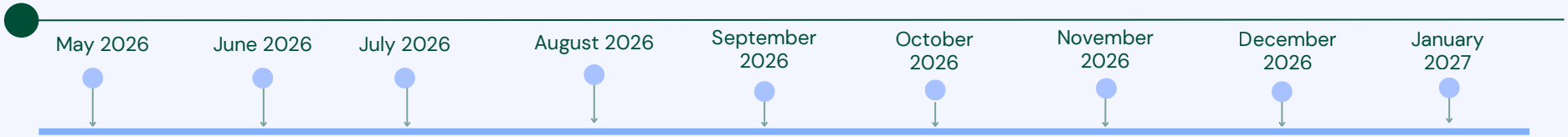
The July 22, 2026 meeting of the workgroup is being held with workgroup members participating virtually on Zoom. There will be an opportunity for the public to view the meeting at the Board's offices in Augusta. A link for the public to access the meeting virtually is included below and posted on the Board's website. **The Board encourages members of the public to attend the meeting virtually.**

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

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

I. Role Call of Board Members
II. Review of Draft Timeline
III. Review of Meeting Schedule and Assignments
IV. Review of Duties of the Officers
V. Updates
    A. Technical
        i. ALMS
        ii. InforME (website)
    B. Administrative/Financial
        i. Budget
        ii. Rules
            1. Review of MD, DO and PA Rule
VI. Next Steps
VII. Public Comment
VIII. Adjourn

BOLIM & BOL Merger Timeline



May 2026

- Workgroup- begin rule review
- ALMS- begin transition work
- Building- contact landlord for reconfigutation/ lease
- Staff integration- begin attending combined staff meetings
- Determine address
- Contact InforME regarding new website
- Work with service center on how budgets combine in the middle of a fiscal year
- Send out update to licensees

June 2026

- Workgroup- continue policy review and start guideline review
- ALMS work continues
- Begin looking at complaint/ investigation SOP's
- Send out update to licensees

July 2026

- Workgroup- begin policy review and confirm meeting schedule and committee assignments
- ALMS- work on API's
- Newsletter to licensees
- Begin updating license applications and SOPs/work with FSMB on UA
- Send out update to licensees
- Board meet and greet

August 2026

- Workgroup- continue policy review and start JP exam update
- ALMS- system process/testing
- Work with affected PA's and TM's
- Discuss fee schedule
- Send out update to licensees

September 2026

- Workgroup- continue rule review
- Board meet and greet
- ALMS- move some items into production
- Send out update to licensees

October 2026

- Workgroup
- New website test
- Test online licensing changes/ updates
- Test APIs
- Remind outside partners of upcoming changes
- Send out update to licensees

November 2026

- Workgroup
- Final checks on systems, applications, etc.
- Contracts
- Newsletter to licensees
- Send out update to licensees

December 2026

- Workgroup
- Final review and prepare to go live
- Send out update to licensees

January 2027

- First full Board meeting:
  - Vote on rules
  - Vote on policies and guidelines
- Monitor Systems for issues
- React to issues and unanticipated situations

February 2027

- Continue to refine
- Assess the project
  - What went well?
  - What could have been improved?
  - What lessons were learned?

2027 Meeting Schedule

- January 12, 2027 (mandated by law)
    - Full Board
    - Committee A
- February 9, 2027
    - Committee B
- March 9, 2027
    - Committee A
- April 13, 2027
    - Full Board
    - Committee B
- May 11, 2027
    - Committee A
- June 8, 2027
    - Committee B
- July 13, 2027 (mandated by law)
    - Full Board
    - Committee A
- August 10, 2027
    - Committee B
- September 14, 2027
    - Committee A
- October 12,2027
    - Full Board
    - Committee B
- November 9, 2027
    - Committee A
- December 14, 2027
    - Committee B

The law mandates that elections take place on the second Tuesday of January 2027 and again on the second Tuesday of July starting in 2027 and in every odd numbered year.

Based on the law and for consistency of planning, staff recommend all meetings be held on the second Tuesday of each month.

Committee Assignments Worksheet

Committee A	Committee B
DO Christine Munroe, DO (Current Chair of BOL)	DO Lisa Ryan, DO
DO Gust Stringos, DO	DO Paul Vinsel, DO
DO John Brewer, DO	DO Brian Gillis, DO
MD Holly Fanjoy, MD	MD Renée Fay-LeBlanc, MD (Current Chair of BOLIM)
MD Anthony NG, MD	MD Noah Nesin, MD
MD Vacant	MD Vacant
PA Christopher Ross, PA	PA Melissa Michaud, PA
PA Amelia Hersey, PA	PA David Flaherty, PA
Public Peter Michaud, JD, RN	Public Dennis Smith, Esq.
Public Lynne Weinstein	Public Mary-Anne Ponti, RN, DBA
Public Jonathan Sahrbeck. JD	Public Gregory Jamison, RPH

The Chair and Vice Chair each chair a committee (cannot be on the same committee)

Duties of the Officers

Board Chair. The duties of the Board Chair include, but are not limited to:

1. Ensuring that the Board operates within its statutory purpose to protect the public;
2. Presiding at Board and investigative committee meetings, including but not limited to:
    a. Opening Board and Investigative Committee meetings;
    b. Entertaining motions and discussion regarding matters on the meeting agenda;
    c. Regulating the course of the meeting, including making the ultimate decision regarding the order of matters to be considered; and
    d. Leading Board deliberations at Adjudicatory Hearings with the advice and counsel of the Hearing Officer.
3. Being available for consultation with the Executive Director, Board staff, Board legal counsel, and Hearing Officers as necessary;
4. Executing consent agreements and decisions and orders approved by the Board;
5. Presenting testimony at legislative committee hearings when necessary;
6. Appointing members of the Board to committees of the Board;
7. Performing the same functions as other members of the Board; and
8. Performing such other functions as are necessary and appropriate to carry out between Board meetings.

Board Vice-Chair. The duties of the Board Vice-Chair include, but are not limited to:

1. Presiding at investigative committee meetings, including but not limited to:
    a. Opening Board and Investigative Committee meetings;
    b. Entertaining motions and discussion regarding matters on the meeting agenda;
    c. Regulating the course of the meeting, including making the ultimate decision regarding the order of matters to be considered; and
    d. Leading Board deliberations at Adjudicatory Hearings with the advice and counsel of the Hearing Officer.
2. Performing the same functions as other members of the Board;
3. In the absence or recusal of the Board Chair, performing all duties of the Board Chair in the capacity of Acting Chair including but not limited to:

a. Being available for consultation with the Executive Director, Board staff, Board legal counsel, and Hearing Officers as necessary;
b. Executing consent agreements and decisions and orders approved by the Board;
c. Presenting testimony at legislative committee hearings when necessary;
d. Appointing members of the Board to committees of the Board; and
e. Performing such other functions as are necessary and appropriate to carry out between Board meetings.

Board Secretary. The duties of the Board Secretary include, but are not limited to:

Found in Policy

1. Performing all duties required by Board policy, statute or rule, including the review of license applications and medical malpractice issues.
2. A. Physician Associate License Review and Approval: Upon request of Board staff, review applications for licensure, approve qualified applicants, and sign license certificates. The Secretary shall review all applications (initial/renewal/conversion) for licensure/registration with negative or questionable information. Following review, the Secretary may:
    a. Approve the application
    b. Require an applicant to submit additional information
    c. Refer the application to the full Board
3. The Board Secretary, in conjunction with any other Physician Associate member of the Board may approve collaborative agreements submitted by physician associates.
4. Medical Malpractice Review: Upon request of Board staff, review a report of medical malpractice reports:
    a. Within the past 10 years if:
        i. There are 3 or more malpractice cases
        ii. There are 1 or 2 malpractice cases with an aggregate total judgment of $500,000 or more
        iii. There are 1 or 2 malpractice cases with an aggregate total judgment of $300,000 or more PLUS at least 1 pending malpractice case.
    b. Involving death
    c. Involving wrong site surgery
    d. The Secretary may at her/his discretion seek an outside expert review of the medical malpractice case. The Secretary may request of the physician/physician associate whose malpractice claim is being reviewed

the Prelitigation Screening Panel (see 24 M.R.S. § 2857 and § 2858 et. seq.) report, and if it is unanimous in favor of the physician/physician associate, the Board Secretary may file the malpractice claim without further review.

e. The Board Secretary may file the report or refer it to the Board for consideration.

5. Omissions: Approve an application for licensure/registration/conversion (which the staff shall report at the next regular Board meeting), with an instruction to staff to issue a citation if authorized by rule and/or reminder letter for minor omissions in the application materials.
6. Special Requests: Approve or deny requests for individual sponsorships of examinations.
7. Waiver Requests: Approve or deny requests for waiver of step 3 requirements (3 times/7 years).
8. Approve medical education requirement for applicants graduating from unaccredited medical school that have successfully passed a comprehensive examination determined by the Board to be substantially equivalent to the Visa Qualifying Examination (VQE), such as the LMCC, USMLE, FLEX examinations.
9. Clinical Practice: Approve or refer requests for determination of clinical practice.
10. Other: All duties as specified in Board rule.
11. The Secretary may refer any assigned duty to the full Board for final decision as appropriate.
12. In the absence or recusal of the Board Chair and Vice-Chair, performing all duties of the Board Chair in the capacity of Acting Chair.

Found in BOLIM Chapter 1

13. License/Registration Review and Action
    a. The Secretary shall review all applications (initial/ renewal/conversion) for licensure/registration with negative or questionable information. Following review, the Secretary may:

        (1) Approve an application for licensure/registration/conversion, which the staff shall report at the next regular Board meeting;

        (2) Require an applicant to submit additional information, including but not limited to professional references or reports, as part of the application review process;

        (3) Present an application to the full Board.

13. **Other**

A. The Secretary shall provide final approval of special testing accommodations for the USMLE examinations, or may delegate those decisions to the contractor;

B. All other duties as listed in statute or as from time to time delegated by the Board and recorded in the minutes of the Board.

C. The Secretary shall review requests to withdraw applications and shall grant the requests or refer to the full Board for discussion.

14. **Delegation by Secretary of Assigned Duties**

A. The Secretary may temporarily delegate any duties assigned under this rule to another member of the Board; and

B. The Secretary may refer any assigned duty to the full Board for final decision.

Rule Comments and Responses

Comment: If the Reentry License is expiring wouldn't the licensee apply for a Clinical License instead of renewing a Reentry License.

Response: If the reentry program is longer than the current renewal cycle the licensee would need to renew the reentry license. The reentry license would be switched to a clinical license once the reentry program is completed.

Comment: Please do circulate the current Osteo Bd Rule 14 on CME to the members of the Work Group prior to the meeting.

Response: A copy of the rule is included.

Comment: The PA rule is the one that seems to have additional sections that are not in the MD and DO rule. I'm not sure if the MDs and DOs have different rules that address those things? Or should we be adding those paragraphs to the MD and DO rule as well? Maybe for discussion at the next workgroup meeting.

Response: This should be discussed at the workgroup.

Comment: On the PA rule, page 3 there is nothing next to #24.

Response: This will be cleaned up along with other formatting issues.

Comment: Do we just align the PA fees to be the same as MD and DO?

Response: This should be discussed at the workgroup.

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

500 BOARD OF MEDICINE

Chapter 1: RULE REGARDING ALLOPATHIC PHYSICIANS

SUMMARY: Chapter 1 pertains to the licensure, registration, notification and continuing medical education requirements for allopathic physicians. Chapter 1 also defines the duties of the Board Secretary.

SECTION 1. DEFINITIONS

1. "Accredited Medical School" means a school designated as accredited by the Liaison Committee on Medical Education.

2. "Active Status License" means the allopathic physician has an active license in Maine and can practice within the scope of the license issued.

3. "Administrative License" means a license limited to the practice of administrative medicine."

4. "Administrative Medicine" means: a) professional managerial or administrative activities related to the practice of medicine or to the delivery of health care services, but not including the practice of clinical medicine; and/or b) medical research, excluding clinical trials on humans.

5. "Administratively Complete Application" is an application for licensure as developed by the Board which when submitted has: a) all questions on the application completely answered; b) signature and date affixed; c) all required notarizations included; d) all required supplemental materials provided in correct form; e) all requests for additional information submitted; and, f) all fees, charges, costs, civil penalties or fines paid.

6. "Board" means the Board of Medicine.

7. "Clinical License" means a license that authorizes an allopathic physician to practice clinical medicine and/or surgery.

8. "Clinical Medicine" includes but is not limited to: a) direct involvement in patient evaluation, diagnosis and treatment; b) prescribing any medication; c) delegating medical acts, services or prescriptive authority; or d) the supervision of allopathic or osteopathic physicians who practice clinical medicine, physician associates who render medical services, or the clinical practice of advanced practice registered nurses.

9. "Educational Certificate" means a certificate issued by the Board to a medical school graduate who is enrolled in a post-graduate training program at a specific hospital for a period of not more than seven (7) years. The specific duration of the educational certificate will be based upon the request of the hospital and may be renewed every three years.

10. "Emergency 100-day License" means a license issued to an allopathic physician for not more than 100 days and issued for declared emergencies in the State or for other appropriate reasons as determined by the Board.

11. "Emeritus License" means a license issued to a qualified allopathic physician who is licensed in Maine and has retired from the active practice of medicine and does not practice medicine or prescribe any medications.

12. "Fellowship" means advanced supervised postgraduate clinical education in a medical specialty.

13. "Inactive Status License" means the allopathic physician has an inactive license and cannot practice medicine in Maine. An Inactive Status License is primarily designed for physicians who are still practicing in another state and may come back to practice in Maine in the future.

14. "Jurisprudence Examination" means the examination regarding the Board's laws and rules and laws pertaining to the practice of medicine in Maine, which is required to be taken and passed upon initial active licensure and then every four (4) years thereafter upon application for re-licensure.

15. "Pending Status License" means the allopathic physician has submitted an application for licensure or renewal of licensure upon which the Board has not made a final determination.

16. "Postgraduate Medical Education" means a graduate educational program or combination of graduate educational programs, including but not limited to internships, residencies and fellowships, accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada, or the Royal Colleges of England, Ireland and Scotland.

17. "Reentry License" means a license issued to a qualified allopathic physician who is otherwise qualified for clinical licensure but has not practiced clinically within the past 24 months. This license is contingent upon compliance with a reentry plan and Reentry to Practice Agreement and automatically ends upon successful completion of the reentry plan and conversion to a clinical license or if the terms of the reentry plan are not met at any time.

18. "SPEX" (Special Purpose Examination). The SPEX is a computerized, multiple-choice examination of current knowledge requisite for the general, undifferentiated practice of medicine owned and administered by the Federation of State Medical Boards. The examination is intended for allopathic physicians who currently hold, or who have previously held, a valid, unrestricted license to practice medicine in a U.S. or Canadian jurisdiction. Appropriate candidates for the SPEX include allopathic physicians seeking licensure reinstatement or reactivation after some period of professional inactivity or allopathic physicians involved in disciplinary proceedings in which the board determines the need for evaluation. The SPEX is also appropriate for allopathic physicians applying for licensure by endorsement who are several years beyond initial licensure.

19. "Temporary License" means a license issued by the Board to a qualified allopathic physician for a period not to exceed one year when the Board determines that this action is necessary in order to provide relief for local or national emergencies or for situations in which the number of physicians is insufficient to supply adequate medical services or for the purpose of permitting the allopathic physician to serve as locum tenens for another physician who is licensed to practice medicine in this State.

20. "Unaccredited Medical School" means a school that is not designated as accredited by the Liaison Committee on Medical Education.

21. "Volunteer License" means a license issued by the Board to a qualified allopathic physician who has retired or is retiring from the active practice of medicine and wishes to donate his or her expertise exclusively for the medical care and treatment of indigent and needy patients in the clinical setting of clinics organized, in whole or in part, for the delivery of health care services without charge.

22. "Youth Camp License" means a temporary license issued by the Board to a qualified allopathic physician authorizing the allopathic physician to practice medicine only for the patients in a particular youth camp.

SECTION 2. LICENSE REQUIRED

An individual must hold an active license issued by the Board in order to practice medicine or surgery or a branch of medicine or surgery or claim to be legally licensed to practice medicine or surgery or a branch of medicine or surgery within the State and practice within the scope of that license.

SECTION 3. REQUIREMENTS FOR MEDICAL LICENSURE

To qualify for licensure as an allopathic physician, an applicant must meet all of the following criteria:

1. **Medical Education**

   A. Graduate from a medical school designated as accredited by the Liaison Committee on Medical Education.

   B. Graduate from an unaccredited medical school and:

      (1) Be evaluated by the Educational Commission for Foreign Medical Graduates and receive a permanent certificate from the Educational Commission for Foreign Graduates; or

      (2) Achieve a passing score on the Visa Qualifying Examination (VQE) or another comprehensive examination determined by the Board to be substantially equivalent to the VQE.

2. **Medical Examinations**

   A. **U.S. National Examinations**

(1) An applicant must attain passing scores on each examination in ONE of the following examination sets separately or in a combination specified in the United States Medical Licensing Exam (USMLE) instructions:

(a) United States Medical Licensing Examination (USMLE), which includes step 1, step 2 and step 2C (clinical skills with standardized patients, if applicable at the time the test was taken), and step 3; or

(b) Federation Licensing Examination (FLEX); or

(c) National Board of Medical Examiners Examination (NBME).

(2) **Time and Attempt Limits for Examinations**

The applicant must:

(a) Complete the examination series (FLEX, NBME, USMLE) within seven (7) years of passing the first examination, with an automatic exception allowed for dual M.D./PhD. candidates.

(b) Complete the first two steps of the USMLE examination (USMLE 1, USMLE 2 including USMLE 2C (if applicable at the time the test was taken)) or approved combinations with unlimited attempts. Steps 1, 2, and 2C may be retaken after successfully passing them ONLY for the purpose of accomplishing or maintaining the seven (7) year limitation named immediately above.

(c) Complete the final examination in the series (i.e. FLEX 2, NBME 3, USMLE 3) in no more than three (3) attempts. Step 3 may not be retaken once passed with a minimum passing score.

(d) Attain a minimum passing score of seventy-five (75) – on the two number scoring system – for each examination in the set. For FLEX examinations administered before December 1, 1985, the score must be a minimum of seventy-five (75) on the composite FLEX weighted average scoring system.

(e) Request for Waiver

An applicant may apply to the Board for a waiver of the time and attempt limits. The Board may grant a waiver based upon unusual or extenuating circumstances as determined by the Board in its sole discretion.

B. **Non-U.S. National Examinations**

As an alternative to the U.S. National Examinations requirement above the Board may accept passing scores in one of the following examination sets:

(1) A licensing examination administered by any medical board which is a member of the Federation of State Medical Boards;

(2) Licentiate of Medical Council of Canada (LMCC);

(3) British Isles Credentialing – General Medical Council of United Kingdom, or Republic of Ireland, or Scotland.

3. **State of Maine Jurisprudence Examination**

A. Every applicant for licensure must attain a passing score of at least seventy-five (75) on the jurisprudence examination administered by the Board.

B. If a candidate fails to attain a score of seventy-five (75) on the jurisprudence examination, the applicant may be required to appear for an interview before a committee of the Board.

4. **Personal Interview**

A. In addition to all other qualifications, the Board may require a personal interview with the applicant to discuss issues identified in the application materials, including but not limited to:

(1) Clinical competence;

(2) Evidence of disruptive behavior which might negatively impact the practice of medicine or safety of patients;

(3) Any conduct that might be grounds for discipline or denial of licensure as provided by law or rule; or

(4) Communication skills.

5. **Postgraduate Training**

A. Graduates after July 1, 2004

Applicants who graduated from a medical school after this date must satisfactorily complete at least thirty-six (36) months in a graduate educational program or combination of graduate educational programs accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada, or the Royal Colleges of England, Ireland and Scotland.

B. **Graduates before July 1, 2004 and after January 1, 1970**

Applicants who graduated from an accredited medical school within this date range must have satisfactorily completed at least twenty-four (24) months in a graduate educational program or combination of graduate educational programs accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association, or the Royal College of Physicians and Surgeons of Canada.

C. **Graduates before January 1, 1970**

Applicants who graduated from an accredited medical school before January 1, 1970 must have satisfactorily completed at least twelve (12) months in a graduate educational program accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association, or the Royal College of Physicians and Surgeons of Canada.

D. **Residents training in Maine**

(1) When the applicant for licensure is in an Accreditation Council on Graduate Medical Education accredited post-graduate training program in this State and has completed twenty-four (24) months of postgraduate training (in this State) and has received an unrestricted endorsement from the graduate educational program director, and it is confirmed that the applicant will continue in the program and complete thirty-six (36) months of postgraduate training, and if otherwise qualified, an active clinical license of normal duration may be issued.

(2) If the applicant who is issued an active clinical license pursuant to subparagraph (D)(1) subsequently discontinues the graduate educational program or must postpone completing the last twelve (12) months of the graduate educational program, both the licensee and the graduate educational program director shall promptly notify the Board in writing, providing full details of the issue(s) and plan for program completion, if any. The Board will review the information provided, and take any action permitted by law, including but not limited to revoking the license.

E. **Waiver for Foreign Medical School Graduates**

(1) To be considered for a waiver of the postgraduate training requirement, an applicant must meet all of the following criteria:

(a) The applicant is a graduate of a foreign medical school, not including a medical school in Canada or Great Britain;

(b) The applicant holds an active, unrestricted license in another U.S. state that is not subject to discipline and authorizes the applicant to engage in the full scope of practice permitted by a Maine active clinical license; and

(c) The applicant has at least three (3) years of clinical experience in the area of expertise.

(2) If the applicant meets the foregoing criteria, the Board may grant a waiver using the following qualifications:

(a) The applicant demonstrates completion of a three (3) year clinical fellowship in the United States in the area of expertise.

(b) The applicant demonstrates completion of a three (3) year clinical non- accredited fellowship that is equivalent to an Accreditation Council on Graduate Medical Education accredited fellowship and provides the Board with the following information:

(i) Detailed procedure/patient logs.

(ii) Attestations from at least three (3) teaching physicians, senior residents, or other senior fellows, and nursing staff regarding the applicant's level of responsibility and supervision. The attestations shall include the name and contact address of the attester.

(ii) Detailed list of conferences conducted and academic papers produced by applicant during the fellowship.

(iv) Monthly rotation schedule and the daily schedule detail for each, if available.

(v) Fellowship conference schedule and list of those attended by the applicant.

(vi) Attestation by the fellowship program director of how the following six core competencies are taught in the program: patient care; medical knowledge; interpersonal and communication skills; professionalism; practice-based learning and improvement; and systems-based practice.

(vii) Reference letters as to competency and character from the department chief and from the fellowship program director.

(viii) Proof that the fellowship is hospital-based and the hospital is accredited by The Joint Commission or the fellowship is medical school based and the school is accredited by the Liaison Committee on Medical Education (LCME).

(c) The applicant has been appointed to a clinical academic position at a licensed medical school in the United States.

(d) The applicant has articles published in peer-reviewed clinical medical journals recognized by the Board.

(e) The number of years the applicant has been in clinical practice.

(f) Other criteria indicative of expertise such as awards or recognition for professional accomplishments.

(g) Not more than three (3) medical malpractice claims shall have been filed against the applicant in a ten (10) year period, nor shall there have been any one medical malpractice settlement resulting in a settlement amount of greater than $300,000.

(3) The Board may assess an applicant for a waiver with the actual costs for investigating and determining the validity of information provided by the applicant for the waiver request.

6. **Clinical Competence**
A. Demonstrates continued clinical competency as required by this rule.

SECTION 4. CREDENTIAL VERIFICATION

1. Unless otherwise specified in this rule, all applicants for licensure must complete the process of verifying their core credentials with the Federation Credentials Verification Services (FCVS).

2. **Federation Credentials Verification Services (FCVS) For Static Core Credentials**

Unless otherwise specified in this rule, the Board requires that applicants for a medical license use the FCVS to verify qualifying credentials which are static or do not change, such as identity, education and post graduate training. This verification process is conducted separately and independently by FCVS.

Unless otherwise specified in this rule, applicants must submit an FCVS application directly to FCVS on an application supplied by the Board or requested directly from FCVS and pay any required fees directly to FCVS. FCVS will then provide the Board with a non-interpretive "Physician Information Profile" containing certified copies of the applicant's credentials.

3. **Exemptions to FCVS Credentials Verification.** The following applicants are exempt in whole or in part as specified from the requirement of FCVS credentials verification:

A. Licensees holding active clinical licenses issued by the Board who apply to convert their licenses to administrative, emeritus, volunteer, or inactive status do not have to complete the FCVS process;

B. Applicants who are recent medical school graduates and who apply for an Educational Certificate do not have to complete the FCVS process;

C. Applicants for Youth Camp Licenses must show proof of completion of the FCVS application prior to being issued a license. Staff may issue a license prior to receiving the allopathic physician’s credentialing report from the FCVS. Staff

shall review the allopathic physician's credentialing report from the FCVS upon receipt, and notify the Board if any concerning information is discovered; and

D. Applicants for Emergency 100-Day Licenses must show proof of completion of the FCVS application prior to being issued a license. Staff may issue a license prior to receiving the allopathic physician's credentialing report from the FCVS. Staff shall review the allopathic physician's credentialing report from the FCVS upon receipt, and notify the Board if any concerning information is discovered.

SECTION 5. LICENSE APPLICATION PROCESS

1. The Board, or if delegated, Board staff may issue an active status clinical license to an applicant who:

   A. Submits an administratively complete application on forms approved by the Board;

   B. Pays the appropriate licensure fee or late fee (if any). The application fees cover the cost of processing the application and are not refundable;

   C. Meets the education requirement;

   D. Meets the post-graduate training requirement;

   E. Meets the medical examination requirement;

   F. Meets the jurisprudence examination requirement;

   G. Meets the clinical practice requirement;

   H. Worked and/or was licensed in a foreign country and that jurisdiction or licensing authority has provided verification of licensure directly to the Board;

   I. Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law; and

   J. Has personally completed the application, answered all application questions, and performed all steps of the application process not expressly required by law or Board rule to be performed by another person or entity.

2. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding the applicant's qualifications, Board staff may consult with the Board Secretary, Board Chair, or other Board designee who may approve the application or defer action on the application to an investigative committee of the Board.

3. **License Conversion Between Biennial Renewal Dates**

   Licensees may apply to convert their active status license to an inactive, emeritus, or volunteer license between scheduled biennial renewal dates by completing the appropriate renewal application and submitting it to the Board. No fee shall be assessed for this conversion. Board staff may convert the license to inactive status.

4. **Administratively Incomplete Application**

A. Applicant fails to take action. Any application for a license that has been on file with the Board without action by the applicant for six (6) months shall be deemed administratively incomplete and shall be discarded. The applicant must restart the application process, including payment of new application fees, in order to be considered for licensure.

B. Application incomplete after 12 months. Any application that is not complete within twelve (12) months shall be deemed administratively incomplete and shall be discarded. The applicant must restart the application process, including payment of new application fees, in order to be considered for licensure unless the applicant seeks, and the Board grants, a waiver of this time limit. Requests for waivers of this time limit may be granted for good cause shown.

C. Current signed addendum required. Any applicant that has an application that has been submitted six months or longer before the application is complete must submit a new signed addendum prior to issuance of the license.

D. Application fee required to process application. If the appropriate licensing fee has not been received within 90 days of the application submission the application shall be voided and the applicant must restart the application process.

E. Prior to the deadlines stated in this section, upon written statement by the applicant that they do not intend to complete their application, Board staff may close an application file as administratively incomplete upon Board staff's confirmation there are no open medical licensing complaints or investigations against the applicant in Maine or other U.S. jurisdictions.

SECTION 6. SPECIFIC TYPES OF MEDICAL LICENSES

1. Administrative License

A. The Board, or if delegated, Board staff may issue an administrative license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure application fee;

(3) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

B. Meets the same requirements for licensure as an applicant for an active clinical license with the exception that the applicant is not required to show that they have been engaged in the active clinical practice of medicine.

C. Renewal of Administrative License

An allopathic physician applying to renew an administrative license must pay the same fees and meet the same requirements for renewing an active status license, including the requirement for continuing medical education (CME).

2. Educational Certificate

A. The Board, or if delegated, Board staff may issue an educational certificate to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure application fee;

(3) Meets the education requirement;

(4) Provides documentation from the Maine educational/residency program demonstrating enrollment, including the dates of the program;

(5) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

B. **Educational Certificate Limitation**

Educational certificates may only be issued for a specific residency program at a specific Maine hospital.

C. **Educational Certificate Duration**

Educational certificates may be issued for the duration specified by the Maine hospital's residency director for a period of up to seven (7) years.

D. **Educational Certificate Expiration**

Educational certificates shall automatically expire:

(1) On the date specified on the educational certificate, unless renewed; or

(2) On the date that the Board receives written notification from the director of the residency program at the hospital or the resident that the resident is no longer enrolled in that specific hospital's residency program.

(3) On the date that the Board receives written notification from the licensee that they are no longer employed or enrolled in that specific hospital's residency program.

3. Emergency 100-Day License

A. The Board, or if delegated, Board staff may issue an emergency 100-day license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure application fee;

(3) Meets the education requirement;

(4) Meets the post-graduate training requirement;

(5) Meets the examination requirement;

(6) Provides a Letter of Need which describes the circumstances that make the candidate eligible for the license. Such letter shall be transmitted directly from the organization where the allopathic physician will be practicing under the emergency 100-day license.

(7) Holds a full and unrestricted license from another United States licensing jurisdiction at the time of the application, and maintains it for the duration of the emergency 100-day license.

(8) Has had no other license restricted, limited or otherwise disciplined in any other jurisdiction.

(9) Submits an application for an active clinical license simultaneously with the application for the 100-day license.

(10) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law; and

(11) Demonstrates continuing clinical competency as required by this rule.

B. **Emergency 100-Day License Limitations**

(1) Emergency licenses may only be issued once to the same applicant and for a period not to exceed 100 calendar days.

(2) Emergency 100-day licenses may only be issued for a specific practice location.

(3) Emergency 100-day licenses automatically expire:

(a) 100 days after the date of issuance; or

(b) On the date that the Board receives written notification from the licensee that they are no longer employed at the specific practice location.

4. **Emeritus License**

A. The Board, or if delegated, Board staff may issue an emeritus license to an applicant who:

(1) Currently holds an active or inactive clinical license to practice medicine in Maine;

(2) Submits an administratively complete application on forms approved by the Board;

(3) Meets the education requirement; and

(4) Meets the post-graduate training requirement.

B. Conversion to Emeritus License Between Scheduled Renewal Dates

An allopathic physician may convert an existing license to an emeritus license between scheduled renewal dates by filing an application with the Board. Upon receipt of an administratively complete application, the Board staff shall convert the existing license to an emeritus license. The biennial renewal date remains unchanged.

5. **Inactive Status License**

A. Upon an application for inactive status, the Board, or if delegated, Board staff may issue an inactive status license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure application fee;

(3) Meets the education requirement;

(4) Meets the post-graduate training requirement;

(5) Meets the examination requirement; and

B. **Conversion to Inactive License Between Scheduled Renewal Dates**

An allopathic physician may convert an existing license to an inactive license between scheduled renewal dates by filing appropriate documentation, ranging from written confirmation up to a full application for an inactive license, depending on the circumstances with the Board. Upon receipt of an administratively complete application, the Board staff shall convert the existing license to an inactive license. The biennial renewal date remains unchanged.

C. **Due to Investigation**
In the event there is an active allegation or investigation about a licensee's fitness to practice, the licensee may agree to voluntarily convert to inactive status until the allegations are addressed.

7. Reentry License

A. The Board may issue a reentry license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure application fee;

(3) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

(4) Meets the same requirements for licensure as an applicant for a clinical license with the exception that the applicant has not been engaged in the active clinical practice of medicine for the past 24 months and has provided a reentry plan approved by the Board.

B. A reentry plan must include the following:

a) Either (i) a statement of current medical knowledge or (ii) an assessment of current medical knowledge and clinical skills, when required by the Board. The purpose of this assessment is to identify any gaps in medical knowledge and clinical skills, as well as to identify areas of strength. The assessment must be performed by an individual and/or entity approved by the Board. Examples of assessments for physicians include the Special Purpose Examination (SPEX) and the Post-Licensure Assessment System (PLAS);

b) **Refresher education**. This education is designed to fill the gaps in medical knowledge identified by the assessment. This may include completion of a mini-residency program;

c) **A clinical preceptorship or the equivalent.** This component is designed to provide mentoring and oversight of clinical care for a specified period by a practice mentor. The practice preceptor or equivalent must have sufficient time and experience, possess a full and unrestricted active clinical license, have no disciplinary history, and provide reports to the Board as required by a reentry to practice agreement;

d) **Final assessment of current competency to establish qualification for an active clinical license**. This component is designed to ensure that a physician or physician associate is ready and able to return to clinical practice without further oversight by the Board;

e) **Reentry to Practice Agreement.** This will be offered to the applicant after the Board has approved their reentry to practice plan. The applicant must execute and at all times comply with this agreement during the period of their licensure as a reentry licensee.

f) **End of Reentry to Practice Agreement**. The Reentry to Practice Agreement ends upon either successful completion of the reentry plan and conversion to a clinical license or if the terms of the reentry plan are not met at any time.

(1) Reentry licensees must comply with their Board-approved reentry plan and practice agreement. Failure to do so may be grounds for imposing discipline on the reentry licensee's license for unprofessional conduct and as further permitted by Board law and rules, up to and including revocation of the license.

C. Renewal of Reentry License

An allopathic physician applying to renew a reentry license must pay the same fees and meet the same requirements for renewing a clinical status license, including the requirement for continuing medical education (CME) and be in compliance with the reentry plan.

8. **Temporary License**

A. The Board, or if delegated, Board staff may issue a temporary license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure application fee;

(3) Meets the education requirement;

(4) Meets the post-graduate training requirement;

(5) Meets the examination requirement;

(6) Provides a Letter of Need which describes the circumstances which make the candidate eligible for the license. Such letter shall be transmitted directly from the organization where the allopathic physician will be practicing under the temporary license.

(7) Holds a full and unrestricted license in another state or Canadian province at the time of application, and maintains it for the duration of the temporary license.

(8) Has had no other license restricted, limited or otherwise disciplined in any other jurisdiction.

(9) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law; and

(10) Demonstrates current clinical competency as required by this rule,

B. **Temporary License Limitations**

(1) Temporary licenses may only be issued to the same applicant for a period not to exceed one (1) year. Once a licensee has held a temporary license or a combination of temporary licenses for one (1) year, they are no longer eligible for another temporary license.

(2) Temporary licenses may only be issued for a specific practice location.

(3) Temporary licenses automatically expire:

(a) On the date specified on the temporary license; or

(b) On the date that the Board receives written notification from the licensee that they are no longer employed at the specific practice location.

(c) If the Letter of Need is withdrawn during the application process the application shall be voided.

9. **Youth Camp License**

A. The Board, or if delegated, Board staff may issue a youth camp license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure fee;

(3) Holds a full and unrestricted license in another state or Canadian province at the time of application, and maintains it for the duration of the temporary camp license;

(4) Has had no other license restricted, limited or otherwise disciplined in any other jurisdiction;

(5) Meets the examination requirement;

(6) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law; and

(7) Demonstrates continuing clinical competency as required by this rule.

B. **Youth Camp License Limitations**

(1) Youth Camp licenses are issued for a limited period.

(2) Youth Camp licenses may only be issued for a specific youth camp (practice location).

(3) Youth Camp licenses automatically expire:

(a) On the date specified on the Youth Camp license; or

(b) On the date that the Board receives written notification from the licensee that they are no longer employed at the specific youth camp (practice location).

10. Volunteer License

A. The Board, or if delegated, Board staff may issue a volunteer license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate license conversion fee;

(3) Currently holds an active clinical license to practice medicine in a US State or Territory;

(4) The applicant must meet all the requirements for an active clinical Maine medical license, including CME requirements as defined in this rule;

(5) Must acknowledge or certify that the applicant's practice will be exclusively and totally devoted to providing medical care to needy and indigent persons in Maine. The treatment of family, friends or acquaintances is not permitted under a volunteer license;

(6) Must acknowledge or certify that the applicant will not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation, for any medical services rendered;

(7) Reports all locations where they will provide volunteer services; and

(8) Provides to the Board a copy of a written agreement to provide volunteer services at every facility where services will be provided.

(9) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

B. **Conversion to Volunteer License Between Scheduled Renewal Dates**

When converting to a volunteer license between scheduled renewal dates, the allopathic physician shall follow the same procedure used to convert from an active clinical license to an inactive license. The biennial renewal cycle remains unchanged.

C. **Renewal of Volunteer License**

An allopathic physician applying to renew a volunteer license must meet all requirements for renewing an active clinical license, including CME.

11. Clinical License

This license authorizes an allopathic physician to practice clinical medicine and/or surgery and is generally renewable every two years.

A. **Application Process**

(1) Applications for a clinical medical license will be reviewed by the Board Staff. After review, a clinical license may be issued to an applicant who:

(a) Submits an administratively complete application on forms approved by the Board;

(b) Pays the appropriate licensure and registration fee to the Board;

(c) Meets the examination requirement;

(d) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law; and

(e) Demonstrates continuing clinical competency as required by this rule.

(2) Board staff may issue a clinical license to applicants who meet each criterion specified below, and shall report such actions at the next regular meeting of the Board.

(a) A positive review by the Executive Director or the Assistant Executive Director of the application that includes the following criteria:

(i) Each qualification for licensure has been clearly met and verified, and all issues or questions have been fully explained and documented;

(ii) All personal data questions, with the exception of telemedicine, practice location and malpractice questions on the application have been answered "No"; and

(iii) The Board has received the names and contact information of three professional references regarding the applicant, and, if references are obtained, no issues have been identified by those references or contact with those references that reveals potentially disqualifying information

Commented [ML1]: I'm not sure what "and shall report such actions at the next regular meeting of the Board" means. Does that refer to the monthly licensing status report for the Board?

(3) Applications that do not meet the foregoing criteria as determined by the Executive Director or Assistant Executive Director will be referred to the Board Secretary, Board Chair or other Board designee. The Board Secretary, Board Chair or other Board designee may approve the application or refer the application to an investigative committee of the Board.

SECTION 7. PROCESS FOR CONVERSION OF AN INACTIVE STATUS LICENSE OR ADMINISTRATIVE LICENSE TO AN ACTIVE CLINICAL LICENSE

1. The Board, or if delegated, Board staff may convert an administrative or inactive license to clinical license for an applicant who:

   A. Submits an administratively complete application requesting an active status license on forms approved by the Board;

   B. Pays the appropriate license conversion fee;

   C. Provides evidence of having met the Board's requirements for CME;

   D. Demonstrates continuing clinical competency as required by this rule;

   E. Meets the examination requirement; and

   F. Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

2. In the event that there is any question regarding CME credits or active clinical practice, the application will be presented to an investigative committee of the Board.

SECTION 8. REQUIREMENTS FOR RENEWAL/REINSTATEMENT/WITHDRAWAL OF LICENSE

1. **License Expiration and Renewal**

   With the exception of Emergency 100-day, Temporary, Youth Camp Licenses, and Temporary Educational Certificates, the license/registration of every allopathic physician born in an odd-numbered year expires at midnight on the last day of the month of the allopathic physician's birth every odd-numbered year. The license/registration of every allopathic physician born in an even-numbered year expires at midnight on the last day of the month of the allopathic physician's birth every even-numbered year. The allopathic physician must renew the license/registration every two (2) years prior to the expiration of the license/registration by submitting an administratively complete application to the Board on forms approved by the Board.

2. **Renewal Notification**

   At least sixty (60) days prior to the expiration of a current license/registration, the Board shall notify each licensee of the requirement to renew the license/registration. If an

administratively complete re-licensure application has not been submitted prior to the expiration date of the existing license, the license immediately and automatically expires. A license may be reinstated up to 90 days after the date of expiration upon payment of the renewal fee and late fee. If an administratively complete renewal application is not submitted within 90 days of the date of the expiration of the license, the license immediately and automatically lapses. The Board may reinstate a license pursuant to law.

3. **Criteria for Active License Renewal**

A. The Board, or if delegated, Board staff may renew the active license of an allopathic physician who meets all of the following requirements:

(1) Submits an administratively complete license renewal application on forms approved by the Board;

(2) Pays the appropriate license renewal fee and/or late fee (if any);

(3) affirms that the licensee has met the CME requirements. In the event that the required CME is not complete, the allopathic physician may request an extension of time for good cause to complete the CME. The Board Secretary, Board Chair, or other Board designee has the discretion to grant or deny a request for an extension of time to complete the required CME credits;

(4) Demonstrates continuing clinical competency as required by this rule;

(5) Successfully completes the Board's jurisprudence examination when directed by the Board;

(6) Successfully completes the minimum data set survey; and

(7) Has no cause existing that may be considered grounds for disciplinary action or denial of renewal of licensure as provided by law.

(8) In the event that the Board delegates licensing decisions to Board staff and there is any question regarding the applicant's qualifications, Board staff shall consult with the Board Secretary, Board Chair, or other Board designee who may approve the application or defer action on the application to an investigative committee of the Board.

(9) A new licensee who is scheduled to renew three (3) months or less from the date of original licensure will be issued a license through the next renewal cycle.

B. **Timeliness of Application**

If an application for renewal of license/registration is not administratively complete and postmarked or submitted electronically by the date of expiration of the license/registration, the late fee shall be assessed.

4. **Criteria for all other License Renewals**

A. The Board, or if delegated, Board staff may renew the license/registration of an allopathic physician **other than an active clinical license** who meets all of the following requirements:

(1) Submits an administratively complete license/registration renewal application on forms approved by the Board;

(2) Pays the appropriate license renewal fee and/or late fee (if any);

(3) Affirms that the licensee has met the CME requirements. In the event that the required CME is not complete, the allopathic physician may request an extension of time for no more than six (6) months for prolonged illness, undue hardship, or other extenuating circumstances to complete the CME. The Board Secretary, Board Chair, or other Board designee has the discretion to grant or deny a request for an extension of time to complete the required CME credits; and

(4) Has no cause existing that may be considered grounds for disciplinary action or denial of renewal of licensure as provided by law.

(5) In the event that the Board delegates licensing decisions to Board staff and there is any question regarding the applicant's qualifications, Board staff shall consult with the Board Secretary, Board Chair, or other Board designee who may approve the application or defer action on the application to the full Board.

(6) A new licensee who is scheduled to renew three (3) months or less from the date of original licensure will be issued a license through the next renewal cycle.

B. **Timeliness of Application**

If an application for renewal of license/registration is not administratively complete and postmarked or submitted electronically by the date of expiration of the license/registration, the late fee shall be assessed.

5. **Process for Withdrawal of License or Withdrawal of an Application for License**

A. An allopathic physician may request to withdraw a license by submitting an administratively complete renewal application which states the reason for requesting the withdrawal of the license.

B. An applicant may request to withdraw their application for a license by submitting a written request which states the reason for requesting to withdraw the application.

C. The Board staff may approve an application to withdraw a license where the Board has no open investigation or complaint regarding the applicant, and the applicant is in compliance with any active consent agreement or decision and order.

Commented [TT2]: Mr. Michaud - What if there is an open investigation in another jurisdiction?

D. The Board may grant or deny requests to withdraw a license or application for a license.

6. Requirements for License Reinstatement

A. The Board, or if delegated, Board staff may reinstate a lapsed or withdrawn license of an allopathic physician who meets all of the following requirements:

(1) Submits an administratively complete reinstatement application on forms approved by the Board;

(2) Pays the appropriate reinstatement fee(s) and/or late fees (if any);

(3) Provides a written statement explaining why they withdrew or allowed the license to lapse and a detailed listing of their activities since that time;

(4) Meets the examination requirement; and

(5) Has no cause existing that may be considered grounds for disciplinary action or denial of license reinstatement as provided by law.

B. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding reinstatement of the license, Board staff shall consult with the Board Secretary, Board Chair, or other Board designee who may approve the application or defer action on the application to an investigative committee of the Board.

C. An allopathic physician whose license has lapsed or been withdrawn for more than five (5) years shall apply for a new license.

D. The applicant's license may not be reinstated if the applicant has not demonstrated current clinical competency as required by this rule.

SECTION 9. CONTINUING CLINICAL COMPETENCY REQUIREMENTS

1. Requirements

A. **General**

If an applicant has not engaged in the active practice of clinical medicine during the 24 months immediately preceding the filing of the application, the Board may determine on a case by case basis in its discretion whether the applicant has adequately demonstrated continued competency to practice clinical medicine.

Commented [TT3]: Mr. Michaud - Compare Section 6.5 (A)(7). Different status, I understand, but why the difference in time out of active practice?

B. **Demonstrating Current Competency**

The Board may require an applicant to submit to any competency assessment(s) or evaluation(s) conducted by a program approved by the Board. If the assessment/evaluation identifies gaps or deficiencies, the applicant must complete an educational/remedial program to address them. The Board retains

the discretion regarding the method of determining continued competency based upon the applicant's specific circumstances. The methodology may include but is not limited to successful passage of examination(s), completion of additional training, and successful completion of a formal reentry to practice program approved by the Board.

C. If the Board determines that an applicant requires a period of supervised practice and/or the completion of an educational or training program, the Board may at its discretion issue the applicant a probationary license pursuant to a consent agreement or issue an applicant a reentry license in conjunction with a return to practice plan.

D. All expenses resulting from the assessment and/or any training requirements are the sole responsibility of the applicant and not of the Board.

SECTION 10. FEES

1. **License, Registration, Examination & Late Fees**

A. Board staff shall collect the following fees prior to the issuance of any license or registration:

(1) Initial License Application..... $600

(2) Initial Jurisprudence Examination $100

(3) Temporary License Application $400

(4) Emergency 100-Day License Application..... $400

(5) Education Certificate (3 years) $300
(Fee may be prorated for 2nd or 3rd year initial applicants)

(6) Emeritus License $0

(7) Volunteer License..... $50

(8) Youth Camp License Application..... $100

(9) License/Registration Renewal $500

(10) License/Registration Renewal within 6 months of initial licensure $150

(11) Inactive License Renewal..... $100

(12) License Renewal Late Fee..... $100
(Renewal application filed after license expiration date)

(13) Emeritus License Renewal..... $0

(14) Volunteer License Renewal $50

(15) License Reinstatement after Withdrawal $550

(16) License Reinstatement after Lapse $600

(17) Protested check and/or returned checks $100

SECTION 11. CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS AND DEFINITIONS

1. **Requirements**

A. **General**

Each allopathic physician licensed by this Board with an active status license shall complete during each biennial licensing period, a minimum of forty (40) credit hours of Category 1 (as defined by this rule) continuing medical education (CME).

Current certification, including maintenance of certification, by the American Board of Medical Specialties (ABMS) is deemed equivalent to the requirements in section A. Lifetime certification is not deemed equivalent.

B. **CME for Opioid Prescribing**

Allopathic Physicians must complete 3 hours of Category 1 credit CME every two years on the prescribing of opioid medication as required by 32 M.R.S. § 20161(4) and Board Rule Chapter 21 "Use of Controlled Substances for Treatment of Pain."

C. If an applicant for re-licensure/re-registration does not complete the required CME, then an Inactive license/registration will be issued unless the Secretary has granted an extension of time or deferment as described in subsection 4A below**.**

2. **Definition of Category I CME**

A. Category 1 CME may include the following:

(1) CME programs sponsored or co-sponsored by an organization or institution accredited by the American Medical Association Council on Medical Education (AMA), the Accreditation Council for Continuing Medical Education (ACCME) or the Committee on Continuing Medical Education of the Maine Medical Association. Programs will be properly identified as such by the approved sponsoring or co-sponsoring organization. VALUE: One (1) credit hour per hour of participation VERIFICATION: Certificate of completion, if requested by the Board as part of a CME audit.

(2) Papers or articles published in peer reviewed medical journals (journals included in *Index Medicus*). VALUE: Ten (10) credit hours for each

article. Limit one article per year. VERIFICATION: Copy of first page of article, if requested by the Board as part of a CME audit.

(3) Poster preparation for an exhibit at a meeting designated for AMA category 1 credit, with a published abstract. VALUE: Five (5) credit hours per poster. Limit one poster per year. VERIFICATION: Copy of program with abstract and presenter identified, if requested by the Board as part of a CME audit.

(4) Teaching or presentation in activities designated for AMA category 1 credit. VALUE: Two (2) credit hours for each hour of preparation and presentation of new and original material. Limit ten (10) hours per year. VERIFICATION: Copy of program from activity, if requested by the Board as part of a CME audit.

(5) Medically related degrees, i.e. MPH, Ph.D. VALUE: Twenty-Five (25) credit hours per year. VERIFICATION: Certified copy of diploma or transcript, if requested by the Board as part of a CME audit.

(6) Postgraduate training, i.e. internship, residency, fellowship. VALUE: Fifty (50) credit hours per year. VERIFICATION: Certified copy of diploma or transcript, if requested by the Board as part of a CME audit.

(7) The requirements of the following programs, if completed during the twenty-four (24) months preceding renewal may be considered as equivalent to Category 1. VALUE: Twenty-Five (25) credit hours per year. VERIFICATION: Certified copy of diploma or transcript, if requested by the Board as part of a CME audit.

(a) AMA Physicians Recognition Award.

(b) Membership in the American Academy of Family Physicians.

(c) Professional Development Program of the American College of Obstetricians and Gynecologists.

(8) Other programs developed or approved from time to time by the Board. VALUE: Determined at the time of approval. VERIFICATION: Determined at the time of approval.

3. **Evidence of Completion**

Board staff shall perform random audits of CME.

4. **Exceptions/Deferments to CME Requirements**

A. The Board Secretary, Board Chair, or other Board designee, at their discretion, may grant an extension of time or deferment not to exceed six (6) months to a licensee who because of prolonged illness, undue hardship, or other extenuating circumstances has been unable to meet the requirements of CME.

B. CME will be prorated during the first licensure period.

C. CME requirements will be stayed for allopathic physicians called to active military duty.

D. The Board may allow a full or partial exemption from CME requirements for a returning military veteran or the spouse of a returning military veteran; however, evidence of completion of CME may be required for a subsequent license/registration renewal.

SECTION 12. NOTIFICATION REQUIREMENTS FOR ALLOPATHIC PHYSICIANS

1. **Change of Contact Information**

An allopathic physician licensed with this Board shall notify the Board in writing within ten (10) calendar days of any change in work or home address, e-mail, phone, or other contact information.

2. **Criminal Arrest/Summons/Indictment/Conviction**

An allopathic physician licensed by the Board shall notify the Board in writing within ten (10) calendar days of being arrested, summonsed, charged, indicted or convicted of any crime.

3. **Changes in Status of Employment or Hospital Privileges**

An allopathic physician licensed by the Board shall notify the Board in writing within ten (10) calendar days of termination of employment, or any limitation, restriction, probation, suspension, revocation or termination of hospital privileges.

4. **Change in Status of Employment of Allopathic Physicians Issued Emergency 100-Day, Temporary, Youth Camp License, or Educational Certificates**

An allopathic physician issued an Emergency 100-Day license, Temporary License, Youth Camp License, or Educational Certificate shall notify the Board in writing within ten (10) calendar days of termination of employment with the specific practice location for which the license was issued.

5. **Disciplinary Action**

An allopathic physician licensed by the Board shall notify the Board in writing within ten (10) calendar days of disciplinary action taken by any licensing authority in any jurisdiction including, but not limited to, warning, reprimand, fine, suspension, revocation, restriction in practice, or probation.

6. **Material Change**

An allopathic physician licensed by the Board shall notify the Board in writing within ten (10) calendar days of any material change in qualifications or the information and responses provided to the Board in connection with the allopathic physician's most recent application submitted to the Board.

7. **Change of Name**

An allopathic physician licensed by the Board shall notify the Board in writing within thirty (30) calendar days regarding any legal change in their name and provide the Board with a copy of the pertinent legal document (e.g. marriage certificate, divorce judgment or court order).

SECTION 13. CITATIONS

1. In addition to the Chapter 4, Rules for the Issuance of Citations, the Board, or if delegated, Board staff may issue citations imposing administrative fines to allopathic physicians in lieu of taking disciplinary action for the failure to file a written notification with the Board as required by this rule as follows:

   A. For each violation of the notification requirements in section 12 subparagraphs 1, 4, 6 and 7 of this chapter, a citation in the amount of $100 may be issued.

   B. For each violation of the notification requirements in section 12 subparagraphs 2, 3 and 5 of this chapter, a citation in the amount of $200 may be issued.

2. **Service of Citations**

The citation may be served on the licensee by mail or email sent from the Board office.

3. **Right to Hearing**

The citation shall inform the licensee that the licensee may pay the administrative fine or request in writing a hearing before the Board regarding the violation. If the licensee requests a hearing, the citation shall be processed in the same manner as a complaint pursuant to 32 M.R.S. §§ 20141-20144, except that the licensee's written response to the citation must be filed at the same time as the written request for hearing.

4. **Time for Payment or Request for Hearing**

The licensee shall either pay the administrative fine within thirty (30) days following issuance of the citation or request a hearing in writing within thirty (30) days following issuance of the citation. Failure to take either action within this thirty-day (30-day) period is a violation of the Board's rules that may subject the licensee to further disciplinary action by the Board for unprofessional conduct, including but not limited to an additional fine and action against the license.

5. **Citations not Reportable**

Administrative fines paid solely in response to citations issued pursuant to this rule do not constitute discipline or negative action or finding and shall not be reported to the Federation of State Medical Boards or the National Practitioner Databank or to any other person, organization, or regulatory body except as allowed by law. Citation violations and administrative fines are public records within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

SECTION 14. CONDUCT SUBJECT TO DISCIPLINE

Violation of this rule by an allopathic physician constitutes unprofessional conduct and is grounds for discipline of an allopathic physician's license.

Failure to personally complete all parts of initial or renewal applications and/or addendums that are not expressly required to be performed by another person or entity is a violation of this rule and is grounds for discipline of an allopathic physician's license.

SECTION 15. DUTIES OF THE SECRETARY OF THE BOARD

1. **License/ Review and Action**

   A. The Secretary shall review all applications (initial/ renewal/conversion) for licensure with negative or questionable information. Following review, the Secretary may:

      (1) Approve an application for licensure conversion;

      (2) Require an applicant to submit additional information, including but not limited to professional references or reports, as part of the application review process;

      (3) Refer an application to an investigative committee of the Board.

2. **Other**

   A. The Secretary shall provide final approval of special testing accommodations for the USMLE examinations, or may delegate those decisions to the contractor;

   B. All other duties as listed in statute or as from time to time delegated by the Board and recorded in the minutes of the Board.

   C. The Secretary shall review requests to withdraw applications and shall grant the requests or refer to an investigative committee of the Board for discussion.

3. **Delegation by Secretary of Assigned Duties**

   A. The Secretary may temporarily delegate any duties assigned under this rule to another member of the Board; and
   B. The Secretary may refer any assigned duty to an investigative committee of the Board for final decision.

STATUTORY AUTHORITY:

EFFECTIVE DATE:

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

500 BOARD OF MEDICINE

Chapter 2: RULE REGARDING OSTEOPATHIC PHYSICIANS

SUMMARY: Chapter 2 pertains to the licensure, registration, notification and continuing medical education requirements for osteopathic physicians. Chapter 2 also defines the duties of the Board Secretary.

SECTION 1. DEFINITIONS

1. "Accredited Medical School" means a school designated as accredited by the American Osteopathic Association's Commission on Osteopathic College Accreditation.

2. "Active Status License" means the osteopathic physician has an active license in Maine and can practice within the scope of the license issued.

3. "Administrative License" means a license limited to the practice of administrative medicine."

4. "Administrative Medicine" means: a) professional managerial or administrative activities related to the practice of medicine or to the delivery of health care services, but not including the practice of clinical medicine; and/or b) medical research, excluding clinical trials on humans.

5. "Administratively Complete Application" is an application for licensure as developed by the Board which when submitted has: a) all questions on the application completely answered; b) signature and date affixed; c) all required notarizations included; d) all required supplemental materials provided in correct form; e) all requests for additional information submitted; and, f) all fees, charges, costs, civil penalties or fines paid.

6. "Board" means the Board of Medicine.

7. "Clinical License" means a license that authorizes a osteopathic physician to practice clinical medicine and/or surgery.

8. "Clinical Medicine" includes but is not limited to: a) direct involvement in patient evaluation, diagnosis and treatment; b) prescribing any medication; c) delegating medical acts, services or prescriptive authority; or d) the supervision of osteopathic or osteopathic physicians who practice clinical medicine, physician associates who render medical services, or the clinical practice of advanced practice registered nurses.
9. COMLEX means the National Board of Osteopathic Medical Examiners' Comprehensive Osteopathic Medical Licensing Examination.

9. "COMVEX" means the Comprehensive Osteopathic Medical Variable-Purpose Examination for the United States of America which was developed for osteopathic physicians who hold or have held a valid license to re-enter the practice of osteopathic medicine in the United States or where an assessment of an osteopathic physician's current medical knowledge is otherwise requested by a state medical board. Appropriate candidates for the COMVEX include osteopathic physicians seeking licensure reinstatement or reactivation after some period of professional inactivity or osteopathic physicians involved in disciplinary proceedings in which the board determines the need for evaluation. The COMVEX is also appropriate for osteopathic physicians applying for licensure by endorsement who are several years beyond initial licensure.

10. "Educational Certificate" means a certificate issued by the Board to a medical school graduate who is enrolled in a post-graduate training program at a specific hospital for a period of not more than seven (7) years. The specific duration of the educational certificate will be based upon the request of the hospital and may be renewed every three years.

11. "Emergency 100-day License" means a license issued to an osteopathic physician for not more than 100 days and issued for declared emergencies in the State or for other appropriate reasons as determined by the Board.

12. "Emeritus License" means a license issued to a qualified osteopathic physician who is licensed in Maine and has retired from the active practice of medicine and does not practice medicine or prescribe any medications.

13. "Fellowship" means advanced supervised postgraduate clinical education in a medical specialty.

14. "Inactive Status License" means the osteopathic physician has an inactive license and cannot practice medicine in Maine. An Inactive Status License is primarily designed for physicians who are still practicing in another state and may come back to practice in Maine in the future.

15. "Jurisprudence Examination" means the examination regarding the Board's laws and rules and laws pertaining to the practice of medicine in Maine, which is required to be taken and passed upon initial active licensure and then every four (4) years thereafter upon application for re-licensure.

16. "Pending Status License" means the osteopathic physician has submitted an application for licensure or renewal of licensure upon which the Board has not made a final determination.

17. "Postgraduate Medical Education" means a graduate educational program or combination of graduate educational programs, including but not limited to internships, residencies and fellowships, accredited by the Accreditation Council on Graduate Medical Education or the American Osteopathic Association.

18. "Reentry License" means a license issued to a qualified osteopathic physician who is otherwise qualified for clinical licensure but has not practiced clinically within the past 24 months. This license is contingent upon compliance with a reentry plan and Reentry to Practice Agreement and automatically ends upon successful completion of the reentry

plan and conversion to a clinical license or if the terms of the reentry plan are not met at any time.

19. "Temporary License" means a license issued by the Board to a qualified osteopathic physician for a period not to exceed one year when the Board determines that this action is necessary in order to provide relief for local or national emergencies or for situations in which the number of physicians is insufficient to supply adequate medical services or for the purpose of permitting the osteopathic physician to serve as locum tenens for another physician who is licensed to practice medicine in this State.

20. "Unaccredited Medical School" means a school that is not designated as accredited by the American Osteopathic Association's Commission on Osteopathic College Accreditation.

21. "Volunteer License" means a license issued by the Board to a qualified osteopathic physician who has retired or is retiring from the active practice of medicine and wishes to donate his or her expertise exclusively for the medical care and treatment of indigent and needy patients in the clinical setting of clinics organized, in whole or in part, for the delivery of health care services without charge.

22. "Youth Camp License" means a temporary license issued by the Board to a qualified osteopathic physician authorizing the osteopathic physician to practice medicine only for the patients in a particular youth camp.

SECTION 2. LICENSE REQUIRED

An individual must hold an active license issued by the Board in order to practice medicine or surgery or a branch of medicine or surgery or claim to be legally licensed to practice medicine or surgery or a branch of medicine or surgery within the State and practice within the scope of that license.

SECTION 3. REQUIREMENTS FOR MEDICAL LICENSURE

To qualify for licensure as an osteopathic physician, an applicant must meet all of the following criteria:

1. **Medical Education**

A. Graduate from an osteopathic medical school designated as accredited by the American Osteopathic Association's Commission on Osteopathic College Accreditation.

2. **Medical Examinations**

A. **U.S. National Examinations**

(1) An applicant must achieve a passing score on each component of the National Board of Osteopathic Medical Examiners' Comprehensive Osteopathic Medical Licensing Examination of

the United States, known as the COMLEX-USA examination, or other examinations designated by the board as the qualifying examination or examinations for licensure.

(2) **Time and Attempt Limits for Examinations**

The applicant must:

(a) Complete the examination series (COMLEX-USA) within seven (7) years of passing the first examination, with an automatic exception allowed for dual D.O./PhD. candidates.

(b) Complete the first two steps of the COMLEX-USA examination with unlimited attempts. Steps 1and 2 may be retaken after successfully passing them ONLY for the purpose of accomplishing or maintaining the seven (7) year limitation named immediately above.

(c) Complete the final examination in the series (COMLEX-USA) in no more than three (3) attempts. Step 3 may not be retaken once passed with a minimum passing score.

(d) Request for Waiver

An applicant may apply to the Board for a waiver of the time and attempt limits. The Board may grant a waiver based upon unusual or extenuating circumstances as determined by the Board in its sole discretion.

3. **State of Maine Jurisprudence Examination**

A. Every applicant for licensure must attain a passing score of at least seventy-five (75) on the jurisprudence examination administered by the Board.

B. If a candidate fails to attain a score of seventy-five (75) on the jurisprudence examination, the applicant may be required to appear for an interview before a committee of the Board.

4. **Personal Interview**

A. In addition to all other qualifications, the Board may require a personal interview with the applicant to discuss issues identified in the application materials, including but not limited to:

(1) Clinical competence;

(2) Evidence of disruptive behavior which might negatively impact the practice of medicine or safety of patients;

(3) Any conduct that might be grounds for discipline or denial of licensure as provided by law or rule; or

(4) Communication skills.

5. **Postgraduate Training**

A. Graduates on or after January 1, 2026

An applicant who has graduated from an accredited osteopathic medical school on or after January 1, 2026 must have satisfactorily completed at least 36 months in a graduate educational program accredited by the Accreditation Council on Graduate Medical Education or the American Osteopathic Association.

B. **Graduates before January 1, 2026**

An applicant who has graduated from an accredited osteopathic medical school prior to January 1, 2026 must have satisfactorily completed at least 12 months in a medical graduate educational program accredited by the Accreditation Council on Graduate Medical Education or the American Osteopathic Association.

D. **Residents training in Maine**

(1) When the applicant for licensure is in a post-graduate training program in this State that is accredited by the Accreditation Council on Graduate Medical Education or American Osteopathic Association and has completed twenty-four (24) months of postgraduate training (in this State) and has received an unrestricted endorsement from the graduate educational program director, and it is confirmed that the applicant will continue in the program and complete thirty-six (36) months of postgraduate training, and if otherwise qualified, an active clinical license of normal duration may be issued.

(2) If the applicant who is issued an active clinical license pursuant to subparagraph (D)(1) subsequently discontinues the graduate educational program or must postpone completing the last twelve (12) months of the graduate educational program, both the licensee and the graduate educational program director shall promptly notify the Board in writing, providing full details of the issue(s) and plan for program completion, if any. The Board will review the information provided, and take any action permitted by law, including but not limited to revoking the license.

6. Clinical Competence

A. Demonstrates continued clinical competency as required by this rule.

SECTION 4. CREDENTIAL VERIFICATION

1. Unless otherwise specified in this rule, all applicants for licensure must complete the process of verifying their core credentials with the Federation Credentials Verification Services (FCVS).

2. **Federation Credentials Verification Services (FCVS) For Static Core Credentials**

Unless otherwise specified in this rule, the Board requires that applicants for a medical license use the FCVS to verify qualifying credentials which are static or do not change, such as identity, education and post graduate training. This verification process is conducted separately and independently by FCVS.

Unless otherwise specified in this rule, applicants must submit an FCVS application directly to FCVS on an application supplied by the Board or requested directly from FCVS and pay any required fees directly to FCVS. FCVS will then provide the Board with a non-interpretive "Physician Information Profile" containing certified copies of the applicant's credentials.

3. **Exemptions to FCVS Credentials Verification.** The following applicants are exempt in whole or in part as specified from the requirement of FCVS credentials verification:

A. Licensees holding active clinical licenses issued by the Board who apply to convert their licenses to administrative, emeritus, volunteer, or inactive status do not have to complete the FCVS process;

B. Applicants who are recent medical school graduates and who apply for an Educational Certificate do not have to complete the FCVS process;

C. Applicants for Youth Camp Licenses must show proof of completion of the FCVS application prior to being issued a license. Staff may issue a license prior to receiving the osteopathic physician's credentialing report from the FCVS. Staff shall review the osteopathic physician's credentialing report from the FCVS upon receipt, and notify the Board if any concerning information is discovered; and

D. Applicants for Emergency 100-Day Licenses must show proof of completion of the FCVS application prior to being issued a license. Staff may issue a license prior to receiving the osteopathic physician's credentialing report from the FCVS. Staff shall review the osteopathic physician's credentialing report from the FCVS upon receipt, and notify the Board if any concerning information is discovered.

SECTION 5. LICENSE APPLICATION PROCESS

1. The Board, or if delegated, Board staff may issue an active status clinical license to an applicant who:

A. Submits an administratively complete application on forms approved by the Board;

B. Pays the appropriate licensure fee or late fee (if any). The application fees cover the cost of processing the application and are not refundable;

C. Meets the education requirement;

D. Meets the post-graduate training requirement;

E. Meets the medical examination requirement;

F. Meets the jurisprudence examination requirement;

G. Meets the clinical practice requirement;

H. Worked and/or was licensed in a foreign country and that jurisdiction or licensing authority has provided verification of licensure directly to the Board;

I. Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law; and

J. Has personally completed the application, answered all application questions, and performed all steps of the application process not expressly required by law or Board rule to be performed by another person or entity.

2. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding the applicant's qualifications, Board staff may consult with the Board Secretary, Board Chair, or other Board designee who may approve the application or refer action on the application to an investigative committee of the Board.

3. **License Conversion Between Biennial Renewal Dates**

Licensees may apply to convert their active status license to an inactive, emeritus, or volunteer license between scheduled biennial renewal dates by completing the appropriate renewal application and submitting it to the Board. No fee shall be assessed for this conversion. Board staff may convert the license to inactive status.

4. **Administratively Incomplete Application**

A. Applicant fails to take action. Any application for a license that has been on file with the Board without action by the applicant for six (6) months shall be deemed administratively incomplete and shall be discarded. The applicant must restart the application process, including payment of new application fees, in order to be considered for licensure.

B. Application incomplete after 12 months. Any application that is not complete within twelve (12) months shall be deemed administratively incomplete and shall be discarded. The applicant must restart the application process, including payment of new application fees, in order to be considered for licensure unless the applicant seeks, and the Board grants, a waiver of this time limit. Requests for waivers of this time limit may be granted for good cause shown.

C. Current signed addendum required. Any applicant that has an application that has been submitted six months or longer before the application is complete must submit a new signed addendum prior to issuance of the license.

D. Application fee required to process application. If the appropriate licensing fee has not been received within 90 days of the application submission the application shall be voided and the applicant must restart the application process.

E. Prior to the deadlines stated in this section, upon written statement by the applicant that they do not intend to complete their application, Board staff may close an application file as administratively incomplete upon Board staff's confirmation there are no open medical licensing complaints or investigations against the applicant in Maine or other U.S. jurisdictions.

SECTION 6. SPECIFIC TYPES OF MEDICAL LICENSES

1. Administrative License

A. The Board, or if delegated, Board staff may issue an administrative license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure application fee;

(3) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

B. Meets the same requirements for licensure as an applicant for an active clinical license with the exception that the applicant is not required to show that he/she has been engaged in the active clinical practice of medicine.

C. Renewal of Administrative License

An osteopathic physician applying to renew an administrative license must pay the same fees and meet the same requirements for renewing an active status license, including the requirement for continuing medical education (CME).

2. Educational Certificate

A. The Board, or if delegated, Board staff may issue an educational certificate to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure application fee;

(3) Meets the education requirement;

(4) Provides documentation from the Maine educational/residency program demonstrating enrollment, including the dates of the program;

(5) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

B. **Educational Certificate Limitation**

Educational certificates may only be issued for a specific residency program at a specific Maine hospital.

C. **Educational Certificate Duration**

Educational certificates may be issued for the duration specified by the Maine hospital's residency director for a period of up to seven (7) years.

D. **Educational Certificate Expiration**

Educational certificates shall automatically expire:

(1) On the date specified on the educational certificate, unless renewed; or

(2) On the date that the Board receives written notification from the director of the residency program at the hospital or the resident that the resident is no longer enrolled in that specific hospital's residency program.

(3) On the date that the Board receives written notification from the licensee that they are no longer employed or enrolled in that specific hospital's residency program.

3. Emergency 100-Day License

A. The Board, or if delegated, Board staff may issue an emergency 100-day license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure application fee;

(3) Meets the education requirement;

(4) Meets the post-graduate training requirement;

(5) Meets the examination requirement;

(6) Provides a Letter of Need which describes the circumstances that make the candidate eligible for the license. Such letter shall be transmitted directly from the organization where the osteopathic physician will be practicing under the emergency 100-day license.

(7) Holds a full and unrestricted license from another United States licensing jurisdiction at the time of the application, and maintains it for the duration of the emergency 100-day license.

(8) Has had no other license restricted, limited or otherwise disciplined in any other jurisdiction.

(9) Submits an application for an active clinical license simultaneously with the application for the 100-day license.

(10) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law; and

(11) Demonstrates continuing clinical competency as required by this rule.

B. **Emergency 100-Day License Limitations**

(1) Emergency licenses may only be issued once to the same applicant and for a period not to exceed 100 calendar days.

(2) Emergency 100-day licenses may only be issued for a specific practice location.

(3) Emergency 100-day licenses automatically expire:

(a) 100 days after the date of issuance; or

(b) On the date that the Board receives written notification from the licensee that they are no longer employed at the specific practice location.

4. **Emeritus License**

A. The Board, or if delegated, Board staff may issue an emeritus license to an applicant who:

(1) Currently holds an active or inactive clinical license to practice medicine in Maine;

(2) Submits an administratively complete application on forms approved by the Board;

(3) Meets the education requirement; and

(4) Meets the post-graduate training requirement.

B. Conversion to Emeritus License Between Scheduled Renewal Dates

An osteopathic physician may convert an existing license to an emeritus license between scheduled renewal dates by filing an application with the Board. Upon receipt of an administratively complete application, the Board staff shall convert the existing license to an emeritus license. The biennial renewal date remains unchanged.

5. **Inactive Status License**

A. Upon application for an inactive status, the Board, or if delegated, Board staff may issue an inactive status license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure application fee;

(3) Meets the education requirement;

(4) Meets the post-graduate training requirement;

(5) Meets the examination requirement; and

B. **Conversion to Inactive License Between Scheduled Renewal Dates**

An osteopathic physician may convert an existing license to an inactive license between scheduled renewal dates by filing appropriate documentation, ranging from written confirmation up to a full application for an inactive license, depending on the circumstances. with the Board. Upon receipt of an administratively complete application, the Board staff shall convert the existing license to an inactive license. The biennial renewal date remains unchanged.

C. **Due to Investigation**
In the event there is an active allegation or investigation about a licensee's fitness to practice, the licensee may agree to voluntarily convert to inactive status until the allegations are addressed.

7. Reentry License

A. The Board may issue a reentry license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure application fee;

(3) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

(4) Meets the same requirements for licensure as an applicant for a clinical license with the exception that the applicant has not been engaged in the active clinical practice of medicine for the past 24 months and has provided a reentry plan approved by the Board.

B. A reentry plan must include the following:

a) Either (i) a statement of current medical knowledge or (ii) an assessment of current medical knowledge and clinical skills, when required by the Board. The purpose of this assessment is to identify any gaps in medical knowledge and clinical skills, as well as to identify areas of strength. The assessment must be performed by an individual and/or entity approved by the Board. Examples of assessments for physicians include the Comprehensive Osteopathic Medical Variable-Purpose Examination for the United States of America (COMVEX) and the Post-Licensure Assessment System (PLAS);

b) **Refresher education**. This education is designed to fill the gaps in medical knowledge identified by the assessment. This may include completion of a mini-residency program;

c) **A clinical preceptorship or the equivalent.** This component is designed to provide mentoring and oversight of clinical care for a specified period by a practice mentor. The practice preceptor or equivalent must have sufficient time and experience, possess a full and unrestricted active clinical license, have no disciplinary history, and provide reports to the Board as required by a reentry to practice agreement;

d) **Final assessment of current competency to establish qualification for an active clinical license**. This component is designed to ensure that a physician or physician associate is ready and able to return to clinical practice without further oversight by the Board;

e) **Reentry to Practice Agreement.** This will be offered to the applicant after the Board has approved their reentry to practice plan. The applicant must execute and at all times comply with this agreement during the period of their licensure as a reentry licensee.

f) **End of Reentry to Practice Agreement**. The Reentry to Practice Agreement ends upon either successful completion of the reentry plan and conversion to a clinical license or if the terms of the reentry plan are not met at any time.

C. Reentry licensees must comply with their Board-approved reentry plan and practice agreement. Failure to do so may be grounds for imposing discipline on the reentry licensee's license for unprofessional conduct and as further permitted by Board law and rules, up to and including revocation of the license.

C. Renewal of Reentry License

An osteopathic physician applying to renew a reentry license must pay the same fees and meet the same requirements for renewing a clinical status license, including the requirement for continuing medical education (CME) and be in compliance with the reentry plan.

8. **Temporary License**

A. The Board, or if delegated, Board staff may issue a temporary license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure application fee;

(3) Meets the education requirement;

(4) Meets the post-graduate training requirement;

(5) Meets the examination requirement;

(6) Provides a Letter of Need which describes the circumstances which make the candidate eligible for the license. Such letter shall be transmitted directly from the organization where the osteopathic physician will be practicing under the temporary license.

(7) Holds a full and unrestricted license in another state or Canadian province at the time of application, and maintains it for the duration of the temporary license.

(8) Has had no other license restricted, limited or otherwise disciplined in any other jurisdiction.

(9) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law; and

(10) Demonstrates current clinical competency as required by this rule,

B. **Temporary License Limitations**

(1) Temporary licenses may only be issued to the same applicant for a period not to exceed one (1) year. Once a licensee has held a temporary license or a combination of temporary licenses for one (1) year, they are no longer eligible for another temporary license.

(2) Temporary licenses may only be issued for a specific practice location.

(3) Temporary licenses automatically expire:

(a) On the date specified on the temporary license; or

(b) On the date that the Board receives written notification from the licensee that they are no longer employed at the specific practice location.

(c) If the Letter of Need is withdrawn during the application process the application shall be voided.

9. **Youth Camp License**

A. The Board, or if delegated, Board staff may issue a youth camp license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure fee;

(3) Holds a full and unrestricted license in another state or Canadian province at the time of application, and maintains it for the duration of the temporary camp license;

(4) Has had no other license restricted, limited or otherwise disciplined in any other jurisdiction;

(5) Meets the examination requirement;

(6) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law; and

(7) Demonstrates continuing clinical competency as required by this rule.

B. **Youth Camp License Limitations**

(1) Youth Camp licenses are issued for a limited period.

(2) Youth Camp licenses may only be issued for a specific youth camp (practice location).

(3) Youth Camp licenses automatically expire:

(a) On the date specified on the Youth Camp license; or

(b) On the date that the Board receives written notification from the licensee that they are no longer employed at the specific youth camp (practice location).

10. Volunteer License

A. The Board, or if delegated, Board staff may issue a volunteer license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate license conversion fee;

(3) Currently holds an active clinical license to practice medicine in a US State or territory;

(4) The applicant must meet all the requirements for an active clinical Maine medical license, including CME requirements as defined in this rule;

(5) Must acknowledge or certify that the applicant's practice will be exclusively and totally devoted to providing medical care to needy and indigent persons in Maine. The treatment of family, friends or acquaintances is not permitted under a volunteer license;

(6) Must acknowledge or certify that the applicant will not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation, for any medical services rendered;

(7) Reports all locations where they will provide volunteer services; and

(8) Provides to the Board a copy of a written agreement to provide volunteer services at every facility where services will be provided.

(9) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

B. **Conversion to Volunteer License Between Scheduled Renewal Dates**

When converting to a volunteer license between scheduled renewal dates, the osteopathic physician shall follow the same procedure used to convert from an active clinical license to an inactive license. The biennial renewal cycle remains unchanged.

C. **Renewal of Volunteer License**

An osteopathic physician applying to renew a volunteer license must meet all requirements for renewing an active clinical license, including CME.

11. Clinical License

This license authorizes an osteopathic physician to practice clinical medicine and/or surgery and is generally renewable every two years.

A. **Application Process**

(1) Applications for a clinical medical license will be reviewed by the Board Staff. After review, a clinical license may be issued to an applicant who:

Commented [TT1]: Lisa Wilson - This is not the current Osteo practice. Do we want to write in some transition period?

(a) Submits an administratively complete application on forms approved by the Board;

(b) Pays the appropriate licensure and registration fee to the Board;

(c) Meets the examination requirement;

(d) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law; and

(e) Demonstrates continuing clinical competency as required by this rule.

(2) Board staff may issue a clinical license to applicants who meet each criterion specified below, and shall report such actions at the next regular meeting of the Board.

Commented [ML2]: I'm not sure what "and shall report such actions at the next regular meeting of the Board" means. Does that refer to the monthly licensing status report for the Board?

(a) A positive review by the Executive Director or the Assistant Executive Director of the application that includes the following criteria:

(i) Each qualification for licensure has been clearly met and verified, and all issues or questions have been fully explained and documented;

(ii) All personal data questions, with the exception of telemedicine, practice location and malpractice questions on the application have been answered "No"; and

(iii) The Board has received the names and contact information of three professional references regarding the applicant, and, if references are obtained, no issues have been identified by those references or contact with those references that reveals potentially disqualifying information

(3) Applications that do not meet the foregoing criteria as determined by the Executive Director or Assistant Executive Director will be referred to the Board Secretary, Board Chair or other Board designee. The Board Secretary, Board Chair or other Board designee may approve the application or refer the application to an investigative committee of the Board.

SECTION 7. PROCESS FOR CONVERSION OF AN INACTIVE STATUS LICENSE OR ADMINISTRATIVE LICENSE TO AN ACTIVE CLINICAL LICENSE

1. The Board, or if delegated, Board staff may convert an administrative or inactive license to clinical license for an applicant who:

A. Submits an administratively complete application requesting an active status license on forms approved by the Board;

B. Pays the appropriate license conversion fee;

C. Provides evidence of having met the Board's requirements for CME;

D. Demonstrates continuing clinical competency as required by this rule;

E. Meets the examination requirement; and

F. Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

2. In the event that there is any question regarding CME credits or active clinical practice, the application will be presented to an investigative committee of the Board.

SECTION 8. REQUIREMENTS FOR RENEWAL/REINSTATEMENT/WITHDRAWAL OF LICENSE

1. **License Expiration and Renewal**

With the exception of Emergency 100-day, Temporary, Youth Camp Licenses, and Temporary Educational Certificates, the license/registration of every osteopathic physician born in an odd-numbered year expires at midnight on the last day of the month of the osteopathic physician's birth every odd-numbered year. The license/registration of every osteopathic physician born in an even-numbered year expires at midnight on the last day of the month of the osteopathic physician's birth every even-numbered year. The osteopathic physician must renew the license/registration every two (2) years prior to the expiration of the license/registration by submitting an administratively complete application to the Board on forms approved by the Board.

2. **Renewal Notification**

At least sixty (60) days prior to the expiration of a current license/registration, the Board shall notify each licensee of the requirement to renew the license/registration. If an administratively complete re-licensure application has not been submitted prior to the expiration date of the existing license, the license immediately and automatically expires. A license may be reinstated up to 90 days after the date of expiration upon payment of the renewal fee and late fee. If an administratively complete renewal application is not submitted within 90 days of the date of the expiration of the license, the license immediately and automatically lapses. The Board may reinstate a license pursuant to law.

3. **Criteria for Active License/ Renewal**

A. The Board, or if delegated, Board staff may renew the active license of an osteopathic physician who meets all of the following requirements:

(1) Submits an administratively complete license renewal application on forms approved by the Board;

(2) Pays the appropriate license renewal fee and/or late fee (if any);

(3) affirms that the licensee has met the CME requirements. In the event that the required CME is not complete, the osteopathic physician may request an extension of time for good cause to complete the CME. The Board Secretary, Board Chair, or other Board designee has the discretion to grant or deny a request for an extension of time to complete the required CME credits;

(4) Demonstrates continuing clinical competency as required by this rule;

(5) Successfully completes the Board's jurisprudence examination when directed by the Board;

(6) Successfully completes the minimum data set survey; and

(7) Has no cause existing that may be considered grounds for disciplinary action or denial of renewal of licensure as provided by law.

(8) In the event that the Board delegates licensing decisions to Board staff and there is any question regarding the applicant's qualifications, Board staff shall consult with the Board Secretary, Board Chair, or other Board designee who may approve the application or defer action on the application to an investigative committee of the Board.

(9) A new licensee who is scheduled to renew three (3) months or less from the date of original licensure will be issued a license through the next renewal cycle.

B. **Timeliness of Application**

If an application for renewal of license/registration is not administratively complete and postmarked or submitted electronically by the date of expiration of the license/registration, the late fee shall be assessed.

4. **Criteria for all other License Renewals**

A. The Board, or if delegated, Board staff may renew the license of an osteopathic physician **other than an active clinical license** who meets all of the following requirements:

(1) Submits an administratively complete license renewal application on forms approved by the Board;

(2) Pays the appropriate license renewal fee and/or late fee (if any);

(3) Affirms that the licensee has met the CME requirements. In the event that the required CME is not complete, the osteopathic physician may request an extension of time for no more than six (6) months for prolonged illness, undue hardship, or other extenuating circumstances to

complete the CME. The Board Secretary, Board Chair, or other Board designee has the discretion to grant or deny a request for an extension of time to complete the required CME credits; and

(4) Has no cause existing that may be considered grounds for disciplinary action or denial of renewal of licensure as provided by law.

(5) In the event that the Board delegates licensing decisions to Board staff and there is any question regarding the applicant's qualifications, Board staff shall consult with the Board Secretary, Board Chair, or other Board designee who may approve the application or refer action on the application to an investigative committee of the Board.

(6) A new licensee who is scheduled to renew three (3) months or less from the date of original licensure will be issued a license through the next renewal cycle.

B. **Timeliness of Application**

If an application for renewal of license is not administratively complete and postmarked or submitted electronically by the date of expiration of the license/registration, the late fee shall be assessed.

5. **Process for Withdrawal of License or Withdrawal of an Application for License**

A. An osteopathic physician may request to withdraw a license by submitting an administratively complete renewal application which states the reason for requesting the withdrawal of the license.

B. An applicant may request to withdraw their application for a license by submitting a written request which states the reason for requesting to withdraw the application.

C. The Board staff may approve an application to withdraw a license where the Board has no open investigation or complaint regarding the applicant, and the applicant is in compliance with any active consent agreement or decision and order.

Commented [TT3]: Mr. Michaud - what if there is an investigation in another state?

D. The Board may grant or deny requests to withdraw a license or application for a license.

6. Requirements for License Reinstatement

A. The Board, or if delegated, Board staff may reinstate a lapsed or withdrawn license of an osteopathic physician who meets all of the following requirements:

(1) Submits an administratively complete reinstatement application on forms approved by the Board;

(2) Pays the appropriate reinstatement fee(s) and/or late fees (if any);

(3) Provides a written statement explaining why he/she withdrew or allowed the license to lapse and a detailed listing of his/her activities since that time;

(4) Meets the examination requirement; and

(5) Has no cause existing that may be considered grounds for disciplinary action or denial of license reinstatement as provided by law.

B. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding reinstatement of the license, Board staff shall consult with the Board Secretary, Board Chair, or other Board designee who may approve the application or refer action on the application to an investigative committee of the Board.

C. An osteopathic physician whose license has lapsed or been withdrawn for more than five (5) years shall apply for a new license.

D. The applicant's license may not be reinstated if the applicant has not demonstrated current clinical competency as required by this rule.

SECTION 9. CONTINUING CLINICAL COMPETENCY REQUIREMENTS

1. Requirements

A. General

If an applicant has not engaged in the active practice of clinical medicine during the 24 months immediately preceding the filing of the application, the Board may determine on a case by case basis in its discretion whether the applicant has adequately demonstrated continued competency to practice clinical medicine.

Commented [TT4]: Mr. Michaud - Compare Section 6.5 (A)(7). Different status, I understand, but why the difference in time out of active practice?

B. Demonstrating Current Competency

The Board may require an applicant to submit to any competency assessment(s) or evaluation(s) conducted by a program approved by the Board. If the assessment/evaluation identifies gaps or deficiencies, the applicant must complete an educational/remedial program to address them. The Board retains the discretion regarding the method of determining continued competency based upon the applicant's specific circumstances. The methodology may include but is not limited to successful passage of examination(s), completion of additional training, and successful completion of a formal reentry to practice program approved by the Board.

C. If the Board determines that an applicant requires a period of supervised practice and/or the completion of an educational or training program, the Board may at its discretion issue the applicant a probationary license pursuant to a consent agreement or issue an applicant a reentry license in conjunction with a return to practice plan.

D. All expenses resulting from the assessment and/or any training requirements are the sole responsibility of the applicant and not of the Board.

SECTION 10. FEES

1. **License, Registration, Examination & Late Fees**

A. Board staff shall collect the following fees prior to the issuance of any license or registration:

(1) Initial License Application..... $600

(2) Initial Jurisprudence Examination $100

(3) Temporary License Application $400

(4) Emergency 100-Day License Application..... $400

(5) Education Certificate (3 years) $300
(Fee may be prorated for 2nd or 3rd year initial applicants)

(6) Emeritus License $0

(7) Volunteer License..... $50

(8) Youth Camp License Application..... $100

(9) License/Registration Renewal $500

(10) License/Registration Renewal within 6 months of initial licensure $150

(11) Inactive License Renewal..... $100

(12) License Renewal Late Fee..... $100
(Renewal application filed after license expiration date)

(13) Emeritus License Renewal..... $0

(14) Volunteer License Renewal..... $50

(15) License Reinstatement after Withdrawal..... $550

(16) License Reinstatement after Lapse $600

(17) Protested check and/or returned checks..... $100

SECTION 11. CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS AND DEFINITIONS

1. **Requirements**

A. **General**

Each osteopathic physician licensed by this Board with an active status license shall complete during each biennial licensing period, a minimum of one hundred (100) credit hours of continuing medical education (CME). CME is defined as any educational activity that is designated as Category 1 and 2 by the AOA or by the ACGME or the AMA.

At least forty (40) of the one hundred (100) hours of CME obtained must be osteopathic medical education, "Osteopathic medical education" for primary care physicians is CME designated by the AOA as Category 1. For osteopathic specialists, osteopathic medical education is considered CME designated as Category 1 by the AOA, the ACGME or the AMA

Current certification, including maintenance of certification, by the American Osteopathic Association (AOA) or the American Board of Medical Specialties (ABMS) is deemed equivalent to the requirements in section A. Lifetime certification is not deemed equivalent.

B. **CME for Opioid Prescribing**

Osteopathic Physicians must complete 3 hours of Category 1 credit CME every two years on the prescribing of opioid medication as required by by 32 M.R.S. § 20161(4) and Board Rule Chapter 21 "Use of Controlled Substances for Treatment of Pain."

C. If an applicant for re-licensure/re-registration does not complete the required CME, then an Inactive license/registration will be issued unless the Secretary has granted an extension of time or deferment as described in subsection 4A below.

2. **Definition of Category I CME**

A. Category 1 CME may include the following:

(21) Papers or articles published in peer reviewed medical journals (journals included in *Index Medicus*). VALUE: Ten (10) credit hours for each article. Limit one article per year. VERIFICATION: Copy of first page of article, if requested by the Board as part of a CME audit.

(~~3~~2) Poster preparation for an exhibit at a meeting designated for AOA or AMA category 1 credit, with a published abstract. VALUE: Five (5) credit hours per poster. Limit one poster per year. VERIFICATION: Copy of program with abstract and presenter identified, if requested by the Board as part of a CME audit.

(43) Teaching or presentation in activities designated for AOA or AMA category 1 credit. VALUE: Two (2) credit hours for each hour of

Commented [TT5]: Lisa Wilson - 100 hours is in the current Osteo statute - but the merged statues does not set a requirement. Do you want to keep the 100 hours?

Commented [TT7]: Lisa Wilson - That would be new to the Osteo Bd

Commented [TT8]: Lisa Wilson - Current Osteo requirement is the opioid CME only if you prescribe opioids. Do you want to change that, and if so, do we need a phase-in period?

Commented [TT9]: Is there an equivalent to MD option 1? CME programs sponsored or co-sponsored by an organization or institution accredited by the American Medical Association Council on Medical Education (AMA), the Accreditation Council for Continuing Medical Education (ACCME) or the Committee on Continuing Medical Education of the Maine Medical Association. Programs will be properly identified as such by the approved sponsoring or co-sponsoring organization. VALUE: One (1) credit hour per hour of participation VERIFICATION: Certificate of completion, if requested by the Board as part of a CME audit.

preparation and presentation of new and original material. Limit ten (10) hours per year. VERIFICATION: Copy of program from activity, if requested by the Board as part of a CME audit.

(~~5~~4) Medically related degrees, i.e. MPH, Ph.D. VALUE: Twenty Five (25) credit hours per year. VERIFICATION: Certified copy of diploma or transcript, if requested by the Board as part of a CME audit.

(~~6~~5) Postgraduate training, i.e. internship, residency, fellowship. VALUE: Fifty (50) credit hours per year. VERIFICATION: Certified copy of diploma or transcript, if requested by the Board as part of a CME audit.

(~~8~~6) Other programs developed or approved from time to time by the Board. VALUE: Determined at the time of approval. VERIFICATION: Determined at the time of approval.

Commented [TT10]: Is there an equivalent to MD option 7? The requirements of the following programs, if completed during the twenty-four (24) months preceding renewal may be considered as equivalent to Category 1. VALUE: Twenty-Five (25) credit hours per year. VERIFICATION: Certified copy of diploma or transcript, if requested by the Board as part of a CME audit.

(a) AMA Physicians Recognition Award.

(b) Membership in the American Academy of Family Physicians.

(c) Professional Development Program of the American College of Obstetricians and Gynecologists.

3. **Evidence of Completion**

Board staff shall perform random audits of CME.

4. **Exceptions/Deferments to CME Requirements**

A. The Board Secretary, Board Chair, or other Board designee, at their discretion, may grant an extension of time or deferment not to exceed six (6) months to a licensee who because of prolonged illness, undue hardship, or other extenuating circumstances has been unable to meet the requirements of CME.

B. CME will be prorated during the first licensure period.

C. CME requirements will be stayed for osteopathic physicians called to active military duty.

D. The Board may allow a full or partial exemption from CME requirements for a returning military veteran or the spouse of a returning military veteran; however, evidence of completion of CME may be required for a subsequent license/registration renewal.

SECTION 12. NOTIFICATION REQUIREMENTS FOR OSTEOPATHIC PHYSICIANS

1. **Change of Contact Information**

Commented [TT11]: Lisa Wilson - This would be a new requirement for Osteo, but I think a positive one

An osteopathic physician licensed with this Board shall notify the Board in writing within ten (10) calendar days of any change in work or home address, e-mail, phone, or other contact information.

2. **Criminal Arrest/Summons/Indictment/Conviction**

An osteopathic physician licensed by the Board shall notify the Board in writing within ten (10) calendar days of being arrested, summonsed, charged, indicted or convicted of any crime.

3. **Changes in Status of Employment or Hospital Privileges**

An osteopathic physician licensed by the Board shall notify the Board in writing within ten (10) calendar days of termination of employment, or any limitation, restriction, probation, suspension, revocation or termination of hospital privileges.

4. **Change in Status of Employment of Osteopathic Physicians Issued Emergency 100-Day, Temporary, Youth Camp License, or Educational Certificates**

An osteopathic physician issued an Emergency 100-Day license, Temporary License, Youth Camp License, or Educational Certificate shall notify the Board in writing within ten (10) calendar days of termination of employment with the specific practice location for which the license was issued.

5. **Disciplinary Action**

An osteopathic physician licensed by the Board shall notify the Board in writing within ten (10) calendar days of disciplinary action taken by any licensing authority in any jurisdiction including, but not limited to, warning, reprimand, fine, suspension, revocation, restriction in practice, or probation.

6. **Material Change**

An osteopathic physician licensed by the Board shall notify the Board in writing within ten (10) calendar days of any material change in qualifications or the information and responses provided to the Board in connection with the osteopathic physician's most recent application submitted to the Board.

7. **Change of Name**

An osteopathic physician licensed by the Board shall notify the Board in writing within thirty (30) calendar days regarding any legal change in their name and provide the Board with a copy of the pertinent legal document (e.g. marriage certificate, divorce judgment or court order).

SECTION 13. CITATIONS

1. In addition to the Chapter 4, Rules for the Issuance of Citations, the Board, or if delegated, Board staff may issue citations imposing administrative fines to osteopathic physicians in lieu of taking disciplinary action for the failure to file a written notification with the Board as required by this rule as follows:

Commented [TT12]: Lisa Wilson - Osteo does not currently have this rule

A. For each violation of the notification requirements in section 12 subparagraphs 1, 4, 6 and 7 of this chapter, a citation in the amount of $100 may be issued.

B. For each violation of the notification requirements in section 12 subparagraphs 2, 3 and 5 of this chapter, a citation in the amount of $200 may be issued.

2. **Service of Citations**

The citation may be served on the licensee by mail or email sent from the Board office.

3. **Right to Hearing**

The citation shall inform the licensee that the licensee may pay the administrative fine or request in writing a hearing before the Board regarding the violation. If the licensee requests a hearing, the citation shall be processed in the same manner as a complaint pursuant to 32 M.R.S. §§ 20141-20144, except that the licensee's written response to the citation must be filed at the same time as the written request for hearing.

4. **Time for Payment or Request for Hearing**

The licensee shall either pay the administrative fine within thirty (30) days following issuance of the citation or request a hearing in writing within thirty (30) days following issuance of the citation. Failure to take either action within this thirty-day (30-day) period is a violation of the Board's rules that may subject the licensee to further disciplinary action by the Board for unprofessional conduct, including but not limited to an additional fine and action against the license.

5. **Citations not Reportable**

Administrative fines paid solely in response to citations issued pursuant to this rule do not constitute discipline or negative action or finding and shall not be reported to the Federation of State Medical Boards or the National Practitioner Databank or to any other person, organization, or regulatory body except as allowed by law. Citation violations and administrative fines are public records within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

SECTION 14. CONDUCT SUBJECT TO DISCIPLINE

Violation of this rule by an osteopathic physician constitutes unprofessional conduct and is grounds for discipline of an osteopathic physician's license.

Failure to personally complete all parts of initial or renewal applications and/or addendums that are not expressly required to be performed by another person or entity is a violation of this rule and is grounds for discipline of an osteopathic physician's license.

SECTION 15. DUTIES OF THE SECRETARY OF THE BOARD

1. **License Review and Action**

A. The Secretary shall review all applications (initial/ renewal/conversion) for licensure with negative or questionable information. Following review, the Secretary may:

(1) Approve an application for licensure conversion;

(2) Require an applicant to submit additional information, including but not limited to professional references or reports, as part of the application review process;

(3) Present an application to the full Board.

Commented [TT13]: Lisa Wilson - Or another Board appointee? Only one secretary for 2 committees

2. **Other**

A. The Secretary shall provide final approval of special testing accommodations for the USMLE examinations, or may delegate those decisions to the contractor;

B. All other duties as listed in statute or as from time to time delegated by the Board and recorded in the minutes of the Board.

C. The Secretary shall review requests to withdraw applications and shall grant the requests or refer to the full Board for discussion.

3. **Delegation by Secretary of Assigned Duties**

A. The Secretary may temporarily delegate any duties assigned under this rule to another member of the Board; and
B. The Secretary may refer any assigned duty to the full Board for final decision.

STATUTORY AUTHORITY:

EFFECTIVE DATE:

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

500 BOARD OF MEDICINE

Chapter 3: RULE REGARDING PHYSICIAN ASSOCIATES

SUMMARY: Chapter 3 is a rule pertaining to the licensure, compact privileges, scope of practice, continuing clinical competency, consultation, notices of employment, collaborative agreements, notification, and continuing education requirements for physician associates who are licensed or hold privileges in Maine.

SECTION 1. DEFINITIONS

1. "AAPA" means the American Academy of Physician Associates.

2. "Active Unrestricted Physician License" means an active Maine physician license to practice medicine that does not include any restrictions or limitations on the scope of practice or ability to consult with or collaborate with physician associates.

3. "Administrative License" means a license limited to the practice of administrative medicine."

4. "Administratively Complete Application" is a application for licensure as developed by the Boards, which when submitted to one of the Boards has: a) all questions on the application completely answered; b) signature and date affixed; c) all required notarizations included; d) all required supplemental materials provided in correct form; e) all requests for additional information submitted; and f) all fees, charges, costs or fines paid.

5. "AMA" means the American Medical Association.

6. "AOA" means the American Osteopathic Association.

7. "Board" means the Board of Medicine.

8. "Collaborative Agreement" means a document agreed to by a physician associate and a physician that describes the scope of practice for the physician associate as determined by the practice setting and describes the decision-making process for a health care team, including communication and consultation among health care team members. A collaborative agreement is subject to review and approval by the Board.

9. "Compact privilege" has the meaning set forth by the Legislature in 32 M.R.S. § 18532(3) and means the authorization granted by a remote state to allow a licensee from

another participating state to practice as a physician associate to provide medical services and other licensed activity to a patient located in the remote state under the remote state's laws and regulations.

10. "Consultation" means engagement in a process in which members of a health care team use their complimentary training, skill, knowledge and experience to provide the best care for a patient.

11. "Emergency 100-day License" means a license issued to an physician associate for not more than 100 days and issued for declared emergencies in the State or for other appropriate reasons as determined by the Board.

12. "Emeritus License" means a license issued to a qualified physician associate who is licensed in Maine and has retired from the active practice of medicine and does not render medical services or prescribe any medications.

13. "Health care facility" means a facility, institution or entity licensed pursuant to State law or certified by the United States Department of Health and Human Services, Health Resources and Services Administration that offers healthcare to persons in this State, including hospitals and any clinics or offices affiliated with hospitals and any community health center, each of which has a system of credentialing and granting of privileges to perform health care services and that follows a written professional competence review process.

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

15. "Inactive status license" means the physician associate has an inactive license and cannot render medical services in Maine. An Inactive Status License is primarily designed for physicians who are still practicing in another state and may come back to practice in Maine in the future.

16. "License" means a document issued by the Board to a physician associate that identifies the physician associate as qualified by training and education to render medical services.

17. "NCCPA" means the National Commission on Certification of Physician Assistants.

18. "PA" means a physician associate in Maine, but other states, legal entities, or jurisdictions may use the alternate physician assistant. In this rule "PA" means either physician assistant or physician associate. An individual holding a Maine license or a compact privilege in Maine is a physician associate, regardless of the label they are given by other states, legal entities, or jurisdictions.

19. "PA Licensure Compact" means the licensure compact as enacted by the participating states which allows medical services to be rendered by PAs, via the mutual recognition of the licensee's qualifying license by other compact participating states.

20. "Physician" means a person licensed as a physician by the Maine Board of Medicine.

21. "Physician associate" means a person who has graduated from a physician assistant or physician associate program accredited by the American Medical Association Committee on Allied Health Education and Accreditation, or the Commission for Accreditation of the Allied Health Education Programs, or the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), or their successors; and/or who has passed the certifying examination administered by the National Commission on Certification of Physician Assistants (NCCPA) or its successor and possesses a current license issued by the Board. Only physician associates who are currently certified by the NCCPA may use the initials PA-C.

Commented [TT1]: Ms. Michaud - In this definition it is referenced that PA's need to graduate from an accredited AMA CAHEA program. This is not been used since the 1990s and is not relevant to PA education today. All US PA programs now have to be ARC-PA accredited.

22. "Physician Group Practice" means an entity composed of 2 or more physicians that offers healthcare to persons in this State and that has a system of credentialing and granting of privileges to perform health care services and that follows a written professional competence review process.

23. **"**Qualifying License**"** means an unrestricted license to provide medical services as a PA that have been issued by a participating state under the PA Licensure Compact.
24.
25. "Reentry License" means a license issued to a qualified physician associate who is otherwise qualified for clinical licensure but has not practiced clinically within the past 24 months. This license is contingent upon compliance with a reentry plan and Reentry to Practice Agreement and automatically ends upon successful completion of the reentry plan and conversion to a clinical license or if the terms of the reentry plan are not met at any time.

26. Rendering Medical Services includes but is not limited to: a) direct involvement in patient evaluation, diagnosis and treatment; b) prescribing any medication; or c) delegating medical acts, services or prescriptive authority.

27. "Volunteer License" means a license issued by the Board to a qualified physician associate who has retired or is retiring from the active rendering of medical services and wishes to donate their expertise exclusively for the medical care and treatment of indigent and needy patients in the clinical setting of clinics organized, in whole or in part, for the delivery of health care services without charge.
28. "Youth Camp License" means a temporary license issued by the Board to a qualified physician associate authorizing the physician associate to render medical services only for the patients in a particular youth camp.

SECTION 2. LICENSE OR COMPACT PRIVILEGE REQUIRED

All physician associates who render medical services to patients located in Maine shall hold either:

1. An active license issued by the Board, or

2. A valid compact privilege to provide medical services in Maine.

SECTION 3. QUALIFICATIONS FOR LICENSURE

1. **Application for Licensure**

   A. Applicants for physician associate licensure shall complete the Board-approved application forms and submit them to the Board together with all required fees and required documentation.

2. **Requirements for Temporary/New Graduate License**

   A. The Board, or if delegated, Board staff may issue a one-time, non-renewable temporary license to practice as a physician associate to an applicant who:

      (1) Submits an administratively complete application;

      (2) Pays the appropriate licensure fee;

      (3) Has successfully completed an educational program for physician associate accredited by the American Medical Association Committee on Allied Health Education and Accreditation, or the Commission for Accreditation of the Allied Health Education Programs, or their successors;

      (4) Has no license, certification or registration as a physician associate, or any other type or classification of health care provider license, certification or registration under current discipline, revocation, suspension, restriction or probation;

      (5) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law;

      (6) Passes, at the time of license application, a jurisprudence examination administered by the Board; and

(7) Is currently scheduled to take, but has not yet taken, the national certifying examination administered by the NCCPA (NCCPA examination) or its successor organization or has taken the NCCPA examination and is awaiting the results. **An applicant who has taken the NCCPA examination and failed to pass is not eligible to apply for a temporary license.**

B. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding the applicant's qualifications, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the an investigative committee of the Board.

C. A temporary license is valid until one of the following occurs:

(1) A period not to exceed six (6) months from the date of issuance has elapsed;

(2) The Board and/or physician associate receive notice of the failure to pass the NCCPA examination; or

(3) Board staff receives notice of the passage of the NCCPA examination, upon which Board staff shall issue a full license so long as all other qualifications have been met and no cause exists that may be considered grounds for disciplinary action or denial of licensure as provided by law.

D. Administratively Incomplete Application

a. Applicant fails to take action. Any application for a license that has been on file with the Board without action by the applicant for six (6) months shall be deemed administratively incomplete and shall be discarded. The applicant must restart the application process, including payment of new application fees, in order to be considered for licensure.

b. Application incomplete after 12 months. Any application that is not complete within twelve (12) months shall be deemed administratively incomplete and shall be discarded. The applicant must restart the application process, including payment of new application fees, in order to be considered for licensure unless the applicant seeks, and the Board grants, a waiver of this time limit. Requests for waivers of this time limit may be granted for good cause shown.

c. Current signed addendum required. Any applicant that has an application that has been submitted six months or longer before the application is complete must submit a new signed addendum prior to issuance of the license.

d. Application fee required to process application. If the appropriate licensing fee has not been received within 90 days of the application submission it shall be voided and the applicant must restart the application process.

~~a.~~c. Prior to the deadlines stated in this section, upon written statement by the applicant that they do not intend to complete their application, Board staff may close an application file as administratively incomplete upon Board staff's confirmation there are no open medical licensing complaints or investigations against the applicant in Maine or other U.S. jurisdictions.

3. **Requirements for Full License**

A. The Board, or if delegated, Board staff may issue a full license as a physician associate to an applicant who:

(1) Submits an administratively complete application form;

(2) Pays the appropriate licensure fee;

(3) Has successfully completed an educational program for physician assistants/associates accredited by the American Medical Association Committee on Allied Health Education and Accreditation, or the Commission for Accreditation of the Allied Health Education Programs, or their successors;

(4) Has no license, certification or registration as a physician associate, or any other type or classification of health care provider license, certification or registration under current discipline, revocation, suspension, restriction or probation;

(5) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law;

(6) Passes, at the time of license application, a jurisprudence examination administered by the Board; and

(7) Has passed the NCCPA certification examination and holds a current certification issued by the NCCPA that has not been subject to disciplinary action by the NCCPA at the time the license application is acted upon by the Board.

(8) Demonstrates current clinical competency as required by this rule.

(9) A new licensee who is scheduled to renew three (3) months or less from the date of original licensure will be issued a license through the next renewal cycle.

B. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding the applicant's qualifications, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.

C. Administratively Incomplete Application

a. Applicant fails to take action. Any application for a license that has been on file with the Board without action by the applicant for six (6) months shall be deemed administratively incomplete and shall be discarded. The applicant must restart the application process, including payment of new application fees, in order to be considered for licensure.
b. Application incomplete after 12 months. Any application that is not complete within twelve (12) months shall be deemed administratively incomplete and shall be discarded. The applicant must restart the application process, including payment of new application fees, in order to be considered for licensure unless the applicant seeks, and the Board grants, a waiver of this time limit. Requests for waivers of this time limit may be granted for good cause shown.
c. Current signed addendum required. Any applicant that has an application that has been submitted six months or longer before the application is complete must submit a new signed addendum prior to issuance of the license.
d. Application fee required to process application. If the appropriate licensing fee has not been received within 90 days of the application submission it shall be voided and the applicant must restart the application process.
e. Prior to the deadlines stated in this section, upon written statement by the applicant that they do not intend to complete their application, Board staff may close an application file as administratively incomplete upon Board staff's confirmation there are no open medical licensing complaints or investigations against the applicant in Maine or other U.S. jurisdictions.

SECTION 4: OTHER SPECIFIC TYPES OF LICENSES

1. Administrative License

A. The Board, or if delegated, Board staff may issue an administrative license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure application fee;

(3) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

B. Meets the same requirements for licensure as an applicant for an active full license with the exception that the applicant is not required to show that they have been engaged in the active rendering of medical services.

C. Renewal of Administrative License

A physician associate applying to renew an administrative license must pay the same fees and meet the same requirements for renewing an active full license, including the requirement for continuing medical education (CME).

3. Emergency 100-Day License

A. The Board, or if delegated, Board staff may issue an emergency 100-day license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure application fee;

(3) Meets the education requirement;

(4) Meets the examination requirement;

(5) Provides a Letter of Need which describes the circumstances that make the candidate eligible for the license. Such letter shall be transmitted directly from the organization where the physician associate will be practicing under the emergency 100-day license.

(7) Holds a full and unrestricted license from another United States licensing jurisdiction at the time of the application, and maintains it for the duration of the emergency 100-day license.

(8) Has had no other license restricted, limited or otherwise disciplined in any other jurisdiction.

(9) Submits an application for an active full license simultaneously with the application for the 100-day license.

(10) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law; and

(11) Demonstrates continuing clinical competency as required by this rule.

B. **Emergency 100-Day License Limitations**

(1) Emergency licenses may only be issued once to the same applicant and for a period not to exceed 100 calendar days.

(2) Emergency 100-day licenses may only be issued for a specific practice location.

(3) Emergency 100-day licenses automatically expire:

(a) On the date specified on the emergency 100-day license; or

(b) On the date that the Board receives written notification from the licensee that they are no longer employed at the specific practice location.

4. **Emeritus License**

A. The Board, or if delegated, Board staff may issue an emeritus license to an applicant who:

(1) Currently holds an active or inactive full license to render medical services in Maine;

(2) Submits an administratively complete application on forms approved by the Board; and

(3) Meets the education requirement.

B. Conversion to Emeritus License Between Scheduled Renewal Dates

A physician associate may convert an existing license to an emeritus license between scheduled renewal dates by filing an application with the Board. Upon receipt of an administratively complete application, the Board staff shall convert the existing license to an emeritus license. The biennial renewal date remains unchanged.

5. **Inactive Status License**

A. The Board, or if delegated, Board staff may issue an inactive status license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure application fee;

(3) Meets the education requirement;

(4) Meets the examination requirement; and

B. **Conversion to Inactive License Between Scheduled Renewal Dates**

A physician associate may convert an existing license to an inactive license between scheduled renewal dates by filing appropriate documentation, ranging from written confirmation up to a full application for an inactive license, depending on the circumstances with the Board. Upon receipt of an administratively complete application, the Board staff shall convert the existing license to an inactive license. The biennial renewal date remains unchanged.

C. **Due to Investigation**
In the event there is an active allegation or investigation about a licensee's fitness to practice, the licensee may agree to voluntarily convert to inactive status until the allegations are addressed.

7. Reentry License

A. The Board may issue a reentry license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure application fee;

(3) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

(4) Meets the same requirements for licensure as an applicant for a full license with the exception that the applicant has not been engaged in the active rendering of medical services for the past 24 months and has provided a reentry plan approved by the Board.

B. A reentry plan must include the following:

a) Either (i) a statement of current medical knowledge or (ii) an assessment of current medical knowledge and clinical skills, when required by the Board. The purpose of this assessment is to identify any gaps in medical knowledge and clinical skills, as well as to identify areas of strength. The assessment must be performed by an individual and/or entity approved by the Board. Examples of assessments for physician associates include the Physician Assistant National Recertifying Exam® (PANRE), the Physician Assistant National Recertifying Exam-Longitudinal Assessment (PANRE-LA®), the Special Purpose Examination (SPEX) and the Post-Licensure Assessment System (PLAS);

b) **Refresher education**. This education is designed to fill the gaps in medical knowledge identified by the assessment. This may include completion of a mini-residency program;

Commented [ML2]: Would a mini-residency program be applicable for PAs?

c) **A clinical preceptorship or the equivalent.** This component is designed to provide mentoring and oversight of clinical care for a specified period by a practice mentor. The practice preceptor or equivalent must have sufficient time and experience, possess a full and unrestricted active clinical license, have no disciplinary history, and provide reports to the Board as required by a reentry to practice agreement;

d) **Final assessment of current competency to establish qualification for an active clinical license**. This component is designed to ensure that a physician associate is ready and able to return to clinical practice without further oversight by the Board;

e) **Reentry to Practice Agreement.** This will be offered to the applicant after the Board has approved their reentry to practice plan. The applicant must execute and at all times comply with this agreement during the period of their licensure as a reentry licensee.

f) **End of Reentry to Practice Agreement**. The Reentry to Practice Agreement ends upon either successful completion of the reentry plan and conversion to a full license or if the terms of the reentry plan are not met at any time.

(1) Reentry licensees must comply with their Board-approved reentry plan and practice agreement. Failure to do so may be grounds for imposing discipline on the reentry licensee's license for unprofessional conduct and as further permitted by Board law and rules, up to and including revocation of the license.

C. Renewal of Reentry License

A physician associate applying to renew a reentry license must pay the same fees and meet the same requirements for renewing a clinical full license, including the requirement for continuing medical education (CME) and be in compliance with the reentry plan.

9. **Youth Camp License**

A. The Board, or if delegated, Board staff may issue a youth camp license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure fee;

(3) Holds a full and unrestricted license in another state or Canadian province at the time of application, and maintains it for the duration of the temporary camp license;

(4) Has had no other license restricted, limited or otherwise disciplined in any other jurisdiction;

(5) Meets the examination requirement;

(6) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law; and

(7) Demonstrates continuing clinical competency as required by this rule.

B. **Youth Camp License Limitations**

(1) Youth Camp licenses are issued for a limited period.

(2) Youth Camp licenses may only be issued for a specific youth camp (practice location).

(3) Youth Camp licenses automatically expire:

(a) On the date specified on the Youth Camp license; or

(b) On the date that the Board receives written notification from the licensee that they are no longer employed at the specific youth camp (practice location).

10. Volunteer License

A. The Board, or if delegated, Board staff may issue a volunteer license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate license conversion fee;

(3) Currently holds an active full license to render medical services in a US State or Territory;

(4) The applicant must meet all the requirements for an active full Maine license, including CME requirements as defined in this rule;

(5) Must acknowledge or certify that the applicant's practice will be exclusively and totally devoted to providing medical care to needy and indigent persons in Maine. The treatment of family, friends or acquaintances is not permitted under a volunteer license;

(6) Must acknowledge or certify that the applicant will not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation, for any medical services rendered;

(7) Reports all locations where they will provide volunteer services; and

(8) Provides to the Board a copy of a written agreement to provide volunteer services at every facility where services will be provided.

(9) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

B. **Conversion to Volunteer License Between Scheduled Renewal Dates**

When converting to a volunteer license between scheduled renewal dates, the physician associate shall follow the same procedure used to convert from an active full license to an inactive license. The biennial renewal cycle remains unchanged.

C. **Renewal of Volunteer License**

A physician associate applying to renew a volunteer license must meet all requirements for renewing an active full license, including CME.

SECTION 4: EXERCISE OF COMPACT PRIVILEGES

1. To exercise their compact privilege, an individual PA holding a qualifying license from a participating state, must comply with the requirements of the PA Licensure Compact and the Compact Rules.

2. All PAs holding compact privileges to provide medical services in Maine are subject to Maine's disciplinary statutes and rules applicable to the rendering or providing of medical services.

3. Compact privileges are effective for the term defined by the PA Licensure Compact and Compact Rules.

SECTION 5. PROCESS FOR CONVERSION OF AN INACTIVE STATUS LICENSE OR ADMINISTRATIVE LICENSE TO AN ACTIVE CLINICAL LICENSE

1. The Board, or if delegated, Board staff may convert an administrative or inactive license to full license for an applicant who:

   A. Submits an administratively complete application requesting an active status license on forms approved by the Board;

   B. Pays the appropriate license conversion fee;

   C. Provides evidence of having met the Board's requirements for CME;

   D. Demonstrates continuing clinical competency as required by this rule;

   E. Meets the examination requirement; and

   F. Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

2. In the event that there is any question regarding CME credits or active clinical practice, the application will be presented to an investigative committee of the Board.

SECTION 6. REQUIREMENTS FOR RENEWAL/INACTIVE STATUS/REINSTATEMENT/ WITHDRAWAL OF LICENSE

1. License Expiration and Renewal

Except for temporary licenses and compact privileges, the license of every physician associate born in an odd-numbered year expires at midnight on the last day of the month of the physician associate's birth every odd-numbered year. The license of every physician associate born in an even-numbered year expires at midnight on the last day of the month of the physician associate's birth every even-numbered year. The physician associate must renew the license every two (2) years prior to the expiration of the license by submitting an administratively complete application to the Board on forms approved by the Board.

Compact privileges are valid until the expiration or revocation of the qualifying license unless terminated pursuant to an Adverse Action. Compact privileges must be renewed at the time the qualifying license is renewed.

2. Renewal Notification

At least sixty (60) days prior to the expiration of a current license, the Board shall notify each licensee of the requirement to renew the license. If an administratively complete re-licensure application has not been submitted prior to the expiration date of the existing license, the license immediately and automatically expires. A license may be reinstated up to 90 days after the date of expiration upon payment of the renewal fee and late fee. If an administratively complete renewal application is not submitted within 90 days of the date of the expiration of the license, the license immediately and automatically lapses. The Board may reinstate a license pursuant to law.

3. Criteria for Active License Renewal

A. The Board, or if delegated, Board staff may renew the active license of a physician associate who meets the following requirements:

(1) Submits an administratively complete license renewal application form;

(2) Pays the appropriate license renewal fee and/or late fee (if any);

(3) Affirms that the licensee has met the CME requirements. In the event that the required CME is not complete, the physician associate may request an extension of time for good cause to complete the CME. The Board Secretary, Board Chair, or their designee has the discretion to grant or deny a request for an extension of time to complete the required CME credits;

(4) Demonstrates continuing clinical competency as required by this rule;

(5) Successfully completes the Board's jurisprudence examination when directed by the Board; and

(6) Has no cause existing that may be considered grounds for disciplinary action or denial of renewal of licensure as provided by law.

B. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding the applicant's qualifications, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or refer action on the application to an investigative committee of the Board.

C. Timeliness of Application

If an application for renewal of license is not administratively complete and postmarked or received electronically by the date of expiration of the license, the late fee shall be assessed.

4. Criteria for Inactive License Renewals

A. The Board, or if delegated, Board staff may renew the inactive license of a physician associate who meets all of the following requirements:

(1) Submits an administratively complete license application form;

(2) Pays the appropriate license renewal fee and/or late fee (if any); and

(3) Has no cause existing that may be considered grounds for disciplinary action or denial of renewal of licensure as provided by law.

B. Timeliness of Application

If an application for renewal of license is not administratively complete and postmarked or received electronically by the date of expiration of the license, the late fee shall be assessed.

5. License Status Conversions Between Scheduled Renewal Dates

A. Process for Conversion from Active to Inactive License

Commented [ML3]: Should we use the same language as in Chapter 1?

A physician associate may convert an active license to an inactive license between scheduled renewal dates by filing a written request with the Board. Upon receipt of a written request, the Board staff shall convert the active license to an inactive license. The biennial renewal date remains unchanged.

~~B. Process for Conversion from Inactive or Administrative to Active License~~

~~The Board, or if delegated, Board staff may convert the status of a physician associate's license from inactive to active for an applicant who:~~

~~(1) Files an administratively complete application with the Board;~~

~~(2) Pays the appropriate conversion fee;~~

~~(3) Provides evidence of having met the Board's requirements for CME;~~

~~(4) Demonstrates continuing clinical competency as required by this rule;~~

~~(5) Meets the jurisprudence examination requirement; and~~

~~(6) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.~~

~~C. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding an applicant's qualifications, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or refer action on the application to an investigative committee of the Board.~~

6. Process for Withdrawal of License or Withdrawal of an Application for License

A. A physician associate may request to withdraw a license by submitting an administratively complete renewal application which states the reason for requesting the withdrawal of the license.

B. An applicant may request to withdraw their application for a license by submitting a written request which states the reason for requesting to withdraw the application.

C. The Board staff may approve an application to withdraw a license or a request to withdraw an application if the Board has no open investigation or complaint regarding the applicant, and no cause exists that may be considered grounds for disciplinary action or denial or licensure as provided by law.

D. If a request to withdraw a license or an application for a license is presented to the Board, the Board shall determine whether to grant the request and whether the request was made while the applicant was under investigation by the Board.

7. Requirements for License Reinstatement

A. The Board, or if delegated, Board staff may reinstate a lapsed or withdrawn license of a physician associate who meets all of the following requirements:

(1) Submits an administratively complete reinstatement application;

(2) Pays the appropriate reinstatement fee(s);

(3) Provides a written statement explaining why they withdrew or allowed the license to lapse and a detailed listing of their activities since that time;

(4) Held a Maine physician associate license or was deemed to have held a valid Maine physician associate license prior to filing an application for reinstatement;

(5) Passes, at the time of license application, a jurisprudence examination administered by the Board;

(6) Has passed the NCCPA certification examination and holds a current certification issued by the NCCPA that has not been subject to disciplinary action by the NCCPA at the time the license application is acted upon by the Board;

(7) Demonstrates current clinical competency as required by this rule; and

(8) Has no cause existing that may be considered grounds for disciplinary action or denial of license reinstatement as provided by law.

B. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding reinstatement of the license, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or refer action on the application to an investigative committee of the Board.

C. A physician associate whose license has lapsed or been withdrawn for more than five (5) years shall apply for a new license.

D. The applicant's license may not be reinstated if the applicant has not provided evidence satisfactory to the Board of having actively engaged in active rendering of medical services continuously for at least the past 12 months under the license of another jurisdiction of the United States or Canada unless the applicant has first satisfied the Board of the applicant's current competency by passage of written examinations or practical demonstrations as the Board may prescribe, including but not limited to meeting the continued clinical competency requirements of this rule.

SECTION 7. CONTINUING CLINICAL COMPETENCY REQUIREMENTS

1. Requirements

A. General

If an applicant has not engaged in the active rendering of medical services during the 24 months immediately preceding the filing of the application, the Board may determine on a case-by-case basis in its discretion whether the applicant has adequately demonstrated continued competency to render medical services.

B. Demonstrating Current Competency

The Board may require an applicant to submit to any competency assessment(s) or evaluation(s) conducted by a program approved by the Board. If the assessment/evaluation identifies gaps or deficiencies, the applicant must complete an educational/remedial program to address them or engage in supervised practice as required by the Board. The Board retains the discretion regarding the method of determining continued competency based upon the applicant's specific circumstances. The methodology may include but is not limited to successful passage of examination(s), completion of additional training, and successful completion of a formal reentry to practice plan approved by the Board.

C. If the Board determines that an applicant requires a period of supervised practice and/or the completion of an educational or training program, the Board may at its discretion issue the applicant a probationary license pursuant to a consent agreement or issue an applicant a reentry license in conjunction with a reentry to practice plan.

D. All expenses, including but not limited to, expenses associated with the assessment, evaluation, test, supervision and/or training requirements are the sole responsibility of the applicant.

SECTION 7. FEES

A. Board staff shall collect the following fees prior to the issuance of any license or certificate:

(1) Initial License Application	$300
(2) Initial Jurisprudence Examination	$?
(3) Emergency 100-Day License Application	$?
(4) Emeritus License	$0

(5) Volunteer License $50
(6) Youth Camp License Application $100
(7)
(8)

(9) Late Fee $50
~~(9)~~(10) Inactive License Renewal $100

~~(10)~~(11) License Renewal $250
~~(11)~~(12) Emeritus License Renewal $0
~~(12)~~(13) Volunteer License Renewal $50
~~(13)~~(14)

~~(14)~~(15) License Reinstatement after Withdrawal $200

~~(15)~~(16) License Reinstatement after Lapse $400

~~(16)~~(17) Compact Privilege Initial $300?
~~(17)~~(18) Compact Privilege Renewal $250

B. Board staff may prorate the fees for any license that will expire less than six (6) months after its issuance.

SECTION 8. SCOPE OF PRACTICE FOR PHYSICIAN ASSOCIATES

1. General

A licensed physician associate or one holding a compact privilege may provide any medical service for which the physician associate has been prepared by education, training and experience and is competent to perform. The scope of practice of a physician associate is determined by the practice setting. Physician associate scope of practice delineated in collaborative agreements are subject to review and approval by the Board.

2. Practice Setting

A physician associate may render medical services in the following settings including, but not limited to a physician employer setting, physician group practice setting or independent private practice setting, or in a health care facility setting, by a system of credentialing and granting of privileges.

3. Consultation

Commented [TT4]: Ms. Michaud - The current language requires that a physician must be accessible to the PA at all times for consultation. My concern is that this language creates ongoing supervisory requirement, even for experience PAs that are not required to have a collaborative agreement, which I thought was just removed. Maine's goal was to move toward a modern team-based practice model that recognizes the new autonomy. I would suggest requiring consultation based on patient condition, PA competency, standards of care, and practice setting rather than requiring a physician to be available at all times. That. Is not possible or necessary in day to day practice. It also continues to imply that every PA maintains a 'physician relationship' regardless of practice model, which again I thought was just removed. I would suggest deleting the sentence.

Physician associates shall, as indicated by a patient's condition, the education, competencies and experience of the physician associate and the standards of care, consult with, collaborate with or refer the patient to an appropriate physician or other health care professional. The level of consultation required is determined by the practice setting, including a physician employer, physician group practice, or private practice, or by the system of credentialing and granting of privileges of a health care facility. ~~A physician must be accessible to the physician associate at all times for consultation~~. Consultation may occur electronically or through telecommunication and includes communication, task sharing and education among all members of a health care team. Upon request of the Board, a physician associate shall identify the physician who is currently available or was available for consultation with the physician associate.

4. **Delegation by Physician Associates**

A physician associate may delegate to the physician associate's employees or support staff or members of a health care team, including medical assistants, certain activities relating to medical care and treatment carried out by custom and usage when the activities are under the control of the physician associate. The physician associate who delegates an activity is legally liable for the activity performed by the employee, medical assistant, support staff or a member of a health care team.

5. Dispensing Drugs

Except for distributing a professional sample of a prescription or legend drug, a physician associate who dispenses a prescription or legend drug:

A. Shall do so consistent with the standard of care, appropriate prescribing based on the patient's presentation and appropriate medical decision making, and solely within their appropriate scope of practice

~~A.~~B. Shall comply with all relevant federal and state laws and federal regulations and state rules; and

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

(1) A pharmacy service is not reasonably available;

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

(3) An emergency exists or the physician associate acts entirely consistently with a facility's written dispensing protocol.

Commented [TT5]: Jennifer Willis - Can we discuss what is intended here and whether the Board wants to revisit what this means?

6. Legal Liability

A physician associate is legally liable for any medical service rendered by the physician associate.

7. Collaborative Agreements

Physician associates who are required to have a collaborative agreement with an actively licensed Maine physician shall conform their scope of practice to that which has been reviewed and approved by the Board. Such agreements must be kept on file at the physician associate's main location of practice and be made available to the Board or the Board's representative upon request. Upon any change to the parties in a collaborative agreement or other substantive change to the collaborative agreement, the physician associate shall submit the revised collaborative agreement to the Board for review and approval.

8. Criteria for Requiring Collaborative Agreements

A. **Collaborative Agreement**. Physician associates with less than 4,000 hours of documented clinical practice must have one (1) of the following in order to render medical services under their Maine license:

(1) A Board-approved collaborative practice agreement with a Maine physician holding an active, unrestricted physician license; or

(2) A scope of practice agreement through employment with a health care system or physician group practice as defined by this rule that has a system of credentialing and granting of privileges.

B. **Exception.** Physician associates with more than 4,000 hours of documented clinical practice as determined by the Board are not required to have a collaborative agreement.

C. **Documentation.** Acceptable documentation of clinical practice includes, but is not limited to the following:

(1) Copies of previous plans of supervision, together with physician reviews;

(2) Copies of any credentialing and privileging scope of practice agreements, together with any employment or practice reviews;

(3) Attestation of completion of 4,000 hours of clinical practice from an employer(s);

9. **Criteria for Reviewing Scope of Practice for Physician Associates in Collaborative Agreements**

A. In reviewing a proposed scope of practice delineated in a collaborative agreement, the Board may request any of the following from the physician associate:

(1) Documentation of at least 24 months of clinical practice within a particular medical specialty during the 48 months immediately preceding the date of the collaborative agreement or practice agreement;

(2) Copies of previous plans of supervision, together with physician reviews;

(3) Copies of any credentialing and privileging scope of practice agreements, together with any employment or practice reviews;

(4) Letter(s) from a physician(s) attesting to the physician associate's competency to render the medical services proposed;

(5) Completion of Specialty Certificates of Added Qualifications (CAQs) in a medical specialty obtained through the NCCPA or its successor organization;

(6) Preparation of a plan for rendering medical services for a period of time under the supervision of a physician;

(7) Successful completion of an educational and/or training program approved by the Board.

B. Physician associates who work outside of a health care facility or physician group practice may not render medical services until their scope of practice is reviewed and approved by the Board.

SECTION 9. ELEMENTS OF WRITTEN COLLABORATIVE AGREEMENTS

1. All written collaborative agreements shall include at a minimum:

A. A detailed description of the physician associate's scope of practice and practice setting, including the types of patients and patient encounters common to the practice, a general overview of the role of the physician associate in the practice setting, and the tasks that the physician associate may be delegating to medical assistants.

B. the name and license number of any and all active Maine physician(s) who are signatories to a collaborative agreement that describes the physician associates' scope of practice;

C. a detailed description of the method(s) of consultation with the active Maine physicians who are signatories to a collaborative agreement, and any limitations regarding the ability of the physician(s) to provide consultation, including limitations as to scope of practice or availability. The physician(s) who are signatories to a collaborative or practice agreement shall provide consultation only within their scope of practice and must be available for consultation with the physician associate at all times and for all medical services rendered by the physician associate.

~~2.~~ Maintenance and production of collaborative agreements.

A. Physician associates licensed to practice in accordance with these rules must prepare and have on file in the main administrative office of the practice or practice location a written, dated collaborative agreement that is signed by both the physician(s) and the physician associate and contains the elements as required by this rule.

B. Failure to have a current written collaborative agreement on file and/or failure to produce a current collaborative or practice agreement upon request of the Board or Board staff shall result in a citation and/or possible disciplinary action.

SECTION 10. NOTIFICATION REQUIREMENTS FOR PHYSICIAN ASSISTANTS

1. **Change of Collaborative Agreement**

   A physician associate licensed by the Board or holding a compact privilege shall notify the Board in writing within ten (10) calendar days of any change to a collaborative agreement by submitting a revised collaborative agreement to the Board for review and approval.

2. **Termination of Collaborative Agreement**

   A physician associate shall notify the Board in writing within ten (10) calendar days regarding the termination of any collaborative agreement. Such notification shall include the reason for the termination.

3. **Change of Contact Information**

   A physician associate shall notify the Board in writing within ten (10) calendar days of any change in work or home address, email, phone, or other contact information.

4. **Death/Departure of Collaborating Physician**

A physician associate shall notify the Board in writing within ten (10) calendar days of the death or permanent or long-term departure of a collaborating physician who is a signatory to a collaborative agreement.

5. **Failure to Pass NCCPA Examination**

   A physician associate issued a temporary license by the Board shall notify the Board in writing within ten (10) calendar days of the failure to pass the NCCPA examination.

6. **Criminal Arrest/Summons/Indictment/Conviction**

   A physician associate shall notify the Board in writing within ten (10) calendar days of being arrested, summonsed, charged, indicted or convicted of any crime.

7. **Change in Status of Employment or Hospital Privileges**

   A physician associate shall notify the Board in writing within ten (10) calendar days of termination of employment, or any limitation, restriction, probation, suspension, revocation or termination of hospital privileges.

8. **Disciplinary Action**

   A physician associate shall notify the Board in writing within ten (10) calendar days of disciplinary action taken by any licensing authority including, but not limited to, warning, reprimand, fine, suspension, revocation, restriction in practice or probation.

9. **Material Change**

   A physician associate shall notify the Board in writing within ten (10) calendar days of any material change in qualifications or the information and responses provided to the Board in connection with the physician associate's most recent application.

10. **Name Change**

    A physician associate shall notify the Board in writing within thirty (30) calendar days regarding any legal change in their name and provide the Board with a copy of the pertinent legal document (e.g. marriage certificate or court order).

SECTION 11. CITATION

1. The board or an investigative committee of the board, or if delegated, board staff may issue citations in lieu of taking disciplinary action for:

A. The failure to have a current written collaborative agreement that conforms to the requirements of this rule on file at the location specified. The administrative fine for each violation is $200; or

B. The failure to file a written notification with the Board as required by this rule. The administrative fine for each violation is $100.

2. **Service of Citation**

The citation may be served on the licensee by mail or email sent from the Board office.

3. **Right to Hearing**

The citation shall inform the physician associate that the physician associate may pay the administrative fine or request in writing a hearing before the Board regarding the violation. If the physician associate requests a hearing, the citation shall be processed in the same manner as a complaint pursuant to 32 M.R.S. §§ 20141-20144 except that the physician associate's written response to the citation must be filed at the same time as the written request for hearing.

4. **Time for Payment or Request for Hearing**

The physician associate shall either pay the administrative fine within thirty (30) days following issuance of the citation or request a hearing in writing within thirty (30) days following issuance of the citation. Failure to take either action within this thirty-day (30-day) period is a violation of the Board's rules that may subject the physician associate to further disciplinary action by the Board for unprofessional conduct, including but not limited to an additional fine and action against the license or compact privilege.

5. **Citation Violations Not Reportable**

Administrative fines paid solely in response to citations issued pursuant to this rule do not constitute discipline or negative action or finding and shall not be reported to the Federation of State Medical Boards or the National Practitioner Databank or to any other person, organization, or regulatory body except as allowed by law. Citation violations and administrative fines are public records within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

SECTION 12. CONDUCT SUBJECT TO DISCIPLINE

1. Violation of this Chapter by a physician associate constitutes unprofessional conduct and is grounds for discipline of a physician associate's license or compact privilege.
2. A physician associate who is certified by the National Commission on Certification of Physician Assistants ("NCCPA") shall comport their conduct to the NCCPA Code of Conduct, and failure to do so constitutes unprofessional conduct and is a ground for discipline of a physician associate's license or compact privilege.

SECTION 13. CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS AND DEFINITIONS

In order to qualify to renew a license, a physician associate must meet the following CME requirements:

1. **Requirements**

A. **Required CME.** Each physician associate who possesses an active license shall complete, during each biennial licensing period, a minimum of one hundred (100) credit hours of continuing medical education subject to the following:

(1) At least fifty (50) hours must be in Category 1 (as defined by this rule);

(2) The total one hundred (100) hours may be in Category 1.

(3) Fifty (50) credit hours may be in Category 2 (as defined by this rule); and

(4) Maine-required opioid CME.

B. **Failure to complete CME results in inactive status**. If the required CME is not completed and submitted, then an inactive status license renewal will be issued unless the Board has granted an extension of time or deferment as described in Subsection 2C below.

C. **Current NCCPA Certification**. Proof of current NCCPA certification at the time an application for renewal is submitted satisfies CME requirements.

CME for Opioid Prescribing. All physician associates must complete 3 hours of Category 1 credit CME every two years on the prescribing of opioid medication as required by Board Rule Chapter 21 "Use of Controlled Substances for Treatment of Pain."

2. **Definitions of CME Categories**

A. Category 1 CME includes:

(1) CME programs sponsored or co-sponsored by an organization or institution accredited by: the American Academy of Physician Associates (AAPA); the American Medical Association Council on Medical Education (AMA); the Accreditation Council for Continuing Medical Education (ACCME); the American Academy of Family Practice (AAFP); the Committee on Continuing Medical Education of the Maine Medical Association (MMA); the American Osteopathic Association (AOA); or the Maine Osteopathic Association (MOA). Programs will be properly identified as such by approved sponsoring or co-sponsoring organizations. VALUE: One (1) credit hour per hour of participation. VERIFICATION: Certificate of completion, if requested by the Board as part of a CME audit.

(2) Papers or articles published in peer reviewed medical journals (journals included in Index Medicus) VALUE: Ten (10) credit hours for each article. Limit one article per year. VERIFICATION: Copy of first page of article, if requested by the Board as part of a CME audit.

(3) Poster preparation for an exhibit at a meeting designated for AMA/AOA/AAPA category 1 credit, with a published abstract. VALUE: Five (5) credit hours per poster. Limit one poster per year. VERIFICATION: Copy of program with abstract and presenter identified, if requested by the Board as part of CME audit.

(4) Teaching or presentation in activities designated for AMA/AOA/AAPA category 1 Credit, VALUE: Two (2) credit hours for each hour of preparation and presentation of new and original material. Limit ten (10) hours per year. VERIFICATION: Copy of program from activity, if requested by the Board as part of CME audit.

(5) Medically related degrees, i.e. MPH, Ph.D. VALUE: Twenty-five (25) credit hours per year. VERIFICATION: Certified copy of diploma or transcript, if requested by the Board as part of CME audit.

(6) Postgraduate training or advanced specialty training. VALUE: Fifty (50) credit hours per year. VERIFICATION: Certified copy of diploma or transcript, if requested by the Board as part of CME audit.

(7) Other programs developed or approved from time to time by the Board. VALUE: Determined by the Board at the time of approval. VERIFICATION: Determined by the Board at the time of approval.

B. Category 2 CME includes:

(1) CME programs with non-accredited sponsorship, i.e. those not meeting the definition of Category 1 as defined in Subsection 2(A) above. VALUE: One (1) credit hour per hour of participation.

(2) Medical teaching of medical students, interns, residents, fellows, practicing physicians, or allied professionals. VALUE: One (1) credit hour per hour of teaching.

(3) Authoring papers, publications, books, or book chapters, not meeting the definition of Category 1 as defined in Subsection 2(A) above. VALUE: Ten (10) credit hours per publication. Limit ten (10) hours per year.

(4) Non-supervised individual activities, i.e. journal reading, peer review activities, self-assessment programs which are not sponsored by an accredited Category 1 organization. VALUE: One (1) credit hour per hour of participation.

C. Exceptions to CME requirements

(1) The Board Secretary, at their discretion, may grant an extension of time not to exceed six (6) months or deferment to a licensee who because of prolonged illness, undue hardship, or other extenuating circumstances has been unable to meet the requirements of CME.

(2) CME will be prorated during the first licensure period.

(3) CME requirements will be stayed for physician associates called to active military duty.

D. Evidence of completion

Board staff shall perform random audits of CME.

SECTION 14. IDENTIFICATION REQUIREMENTS

1. Physician associates licensed or holding compact privileges from the Board shall:

A. Keep their licenses or compact privileges available for inspection at the location where they render medical services;

B. Wear a name tag identifying themselves as physician associates when rendering medical services; and

Commented [TT6]: Jennifer Willis - Is this a thing that can be displayed?

C. Verbally identify themselves as physician associates whenever greeting patients during initial patient encounters and whenever patients incorrectly refer to them as “doctors.”

STATUTORY AUTHORITY:

EFFECTIVE DATE:

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

383 BOARD OF OSTEOPATHIC LICENSURE

Chapter 14: CONTINUING MEDICAL EDUCATION

SUMMARY: Title 32 M.R.S.A. § 2581 requires that every two years the osteopathic physician obtain 100 hours of continuing medical education, at least 40% of which must be osteopathic medical education as defined by the Board. This chapter defines what continuing medical education primary care physicians and osteopathic specialists must obtain in order to satisfy this statutory requirement and sets forth other provisions related to compliance with Section 2581.

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§ 1 DEFINITIONS

1. "AOA" is the American Osteopathic Association.

2. “ACGME” is the American College of Graduate Medical Education.

3. “AMA” is the American Medical Association.
4. “Board” is the Board of Osteopathic Licensure.

5. “CME” is continuing medical education.

6. “Continuing medical education” is any educational activity that is designated as Category 1 and 2 by the AOA or by the ACGME or the AMA.

7. "Osteopathic medical education" for primary care physicians is CME designated by the AOA as Category 1. For osteopathic specialists, osteopathic medical education is considered CME designated as Category 1 by the AOA or the ACGME or the AMA..

8. “Osteopathic specialists”, for the purpose of these rules, means any doctor of osteopathy not considered a primary care physician as defined below.

9. “Primary care physicians” means family or general practitioners, general internists, and general pediatricians.

10. “Satisfactory evidence” means a print out from the AOA, sponsor generated documentation evidencing attendance or completion of a CME program, completed and scored CME quiz, or other appropriate documentation acceptable to the Board.

§ 2 CONTINUING MEDICAL EDUCATION

1. Biennial Reports to the Board. As part of the renewal application, each physician licensed by the Board of Osteopathic Licensure pursuant to Title 32, chapter 36, must append satisfactory evidence or complete a form prescribed by the board certifying that the physician has obtained 100 hours of continuing medical education during the two years preceding the renewal of the physician's license. At least 40 of the 100 hours of continuing medical education obtained must be osteopathic medical education, as defined by the Board in Section 1, sub-section 6.

2. Failure to provide evidence. If the physician fails to report to the Board by January 1 of each even numbered year that the physician has obtained the number of hours of continuing medical education and osteopathic medical education required the Board will send notice of this deficiency to the physician by first class mail after January 1st of that year.

3. Lapse of license. The physicians license will lapse on the 31st day following the receipt of the notice letter from the Board, referred to in sub-section 2 unless the physician provides the Board with satisfactory evidence that he has obtained the required CME described in Section 2, sub-sections 1 or the physician has filed a petition in accordance with Section 2, sub-section 5, within 30 days of receipt of the notice letter.

   A physician whose license has lapsed in accordance with this sub-section, is not authorized to practice osteopathic medicine in Maine beginning on the 31st day after receipt of the notice letter described in the previous sub-section, until the Board reinstates the physician's license.

4. Reinstatement of license. Provided all other requirements for renewal have been met, the physicians license may be reinstated by the Board upon submission of satisfactory evidence that the physician has completed the number of continuing medical education hours required by these rules. Depending on the period of time before reinstatement is requested, the Board may require that the physician file a new application for renewal and pay a new renewal fee.

5. Illness, hardship or military service. If the physician has been unable to obtain the number of hours of continuing medical education required for renewal due to illness, hardship or military service, or other good cause, the physician may petition the Board in writing to either waive the requirement or to enter into a consent agreement which will allow the physician additional time to obtain the required CME hours.

   A. The petition must be supported by appropriate documentation to demonstrate the reason for the CME deficiency and, if an extension is requested, must be accompanied by a proposal for when and how the physician proposes to make up the deficiency.

B. The Board will review the petition and notify the physician of its decision to grant or deny the petition or it may offer the physician the opportunity to attend an informal conference prior to acting upon the petition.

C. If the physician is aggrieved by the Board's decision regarding the petition, the physician may request, within 30 days of receipt of the Board's decision regarding the petition, that the Board hold an adjudicatory hearing regarding the physician's petition, in accordance with the Maine Administrative Procedure Act.

D. If the physician fails to appeal the notice of denial or, if the Board denies the petition after hearing, the physician's license will lapse and must be reinstated in accordance with subsection 4.

§ 3 RANDOM AUDITS.

1. In each odd numbered year, the Board will conduct a random audit of 10% of the licensed physicians to verify the information regarding continuing medical education contained on the reporting form submitted pursuant to Section 2, sub-section 1, of these rules.

2. When the renewal application is sent to the physician, the Board will inform physicians of the requirement of the random audit and the necessity of retaining satisfactory evidence to verify the information reported to the Board regarding continuing medical education.

3. Within 30 days of the receipt of the request from the Board, each physician selected to participate in the random audit is required to produce satisfactory evidence of having obtained the hours reported to the Board at the time of the previous renewal.

4. If the physician is not able to produce satisfactory evidence of compliance with 32 M.R.S.A. § 2581, the Board will notify the physician of the deficiency. The procedures in Section 2, sub-sections 3 through 5, are applicable, except that a new application and a new renewal fee will be required prior to any reinstatement.

5. The Board may also take any other disciplinary action authorized by law, as appropriate.

STATUTORY AUTHORITY: 32 M.R.S.A. §§ 2562 & 2581.

EFFECTIVE DATE:
July 27, 1998

AMENDED:
November 8, 1999