Board of Licensure in Medicine – Board of Osteopathic Licensure Meeting
161 Capitol Street
Augusta, Maine 04333-0137
September 24, 2026 @ 8:00 a.m.

The September 24, 2026 meeting is being held at the Boards' offices in Augusta, Maine with Board members participating in person, individual members may participate via Zoom. A link for the public to access the Board meeting virtually is included below and posted on the Boards' websites. **The Boards encourage members of the public to attend the meeting virtually.**

Join Zoom meeting: https://mainestate.zoom.us/j/85085063353; Meeting ID: 850 8506 3353; Passcode: 37504588. A call in option is available by dialing 1 (646) 931-3860 or 1 (301) 715-8592.

I. Call to Order
II. Merger Process Updates
  A. Committee Assignments and Meeting Dates
  B. Administrative/Financial
    1. Update on Transition Dates
    2. Review of Draft Personal Data Questions
    3. Review of Draft Chapter 4
    4. Review of Draft Chapter 16
    5. Review of Draft Remote Participation Policy
    6. Review of Draft Records Retention Schedule
    7. Review of BOL Policies
    8. Review of Draft Jurisprudence Exam
  C. Complaint Process
III. Public Comment
IV. Adjournment

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)

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.

Update on Transition Timeline

Verbal Discussion

BOARD OF LICENSURE IN MEDICINE

DATE: **SEPEMBER 24, 2026**

TO: **BOLIM/BOL**

CC:

FROM: TIMOTHY TERRANOVA

RE: **BOL/BOLIM PERSONAL DATA QUESTIONS REVIEW**

PLEASE NOTE: Approval of the personal data questions is needed before work on the online licensing system can be completed and tested.

BOLIM staff conducted a side-by-side comparison of each board's personal data questions required as part of the application process. BOLIM asks a total of 27 questions and BOL asks 15 questions. In comparing the two sets of questions, it was identified that 14 were found to be comparable.

The BOM Workgroup reviewed the questions in August and recommended that 23 questions be approved and that 4 be referred to the individual boards for further discussion.

BOLIM met on September 8, 2026. BOLIM agreed with the workgroup's recommendation for the 23 questions. For the final 4 questions, BOLIM recommended deleting 1, and referred the remaining 3 questions back to the workgroup.

BOL met on September 10, 2026. BOL made edits to several of the 23 questions. For the final 4 questions, BOL recommended keeping 1, editing 1 and deleting 2.

Questions recommended by the workgroup and approved by BOLIM and BOL include:

- Have you EVER had ANY licensing authority (INCLUDING MAINE) deny your application for any type of license, or take any disciplinary action against the license issued to you in that jurisdiction, including but not limited to warning, reprimand, fine, suspension, revocation, restrictions in permitted practice, probation with or without monitoring?

- Have you EVER been notified of the existence of allegations, investigations and/or complaints involving you, filed with or by ANY licensing authority (INCLUDING MAINE), which allegations, investigations and/or complaints remain open as of the date of this application?

- Have you EVER left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint, investigation or allegation was pending?

- Have you EVER been denied registration, or had your ability to prescribe or dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by, or surrendered to:

    - The U. S. Drug Enforcement Administration (US DEA)?
    - Any state/territory of the U. S., INCLUDING MAINE?

- Have you EVER received a sanction or entered into any settlement agreement or integrity agreement related to Medicare, TRICARE or any state Medicaid program?

- Have you EVER been charged, summonsed, indicted, arrested, or convicted of any criminal offense, including when those events have been deferred, set aside, dismissed, expunged or issued a stay of execution? Please include motor vehicle offenses such as Operating Under the Influence, but not minor traffic or parking violations.

- Health and wellness is vital for both a physician/physician assistant and the patients she/he serves. The Board strongly encourages physicians/physician assistants to take steps, including seeking treatment, when necessary to establish and maintain health and wellness. One resource available to physicians/physician assistants is the Medical Professionals Health Program (MPHP). More information about the MPHP can be found at: https://www.mainemed.com/member-services/medical-professionals-health-program.

  The purpose of the following questions is to determine the current fitness of an applicant to safely practice medicine. The following inquiries concern current medical, mental health, and substance misuse issues that may impair the ability to safely practice. This information is treated confidentially by the Board. The mere fact of treatment for a current medical, mental health or substance misuse issue is not, by itself, a basis on which an applicant is ordinarily denied licensure when he/she has demonstrated personal responsibility and maturity in dealing with these issues.

The Board strongly encourages applicants who may benefit from treatment to seek it. The Board may deny a license to applicants whose ability to safely function in the practice of medicine or whose behavior, judgment, and understanding is currently impaired to the degree that patient safety is at risk.

  - Do you have a mental or physical condition that currently impairs your ability to safely and competently practice medicine?

  - Do you currently use any chemical substance(s), including alcohol, that impairs or limits your ability to practice your profession with reasonable skill and safety?

  - Are you currently engaged in the illegal use of illicit drugs or prescription drugs that have not been prescribed to you pursuant to a legitimate physician-patient relationship? “Legitimate” means “Being in compliance with the law or in accordance with established and accepted standards.”

- Have you EVER applied for hospital, HMO or other health care entity privileges which were denied?

- Have you EVER had your staff privileges or employment at any hospital, long term care facility, HMO, or other health care entity terminated, revoked, reduced, restricted in any way, suspended, made subject to probation, limited in any way, or withdrawn involuntarily?

- Have you EVER been disciplined by a professional society or resigned while an accusation was pending?

- Have you EVER been named in any medical malpractice liability claim or lawsuit adjudicated by a court in favor of the other party, or settled by you or your insurance company/representatives with or without your express consent?

- Do you have any open/pending malpractice claims?

- Have you EVER agreed with any licensing authority to voluntarily follow practice limitations, restrictions, guidelines, to make reports or to complete specific continuing education or course work?

- Has there EVER been a finding by any state or federal court or governmental agency that you violated any rule or law regulating the practice of health care?
- Has there EVER been a finding against you in any inquiry, investigation, or administrative or judicial proceeding by an employer, educational institution, professional organization, or licensing authority, or in connection with an employment disciplinary or termination procedure?
- Have you EVER voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?
- Have you EVER resigned from employment in lieu of termination or while under investigation?
- Has it been longer than 24 months since you last practiced clinical medicine?
- Have you ever had a finding of sexual misconduct made against you (including in the State of Maine) regarding a patient or others (including sexual harassment)?

Questions recommended by the workgroup, approved by BOLIM and edited by BOL include:

- Have you EVER been ~~deselected~~ ~~depriviliged~~deprivileged from a managed care organization ~~physician~~ panel?
- Do you intend to practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?
- Have you EVER furnished or provided illegal drugs to anyone other than ~~medical~~ marijuana per applicable state law?
- Have you EVER been terminated or suspended from any health-care related employment?

Questions referred by the workgroup and reviewed by BOLIM and BOL include:

- Have you EVER furnished prescription drugs to or written a prescription for anyone without having a legitimate physician-patient relationship (This

Commented [TT1]: Maybe revise? -concern this does not cover licensees at other facilities than hospitals

includes conduct for which you may NOT have been adjudicated in any civil, administrative or criminal proceeding)?

- Have you EVER:
  - ~~Possessed, used, prescribed for use, or distributed any drugs in any way other than for legitimate or therapeutic purposes?~~
  - ~~Diverted any drugs?~~
  - ~~Violated any drug law?~~
  - Prescribed any controlled substances for yourself or family/household members?
- ~~Have you EVER endangered the safety of others, breached fiduciary obligations, or violated workplace conduct rules?~~
- ~~The Board is concerned with physician/physician associate health and wellness. An important piece of maintaining health and wellness is establishing a relationship with a primary health care provider who provides regular and ongoing care. The Board is conducting a voluntary survey to determine the percentage of licensees who receive ongoing and regular care from a primary care provider, and whether further education needs to be provided to licensees regarding this important issue. Please answer the following question.~~
  - ~~Have you been examined/evaluated by your primary health care provider within the past 24 months?~~

Commented [TT2]: BOLIM and BOL recommend keeping

Commented [TT3]: BOL recommendation to delete first three sub questions

Commented [TT4]: BOL recommends deletion

Commented [TT5]: BOLIM and BOL recommend deletion

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

500 BOARD OF MEDICINE

Chapter 4: RULES FOR THE ISSUANCE OF CITATIONS

SUMMARY: Chapter 4 lists the violations for which a citation and administrative fine may be issued, describes the licensee's right to request a hearing, and describes the time and manner in which the fine must be paid. Section 2 specifies the Board may issue a complaint charging unprofessional conduct and states that administrative fines are not reportable to any databanks.

SECTION 1

1. **List of Violations**

Board staff may issue citations for:

A. Failure to report the existence of an outstanding complaint before the Maine Board of ~~Licensure in~~ Medicine against the applicant on a license application, license renewal application, or other document provided to the Board.

B. Failure to provide a response to the notice of a complaint within the statutorily specified 30 days from notice or within the timeframe specified by issuance of an extension of response as granted by Board staff.

C. Failure to answer accurately any question on any Board of ~~Licensure in~~ Medicine application.

D. Failure to submit a complete application for licensure within 14 days from issuance of an emergency license, unless a waiver has been granted.

E. Failure to meet Continuing Medical Education (CME) requirements at license renewal as confirmed by random audit.

F. Failure to complete the jurisprudence exam within 14 days of issuance of initial license or privilege for compact participants.

G. Failure to provide a response to any Board request within the timeframe specified in the request or of an extension of response as granted by Board staff.

2. **Fine Amount**

The administrative fine for each violation is $200.00.

3. **Service of Citation**

The citation may be served on the licensee/applicant by email sent from the Board office.

4. **Right to Hearing**

The citation shall inform the licensee/applicant that the licensee/applicant may pay the administrative fine or may request a hearing before the Board regarding the violation. If the licensee/applicant requests a hearing, the citation shall be processed in the same manner as a complaint pursuant to 32 M.R.S. §~~3282-A~~20142, except that the licensee/applicant's written response to the citation must be filed at the same time as the written request for hearing.

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

The licensee/applicant shall either pay the administrative fine within 30 days or request a hearing in writing within 30 days following issuance of the citation. Failure to take either action within this 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.

6. **Administrative Process**

A. If a citation is issued, any pending applications will not be processed further until the administrative fine is received by the Board or the Board takes final action regarding the citation following an adjudicatory hearing. After receipt of the administrative fine the application will be re-placed in processing order. The application will be processed further, subject to all regular reviews and processes.

B. If a citation is issued relating to a complaint investigation, any pending investigative process will continue unabated, including presenting the complaint information at the next Board meeting, absent the complainant's response, for adjudication.

SECTION 2

1. **Filing a Complaint**

Nothing in this chapter shall prohibit the Board from issuing a complaint pursuant to 32 M.R.S. §~~3282-A~~20142 in addition to a citation for a violation listed in this chapter. In case of failure to file a permanent application for licensure after the issuance of a citation, a complaint may be filed charging unprofessional conduct in addition to the citation.

2. **Citation Violations Not Reportable**

Administrative fines paid solely in response to citations issued pursuant to this chapter do not constitute discipline or negative action or finding and shall not be reported to the Federation of State Medical Boards, the National Practitioner Databank, or to any other person, organization, or regulatory body except as allowed by law. Citation violations and administrative fines paid 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.

STATUTORY AUTHORITY: 10 M.R.S. §8003-E; 32 M.R.S. §~~3269(7)~~20113

EFFECTIVE DATE:

02 DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION

500 BOARD OF MEDICINE

Chapter 16: PRESCRIBING AND TREATMENT FOR SELF, ~~AND~~ FAMILY MEMBERS AND CLOSE PERSONAL CONTACTS

SUMMARY: The purpose of these rules is to identify under what circumstances it is appropriate for a physician or physician ~~assistant~~associate to treat self, ~~and~~ family members and close personal contacts.

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§1 DEFINITIONS

~~1.~~ ~~"Acute problem" is one expected to persist no longer than one month but which requires intervention on an immediate basis.~~

1. ~~2.~~ "Board" is the Board of ~~Osteopathic Licensure~~Medicine.

2. ~~3.~~ "Chronic problem" is one previously diagnosed and treated by another which by circumstance requires interim adjustment or continuation of treatment.

3. ~~4.~~ "Close Personal Contact" is a friend, colleague, acquaintance, or extended family member.

~~3.~~4. ~~5.~~ "Emergency" is a condition threatening a person's life or limb when left untreated.

~~4.~~5. 56. "Immediate family members" are spouse, significant other(s), child(ren), parent(s), person(s) living in the home of the physician or physician ~~assistant~~associate, or others for whom the physician or physician ~~assistant~~associate is legally responsible.

~~5.~~6. ~~6~~7. "Isolated setting" is one removed from access to routine or alternate sources of care due to the unreasonable distance or time needed to obtain these services.

~~6.~~7. ~~7~~8. "Physician", for the purposes of these rules, means any physician licensed by the Board to practice ~~osteopathic~~ medicine.

~~7.~~8. ~~8~~9. "Physician ~~Assistant~~Associate" means any physician ~~assistant~~associate licensed or privileged by the Board to ~~perform delegated medical activities under the supervision of a physician licensed to practice osteopathic medicine~~render medical services.

Commented [ML1]: Would it be helpful to add a statement about dual relationships as noted in the FSMB Position Statement as an explanation? Similar to the statement in Chapter 15 that explains the background/basis for the rule.

8.9. 910. "Treat" or "Treatment" includes, but is not limited to:

A. diagnosis of a physical or psychological condition;

B. prescribing various therapies to resolve, ameliorate or rehabilitate a diagnosed condition;

C. dispensing of non-controlled or controlled substances;

D. writing a prescription for controlled or non-controlled substances;

E. radiological procedures;

F. surgical therapies, and

G. psychotherapy.

§2 PRESCRIBING AND TREATMENT FOR SELF, ~~AND~~ FAMILY MEMBERS AND CLOSE PERSONAL CONTACTS

Physicians/physician associates may only treat themselves, ~~or~~ immediate family members or close personal contacts, under the following circumstances:

A. ~~Physicians may treat themselves or immediate family members i~~In emergency situations when there are no other qualified ~~physicians~~ providers that are reasonably available to address the emergency.

B. ~~Physicians may treat themselves and immediate family members for acute problems.~~

C. ~~Physicians may treat their own chronic problems or those of immediate family members for a period no longer than two months when i~~In an isolated setting ~~setting or when regular care is not otherwise reasonably available~~ and the delay involved in obtaining treatment from a routine or alternate source of medical care may result in an emergency or acute exacerbation of the chronic problem.

~~D. Physicians may also treat themselves and family members for seasonal problems.~~

E. ~~Following the provision of care under A., B., C., t~~The physician/physician associate must promptly seek treatment from another ~~physician~~ provider or promptly refer the immediate family member or close personal contact to another qualified ~~physician~~ provider for follow-up.

F. ~~Under the circumstances described in A., B. & C., t~~The physician/physician associate is held to the same standard of care applicable to ~~physicians~~ providing treatment for patients ~~who are not immediate family members,~~ and the physician/physician associate must only treat within ~~the physician's~~their expertise and training.

~~§3 PHYSICIAN ASSISTANTS~~

~~Physician assistants must not treat themselves or immediate family members, except in an emergency situation, unless under the direction of the supervising physician.~~

§34 RECORD KEEPING

A medical record must be created and forwarded to the primary care provider or regular treating provider of the physicians/physician associates, immediate family members or close personal contacts.~~When physicians or physician assistants treat themselves or immediate family members pursuant to these rules, the physician and physician assistant must maintain the same standard of record-keeping applicable to a patient who is a non-family member under the same circumstances.~~

For the purposes of this rule, the medical records must include, to the extent required by the standard of care, the following:

1. Patient history, to include all current medical issues and medications;
2. Physical examination results;
3. Diagnosis;
4. Laboratory and other diagnostic test results;
5. The nature and purpose of recommended interventions;
6. The burden, risks, and expected benefits of all options, including foregoing treatment;
7. Records of drugs prescribed, dispensed, and/or administered;
8. Patient's decision; and
9. The need for follow-up care or emergency services.

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STATUTORY AUTHORITY: 32 M.R.S.A. §§ ~~2562 & 2581~~20113

EFFECTIVE DATE:
June 27, 2001

Board Member Remote Participation Policy

POLICY: In accordance with 1 M.R.S. § 403-B, it is the policy of the Board of ~~Licensure in~~ Medicine ("Board") to allow Board members to participate remotely using synchronous telephonic or video technology allowing simultaneous reception and exchange of information pursuant to this policy.

1. It is an expectation that all members of the Board will be physically present for public proceedings conducted by the Board except when being physically present is not practicable.

2. Circumstances in which the physical presence of one or more of the members of the Board is not practicable include:

A. The existence of an emergency or urgent situation that requires the Board to meet by remote methods. The existence of an emergency or urgent situation under this subsection shall be determined by the Board Chair, or if the Chair is unavailable, by the Board ~~Secretary~~Vice Chair. An "emergency" or "urgent situation" includes but is not limited to:

1. A declaration of emergency issued by the Governor of the State of Maine or the President of the United States;

2. Conduct or condition of a licensee of the Board that places the health or physical safety of any person in immediate jeopardy and which requires the Board to promptly act such that holding a public Board proceeding in a physical location accessible by the public cannot be reasonably achieved;

3. The existence of meteorological conditions that impede safety of travel, including but not limited to significant weather events such as hurricanes, snowstorms, ice storms or nor'easters;

Commented [TT1]: This is not included in the BOL policy and is listed under E as a circumstance, but not an emergency.

4. The risk of disease transmission based upon data from the Maine Center for Disease Control and/or other State or federal sources.

Commented [TT2]: This is not in the BOL policy

B. Illness or other physical condition as determined by the individual Board member that causes the member to face significant difficulties to travel to or attend the public Board proceeding.

C. Temporary absence from the State that would cause the Board member to face significant difficulties traveling to and attending the public Board proceeding in person as determined by the individual Board member.

D. Whenever a member of the Board has to travel a significant distance to be physically present at the public Board proceeding. "Significant distance" means any distance that is more than 100 miles from the Board's offices in Augusta, Maine.

E. Whenever there are geographic characteristics or meteorological conditions that impede safety or slow travel, including but not limited to islands not connected by bridges or significant weather events such as hurricanes, snowstorms, ice storms or nor'easters as determined by the individual Board member.

F. Whenever the full Board meeting is followed by an Investigative Committee meeting on which the Board member does not sit.

~~F~~G. Whenever remote participation of a Board member or all Board members has been approved by the Board Chair, or if the Board Chair is unavailable, by the Board ~~Secretary~~Vice Chair.

3. For purposes of adjudicatory hearings held under 5 M.R.S. §§ 9051-9064, only Board members who participate in the proceeding in person will be allowed to participate in the proceeding. If the Board Chair, or Board Vice Chair, determines that conditions require a remote proceeding under this policy, adjudicatory hearing may be held through remote means.

4. The Board shall provide members of the public a meaningful opportunity to attend a public proceeding of the Board by remote means whenever members of the Board participate by remote methods or when necessary to provide reasonable accommodation and access to individuals with disabilities. Any member of the public needing and requesting accommodation to access a public Board proceeding should contact Executive Director Tim Terranova at Tim.E.Terranova@maine.gov or 207-287-6930.

4. Whenever the Board is scheduled to allow or required to provide an opportunity for public input during a public Board proceeding, the Board shall provide an effective means of communication between the members of the Board and the public.

5. Absent a determination by the Board Chair or Board ~~Secretary~~ Vice Chair that an emergency or urgent situation exists to warrant a fully remote Board meeting, whenever a member of the Board will be participating remotely, the Board's notice of the public Board proceeding will include the means by which members of the public may access the proceeding remotely and identify a physical location for members of the public to attend in person. The Board may not limit the public's ability to attend a public proceeding in person except during the existence of an emergency or urgent situation as determined by the Board Chair or Board ~~Secretary~~Vice Chair.

6. A member of the Board who participates remotely in a public Board proceeding is present for purposes of a quorum and voting.

7. All votes taken by the Board during a public Board proceeding using remote methods for participation by any Board member must be taken by roll call vote that can be seen and heard if using video technology, and heard if using audio only technology, by the other members of the Board and the public.

8. The Board shall make all non-confidential documents and other materials, electronic or otherwise, considered by it during a public proceeding available to the public who attend by

Commented [TT3]: This would allow Board members who only need to attend the full Board meeting and not the following investigative committee, to attend remotely.

Commented [TT4]: This is included in the BOL Policy but not the BOLIM Policy.

remote means to the same extent customarily available to members of the public who attend Board public proceedings in person so long as no additional costs are incurred by the Board.

EFFECTIVE DATE: ~~November 14, 2023~~January 12, 2027

Description of Records	Media	In Agency Retention	Records Center Retention	Disposition
Approved Applications for Clinical/Full Licensure: Records are closed once the license is approved and issued. Records include application materials for clinical licensure for physicians and full licensure for physician associates, including emergency license if requested, administrative licenses, and license reinstatement applications. Paper application material will be scanned to the digital file and destroyed after verification that a complete and accurate copy has been captured. When records are considered closed, they will be transferred to LibSafe, the Maine State Archives digital preservation system. The records will be managed and protected by Archives until they reach their final disposition destroy date. Once the retention time is over, Records Management will provide the agency with a disposition notification form for approval and signature.	Digital	75 years	75 years	Destroy
Approved Applications for Temporary Licensure: Records are closed once the license is approved and issued. Records include application materials for temporary licensure for physicians and physician associates, including temporary, youth camp licenses and renewals, and educational certificates for physicians in ACGME/AOA approved postgraduate training. Paper application material will be scanned to the digital file and destroyed after verification that a complete and accurate copy has been captured.	Digital	10 years	No retention	Destroy
Approved Applications for Renewal of License: Records are closed once the renewal application is approved and the license issued. Records include application materials for renewal of license for physicians and physician associates, including applications to convert a license to active, volunteer or emeritus status, and applications to withdraw a license. Paper application material will be scanned to the digital file and destroyed after verification that a complete and accurate copy has been captured.	Digital	25 years	No retention	Destroy

Approved Applications for Initial Reentry License: Records are closed upon either successful completion of the reentry plan and conversion to a clinical/full license or if the terms of the reentry plan are not met. Records include application materials for reentry licensure for physicians and physician associates including practice agreements. Paper application material will be scanned to the digital file and destroyed after verification that a complete and accurate copy has been captured.	Digital	25 years	No retention	Destroy
Approved Applications for Renewal Reentry License: Records are closed upon either successful completion of the reentry plan and conversion to a clinical/full license or if the terms of the reentry plan are not met. Records include application materials for renewal of reentry license for physicians and physician associates including practice agreements. Paper application material will be scanned to the digital file and destroyed after verification that a complete and accurate copy has been captured.	Digital	25 years		
Applications for Licensure Denied or Withdrawn: Records are closed when withdrawal of the application is approved by the Board or the application is denied. Records include application materials for licensure. Paper application material will be scanned to the digital file and destroyed after verification that a complete and accurate copy has been captured.	Digital	2 years	None	Destroy
Physician Associate Collaborative or Scope of Practice Agreements: Records are closed once the physician associate has 4,000 hours of documented clinical practice. Records include applications for approval of collaborative practice or scope of practice agreements. Paper application material will be scanned to the digital file and destroyed after verification that a complete and accurate copy has been captured.	Digital	10 years	None	Destroy

Interstate Medical Licensure Compact Letters of Qualification: Records are closed once the request for a letter of qualification is processed. Records include correspondence and primary source verification of a physician's qualifications.	Digital	25 years	No retention	Destroy
Dismissed Complaint Files: Records are closed upon dismissal of the complaint. Records include complaints received either from the public or initiated by the Board after review of mandated reports and/or other information which the Board dismissed on the basis that no cause for further action was found. Paper complaint materials will be scanned to the digital file and destroyed after verification that a complete and accurate copy has been captured.	Digital	2 years	None	Destroy
Complaints Dismissed with a Letter of Guidance: Records are closed upon reaching the time specified by the Board not to exceed ten years. Records include complaints received either from the public or initiated by the Board after review of mandated reports and/or other information which the Board dismissed with a letter of guidance. Letters of guidance may be used to educate, reinforce knowledge regarding legal or professional obligations and express concern over the action or inaction by the licensee that does not rise to the level of misconduct sufficient to merit disciplinary action. Letters of guidance together with any underlying complaint, report and investigation materials may be placed in the licensee's file and considered by the Board in any subsequent action commenced against the licensee for a specified amount of time not to exceed ten years. Paper complaint materials will be scanned to the digital file and destroyed after verification that a complete and accurate copy has been captured.	Digital	Contingent upon event - see description	None	Destroy

Complaints Dismissed Without Prejudice: Records are closed upon dismissal without prejudice. Records include complaints that merit review in the event the individual applies for reinstatement or activation of license. Paper complaint materials will be scanned to the digital file and destroyed after verification that a complete and accurate copy has been captured.	Digital	20 years	None	Destroy
Assessment and Direction Files: Records are closed upon action by the Board. Records include reports received pursuant to 24 M.R.S. §2505 or §2506 and investigation material which the Board reviewed and closed with no further action on the basis that no cause for further action was found. Paper documents will be scanned to the digital file and destroyed after verification that a complete and accurate copy has been captured.	Digital	2 years	None	Destroy
Administratively Closed Complaints or Assessment and Direction Files: Records are closed upon approval of a request to withdraw a complaint or determination that the matter was opened against the wrong licensee or not under the Board's jurisdiction. Records include complaints received from the public with a subsequent request to withdraw the complaint prior to notification to the licensee and review per established process, complaints or assessment and direction files opened against the wrong licensee, and complaints or assessment and direction matters determined not to be under the Board's jurisdiction. Paper documents will be scanned to the digital file and destroyed after verification that a complete and accurate copy has been captured.	Digital	2 years	None	Destroy

Disciplinary Action Files: Records are closed upon completion of monitoring or other requirements imposed by the disciplinary action. Records include completed investigation files resulting in board action including monitoring if required. File retained in agency until completion of requirements imposed by disciplinary action. Paper documents will be scanned to the digital file and destroyed after verification that a complete and accurate copy has been captured.	Digital	Contingent upon event - see description	25 years	Destroy
Official Board Actions: Records are closed upon completion of monitoring or other requirements imposed by disciplinary action. Records include consent agreements, Board Orders, and other official board action documents.	Mixed	Contingent upon event- see description	None	Archives
Medical Malpractice Claim and Disposition Reports: Reports of medical malpractice claims and dispositions received from an insurer, the Bureau of Insurance, obtained from the National Practitioner Data Bank, or self-reported by a licensee. Pursuant to 24 M.R.S. §2607 the Board conducts a review when 3 claims are made within a 10-year period and one or more of the claims potentially may rise to a level of misconduct sufficient to merit Board action. Individual claims may be reviewed per Board policy. Investigation materials are destroyed following review of claims if no cause for further action was found.	Digital	10 years	None	Destroy
Meeting Minutes: Official minutes of board meetings.	Digital	2 years	None	Archives
Meeting Materials: Materials presented to the Board for consideration and/or action at its meetings.	Digital	2 years	None	Destroy
Recordings of Adjudicatory Hearings: Recordings of Adjudicatory Hearings are retained in agency until the appeal period has expired and no appeal has been filed. If an appeal is filed, the recordings are retained until the appeal has been adjudicated.	Digital	Contingent upon event – see description		

Department Series Report

2: Professional & Financial Regulation

[redacted]

383#:Board of Osteopathic Licensure

Schedule #: 713 1#:Licensure Application to practice Osteopathic Medicine

Application form, reference letters, certification of licensure from other states, National Board or FLEX exam scores, correspondence between physician and board. Continuing Medical Education evidence.	Roll Microfilm	12/5/1988	Years	100	No Retention	0	Destroy	Current
Application form, reference letters, certification of licensure from other states, National Board or FLEX exam scores, correspondence between physician and board. Continuing Medical Education evidence.	Paper	12/5/1988	Years	10	Years	40	Destroy	Current

Schedule #: 713 2#:Application for Registration for Physician Assistant

Application form includes primary supervisors application, reference letters, copy of National Board exam scores, correspondence between PA and board. Microfilm paperbefore destroying and keep microfile 100 years.	Paper	12/5/1988	Years	5	Years	45	Destroy	Current

Department Series Report

2: Professional & Financial Regulation

Description	Media	Last Updated	In Agency Retention		Rec Center Retention		Disposition	Status
Application form includes primary supervisors application, reference letters, copy of National Board exam scores, correspondence between PA and board. Microfilm paperbefore destroying and keep microfile 100 years.	Roll Microfilm	12/5/1988	Years	100	No Retention	0	Destroy	Current
Schedule #: 713 3#:Locum Tenens Application to practice Osteopathic Medicine								
Application form/National Board or FLEX exam sheets; evidence of Continuing Medical Education and related correspondence.	Paper	12/5/1988	Years	5	No Retention	0	Destroy	Current
Schedule #: 713 4#:Reregistration Cards (O.E.& R.)								
Reregistration application, addendum sheet, continuing medical education information; correspondence between physican and board.	Paper	12/5/1988	Years	20	No Retention	0	Destroy	Current
Schedule #: 713 5#:Continuing Education Reports/Loga (O.E.& R.)								
List of medical education activities accrued each year as a prerequisite for reregistration of osteopathic physicians.	Paper	12/5/1988	Years	5	No Retention	0	Destroy	Current
Schedule #: 713 6#:Board Correspondence (O.E.& R.)								
Letters from public requesting info/physicians requesting certifications or verification of licensure. General correspondence.	Paper	12/5/1988	Years	2	No Retention	0	Destroy	Current
Schedule #: 713 7#:Complaint Records on Osteopathic Physicians								
Record includes complaint's report as well as supporting documentation. Physicians and any pertinent records. Keep in agency 6 months after conclusion of outcome.	Paper	3/27/2015	Months	6	No Retention	0	Destroy	Current
Schedule #: 713 8#:Docket files on Osteopathic physicians								
Disciplinary action: revocation/suspension/probations/censure/reprimand/consent agreement/voluntary surrender/voluntary surrender of DEA license/denial of licensure.	Paper	12/5/1988	Years	5	Years	45	Archives	Current

Department Series Report

2: Professional & Financial Regulation

Description			Media	Last Updated	In Agency Retention		Rec Center Retention		Disposition	Status
Schedule #:	713	9#:Board minutes (O.E.& R.)								
Official minutes of meetings for the Board contained in Books and files.			Paper	12/5/1988	Years	5	Years	45	Archives	Current

Department Series Report

[redacted]

[redacted]	Media	Last Updated	[redacted]	In Agency Retention	[redacted]	Rec Center Retention	[redacted]	Disposition	Status
[redacted]									

373#:Board of Licensure in Medicine

Schedule #: 368 10#:Dismissed Complaint Files

Complaints received either from the public or initiated by the Board after review of mandated reports and/or other information which the Board dismissed on the basis that no cause for further action could be found. All paper records will be scanned to the digital file and destroyed upon dismissal of the complaint.	Digital File	5/31/2019	Years	2	No Retention	0	Destroy	Current

Schedule #: 368 11#:Meeting Minutes

Official minutes of board meetings.	Paper	12/16/1994	Years	2	No Retention	0	Archives	Current

Schedule #: 368 3#:Approved Applications for Permanent/Clinical Licensure and Registration

Application materials for permanent licensure for physicians, including emergency license if requested, administrative licenses, and consultative telemedicine registrations; applications for physician assistant licenses; and reinstatement applications for physicians and physician assistants. Paper files scanned and retained in agency for 3 years and then destroyed. When records are considered closed, they will be transferred to LibSafe, the Maine State Archives digital preservation system. The records will be managed and protected by Archives until they reach their final disposition destroy date. Once the retention time is over, Records Management will provide the agency a disposition notification form for approval and signature.	Digital File	4/28/2025	Years	75	No Retention	0	Destroy	Current

Department Series Report

2: Professional & Financial Regulation

Description	Media	Last Updated	In Agency Retention		Rec Center Retention		Disposition	Status
	Digital File	4/28/2025	No Retention	0	Years	75	Destroy	Current

Schedule #: 368 4#:Approved Applications for Temporary Licensure

Description	Media	Last Updated	In Agency Retention		Rec Center Retention		Disposition	Status
Application materials for temporary licensure for physicians for youth camp licenses and camp renewals; temporary licenses and educational certificates for physicians in ACGME approved postgraduate training (residency). Paper files scanned and retained in agency 3 years and then destroyed.	Digital File	5/31/2019	Years	10	No Retention	0	Destroy	Current

Schedule #: 368 5#:Approved Applications for License and Registration Renewal

Description	Media	Last Updated	In Agency Retention		Rec Center Retention		Disposition	Status
Application materials for renewal of physician licenses, including applications to convert a license to active, volunteer, or emeritus status, applications to withdraw a license, and applications to renew telemedicine consultation registrations; and physician assistant licenses, including applications to withdraw a license.	Digital File	5/31/2019	Years	25	No Retention	0	Destroy	Current

Schedule #: 368 9#:Official Board Actions

Description	Media	Last Updated	In Agency Retention		Rec Center Retention		Disposition	Status
Consent Agreements, Board Orders, and other official board action documents. Document retained in agency until completion of monitoring or other requirements imposed by disciplinary action.	Paper	5/31/2019	Contingent Upon Event - See Description	0	No Retention	0	Archives	Current

Schedule #: 1148 13#:Disciplinary Action Files

Description	Media	Last Updated	In Agency Retention		Rec Center Retention		Disposition	Status
Completed investigation files resulting in board action including monitoring if required. File retained in agency until completion of requirements imposed by disciplinary action.	Paper	5/31/2019	Contingent Upon Event - See Description	0	Years	25	Destroy	Current

Schedule #: 1148 14#:Board Meeting Materials

Description	Media	Last Updated	In Agency Retention		Rec Center Retention		Disposition	Status
Material presented to the Board for consideration and/or action at its meetings.	Digital File	5/31/2019	Years	2	No Retention	0	Destroy	Current

Department Series Report

2: Professional & Financial Regulation

Description	Media	Last Updated	In Agency Retention		Rec Center Retention		Disposition	Status
Schedule #: 1148 15#:Recordings of Adjudicatory Hearings								
Recordings of Adjudicatory Hearings are retained in agency until the appeal period has expired and no appeal has been filed. If an appeal is filed, the recordings are retained until the appeal has been adjudicated.	Digital File	5/31/2019	Contingent Upon Event - See Description	0	No Retention	0	Destroy	Current
Schedule #: 1667 16#:Complaints Dismissed with a Letter of Guidance								
Complaints received either from the public or initiated by the Board after review of mandated reports and/or other information which the Board dismissed with a letter of guidance. Letters of guidance may be used to educate, reinforce knowledge regarding legal or professional obligations and express concern over the action or inaction by the licensee that does not rise to the level of misconduct sufficient to merit disciplinary action. Letters of guidance together with any underlying complaint, report and investigation materials may be placed in a licensee's file and considered by the Board in any subsequent action commenced against the licensee for a specific amount of time, not to exceed 10 years.	Digital File	5/31/2019	Contingent Upon Event - See Description	0	No Retention	0	Destroy	Current
Schedule #: 1727 17#:Physician Assistant Registration Applications								
Applications for registration of supervisory relationships, plans of supervision, and terminations of supervisory relationships.	Digital File	5/31/2019	Years	15	No Retention	0	Destroy	Current
Schedule #: 1946 18#:Assessment and Direction Files								
Reports received pursuant to 24 MRS §2505 or §2506 and investigation material which the Board reviewed and filed with no action on the basis that no cause for further action was found.	Digital File	5/31/2019	Years	2	No Retention	0	Destroy	Current
Schedule #: 2163 19:Medical Malpractice Claim and Disposition Reports								

Department Series Report

2: Professional & Financial Regulation

Description	Media	Last Updated	In Agency Retention	Rec Center Retention	Disposition	Status
Reports of medical malpractice claims and dispositions received from an insurer, the Bureau of Insurance, obtained from the National Practitioner Data Bank, or self-reported by a licensee. Pursuant to 24 M.R.S. §2607 the Board conducts a review when 3 claims are made within a 10-year period and one or more of the claims potentially may rise to a level of misconduct sufficient to merit Board action. Individual claims may be reviewed per Board policy. Claim and Disposition reports are maintained digitally. Investigation materials are destroyed following review of claims if no cause for further action is found.	Digital File	2/6/2020	Years 10	No Retention 0	Destroy	Current

Schedule #: 2164 20:Administratively Closed Complaints

Complaints received from the public with a subsequent request from the complainant to withdraw the complaint prior to notification to the licensee and with Board approval, complaints filed against the wrong licensee, and complaints determined not to be under the Board's jurisdiction.	Digital File	2/6/2020	Years 2	No Retention 0	Destroy	Current

Schedule #: 2165 21:Application for Licensure Denied or Withdrawn

Applications for licensure which are withdrawn by request of the applicant and approval of the Board or applications which are denied.	Digital File	2/6/2020	Years 2	No Retention 0	Destroy	Current

[redacted]

BOARD OF LICENSURE IN MEDICINE

DATE: **SEPEMBER 24, 2026**

TO: **BOLIM/BOL**

CC:

FROM: TIMOTHY TERRANOVA

RE: **BOL/BOLIM POLICY REVIEW**

BOLIM staff conducted a side-by-side comparison of board policies. BOLIM has 46 policies and BOL has 6 listed policies although one policy contains 3 separate policies bring the total to 8. Of those 8 policies:

- 6 are similar
- 1 is unique to BOL
- 1 is in direct conflict

The six that are similar include:

- Remote Participation – previously provided to the workgroup and on this agenda
- Withholding a licensee's response – updated draft attached
- Subpoena power – updated draft attached
- Complaints against Staff – updated draft attached
- Sole Contact with Staff – updated draft attached
- Application Start Date - BOL's policy is part of a larger BOLIM policy, which will be reviewed at a later date

The policy unique to BOL is the Veteran's Preference Policy. An updated draft is attached.

The one policy in conflict is the NPDB Query policy – BOL currently places the charge for NPDB query on the applicant. BOLIM considers this charge to be part of the application fee. Staff recommend absorbing the fee and querying the NPDB directly, which is also recommended by NPDB. An updated draft is attached.

Withholding a Licensee's Response to Complaint

POLICY: It is the policy of the Board of Medicine (Board) that it delegates to the Board Secretary the decision regarding withholding a licensee's response to a complaint, or portions thereof, from the complainant if the Board Secretary determines the original response or portions thereof would be detrimental to the health of the complainant, utilizing the following process.

PROCESS: Licensees and/or Board staff may identify situations in which providing the licensee's response or particular portions thereof might be detrimental to the health of the complainant. In such situations, either the licensee or the Board staff may request that the response or portions thereof be withheld from the complainant. Any request made pursuant to this policy shall specifically identify those portions of the response that may be detrimental to the health of the complainant and the reasoning, and be processed as follows:

1. The Board Secretary, the Medical Director, the Consumer Assistant, and the AAG will review the complaint, the licensee's response, and the request (including reasoning or justification) for withholding the response from the complainant;
2. The Board Secretary will make the decision regarding whether or not the release of the licensee's response to the complainant would be detrimental to the health of the complainant;
3. If the request to withhold the licensee's response is approved by the Board Secretary, the licensee will be granted an additional ten (10) days to submit a general response to be shared with the complainant; and
4. If the licensee does not submit a general response to the Board within ten (10) days the Board staff, with the approval of the Board Secretary, may take any one of the following actions:
    a. Create a summary of the licensee's original response that does not include information that might be detrimental to the health of the complainant and provide it to the complainant;
    b. Provide the complainant with a copy of the licensee's response that does not include information that might be detrimental to the health of the complainant; or
    c. Notify the complainant that they have not been provided with the licensee's response because it may be detrimental to their health.

EFFECTIVE DATE: January 12, 2026

STATUTORY AUTHORITY: 32 M.R.S. §§ 20142

Commented [TT1]: Board Secretary should be changed to chair of the investigative committee in all instances

Commented [TT2]: Medical Director included in BOLIM version

Subpoena Power

POLICY: It is the policy of the Board of Medicine that the following persons have power to issue subpoenas in the Board's name:

- Any Board member when acting for the Board (32 M.R.S.A. §20141, 2, (B)
- Assistant Attorney General in furtherance of: 1) limited investigations prior to the Board's initial consideration of information upon receipt of adverse information including but not limited to A) a consumer complaint, B) a report filed pursuant to 24 M.R.S.A. §§ 2505-2507, or C) particularized information from a physician; 2) an investigation authorized by the Board; and 3) an adjudicatory hearing. For purposes of this delegation, "limited investigation" is defined as developing the specific facts alleged in the adverse information received.
- Executive Director
- Assistant Executive Director
- In addition, once the Board has voted to hold an adjudicatory hearing and a hearing officer has been appointed to preside, the hearing officer is authorized to issue subpoenas for the hearing.

EFFECTIVE DATE: January 12, 2026

STATUTORY AUTHORITY: Pursuant to 10 M.R.S.A. § 8003-A and 32 M.R.S.A. §20141, 2, (B), the Board of Medicine has the power to issue subpoenas both during and investigation (i.e., before an adjudicatory hearing) and for an adjudicatory hearing. Pursuant to 5 M.R.S.A. § 9060 the Board has the authority to delegate its power to issue subpoenas to "any person" so designated.

Commented [TT1]: Change from BOL Executive Secretary

PUBLIC COMPLAINTS AGAINST STAFF

POLICY: It is the policy of the Board of Medicine (Board) that citizen complaints regarding the performance of Board employees will be investigated timely, objectively and impartially according to the standard state guidelines.

PURPOSE A relationship of trust and confidence between employees of Board and the communities that they serve is essential to the effective operation of state government. Agency employees must be free to exercise their best judgment in the performance of their duties. Agency employees also have a special obligation to respect the rights of all persons. The Board acknowledges its responsibility to establish a complaint system and procedures that not only will subject Board employees to corrective action when improper conduct has occurred, but that will also protect Board employees from unwarranted or spurious criticism when they discharge their duties properly. The purpose of these procedures is to provide prompt, just and open disposition of complaints regarding the conduct of Board employees.

It is the policy of the Board to encourage the public to comment or complain when the conduct of any of its employees is believed to be improper. The Board will make every effort to ensure that no adverse consequences occur to any person or witness as a result of having brought a complaint or for providing information concerning a complaint. Any Board employee who subjects a complainant or witness to such recrimination will be subject to appropriate disciplinary action.

PROCEDURE

1. The Board encourages the public to bring forward legitimate complaints regarding misconduct by its employees. To this end, a copy of “HOW TO FILE A PERSONNEL COMPLAINT WITH THE MAINE BOARD OF MEDICINE” will be posted on agency web sites and will be given to anyone requesting this information. A copy of this document is attached to this policy. Complaints, regardless of nature, can be lodged in person, by mail, or by e-mail. Telephone contacts are welcome, but complaints must be in writing, provide contact information and contain specific details about the complaint. Anonymous complaints will not be accepted.
2. Any employee of the Board who receives a complaint against an agency employee shall, as soon as practicable, notify the Board’s Executive Director or Assistant Executive Director of the details of the complaint for evaluation and assignment.
3. Upon receipt of a complaint, the Executive Director or the Assistant Executive Director shall determine whether the complaint should be investigated and by whom. Complaints of criminal conduct should be forwarded to the Bureau of

Employee Relations to ensure cooperation with appropriate law enforcement authorities.

4. Investigations of complaints shall be completed within a reasonable time.
5. It is the responsibility of the investigator to thoroughly and confidentially investigate the matter and, when appropriate, to submit a complete and accurate investigation report. In the event a report is warranted, all relevant information obtained by the investigator shall be included.
6. All investigations shall comply with the provisions of the applicable collective bargaining agreement.

REPORT

1. When applicable, the report shall include a summary of interviews with the complainant, synopsis, finding(s) of fact, chronology of the investigation, and documentation of compliance with the employee's contractual rights.
2. Recommendations regarding the disposition of an investigation or discipline generally are not included in the investigation report. Such recommendations should only be included in consultation with the appointing authority.

NOTIFICATION TO THE COMPLAINANT

1. Upon final disposition, the complainant will be notified of the outcome of the investigation to the extent permitted by civil service and agency confidentiality laws.

ADMINISTRATIVE RESPONSIBILITIES

1. The Board shall ensure that:
    a. All citizen complaint records and investigations remain confidential as allowed or required by statute.
    b. Each complaint and corresponding investigation is documented.
    c. An annual summary report is prepared for the agency head that includes statistical data that will aid in identifying the possible need for training, supervision, or other pertinent issues.

EFFECTIVE DATE: January 12, 2026

STATUTORY AUTHORITY: 5 M.R.S. § 7036(28)

How to file a personnel complaint with the Maine Board of Medicine

Public complaints relating to misconduct by personnel at the Maine Board of Medicine can be filed in person, by fax, by mail or by e-mail directly with the Executive Director or Assistant Executive Director.

Contact information is as follows:

Physical Address:

Timothy Terranova, Executive Director or
Valerie Hunt, Assistant Executive Director
Maine Board of Medicine
161 Capitol Street
Augusta, ME 04330

Mailing Address:

Timothy Terranova, Executive Director or
Valerie Hunt, Assistant Executive Director
Maine Board of Medicine
137 State House Station
Augusta, ME 04333

Phone: (207) 287-3601

E-mail: tim.e.terranova@maine.gov or Valerie.A.Hunt@maine.gov

Anonymous complaints will not be accepted. The complaint should identify the complainant, provide contact information and contain specific details about the complaint (e.g. who, what, where, when, why, how). Telephone contacts are welcome, but complaints must be written. When the investigation of the complaint has been completed, the complainant will be notified of the outcome of the investigation to the extent permitted by civil service and agency confidentiality laws.

Sole Contact with Staff - License Applicant

POLICY: It is the policy of the Board of Medicine (Board) that during the application process, the license applicant shall be the sole contact with Board staff to facilitate the integrity of the verification process and sole source verification.

Board staff **may**, if necessary, reach out to a person authorized by the applicant to speak on their behalf to obtain additional/clarifying information

Commented [TT1]: Included in BOL Policy

EFFECTIVE DATE: January 12, 2026

Veteran Preference

POLICY: The Maine Board of Medicine (Board) shall process applications for temporary or permanent licensure received from a qualified person who obtained education, training or service completed as a member of the Armed Forces of the United States or Reserves of the United States Armed Forces, the National Guard of any state, the military services of any state or the naval militia toward the qualifications for licensure as a priority before those of other applicants. This Board policy shall conform to the provisions of 10 M.R.S. §8011.

"Qualified person" is defined as a recently separated veteran (including spouse or a domestic partner of a recently separated veteran) or an active-duty service member (including spouse or a domestic partner of an active-duty service member).

To receive priority, applicants must identify themselves as a qualified person by submitting the appropriate form with their application (DD Form 214 – Report of Discharge, or DD Form 2586 – Verification of Military Experience and Training).

Applicants with questions regarding this policy should contact the Board of Medicine via e-mail at medicine.pfr@maine.gov or call (207) 287-3601.

EFFECTIVE DATE: January 12, 2026

STATUTORY AUTHORITY: 32 M.R.S. §§ 20142

National Practitioner Data Bank (NPDB) Queries

POLICY: It is the policy of the Board of Medicine that it will electronically query the National Practitioner Data Bank (NPDB) for all non-compact related licensure/privilege applications, including Educational Certificates.

EFFECTIVE DATE: January 12, 2026

Maine Board of Medicine

Jurisprudence Exam

Study Guide

INTRODUCTION

Welcome to the State of Maine! The Maine Board of Medicine (BOM) issues licenses to practice medicine and surgery in Maine. In addition to reviewing applications for licensure, the BOM investigates and adjudicates complaints against allopathic physicians, osteopathic physicians and physician associates, and enacts rules, policies and guidelines to implement the law and safeguard the public. Each state and territory of the United States has laws and rules that pertain to the practice of medicine. Maine is no different. The purpose of the Jurisprudence Exam (and this Study Guide) is to help familiarize physician and physician associate applicants for licensure (and re-licensure) with the laws and rules in Maine. Maine's State Motto is: "Dirigo" – which is Latin for "I direct" or "I lead." The BOM hopes that the Jurisprudence Exam (and this Study Guide) will lead physicians and physician associates to understand some of the important aspects of Maine laws and rules so that they may practice safely, ethically, and professionally. Primum non nocere.

Disclaimer

This study guide is designed to be used as an aide to assist the user in locating and understanding the various laws, rules, and policies that govern the practice of medicine in Maine. This study guide is not intended to be used as the sole information that an applicant or licensee needs to know or as a substitute for reading and understanding the applicable laws, rules, and policies of the Board. While the Board has sought to ensure that the study guide is consistent as possible with current laws, rules, and policies, there may be unintentional errors or omissions. To the extent that there are any inconsistencies between the contents of this study guide and the applicable laws, rules, and policies, the latter are controlling.

TABLE OF CONTENTS

I. Board of Medicine

Board Mission, Powers & Composition

"For the Protection of the Health, Safety and Welfare of the Public."

The Board of Medicine is one of many occupational and professional licensing boards in the State of Maine. The Board is one of several state agencies that are responsible for protecting the health and safety of the public by licensing and regulating health care providers. Examples of other state agencies include: The Board of Nursing; The Board of Complementary Healthcare; The Board of Dental Practice; and The Board of Pharmacy.

The Board of Medicine licenses and regulates allopathic physicians who are graduates of medical schools and received the degree of *Medicinae Doctor* ("M.D.") and osteopathic physicians who are graduates of osteopathic medical schools and received the degree of *Doctor of Osteopathic Medicine* ("D.O.). It also licenses and regulates physician associates who render medical services in collaboration with physicians and other health care professionals. The primary powers of the Board include the authority to investigate complaints, hold hearings, adopt rules, establish standards and procedures, and to grant or deny applications for licensure.

The members of the Board are officers of the State who are appointed by the Governor. The Board is composed of 6 allopathic physicians, 6 osteopathic physicians, 6 non-physician representatives of the public, and 4 physician associates. All members must have been Maine residents for at least five years at the time of their appointment and the physician/physician associate members must have been licensed and actively practicing medicine or rendering medical services in the state.

The Board has administrative, licensing, and complaint investigative staff and is provided with legal counsel and additional investigative staff by the Maine Department of Attorney General.

The mission of the Board of Medicine is to safeguard the health, welfare, safety and lives, of the people of Maine by ensuring that the public is served by competent, ethical and honest practitioners.

II. Licensure and Registration

There are approximately 6,800 physicians and 1,000 physician associates currently licensed with the Board. The qualifications for licensure and registration are established in laws enacted by the Legislature, and rules, policies and guidelines enacted by the Board. The following laws, rules, policies, and guidelines pertain to licensing and registration:

Commented [TT1]: update

Commented [TT2]: update

A. Laws. Title 32 M.R.S. Chapter 153. This law can be found at http://legislature.maine.gov/statutes/32/title32ch48sec0.html. Key aspects of the Board's statutes as they pertain to licensure and registration include:

Commented [TT3]: update

- The Board has authority to grant or deny licenses to physicians and physician associates.
- The law establishes the criteria for physician and physician associate licensure.
- If an applicant is unsure about how to answer a question on an application for licensure or re-licensure, she/he should contact the Board staff and/or attach an addendum to the application explaining the situation/circumstances.
- Applicants who answer questions incorrectly, fail to make required disclosures, or engage in fraud, deceit or misrepresentation risk administrative fines, disciplinary action and/or denial of licensure.
- Licenses are renewed every two years based on the applicant's birthdate. Renewals are due by the end of the month of a physician or physician assistant's birth on even years if they were born in an even numbered year, or odd years if they were born in an odd numbered year.
- It is the licensee's professional responsibility to know the date on which their license will expire and the date by which date administratively complete renewal application must be submitted in order to prevent the expiration of the license.
- Continuing Medical Education (CME) is required in order to qualify to renew a license in active status. Applicants who have failed to complete the required CME prior to renewal should disclose that fact on their renewal applications. An applicant should not claim CME that is planned, but not completed.
- 60 days prior to the expiration of a license, the Board notifies a licensee about the upcoming expiration of their license.
- If a licensee fails to file a timely and complete renewal application on or before the date of expiration on the license, their license automatically expires and they no longer can practice medicine or render medical services. The Board notifies a licensee by email on the date of the expiration of his/her license that the license has expired.
- A licensee has up to 90 days to reinstate their license after expiration before incurring additional monetary penalties (except late fees) and the license lapses.

- The State of Maine is a member of the Interstate Medical Licensure Compact, which expedites the interstate medical licensure of certain qualified physicians.

B. Rules. The Board currently has 3 rules pertaining to licensure: Chapter 1 regarding allopathic physician licensure and registration; Chapter 2 regardign osteopathic physician licensure and registration and Chapter 3 regarding physician associate licensure and privileging. Official copies of the rules can be found on the Secretary of State's website: https://www.maine.gov/sos/rulemaking/agency-rules/department-professional-and-financial-regulation-rules#373. Key aspects of each rule include:

1. **Chapters 1 & 2 – Rules and Regulations for Physician Licensing.**

    - A licensee whose license is in inactive status may NOT practice medicine and surgery in Maine.

    - After the expiration of a license, the former licensee cannot practice medicine or render medical services until the license is approved for renewal.

    - If a licensee wishes to renew the license in active status and has failed to obtain adequate CME for license renewal they should send in the application on time, including an accurate CME report, explain the circumstances around not having completed CME requirements, and request an extension of time to complete the CME.

    - All physicians are required to acquire 3 hours of CME regarding prescribing opioids every biennium.

    - If unsure how to answer a question on a licensure application, a prudent course would be to call the Board for advice and/or attach an addendum to the application explaining the situation/circumstances.

    - Physicians who have not engaged in any clinical practice during the 24 months prior to application for an active license are required to demonstrate current clinical competency.

2. **Chapter 3 – Physician Associates.** Key aspects of this rule include:

    - Before a physician associate can render any medical services, they must have a license in Maine.

- Physician Associates with less than 4,000 hours of clinical practice experience are required to have either a collaborative agreement (private practice other than a health care facility or physician group practice) or a privileging and credentialing document (health care facility or physician group practice) that identifies scope of practice.

- Physician Associates with more than 4,000 hours of clinical experience and who work within a health care facility or a physician group practice under a system of credentialing and granting of privileges pursuant to a written scope of practice agreement are **not** required to practice pursuant to a collaborative agreement or a privileging and credentialing document that identifies scope of practice.

- The Board reviews collaborative agreements to ensure that the proposed delineated scope of practice is commensurate with the physician associate's training and experience.

- Physician associates are legally liable for any medical services they render.

- After the expiration of a license, the former licensee cannot practice medicine or render medical services until the license is approved for renewal.

- If a licensee wishes to renew a license in active status and has failed to obtain adequate CME for license renewal they should send in the application on time, including an accurate CME report, explain the circumstances around not having completed CME requirements, and request an extension of time to complete the CME.

- All physician associates are required to acquire 3 hours of CME regarding prescribing opioids every biennium.

- If unsure how to answer a question on a licensure application, a prudent course would be to call the Board for advice and/or attach an addendum to the application explaining the situation/circumstances.

- Physician associates who have not engaged in any clinical practice during the 24 months prior to application for an active license are required to demonstrate current clinical competency.

C. Guidelines. The Board has a set of guidelines that pertains to licensure, which may be found at https://www.maine.gov/md/sites/maine.gov.md/files/inline-files/REENTRY-TO-PRACTICE-GUIDELINES.pdf.

Commented [TT4]: update

- ***Reentry to Practice Guidelines*:** These guidelines establish procedures for physicians and physician assistants who have been out of clinical practice for more than two years to demonstrate current competency, and recommends that such individuals review the guidelines prior to submitting an application for licensure.

III. Complaints and Investigations

The Board has the duty and authority to investigate and/or initiate complaints regarding licensees or former licensees. It also has the authority to issue subpoenas and adjudicate complaints pursuant to a formal hearing process. The Board processes approximately 150 to 200 complaints per year. Complaints may be initiated in a number of ways: complaints can be received from patients, patients' relatives, or patients' representatives; complaints can be received from other health care providers; mandated reports from other health care providers or health care entities; reports received from law enforcement or other state or federal agencies; reports received from the National Practitioner Data Bank (NPDB) or the Federation of State Medical Boards (FSMB); self-reports from licensees.

Commented [TT5]: update

- Common issues underlying complaints against licensees to the Board of Medicine include:
  - Office staff communication style;
  - Lack of communication regarding test results;
  - Poor communication among professionals; and
  - Licensee rudeness.

- If a patient or individual files a complaint and then requests to withdraw it, the Board may still pursue the complaint.

- If deemed pertinent to the investigation of a complaint, the Board has the authority to insist that a licensee undergo a physical, mental health, and/or substance misuse evaluation by an evaluator of the Board's choice.

- The Board is unable to assist the public or licensees with civil medical malpractice issues. [However, the Board may investigate allegations contained in a complaint or report of a violation of a standard of care or standard of professional behavior alleging conduct which may also serve as the subject of a separate civil medical malpractice matter]

The following laws, rules, policies, and guidelines pertain to complaints and investigations:

A. Laws. There are a number of laws that provide the Board with authority to investigate and resolve or adjudicate complaints.

1. **Title 32 M.R.S. Chapter 153.** This law can be found at http://legislature.maine.gov/statutes/32/title32ch48sec0.html. Key aspects of the Board's statute as they pertain to complaints and investigations include:

    - Grounds for discipline of a license include but are not limited to:

        - fraud or misrepresentation;
        - substance misuse;
        - unprofessional conduct – including sexual misconduct or a violation of a standard of care;
        - incompetence;
        - prescribing controlled substances for other than accepted therapeutic purposes;
        - violating a Board law or rule.

2. **Title 10 M.R.S. §§ 8003-8008**

    - The Board reports all license denials, disciplinary actions, and practice restrictions to the National Practitioner Data Bank and the Federation of State Medical Boards discipline databank.

    - The Board has authority to issue investigative subpoenas.

    - The Board has authority to issue Letters of Guidance or Concern. Letters of Guidance or Concern DO NOT constitute disciplinary action that is reportable to the National Practitioner Data Bank or the Federation of State Medical Boards. Letters of Guidance or concern are used to educate, reinforce knowledge regarding legal or professional obligations and express concern over action or inaction by the licensee or registrant that does not rise to the level of misconduct sufficient to merit disciplinary action.

B. Rules. The Board has several rules that are relevant to complaints and investigations. All rules can be accessed at https://www.maine.gov/md/laws-rules-updates/rules. Violation of any Board rule constitutes grounds for discipline, so licensees should become familiar with them. The following rule concerns sexual misconduct.

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1. **Chapter 10 – Sexual Misconduct.** Chapter 10 defines sexual misconduct by physicians and physician associates. Key aspects of this rule include:

    - There are two categories of sexual misconduct: "sexual violation" and "sexual impropriety."
    - "Key third party" means immediate family members and others who would be reasonably expected to play a significant role in the health care decisions of a patient of the physician or physician assistant and includes, but is not limited to, the spouse, domestic partner, parent, child, guardian, or surrogate.
    - "Sexual violation" is any conduct by a physician/physician associate with a patient or a key third party that is sexual or may be reasonably interpreted as sexual, even when initiated by or consented to by a patient.
    - "Sexual impropriety" is behavior, gestures, or expressions by the physician/physician assistant that is seductive, sexually suggestive, or sexually demeaning to a patient and includes examining the patient without verbal or written consent.
    - Sexual misconduct includes kissing a patient or key third party.
    - Sexual misconduct with a patient or a key third party is a violation whether it happens inside or outside the office or whether it was initiated by or suggested by the patient or key third party.
    - Sexual misconduct with a patient or a key third party constitutes unprofessional conduct and incompetence and is serious enough to result in revocation of licensure.

C. Board Policies/Guidelines.

Board policies and guidelines can be found on its website https://www.maine.gov/md/laws-rules-updates/policies. The following policies and guidelines pertain to complaints and investigations.

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1. ***Board Policy – The AMA Code of Medical Ethics as a Primary Source for Defining Ethical Conduct***

    It is the policy of the Board of Licensure in Medicine that the American Medical Association's Code of Medical Ethics, most recent edition of Current Opinions with Annotations, is one of the primary sources in defining ethical physician and physician assistant behavior. This means that even if a licensee is not a member of the AMA, the Code of Medical Ethics will be applied to the licensee's conduct.

Key provisions:

- **Disruptive Behavior.** This does not apply only to licensee behavior. The Board maintains that licensees are responsible, whether employed by the licensee or not, for the staff in the licensee's office. Just as the Board will investigate complaints against licensees for rudeness or outbursts of anger, it will also investigate complaints against licensees based on staff rudeness or outbursts. The Board does not consider stress, or lack of sleep as excuses for rude behavior.

- **Sale of Health-Related Products.** Licensees need to be aware there is an imbalance of power in their relationship with a patient. This means that patients can feel pressured into doing things they might not do in other circumstances. For example, patients might feel compelled to buy items that are on sale at the office, donate to a charity or cause supported at the office, or support a political cause (sign petitions), if they are going to continue to receive care from the licensee. Although the intention may be good on the part of the licensee it is important to remember that it is the patient's perception and the influence created that matters. The sale of goods from the licensee's office raises ethical concerns about financial conflict of interest, risks placing undue pressure on the patient, and threatens to erode patient trust, undermine the primary obligation of physicians to serve the interests of their patients before their own, and demeans the profession of medicine.

- **Self-Treatment and Treatment of Family.** Licensees should not treat themselves or family members except in emergency situations where no other physician is available or for short-term, minor problems. Licensees who treat family members in an emergency or for a short term, minor problem are responsible for documenting the care provided and conveying that information to the patient's primary care physician. Licensees who prescribe controlled substances to themselves or their family members in non-emergency situations engage in unprofessional conduct.

Additional information regarding the *AMA Code of Ethics* can be found at https://code-medical-ethics.ama-assn.org/.

2. ***Board Guidelines*** – The Board has 5 guidelines related to complaints and investigations, which can be found at https://www.maine.gov/md/laws-rules-updates/policies.

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- ***Chaperone Guideline*:** This guideline recommends that clinicians should have a policy notifying patients of the right to have a chaperone present during any exam, but most certainly for any exam of the breast, genitalia or rectum.

- ***Communication with Patients*:** This guideline provides licensees with information regarding appropriate communication with patients.

- ***Medical Professionalism and Social Media:*** This guideline provides licensees with practical information regarding the use of social media and its relationship and impact upon medical professionalism.

- ***Copy and Paste Guideline (Medical Records)*:** This guideline identifies the following negative risks associated with copy and paste forward functions in an electronic medical record:

  - It contains outdated or irrelevant information.
  - It propagates false information.
  - It misrepresents what actually occurred during the specific patient encounter.
  - It makes it difficult to identify the duration of a medical problem.
  - It confuses medication dose changes or other instructions to the patient.

- ***Informed Consent Guideline*:** This guideline provides that informed consent is a process that occurs during the physician and patient relationship and includes an element of shared decision making.

IV. Prescribing Controlled Substances

Maine, like the rest of the United States, is in the midst of an opioid epidemic. As a result, the Legislature has enacted laws that impose specific requirements regarding prescribing benzodiazepines and opioids. In addition, the Board and the Maine Department of Health and Human Services (DHHS) have promulgated rules regarding the prescribing of controlled substances. Failure to comply with the laws and rules regarding the prescribing of controlled substances constitutes grounds for discipline, and may also subject the prescriber to additional civil fines by DHHS. Therefore, licensees should familiarize themselves with the applicable laws and rules regarding the prescribing of controlled substances.

A. <u>Laws</u>. There are two laws that are relevant to the prescribing of controlled substances.

1. **Title 32 M.R.S. §20161 (Requirements regarding prescription of opioid medication).** This law can be found at: http://legislature.maine.gov/statutes/32/title32sec3300-F.html. Key aspects of this law include:

   - A maximum daily dosage of any combination of opioid medication in an aggregate amount in excess of 100 morphine milligram equivalents of opioid medication.

   - Exceptions to the maximum daily dosage of opioid medication when prescribing opioid medication to a patient for:

- Pain associated with active and aftercare cancer treatment;
- Palliative care, as defined in Title 22, section 1726, subsection 1, paragraph A, in conjunction with a serious illness, as defined in Title 22, section 1726, subsection 1, paragraph B;
- End-of-life and hospice care;
- Medication-assisted treatment for substance use disorder; or
- Other circumstances determined in rule by the Department of Health and Human Services pursuant to Title 22, section 7254, subsection 2; and
- When directly ordering or administering a benzodiazepine or opioid medication to a person in an emergency room setting, an inpatient hospital setting, a long-term care facility or a residential care facility or in connection with a surgical procedure.

- Requires electronic prescriptions unless granted a waiver from the Commissioner of Health and Human Services.

- Requires 3 hours of CME every 2 years regarding opioid prescribing for any licensee who prescribes opioids.

- Requires a health care entity with licensees whose scope of practice includes prescribing opioid medication to adopt an opioid prescribing policy that includes but is not limited to procedures and practices related to risk assessment, informed consent, and counseling on the risk of opioid use.

2. **Title 22 M.R.S. §7255 Controlled Substances Prescription Monitoring.** This law can be found at http://legislature.maine.gov/statutes/22/title22sec7253.html**.** This Title and sections of law include a requirement for prescribers of controlled substances to check the prescription monitoring program (PMP) information of the patient. Key aspects of this law include:

    - Upon initial prescription of a benzodiazepine or an opioid medication and every 90 days thereafter, a prescriber must for as long as the prescription is renewed, a prescriber must check the PMP for records related to that patient.

    - Exceptions to checking the PMP:

        - When a licensed or certified health care professional directly orders or administers a benzodiazepine or opioid medication to a person in an emergency room setting, an inpatient hospital setting, a long-term care

facility or a residential care facility or in connection with a surgical procedure; or

- When a licensed or certified heath care professional directly orders, prescribes or administers a benzodiazepine or opioid medication to a person suffering from pain associated with end-of-life or hospice care.

B. Rules. There are 2 rules that are relevant to prescribing controlled substances.

1. **Chapter 21 – Use of Controlled Substances for the Treatment of Pain.** This rule can be accessed at: https://www.maine.gov/md/sites/maine.gov.md/files/inline-files/Chapter%2021%2005.27.20.pdf. Chapter 21 is a joint rule of the Board of Medicine, the Board of Nursing and the Board of Podiatric Medicine that sets forth standards for prescribing controlled substances for treatment of pain including: defining certain terms; requiring that clinicians achieve and maintain competence in assessing and treating pain; requiring that clinicians consider the use of non-pharmacologic modalities and non-controlled drugs in treatment of pain prior to prescribing controlled substances; requiring that clinicians use and document "*Universal Precautions"* when prescribing controlled substances; requiring that clinicians report illegal acts such as the illegal acquisition and selling of drugs; requiring that clinicians comply with state and federal controlled substance laws and regulations and CDC guidelines for prescribing opioids; and requiring clinicians who prescribe controlled substances to maintain current clinical knowledge by complying with continuing education requirements. Key aspects of the rule include:

   - The United States in the midst of a national opioid epidemic.
   - All physicians and physician associates who are authorized to prescribe controlled substances must register as data requesters with the Maine Prescription Monitoring Program.
   - With limited exceptions, upon initial prescription of a benzodiazepine or an opioid medication to a person and every 90 days for as long as that prescription is renewed all physicians and physician associates must check the Maine Prescription Monitoring Program information for records related to that person.
   - There are exemptions or exceptions to the 100 MME per day maximum dosage of opiates that physicians and physician associates may prescribe to patients.
   - According to the U.S. CDC Guideline for Prescribing Opioids for Chronic Pain, nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain.
   - "Universal precautions" in prescribing controlled substances includes:
     - Patient evaluation, including medical history & risk assessment.
     - Treatment plan.
     - Informed consent.

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- Use of the Maine Prescription Monitoring Program information.
- Written Treatment Agreement.
- Toxicological testing.
- Medical record keeping.

- ALL licensees of the Board must complete at least 3 hours of CME regarding the prescribing of opioid medication.

- The Chapter 21 rule does not apply in the following circumstances:

1. **Custodial Care Facilities.** The rule does not apply to the treatment of patients who are in-patients of any medical facility or to the treatment of patients in any custodial care facilities (including nursing homes, rehabilitation facilities, and assisted living facilities) where the patients do not have possession or control of their medications and where the medications are dispensed or administered by a licensed, certified or registered health care provider.

2. **Hospice Care** The rule does not apply to the treatment of patients who are terminally ill and who are receiving hospice services as defined by this rule.

2. <u>DHHS Chapter 11, Rules Governing the Controlled Substances Prescription Monitoring Program and Prescription of Opioid Medications</u>

This rule, which became effective September 16, 2017, has the force and effect of law. The rule may be obtained at the following website: http://www.maine.gov/dhhs/oms/rules/samhs-rules.shtml. Key aspects of this rule include:

- A requirement that all prescribers register as data requesters with the Maine Prescription Monitoring Program (PMP).

- Specific requirements regarding prescriptions for opioid medication, including:

  - DEA number
  - Prescription Code Requirement for "Acute" or "Chronic" pain
  - A Diagnosis Code
  - An Exemption Code

- A requirement for electronic prescribing (or a waiver).

- A requirement for prescribers to check the PMP (with exceptions).

- Limits on opioid medication prescribing and Exemptions to limits.

- Access to PMP information by prescribers and duly authorized staff.

- Confidentiality of PMP information.

C. <u>Board Policies</u>. The Board has 1 policy that is relevant to prescribing controlled substances.

1. ***Board Policy – The AMA Code of Medical Ethics as a Primary Source for Defining Ethical Conduct.***

   It is the policy of the Board of Licensure in Medicine that the American Medical Association's Code of Medical Ethics, most recent edition of Current Opinions with Annotations, is one of the primary sources in defining ethical physician and physician associate behavior. This means that even if a licensee is not a member of the AMA, the Code of Medical Ethics will be applied to the licensee's conduct.

   - **Self-Treatment and Treatment of Family.** Licensees should not treat themselves or family members except in emergency situations or for short-term, minor problems. Licensees who treat family members in an emergency or for a short term, minor problem are responsible for documenting the care provided and conveying that information to the patient's primary care physician. Licensees who prescribe controlled substances to themselves or their family members in non-emergency situations engage in unprofessional conduct.

   Additional information regarding the *AMA Code of Ethics* can be found at https://code-medical-ethics.ama-assn.org/.

V. Mandated Reporting and Notifications

Maine law requires that licensees of the Board make certain mandated reports to the Board, the Department of Health and Human Services (DHHS), and to the District Attorney. In addition, Board rules requires that licensees provide certain notifications to the Board within 10 days of their occurrence.

A. Maine Laws

1. **Title 24 M.R.S. §§2501-2511 Maine Health Security Act**. This law can be found at http://www.mainelegislature.org/legis/statutes/24/title24ch21sec0-2.html. This Title and sections of law include a requirement of mandated reports to the Board and describe what situations require a mandated report. Key aspects of this law include:

   - A physician or physician associate is required to report to the Board the relevant facts relating to the acts of any physician or physician associate in this State if, in the opinion of the physician or physician associate, [she/he] has reasonable knowledge of acts of the physician or physician associate amounting to:

     - Gross OR repeated medical malpractice.
     - Misuse of alcohol, drugs or other substances that may result in the physician's or the physician assistant's performing services in a manner that endangers the health or safety of patients.

- Professional incompetence.
- Unprofessional conduct or sexual misconduct identified by board rule.

2. **Title 22 M.R.S. § 4011-A Reporting of Abuse or Neglect**. This law can be found at http://www.mainelegislature.org/legis/statutes/22/title22sec4011-A.html. This Title and section requires physicians and physician associates to report to the Maine Department of Health and Human Services OR the District Attorney suspected child abuse and neglect AND certain injuries to children under the age of 6 months. Mandated Reporter Training and additional information regarding mandated reporting can be found at: http://www.maine.gov/dhhs/ocfs/cps/. Key aspects of this law include:

   - It requires a physician and a physician associate to immediately report or cause a report to be made to DHHS [When the suspected abuser is responsible for the child] or to the District Attorney [When the suspected abuser is not responsible for the child] when she/he knows or has reasonable cause to suspect that a child has been or is likely to be abused or neglected or that a suspicious child death has occurred.

   - It requires a physician and a physician associate to immediately report to DHHS if a child who is under 6 months of age or is otherwise nonambulatory exhibits evidence of ANY of the following:

     - Fracture of a bone;
     - Substantial bruising or multiple bruises;
     - Subdural hematoma;
     - Burns;
     - Poisoning; or
     - Injury resulting in substantial bleeding, soft tissue swelling or impairment of an organ.

     NOTE: This subsection does not require the reporting of injuries occurring as a result of the delivery of a child attended by a licensed medical practitioner or the reporting of burns or other injuries occurring as a result of medical treatment following the delivery of the child while the child remains hospitalized following the delivery.

B. Rules. Board rules Chapter 1 (Allopathic Physicians) Chapter 2 (Osteopathic Physicians) and Chapter 3 (Physician Associates) can be accessed at https://www.maine.gov/md/laws-rules-updates/rules. Each rule requires licensees to notify the Board within 10 days of the occurrence of any of the following:

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- Change of contact information.
- Criminal arrest/summons/indictment/conviction.
- Change in status of employment or hospital privileges.
- Disciplinary action taken by any licensing authority.
- Material change in qualifications or information submitted with applications to the Board.
- Failure to pass initial NCCPA Examination (Physician Assistants only)

VI. Medical Records

Maine law and current medical ethics provide patients with the right, with limited exceptions, to access to their medical records.

A. Laws.

1. **Title 22 M.R.S. §1711 (including subparagraphs A- C) Medical Records**. The law can be found at http://legislature.maine.gov/statutes/22/title22sec1711.html. This Title and section of law includes patient access to medical records and fees that can be charged. Maine law (22 M.R.S.§§1711 [pertains to hospital records], 1711-A [Fees charged for records], & 1711-B [pertains to treatment records in possession of health care providers]) governs a patient's access to their medical/treatment records. Upon receipt of written authorization, 22 M.R.S. §1711-B requires a health care practitioner to:

   > [R]elease copies of all treatment records of a patient or a narrative containing all relevant information in the treatment records to the patient. The health care practitioner may exclude from the copies of treatment records released any personal notes that are not directly related to the patient's past or future treatment and any information related to a clinical trial sponsored, authorized or regulated by the federal Food and Drug Administration. The copies or narrative must be released to the designated person within a reasonable time.

   - Historically, the Board has considered thirty (30) days to be a reasonable time frame although, depending on the circumstances, the copies might need to be released more quickly.

   - If the licensee is concerned the release of records to the patient might be detrimental to the patient's health, the licensee can ask the patient to designate

an authorized representative and release the copies or narrative to that individual.

- The law also provides the licensee the ability to charge the patient for copies of the narrative. The charge for the narrative may not exceed reasonable costs incurred in making the narrative and the charge for copies may not exceed $5 for the first page and $0.45 for each additional page up to a maximum of $250 for the entire record or narrative.

- Although the law allows you to charge for this service, medical ethics do not allow a licensee to withhold records needed for treatment because of an unpaid bill. Upon receipt of proper authorization a licensee should not refuse, for any reason, to make records available to another physician presently treating the patient.

Key aspects of this law include:

- In general, a patient is entitled to a copy of his or her own medical record.

- If a patient has not paid a bill, the licensee still has an obligation to forward records upon request and not wait until the bill is paid.

B. <u>Board Policies</u>.

1. ***Board Policy – The AMA Code of Medical Ethics as a Primary Source for Defining Ethical Conduct.*** The policy can be found at https://www.maine.gov/md/sites/maine.gov.md/files/inline-files/MEDICAL_ETHICS_POLICY.pdf

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   It is the policy of the Board of Medicine that the American Medical Association's Code of Medical Ethics, most recent edition of Current Opinions with Annotations, is one of the primary sources in defining ethical physician and physician associate behavior. This means that even if a licensee is not a member of the AMA, the Code of Medical Ethics will be applied to the licensee's conduct.

   The 2017 edition of the AMA Code of Medical Ethics imposes an obligation on physicians to safeguard and manage patient records, including retaining old records and providing copies or transferring the records upon retirement. The AMA Code of Medical Ethics states in part the following with regards to medical records:

   To manage medical records responsibly, physicians (or the individual responsible for the practices medical records should:

(c) Make the medical record available:

(i) as requested or authorized by the patient (or the patient's authorized representative);

(ii) to the succeeding physician or other authorized person when the physician discontinues his or her practice (whether through departure, sale of practice, retirement, or death);

(iii) as otherwise required by law.

Key aspect of this policy: Physicians and physician associates who have retired must still ensure that their former patients have access to their medical records.

- **Board Guidelines**. The Board has adopted a guideline regarding "copy and paste", which can be found at https://www.maine.gov/md/sites/maine.gov.md/files/inline-files/COPY-AND-PASTE.pdf

  ***Copy and Paste Guideline (Medical Records)*:** This guideline identifies the following negative risks associated with copy and paste forward functions in an electronic medical record:
  - It contains outdated or irrelevant information.
  - It propagates false information.
  - It misrepresents what actually occurred during the specific patient encounter.
  - It makes it difficult to identify the duration of a medical problem.
  - It confuses medication dose changes or other instructions to the patient.

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VII. Telemedicine

Telemedicine is a field of medicine that allows licensees to treat patients who might otherwise not have immediate access to a physician or physician assistant. Licensees who intend to practice medicine should be aware of the Board's rule regarding telemedicine.

A. Board Rule. Chapter 6 – Telemedicine Standards of Practice. This is a rule establishing standards for the practice of medicine using telemedicine in providing health care. The rule can be found at: https://www.maine.gov/md/sites/maine.gov.md/files/inline-files/Chapter_6_Telemedicine%20.pdf. Key aspects of the rule include:

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- Sole contact with a patient through e-mail/instant messaging is NOT sufficient for creating a physician/patient relationship including diagnosis and treatment.

- The location (state) of the patient is where the practice of medicine takes place.

- If a clinician is practicing telemedicine and the patient is located in Maine the clinician must be licensed in Maine.

VIII. Medical Professionals Health Program (MPHP)

The complexity of contemporary medicine and health care requires today's medical professional to be healthy and well balanced. Medical professionals are subject to high degrees of stress, both personally and professionally. This stress can impair one's ability to maintain a healthy balance and can result in addictive behaviors and psychiatric or medical disorders. The potential for impairment is universal and no one is immune from the dangers of alcohol or other drug use. The Medical Professionals Health Program is available to assist and advocate for a number of healthcare professionals.

The Medical Professionals Health Program offers non-disciplinary, voluntary participation under protocols developed with the Maine Board of Medicine, and the Maine State Board of Nursing.

Mission

The Medical Professionals Health Program, a program of the Maine Medical Association, assists medical professionals of Maine by providing confidential, compassionate assistance and advocacy. Their clinical professionals and committee members help participants with diagnosed substance use disorders. Although they do not provide evaluation or treatment, they help participants better understand the treatment and recovery process and help implement strategies for return to safe practice.

Who does the MPHP consider impaired?

The Medical Professionals Health Program helps professionals who suffer from alcohol or chemical dependency. The Medical Professionals Health Program and the Medical Professionals Health Committee are advocates for colleagues whose health problems may compromise their professional and personal lives and the lives of their patients.

How are Participants Referred?

Anyone with a concern and desire to help a family member, colleague or friend can make a referral. The MPHP also accepts self-referrals as well as anonymous calls. The MPHP is a voluntary program and does not mandate participation, but are glad to assist anyone interested in exploring referral options. Their clinical staff is prepared to discuss the process of referral and enrollment in addition to diagnosis and recovery options. It is in the best interest of participants, both personally and professionally, that treatment begins a soon as possible.

Title 24 M.R.S. § 2505 mandates the reporting of physicians and physician assistants by licensees to the Board when they have reasonable knowledge of acts amounting to misuse of alcohol, drugs or other substances that may result in them performing services in a manner that endangers the health or safety of patients. The law also provides that if the license makes a report to the MPHP they do not have to make a report to the Board.

How does the MPHP help Medical professionals?

The Medical Professionals Health Program assists medical professionals in developing strategies for treatment, helping them return to successful professional careers. The MPHP does not make diagnoses or provide treatment. The MPHP clinical staff and committee members act as advocates for their impaired colleagues, providing compassionate, comprehensive and confidential assistance.

For more information contact the Medical Professionals Health Program by phone at (207) 623-9266, by e-mail at INFO@MMA-MPHP.ORG, or visit their website at www.mainemphp.org

How the Board and the MPHP Interact

The Board interacts with the MPHP (and the physicians involved in the program) in two very different ways.

1. The licensee enters the program voluntarily prior to coming to the attention of the Board. As long as the licensee meets the requirements of the MPHP and there has been no patient harm, the Board will not pursue discipline against the licensee and will keep their participation confidential. If the licensee violates the MPHP contract and/or tests positive for a substance, the MPHP will make a report to the Board.

2. The Board becomes aware of a substance misuse issue on its own. This often happens through police reports, newspaper articles, or notification from the MPHP that a contract has been broken. In those cases, the Board will often mandate participation in the MPHP and report the action as discipline.

The Board strongly urges any licensee who thinks they may have a problem to contact the MPHP. A high percentage of physicians and physician assistants with substance problems respond successfully to treatment and return to full practice.

General Health Information

Although substance misuse/abuse is often one of the most talked about problems our licensees may face, the Board understands that its licensees are human and will have other human conditions. The Board wants its licensees to be healthy, happy, and productive members of society. Therefore, the Board will not automatically discipline a licensee for being on certain medications (narcotics) or seeking treatment for certain conditions (mental health) as long as the licensee is being treated and monitored by a healthcare provider and they do not pose a risk to the public.

Maine Board of Medicine
State Licensure Examination

Applicant: _____ (please PRINT full name)

CATEGORY I: QUESTIONS REGARDING THE BOARD

Question #1. The major focus of the Maine Board of Medicine is:

A. To protect the public health and welfare.
B. To provide education for licensees.
C. To provide a readily verifiable source of information for various credentialing bodies.
D. To provide rehabilitation for ill licensees.
E. To promote the public image of medicine.
F. To protect licensees from malpractice suits.

☐A ☐B ☐C ☐D ☐E ☐F

CATEGORY II: QUESTIONS REGARDING LICENSURE AND REGISTRATION

Question #1. If unsure how to answer a question on a licensure application, a prudent course would be to:

A. Answer the question putting yourself in the most favorable light.
B. Call the Board for advice and/or attach an addendum to the application explaining the situation/circumstances.
C. Skip the question.
D. Guess.

☐A ☐B ☐C ☐D

Question #2. If a licensee wishes to renew the license in active status and has failed to obtain adequate CME for license renewal, an acceptable course of action would be to:

A. Delay sending in the application for license renewal until the CME is completed.
B. Claim CME that is planned even if not yet completed.

C. **Send in the application on time, including an accurate CME report, explain the circumstances around not having completed CME requirements, and request an extension of time to complete the CME.**
D. **Send in your renewal leaving CME information blank.**

☐A ☐B ☐C ☐D

Question #3. True or False – A licensee whose license is in INACTIVE status may practice medicine and surgery in Maine.

☐True ☐False

Question #4. True or False – 60 days prior to the expiration of a license, the Board notifies a licensee about the upcoming expiration of their license.

☐True ☐False

Question #5. True or False – If a licensee fails to file a timely and complete renewal application, their license automatically expires and they no longer can practice medicine or render medical services.

☐True ☐False

Question #6. True or False – After the expiration of a license, the former licensee cannot practice medicine or render medical services until the license is approved for renewal.

☐True ☐False

Question #7. True or False – A licensee has up to 90 days to renew his/her license after expiration before incurring additional monetary penalties (except late fees).

☐True ☐False

Question #8. True or False – The Board has guidelines – including sample plans - for re-entry to practice for applicants for licensure or re-licensure who have been out of clinical practice for 24 months or longer, which applicants should review prior to submitting an application.

☐True ☐False

Question #9. True or False – The Board has rules that require licensees who have been out of clinical practice for more than 24 months or longer to

demonstrate current clinical competency prior to obtaining active licensure or re-licensure.

☐True ☐False

Question #10. True or False – The State of Maine is a member of the Interstate Medical Licensure Compact, which expedites the interstate medical licensure of certain qualified physicians.

☐True ☐False

Question #11. True or False – Licenses are renewed every two years based on birthdate. Renewals are due by the end of the month of a physician or physician associate birth on even years if they were born in an even numbered year, or odd years if they were born in an odd numbered year.

☐True ☐False

Question #13. True or False – Physician Associates are legally liable for any medical services they provide.

☐True ☐False

Question #14. True or False – Physician Associates with less than 4,000 hours of clinical practice experience are required to have either a collaborative agreement (private practice other than a health care facility or physician group practice) or a privileging and credentialing document (health care facility or physician group practice) that identifies scope of practice.

☐True ☐False

Question #15. True or False – Physician Associates with more than 4,000 hours of clinical experience are not required to practice pursuant to a collaborative agreement or a privileging and credentialing document that identifies scope of practice.

☐True ☐False

Question #16. True or False –The Board reviews collaborative agreements to ensure that physician associates render medical services in accordance with their training and experience.

☐True ☐False

CATEGORY III: QUESTIONS REGARDING COMPLAINTS AND DISCIPLINE

Question #1. True or False - Letters of Guidance from the Board of Medicine to a licensee constitute disciplinary action that is reportable to the National Practitioner Data Bank and the Federation of State Medical Boards.

☐True ☐False

Question #2. True or False - If deemed pertinent to an investigation by the Board, the Board of Medicine has the authority to insist that a licensee undergo a physical, mental health, and/or substance misuse evaluation by an evaluator of the Board's choice.

☐True ☐False

Question #3. True or False - The Board reports all disciplines, practice restrictions, and adverse actions to the National Practitioner Data Bank and the Federation of State Medical Boards discipline databank.

☐True ☐False

Question #4. True or False – If a patient or individual files a complaint and then withdraws it, the Board may still pursue the complaint.

☐True ☐False

Question #5. Common issues underlying complaints against licensees to the Board of Medicine include:

A. Office staff communication style.
B. Lack of communication regarding test results.
C. Poor communication among professionals.
D. Licensee rudeness.
E. All of the above.

☐A ☐B ☐C ☐D ☐E

Question #6. True or False - Grounds for discipline of a license include fraud or misrepresentation, substance misuse, unprofessional conduct,

incompetence, and prescribing controlled substances for other than accepted therapeutic purposes.

☐True ☐False

Question #7. True or False - Sexual contact between a licensee and a patient or a "key third party" is not misconduct if the patient or "key third party" initiates it or suggests it.

☐True ☐False

Question #8. True or False – Kissing a patient or a "key third party" constitutes sexual misconduct.

☐True ☐False

Question #9. True or False - Sexual contact with a patient or a "key third party" is not deemed misconduct if it occurs outside the physician's practice location.

☐True ☐False

Question #10. True or False – Sexual misconduct with a patient or a "key third party" constitutes unprofessional conduct and incompetence and is serious enough to result in revocation of licensure.

☐True ☐False

Question #11. True or False – It is the policy of the Board of Medicine that the American Medical Association's Code of Medical Ethics, most recent edition of *Current Opinions with Annotations*, is one of the primary sources in defining ethical physician and physician associate behavior.

☐True ☐False

Question #12. True or False - Licensees should not treat themselves or family members except in emergency settings or isolated setting where there is no other qualified physician available or for short-term, minor problems.

☐True ☐False

Question #13. True or False - Licensees who treat family members in an emergency/isolated setting or for a short term, minor problem are responsible for documenting the care provided and conveying that information to the patient's primary care physician.

☐True ☐False

Question #14. True or False - Outbursts of anger from licensees caused by stress or lack of rest will be excused as long as the licensee is otherwise competent.

☐True ☐False

Question #15. True or False - Habitual rudeness to patients and or colleagues is potential grounds for Board investigation and /or disciplinary action.

☐True ☐False

Question #16. True or False - Licensees do not need to be concerned about rude behavior of their office staff such as the receptionist.

☐True ☐False

Question #17. True or False – The sale of goods from the licensee's office raises ethical concerns about financial conflict of interest, risks placing undue pressure on the patient, and threatens to erode patient trust, undermine the primary obligation of physicians to serve the interests of their patients before their own, and demeans the profession of medicine.

☐True ☐False

Question #18. True or False – The Board recommends that clinicians have a policy notifying patients of the right to have a chaperone present during any exam, but most certainly for an exam of the breast, genitalia or rectum.

☐True ☐False

Question #19. True or False - The Board is unable to assist licensees or the public with civil medical malpractice issues.

☐True ☐False

CATEGORY IV: QUESTIONS REGARDING PRESCRIBING CONTROLLED SUBSTANCES

Question #1. True or False – It is unprofessional conduct for licensees to prescribe controlled substances for themselves or their family members except in emergency situations.

☐True ☐False

Question # 2. True or False – Maine and the United States is in the midst of a national opioid epidemic.

☐True ☐False

Question #3. True or False – All physicians and physician associates who are authorized to prescribe controlled substances must register as data requesters with the Maine Prescription Monitoring Program.

☐True ☐False

Question #4. True or False – With limited exceptions, upon initial prescription of a benzodiazepine or an opioid medication to a person and every 90 days for as long as that prescription is renewed all physicians and physician associates must check the Maine Prescription Monitoring Program information for records related to that person.

☐True ☐False

Question #5. True or False - All of the following are exceptions to the requirement that physicians and physician associates check the Maine Prescription Monitoring Program upon initiation of a prescription of a benzodiazepine or opioid medication:

A. When a physician or physician associate directly orders or administers a benzodiazepine or opioid medication to a person in an emergency room setting.
B. When a physician or physician associate directly orders or administers a benzodiazepine or opioid medication to a person in an inpatient hospital setting.
C. When a physician or physician associate directly orders or administers a benzodiazepine or opioid medication to a person in a long-term care facility or a residential care facility.

D. When a physician or physician associate directly orders or administers a benzodiazepine or opioid medication to a person in connection with a surgical procedure.
E. When a physician or physician associate directly orders, prescribes or administers a benzodiazepine or opioid medication to a person suffering from pain associated with end-of-life or hospice care.

☐True ☐False

Question #6. True or False – There are no exemptions or exceptions to the 100 MME per day maximum dosage of opiates that physicians and physician associates may prescribe to patients.

☐True ☐False

Question # 7. Which of the following are exemptions to the 100 MME per day maximum dosage of opiates that physicians and physician associates may prescribe to patients?

A. Pain associated with active and aftercare cancer treatment. Providers must document in the medical record that the pain experienced by the individual is directly related to the individual's cancer or cancer treatment.
B. Palliative care in conjunction with a serious illness.
C. End-of-life and hospice care.
D. Office Based Opioid Treatment for substance use disorder.
E. A pregnant individual with a pre-existing prescription for opioids in excess of the 100 MME aggregate daily limit. This exemption applies only during the duration of the pregnancy.
F. Acute pain for an individual with an existing opioid prescription for chronic pain. The seven day prescription limit applies unless the opioid product is labeled by the federal Food and Drug Administration to be dispensed only in a stock bottle that exceeds a 7-day supply as prescribed, in which case the amount dispensed may not exceed a 14-day supply.
G. Individuals pursuing an active taper of opioid medications, with a maximum taper period of six months, after which time the opioid limitations will apply, unless one of the additional exceptions in this apply.
H. Individuals who are prescribed a second opioid after proving unable to tolerate a first opioid, thereby causing the individual to exceed the 100MME limit for active prescriptions. For this exemption to apply, each individual prescription must not exceed 100 MME. Dispenser shall

provide patients with guidance on proper disposal of the first prescription.

I. When directly ordering or administering an opioid medication to a person in an emergency room setting, an inpatient hospital setting, a long-term care facility or a residential care facility or in connection with a surgical procedure.

J. All of the above.

☐A ☐B ☐C ☐D ☐E ☐F ☐G ☐H ☐I ☐J

Question #8. True or False - A health care entity that includes a physician or physician associate whose scope of practice includes prescribing opioid medication must have in place an opioid medication prescribing policy that applies to all prescribers of opioid medications employed by the entity. The policy must include, but is not limited to, procedures and practices related to risk assessment, informed consent and counseling on the risk of opioid use.

☐True ☐False

Question #9. True or False – Unless physicians and physician associates obtain a waiver from the Commissioner of Maine Health and Human Services, they must electronically prescribe all opioid medication.

☐True ☐False

Question #10. True or False – The United States Centers for Disease Control and Prevention has issued a *Guideline for Prescribing Opioids for Chronic Pain*.

☐True ☐False

Question #11. True or False – According to the U.S. CDC *Guideline for Prescribing Opioids for Chronic Pain*, nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain.

☐True ☐False

Question #12. Which of the following constitute "universal precautions" in prescribing controlled substances under Board Rule Chapter 21, USE OF CONTROLLED SUBSTANCES FOR TREATMENT OF PAIN:

A. Patient evaluation, including medical history & risk assessment.

B. Treatment plan.
C. Informed consent.
D. Use of the Maine Prescription Monitoring Program information.
E. Written Treatment Agreement.
F. Toxicological testing.
G. Medical record keeping.
H. All of the above.

☐A ☐B ☐C ☐D ☐E ☐F ☐G ☐H

Question #13. True or False – ALL licensees of the Board must complete at least 3 hours of CME regarding the prescribing of opioid medication.

☐True ☐False

Question #14. True or False – The Chapter 21 rule "Use of Controlled Substances for Treatment of Pain" does not apply to certain "custodial care facilities" and patients who are terminally ill and in "hospice care."

☐True ☐False

CATEGORY V: MANDATED REPORTING AND NOTIFICATIONS

Question #1. True or False – Physicians and physician associates are required to notify the Board within 10 days of any of the following:

A. Change of contact information.
B. Failure to pass the initial NCCPA Examination (Physician Associates only)
C. Criminal arrest/summons/indictment/conviction.
D. Change in status of employment or hospital privileges.
E. Disciplinary action taken by any licensing authority.
F. Material change in qualifications or information submitted with applications to the Board.

☐True ☐False

Question #2. True or False – Maine law has additional requirements for reporting suspected child abuse if a child is under 6 months of age or is otherwise non-ambulatory.

☐True ☐False

Question #3. The following conditions require an immediate report to DHHS if a child is under 6 months of age or otherwise non-ambulatory:

A. Bone fracture.
B. Burns.
C. Soft tissue swelling.
D. Both A & B.
E. All of the above.

☐A ☐B ☐C ☐D ☐E

Question #4. True or False - A physician or physician associate is required to report to the Board the relevant facts relating to the acts of any physician or physician associate in this State if, in the opinion of the physician or physician associate has reasonable knowledge of acts of the physician or physician associate amounting to gross or repeated medical malpractice, misuse of alcohol, drugs or other substances that may result in the physician's or the physician associate's performing services in a manner that endangers the health or safety of patients, professional incompetence, unprofessional conduct or sexual misconduct identified by board rule.

☐True ☐False

CATEGORY VI: QUESTIONS REGARDING MEDICAL RECORDS

Question #1. True or False – A patient is never entitled to a copy of their own medical record.

☐True ☐False

Question #2. True or False - If a patient has not paid a bill, the licensee has no obligation to forward records upon request until the bill is paid.

☐True ☐False

Question #3. True or False – If a physician retires from private practice they do not have to worry about ensuring that patients have access to their medical records.

☐True ☐False

Question #4. Which of the following constitute potential negative risks of copy and paste forward functions of electronic medical records:

A. It contains outdated or irrelevant information.
B. It propagates false information.
C. It misrepresents what actually occurred during the specific patient encounter.
D. It makes it difficult to identify the duration of a medical problem.
E. It confuses medication dose changes or other instructions to the patient.
F. All of the above.

☐A ☐B ☐C ☐D ☐E ☐F

CATEGORY VII: QUESTIONS REGARDING TELEMEDICINE

Question #1. True or False – Sole contact with a patient through e-mail/instant messaging is sufficient for creating a physician/patient relationship including diagnosis and treatment.

☐True ☐False

Question #2. True or False – The location of the patient is where the practice of medicine takes place.

☐True ☐False

Question #3. True or False – Absent an executive order during a declared emergency, if you are practicing telemedicine and the patient is located in Maine you must be licensed in Maine.

☐True ☐False

CATEGORY VIII: QUESTIONS REGARDING MEDICAL PROFESSIONALS HEALTH PROGRAM (MPHP)

Question #1. If a licensee with substance use disorder seeks help by contacting the Medical Professionals Health Program:

A. The Board will view this as grounds for automatic discipline.
B. The MPHP will immediately make a report to the Board, whether or not there is potential for patient harm.
C. Appropriate treatment will be offered and monitored confidentially.
D. The MPHP will immediately make a report to the National Data Base.

☐A ☐B ☐C ☐D

Question #2. If a Maine licensee is reasonably concerned that a licensed practicing colleague has a substance misuse problem:

A. The concerned licensee has a legal obligation to report the colleague either to the Board of Medicine or to the MPHP.
B. The concerned licensee may report the colleague to the Board of Medicine or the MPHP, but has no obligation to do so.
C. There is no obligation to report unless the concerned licensee is aware of adverse patient outcomes as a result of the substance misuse.

☐A ☐B ☐C

Question #3. Which of the following is true?

A. A high percentage of chemically dependent physicians and physician associates respond successfully to treatment and return to full practice.
B. Heavy alcohol use, if restricted to times when the licensee is not practicing medicine, will have no impact on the licensee's fitness for practice.
C. Licensees are too intelligent and too informed about drugs and alcohol to get into trouble with them.
D. The MPHP in Maine is of no assistance in keeping recovering licensees in practice.

☐A ☐B ☐C ☐D

I affirm that the foregoing answers are mine, and that I alone completed this examination.

_____ _____
(Applicant signature) (Date)

The following are open comment questions to help us evaluate this exam.

Question #____. Through this experience did you learn anything that will be of value in your practice in Maine?

_____
_____
_____

Question #____. If you have suggestions, questions, or other comments regarding the improvement of this examination, please make them here.

_____
_____
_____
_____

Question #____. Did you review the Study Guide before taking this exam, or did you test your current level of knowledge?

_____ **Read the materials first**

_____ **Did not read the materials first**

Complaint Process
Verbal Discussion