Board of Licensure in Medicine - Board of Osteopathic Licensure
Workgroup
ZOOM meeting
August 27, 2025
5:30 p.m. – 7:01 p.m.

Board Members Present
Public Member Peter Michaud, JD, RN (BOL)
Melissa Michaud, PA (BOL)
Public Member Dennis Smith, Esq. (BOL)
Public Member Mary-Anne Ponti, RN, DBA (BOL)
John Brewer, DO (BOL)
Paul Vinsel, DO (BOL)
Lisa Ryan, DO (BOL)
Renée Fay-LeBlanc, MD (BOLIM)
Public Member Lynne Weinstein (BOLIM) – excused at 6:11 p.m.

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

Legal Counsel Present
Assistant Attorney General Jennifer Willis (BOLIM)
Assistant Attorney General Lisa Wilson (BOL)

A roll call of board members present was conducted.

Kentucky Board Law

The workgroup reviewed Kentucky law regarding the use of committees to review complaints and conduct hearings. The Kentucky Board President divides members into two seven member panels, with each panel having at least one public member. The President of the Board is not a permanent member of either panel but may cast the deciding vote in the event of a tie or serve on a panel to meet quorum. Panels meet on alternating months, so each panel meets 6 times per year. The full Board meets quarterly. The panels have the authority to render final decisions.

The workgroup liked the process used by Kentucky and should incorporate a similar process into statute if the Boards decide to merge.

Draft Budget Information

The workgroup reviewed draft budget information. The draft included three scenarios:

- Scenario A based on the BOL remaining separate and adding four additional staff members. This scenario would result in an increase in renewal fees of $438 per licensee every two years.

- Scenario B based on the BOLIM remaining separate and adding four additional staff members. This scenario would result in an increase in renewal fees of $88 per licensee every two years.

- Scenario C based on merger of the BOL and BOLIM and adding four additional staff members. This scenario would result in an increase in renewal fees of $74 per licensee every two years.

Workgroup members questioned whether additional staff would be required if the Boards merged. Mr. Terranova indicated that if the Boards merged, all current staff would remain. In addition, BOLIM currently has an unfilled position that could be utilized if additional staff were needed.

The workgroup also discussed the BOLIM Medical Director position and the potential 25% increase in workload and asked how many hours per week the Medical Director works. Mr. Terranova responded that the Medical Director is a full-time position and reviews records, bookmarks records for Board review and assists with policy development. The increase in workload would have to be reviewed in the event the Boards merge.

Mr. Smith noted that the draft budget was based on a part-time Medical Director working 30 hours per week, an investigative secretary to handle complaints and two licensing specialists.

Draft Proposed Statute with Changes and Comments

Mr. Terranova noted that the composition for hearing panels will need to be determined. The workgroup has discussed this issue but has not made a definitive decision. In addition, Mr. Terranova noted that the proposed statute indicates that the Board will hold regular monthly meetings. The language may be too restrictive. Current BOLIM statute indicates the Board will meet at least three times per year. Workgroup members agreed that less restrictive language is appropriate.

In reviewing the section regarding Board Officers, Mr. Terranova noted a difference in the current structure of BOLIM and BOL. BOLIM has a Chair and a Secretary. BOL has a Chair, Vice Chair and Secretary. If the Boards merge, the workgroup will need to decide on Board Officers.

Mr. Michaud also noted that the proposed statute assigns license application review to the Secretary. Mr. Terranova noted that BOLIM staff can approve license applications with no negative or questionable information. If there are issues, the application is referred to the Secretary who can approve the application or refer it to the full Board. AAG Willis clarified that BOLIM's statute allows delegation to the Secretary and BOLIM delegates by rule.

Mr. Terranova recommended a change regarding the annual report to the Legislature. Currently BOLIM must include a statistical summary from FSMB. However, the FSMB tabulates disciplinary actions differently than BOLIM. BOLIM includes an explanation each year of the discrepancy in disciplinary actions. Workgroup members felt the Legislature is interested in the Boards statistics and agreed this provision could be removed.

Mr. Terranova also pointed out a provision for Contracting with Commissioner of Education and questioned if this was currently needed. Legal counsel will review and report back.

AAG Wilson commented that the section regarding ordering physical and mental examinations is an improvement over BOL's current statute.
Mr. Terranova discussed the current provision under physician associate licensing regarding an advisory committee. He noted that the Advisory Committee has not met since the statute was updated in 2016.

He asked the workgroup if they felt this Advisory Committee was necessary or if PA representation on the Board is sufficient. Ms. Michaud felt that PA representation on the Board is sufficient and was not sure what additional role the Advisory Committee might serve. Workgroup members agreed this provision is no longer needed.

Mr. Terranova noted under the licensure of allopathic physician section that Canadian graduates were accredited by the US until June of this year. Canadian graduates are now considered foreign medical graduates. He suggested adding acceptance of Canadian graduates to the statute. There was also discussion about the terminology moving to international medical graduate (IMG) and the subgroup internationally trained physician (ITP). IMGs are physicians who have graduated from a foreign medical school and ITPs are physicians who have graduated from a foreign medical school and have completed post graduate training and/or worked in a foreign country according to its regulations.

Mr. Terranova pointed out that BOLIM has the authority to create special license categories for allopathic physicians, such as administrative and emeritus licenses, but cannot create those for PAs because the BOL does not have that authority. He recommended adding that authority to the proposed statute for all licenses.

The workgroup reviewed twelve pages of the draft and then determined that it would stop at this point to allow time for public comment. Mr. Terranova reminded workgroup members that if they have questions or comments between meetings, they can submit those to staff.

Public Comment

Mr. Terranova noted that one written comment was received from a UNE student and was provided to the workgroup in the meeting material.

Kathryn Brandt, DO – Dr. Brandt thanked workgroup members for their continued work. She commented that the draft budges appeared to be estimating universal changes across three different scenarios. She feels it would be more pertinent to look at scenarios of what an appropriate BOL would look like and not give resources where they are not needed.

Rich Thacker, DO – Dr. Thacker practices in Tallahassee, FL. He is in favor of keeping the Boards separate and indicated it is attractive to physicians, especially young physicians. Twenty-five percent of students are in DO programs. Separate Boards provide optimal service and unique understanding of osteopathic practice.

John Gimpel, DO – Dr. Gimpel was previously the Dean of the University of New England and now works at the National Board of Osteopathic Medical Examiners. Osteopathic physicians are part of a profession that self regulates. Dr. Gimpel indicated that some of the strongest states for osteopathic medicine have separate Boards. He also urged workgroup members to keep patients first and foremost in deliberations.

Teresa Hubka, DO – Dr. Hubka thanked the workgroup for allowing observation and comments. She supports separate licensing Boards. She noted that the osteopathic profession has a different educational process than allopathic physicians and it is important to maintain that distinct educational and licensing process. Dr. Hubka also noted that the profession is growing quickly.

John Diefenderfer, DO – Dr. Diefenderfer is a faculty member of the Maine Dartmouth Residency Program. Dr. Diefenderfer asked if the workgroup had gathered data from states that have separate boards and how they are able to maintain separate boards. He asked about the potential for restructuring

vs. merging.

Following public comments Ms. Ponti asked how the workgroup was doing from a time standpoint to have a report to the Legislature in January.

Mr. Terranova said that work should be concluded by November so that the Boards can review the final product in December.

Next Steps

Finish review of proposed statute at next meeting

The next meeting is on September 24th at 5:30 p.m.

Adjourn 7:01 p.m.

201 KAR 9:240. Emergency orders and hearings; appeals and other proceedings.

RELATES TO: KRS Chapter 13B, 218A.205, 311.565(1)(i), 311.591(3), 311.592, 311.593, 311.595, 311.852

STATUTORY AUTHORITY: KRS 311.565(1)(a), (i)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 311.565(1)(i) authorizes the board to promulgate administrative regulations to promote the efficient and fair conduct of disciplinary proceedings. This administrative regulation establishes the procedure to be followed in handling emergency proceedings in regard to any licensee before the board.

Section 1. Authority to Issue Emergency Order; Timing.

(1) An inquiry panel or the panel's chair, acting on behalf of the inquiry panel, may issue an emergency order restricting or suspending a licensee's license to practice within the Commonwealth of Kentucky in accordance with KRS 311.592 and 13B.125.

(2) An inquiry panel shall make this determination following a completed investigation pursuant to KRS 311.591(3) at a regularly scheduled meeting of the inquiry panel.

(3)

(a) An inquiry panel's chair may act on behalf of the inquiry panel and issue an emergency order restricting or suspending a licensee's license to practice within the Commonwealth of Kentucky if the panel chair determines that a basis for an emergency order as established in subsection (1) of this section exists and the circumstances of the specific case warrant emergency action prior to the next regularly scheduled meeting of the inquiry panel.

(b) If an emergency hearing is scheduled prior to the next regularly scheduled meeting of the inquiry panel, the panel chair may act on behalf of the inquiry panel and issue the complaint required to support the continuation of the emergency order.

(c) If the panel chair acts on behalf of the inquiry panel pursuant to paragraph (a) or (b) of this subsection, the panel chair shall report any action to the inquiry panel at its next regularly scheduled meeting.

Section 2. Findings of Fact and Conclusions of Law.

(1) The inquiry panel, or the panel chair acting on the panel's behalf, may consider any evidence or information in making a charging decision pursuant to KRS 311.591(3) or in making the determination to issue an emergency order pursuant to Section 1 of this administrative regulation. The evidence or information may include:

(a) An application for licensing or renewal filed by the licensee with any licensing board;

(b) Any prior or current order issued by the board or one (1) of its panels affecting the licensee's Kentucky license;

(c) Any prior or current order issued by another state's licensing authority affecting the licensee's license in that state;

(d) The records of any criminal proceeding involving the licensee;

(e) A report by or record of any governmental agency, including a law enforcement agency report, a Kentucky All Schedule Prescription Electronic Reporting (KASPER) report or summary, or a reference to a governmental agency or KASPER report;

(f) Patient records maintained by the licensee, or summaries of or references to the contents of those records;

(g) Records or reports issued or maintained by a pharmacy;

(h) Records or reports issued or maintained by a hospital, including a peer review report relating to the licensee or medical records of a patient treated by the licensee in the hospital;

(i) Records or reports issued or maintained by any business;

(j) An investigative report prepared by a board investigator, including any summary of a verbal or written statement by a witness or an evidentiary document reviewed by an investigator;

(k) An investigative report prepared by a board investigator involving another investigation conducted by the board relating to the licensee;

(l) An oral or written statement by the licensee, or the licensee's agent, relating to the investigation;

(m) A report of a clinical skills assessment relating to the licensee, including a report by a board-approved assessor, including the Center for Personalized Education for Physicians (CPEP) or LifeGuard;

(n) A physical, mental, or substance abuse evaluation or assessment of the licensee;

(o) A written report of a patient record review conducted by a consultant under contract with the board to perform reviews; or

(p) A written report of a patient record review conducted by a licensed professional performing a review on behalf of the licensee.

(2) The evidence or information considered by the inquiry panel or panel chair, acting on behalf of the inquiry panel, shall constitute the board's record of proceedings relating to the issuance of an emergency order of restriction or suspension.

(3) If the inquiry panel or the panel chair, acting on behalf of the inquiry panel, issues an emergency order of restriction or suspension against a licensee's license, the emergency order shall be a written order and shall include findings of fact and conclusions of law, supported by the board's record of proceedings, upon which the agency bases the emergency order.

(4) Any emergency order shall be served upon the affected licensee in the manner specified in KRS 13B.050(2). The emergency order shall become effective immediately upon receipt by the affected licensee or the licensee's representative.

Section 3. Authority to Issue Emergency Order of Suspension Upon Felony Indictment.

(1) If a licensee is indicted in any state for a crime classified as a felony in that state and the conduct charged relates to a controlled substance, that licensee's practice shall be considered an immediate danger to the public health, safety, or welfare pursuant to KRS 311.592, 311.852, and 13B.125.

(2) If the board receives verifiable information that a licensee has been indicted in any state for a crime classified as a felony in the state of indictment and the conduct charged relates to a controlled substance, the inquiry panel or panel chair, acting on behalf of the inquiry panel, shall immediately issue an emergency order suspending or restricting that licensee's Kentucky license to prohibit the licensee from prescribing, dispensing, administering, or otherwise utilizing a controlled substance in Kentucky, until further order following the final resolution of the criminal charges in the indictment.

(3) The emergency order of suspension shall remain in effect until:

(a) The criminal charges contained in the indictment are finally resolved; and

(b) The board's hearing panel has finally resolved the matter after receipt of the court documents finally resolving the criminal charges in the indictment.

Section 4. Request for and Timing of Emergency Hearing; Waiver.

(1) A licensee required to comply with an emergency order may request an emergency hearing at any time between the effective date of the emergency order and the effective date of an order finally resolving the underlying complaint.

(2)

(a) A request for an emergency hearing shall be presented to the board in writing, but may be submitted by facsimile or email.

(b) Upon receipt of a written request for an emergency hearing, the board shall schedule the emergency hearing on one (1) of the ten (10) working days following the

date of receipt of the written request. The day on which the written request is received by the board shall not be considered one (1) of the ten (10) working days.

(c) A written request shall be considered received on a particular work day if it is received by the board during the board's scheduled operating hours for that day. If the board receives a request for an emergency hearing by facsimile or email received after scheduled operating hours, the request shall be considered to have been received the next scheduled work day of the board.

(3)

(a) A written request for an emergency hearing shall be considered a certification by the affected licensee and the licensee's counsel, if any, that the licensee is available to participate in an emergency hearing on any of the ten (10) working days following the date of the board's receipt of the written request for an emergency hearing.

(b) The refusal of the licensee to accept a hearing date on a date specified by the board within the ten (10) working days shall constitute a waiver of the requirement of KRS 13B.125(3) to conduct the emergency hearing within ten (10) working days of receipt of a request.

(c) If there is a waiver of the ten (10) working day requirement, the hearing officer and parties shall schedule the emergency hearing to commence at the next date available to the hearing officer and both parties.

(4)

(a) Unless there is a waiver of the requirement, the board shall commence the emergency hearing within ten (10) working days of receipt of the written request for an emergency hearing.

(b) If the parties are unable to conclude the emergency hearing on the initial date assigned, the emergency hearing shall resume on the next date available to the hearing officer and both parties and shall continue on dates available to the hearing officer and both parties until concluded.

Section 5. Scope and Conduct of Emergency Hearing; Hearing Officer's Role.

(1) The emergency hearing shall be conducted by the inquiry panel, its panel chair, acting on behalf of the inquiry panel, or by a qualified hearing officer appointed by the board's executive director.

(2) The singular function of the party conducting the emergency hearing shall be to determine whether the findings of fact providing the bases for the emergency order are supported by substantial evidence and, if so, constitute one (1) or more violations of KRS 311.595.

(3) Given the ten (10) working day requirement of KRS 13B.125(3) and the unique nature of the hearing, it shall not be practicable pursuant to:

(a) KRS 13B.125(3) to conduct the emergency hearing in conformity with the provisions of KRS 13B.050;

(b) KRS 13B.060;

(c) KRS 13B.070;

(d) KRS 13B.080(2);

(e) KRS 13B.080(3){as it relates to discovery orders} or (4){to the extent it conflicts with this administrative regulation};

(f) KRS 13B.090(1){to the extent it prohibits consideration of hearsay evidence}, (2){other than the requirement that all testimony shall be made under oath or affirmation}, (3), or (7);

(g) KRS 13B.110; or

(h) KRS 13B.120.

(4) There shall not be a motion practice, prior to or as part of the emergency hearing, relating to the legality or validity of the emergency order under consideration or relating

to evidentiary issues.

(5)

(a) The standards of acceptable and prevailing practice within the Commonwealth may be determined by an expert review of a licensee's patient records by a qualified expert.

(b) An expert review may be conducted on the board's behalf by a licensed professional who has entered into a contractual relationship with the board to serve as a board consultant. The contractual relationship shall indicate that the board has determined that the professional is legally qualified to provide an expert opinion regarding the standards of acceptable and prevailing practice within the Commonwealth of Kentucky and whether the affected licensee has violated those standards or committed other professional violations of the board's statutes.

(c) The party conducting the emergency hearing shall not conduct a separate hearing or inquiry into the qualifications of the contractual reviewer who performed the record review on behalf of the board or of a licensed professional who performed a record review on behalf of the affected licensee.

(6) The emergency hearing shall be conducted as required by KRS Chapter 13B and this subsection.

(a) The board shall produce and the hearing officer shall accept the record of the proceedings relating to the issuance of an emergency order under consideration.

(b)

1. The board shall not be required to produce any further evidence to support the emergency order.

2. The board may call the affected licensee to testify, as if under cross-examination, regarding the factual accuracy of evidence or information cited in the record of proceedings relating to the issuance of the emergency order.

(c) The affected licensee may testify, produce factual evidence, produce hearsay evidence through documents, or call lay witnesses to the extent that the evidence specifically tends to demonstrate that a factual statement relied upon by the board's contractual reviewer or by the inquiry panel or panel chair, acting on behalf of the inquiry panel, is factually incorrect or false.

(d) The affected licensee may only call the board's contractual reviewer for the purpose of cross-examination if the hearing officer determines on the record that the licensee's evidence has established that one (1) or more factual statements relied upon by the contractual reviewer in the expert report is demonstrably false or incorrect. If the hearing officer makes that determination, the affected party may call the board's contractual reviewer for the purpose of cross-examination under the following conditions:

1. The cross-examination of the board's contractual reviewer is scheduled at the earliest date available to the reviewer and the parties that does not disrupt the normal operation of the reviewer's professional practice and does not disrupt the care of the reviewer's normal patients;

2. The cross-examination of the board's contractual reviewer is limited to factual statements and opinions rendered in the reviewer's report, and the effect upon an opinion of a determination that one (1) or more underlying factual statements relied upon by the reviewer is false or factually incorrect; and

3. Upon completion of the cross-examination, the board and the hearing officer may ask questions of the contractual reviewer relevant to the cross-examination.

(7)

(a) Within five (5) working days of completion of the emergency hearing, the hearing officer shall issue a written decision in which the hearing officer shall:

1. Affirm the emergency order if there is substantial evidence of a violation of law and the inquiry panel has determined that a violation constitutes an immediate

danger to the public health, safety, or welfare. If there is substantial evidence of a violation of law, the hearing officer shall not substitute his or her judgment as to the level of public protection necessary for the emergency order;

2. Revoke the emergency order if there is no substantial evidence of a violation of law. The findings of fact shall be found to be supported by substantial evidence if there is a factual basis for the findings, even if there is a conflict in the evidence or information considered by the inquiry panel or panel chair, acting on behalf of the inquiry panel. A finding that there is no substantial evidence to support the findings of fact shall require a finding that there is a complete absence of factual basis for the findings; or

3. Modify the emergency order if the emergency order relied upon multiple violations of law and the hearing officer has determined that there is no substantial evidence to support one (1) or more of those violations. Upon making that finding, the hearing officer may consider each remaining violation for which there is substantial evidence and may modify the level of protection if the modified protection fully protects the public health, safety, or welfare based upon the dangers presented by the licensee's commission of each remaining violation.

(b) The hearing officer shall not include additional findings of fact or conclusions of law in any written decision affirming the emergency order under consideration. The written decision shall be sufficient if it determines that there was substantial evidence of a violation of law and the panel had determined that the violation constituted an immediate danger to the public health, safety, or welfare.

(c) If the hearing officer issues a written decision revoking or modifying the emergency order under consideration, the hearing officer shall include findings of fact and conclusions of law to support the action.

Section 6. Judicial Review. Judicial review of a final order resulting from an emergency hearing shall comply with KRS 13B.140, 13B.150, 13B.160, and 311.593.

(39 Ky.R. 664; Am. 1662; eff. 3-4-2013; 42 Ky.R. 2804; 43 Ky.R. 15; eff. 7-20-2016; 47 Ky.R. 371; eff. 11-19-2020.)

311.591 Inquiry and hearing panels -- Grievances -- Review by inquiry panel -- Complaints -- Hearing by hearing panel -- Final order -- Discipline -- Release of information -- Privacy.

(1) The president of the board shall divide the membership of the board, excluding himself, into two (2) panels of seven (7) members, each panel to include at least one (1) consumer member. Each panel shall have the power to act as an inquiry or a hearing panel. The president shall not be a permanent member of either panel, but shall have the power to render the deciding vote whenever a tie vote is rendered by either panel and shall have the power to serve as a member of either panel when necessary to achieve a quorum by majority.

(2) Grievances may be submitted by an individual (including board members), organization, or entity. Each grievance shall be investigated as necessary and the executive director shall assign each grievance to an inquiry panel. All inquiry panels and the executive director shall have the power to issue investigatory subpoenas for the appearance of any person or production of any record, document, or other item within the jurisdiction of the Commonwealth. The panel or executive director may seek enforcement of investigatory subpoenas and search warrants in the courts of the Commonwealth as may be necessary.

(3) Upon completion of its inquiry, the inquiry panel shall make a finding that:

(a) There is no evidence of a violation of any medical practice act and no further action is necessary;

(b) There is insufficient evidence of a violation to warrant the issuance of a complaint, but that there is evidence of a practice or activity that requires modification and the panel may issue a letter of concern under KRS 311.550(22). The letter of concern shall be a public document and may be used in future disciplinary actions against the physician;

(c) The grievance discloses an instance of misconduct which does not warrant the issuance of a complaint; in these instances, the panel may admonish the physician for his misconduct; or

(d) The grievance discloses one (1) or more violations of the provisions of this chapter which warrant the issuance of a complaint; in these instances, the panel shall cause a complaint to be prepared, signed by the presiding officer, which shall contain sufficient information to apprise the named physician of the general nature of the charges.

(4) The inquiry panel shall cause a complaint to be served on the charged physician by personal delivery or by certified mail to the physician's last address of which the board has record. The physician shall submit a response within thirty (30) days after service. Failure to submit a timely response or willful avoidance of service may be taken by the board as an admission of the charges.

(5) Upon the issuance of the complaint, the executive director shall assign the matter for an administrative hearing by a hearing panel. No member who served on the inquiry panel may also serve as a member of the hearing panel. The hearing panel or the hearing officer on behalf of the panel shall preside over all proceedings pursuant

to the issuance of a complaint.

(6) The board may promulgate administrative regulations regarding the informal disposition of any complaint, and an informal disposition may be made at any stage of the proceeding.

(7) Upon completion of an administrative hearing, the hearing panel shall issue a final order that:

(a) Dismisses the complaint upon a conclusion that the provisions of this chapter have not been violated;

(b) Finds a violation of the provisions of this chapter, but does not impose discipline because the panel does not believe discipline to be necessary under the circumstances; or

(c) Imposes discipline upon the licensee; in these instances, the panel may revoke, suspend, restrict, deny, or limit a license, or may reprimand a licensee or place a licensee on probation under terms the panel may establish to protect the licensee, his patients, or the general public. The hearing panel may impose a fine whenever it finds that a violation of this chapter has occurred. If the board substantiates that sexual contact occurred between the physician and the patient while the patient was under the care of or in a professional relationship with the physician, the physician's license may be revoked or suspended with mandatory treatment of the physician as prescribed by the board. The board may require the physician to pay a specified amount for mental health services for the patient which are needed as a result of the sexual contact. The hearing panel's order shall be considered the final order of the board regarding the matter.

(8) Regardless of the restrictions on public disclosure of information established in subsection (9) of this section, the board may order information derived from any investigation or inquiry be released to the physician licensure authority of another state or to any health care or mental health care facility licensed and regulated by the Commonwealth of Kentucky upon a showing that the information is necessary to determine the propriety of a physician practicing in a particular state or facility.

(9) The presiding officer at any proceeding held pursuant to a complaint or show cause order shall take whatever measures are necessary to protect the privacy interests of individuals other than the charged physician upon a showing that evidence is to be introduced, the public disclosure of which would constitute a clear invasion of personal privacy. It is the general policy of the Commonwealth that administrative proceedings should be open to the public. Therefore, in applying this subsection, the presiding officer shall balance the competing interests and employ the least restrictive measures available to protect the privacy interests involved.

Effective: July 15, 2002

History: Amended 2002 Ky. Acts ch. 130, sec. 13, effective July 15, 2002. -- Amended 1996 Ky. Acts ch. 318, sec. 255, effective July 15, 1996. -- Amended 1994 Ky. Acts ch. 190, sec. 6, effective July 15, 1994; ch. 265, sec. 4, effective July 15, 1994; and ch. 470, sec. 4, effective July 15, 1994. -- Amended 1986 Ky. Acts ch. 302, sec. 8, effective July 15, 1986. -- Created 1984 Ky. Acts ch. 251, sec. 4, effective July 13,

1984.

Legislative Research Commission Note (7/15/94). This statute was amended by 1994 Ky. Acts chs. 265 and 470, which were companion bills and are substantively identical. These Acts have been codified together. For the few minor variations between the Acts, Acts ch. 470 prevails under KRS 446.250, as the Act which passed the General Assembly last. 1994 Ky. Acts ch. 190, sec. 6 is not in conflict with these two Acts and has been codified together with them.

From: Javier-Wong, Philip <Philip.Javier-Wong@maine.gov>
Sent: Monday, August 25, 2025 2:10 PM
To: [redacted]>; MacArthur, Rachel <Rachel.MacArthur@maine.gov>
Cc: Hendsbee, Rachel H <Rachel.H.Hendsbee@maine.gov>; Terranova, Tim E <Tim.E.Terranova@maine.gov>
Subject: RE: FW: Hypothetical DO Board Budget?

Good afternoon Dennis,

Here are the costs for the additional space and the part-time medical director position along with the prior estimates for the 3 other new positions. The office space estimate is based on the current rent expense assuming that we'd need to keep the existing leased space, and that a comparable space would be needed for the additional staff. Where that space is available and for how much is a hypothetical, i.e. the quote for an actual available space may or may not be significantly higher. The medical director costs are based on an individual at Step 4 working 30 hours/week. I also included a $10K placeholder for equipment without knowing if there was something more specific in mind.

The 3 scenarios below are the additional **annual** costs borne by each board separately in A and B, then combined in C (figures are rounded):

Proposed Changes	Annual Expense	Scenario A BOL-only, 1,951 licensees Per License +/-	Scenario B BOLIM-only, 9,865 licensees Per License +/-	Scenario C BOL + BOLIM, 11,816 licensees Per License +/-
Two (2) Licensing Specialists	196,000	$100	$20	$17
One (1) Investigative Secretary	92,000	$47	$9	$8
One (1) Medical Director, Part-time (30 hrs/week)	116,000	$59	$12	$10
Additional office space	15,616	$8	$2	$1
Additional equipment?	10,000	$5	$1	$1
		$219	$44	$37
	@ Renewal	$438	$88	$74

The licensee information is based on just renewals; the renewal amounts are for every two years. The figures above do not take into account that expenses are expected to increase annually.

Hope this helps with the decision-making.

Thank you.

— Philip

Licensure Fees and Requirements
(Not including USMLE and NBOME examination fees)

SMB	Initial licensure application fee (base free not including add'l fees that may be charged)	Licensure renewal fee	Licensure renewal interval	Interstate Medical Licensure Compact Member	Initial licensure fee for a license using the IMLC	Licensure renewal fee for a license using the IMLC
AL	$175 Initial application fee plus $65 criminal background fee where applicable. / $75 issuance fee to Med. Licensure Commission. These fees apply to MD/DO licenses. PA license fees differ.	$300 (MD/DO) $150 Controlled Substance Certificate (MD/DO)PA licenses and other certificates differ	1 year	Yes	75	300
AK	500	300	2 years	No		
AR	500	220	1 year; Multi-year (2) option available	No		
AZ-M	500	500	2 years	Yes	500	500
AZ-O	450	636	2 years	Yes	400	636
CA-M	1151	1151	2 years	No		
CA-O	$425 Initial application fee plus $200 application processing fee	400	2 years	No		
CO	390	changes each year	2 years	Yes	415	Changes each year
CT	565	575	1 year	Yes		
DE	378	378	2 years	Yes	425	
DC	803	803	2 years	Yes	803	803
FL-M	424	360	2 years	Yes		
FL-O	305	305	2 years	Yes		
GA	500	230	2 years	Yes	500	230
GU	400	250	2 years	Yes	400	250
HI	MD: Full biennium - $392; 1/2 biennium $221 DO: Full biennium - $510; 1/2 biennium $384	MD: $402 on-time; $408 late DO: $312 on-time; $392 late	2 years	Yes		
ID	400	200	2 years	Yes	370	200
IL	500	543	3 years	Yes	500	543
IN	250	200	2 years	Yes		
IA	450	450	2 years	Yes	450	450
KS	300	300	1 year	Yes	300	
KY	300	150	1 year	Yes	300	150
LA	382	330	1 year	Yes	382	
ME-M	$600 plus $100 exam fee	500	2 years	Yes	700	500
ME-O	350	525	2 years	Yes	350	
MD	$790 - AMGs & $890 - IMGs	486	2 years	Yes	790	486
MA	600	600	2 years	No		
MI-M	367.7	308.25	3 years	Yes	367.7	360.55
MI-O	367.7	308.25	3 years	Yes	367.7	360.55
MN	200	192	1 year	Yes	392	192
MS	550	300	1 year	Yes	600	300
MO	75	100	1 year	Yes		
MT	500	560	2 years	Yes	375	560
MP						
NE	350	171	2 years	Yes	125	171
NV-M	1425	750	2 years	Yes	375	750
NV-O	$500 - DO; $300 - PA	$350- DO; $150 - PA	1 year	Yes	500	350
NH	300	350	2 years	Yes	328	350
NJ	805	580	2 years	Yes		
NM	400	600/triennial ren	3 years	No		
NY	735	600	2 years	No		
NC	400	250	1 year	No		
ND	400	400	2 years	Yes	400	400
OH	305	305	2 years	Yes	308.5	
OK-M	500	200	1 year	Yes	500	
OK-O	575	$225 (in-state); $150 (out-of-state); $200 (fully retired/resident)	1 year	Yes	575	225
OR	$375 for MD/DO	$243/year	2 years	No		
PA-M	35	360	2 years	Yes		
PA-O	45	220	2 years	Yes		
PR	500	250	3 years	No		
RI	1090	1090	2 years	Yes		
SC	580	155	2 years	No		
SD	400	400	2 years	Yes	400	400
TN-M	510	310	2 years	Yes	510	310
TN-O	410	310	2 years	Yes	410	310
TX	817	Initial Registration $270-$456	2 years	Yes	817	
UT	200	183	2 years	Yes	200	183
VT-M	650 for MD and DPM, 225 PA, 120 AA & RA, 75 for LTL	525 MD & DPM, 215 PA, 120 AA & RA, 75 LTL	2 years	Yes	650	525
VT-O	500	500	2 years	Yes	500	
VI	250	1000	2 years	No		
VA	302	270	2 years	No		
WA-M	491	956	2 years	Yes	491	986
WA-O	391	441	1 year	Yes	391	441
WV-M	400	400	2 years	Yes	400	400
WV-O	400	400	2 years	Yes	400	400
WI	60	60	2 years	Yes	60	60
WY	400	155	1 year	Yes	325	155

DRAFT STATUTE FOR COMBINED MEDICAL BOARD PREPARED BY DENNIS SMITH, ESQ

CHAPTER XXX

PART A

MAINE MEDICAL BOARD

SUBCHAPTER 1

GENERAL PROVISIONS

§XXXX. Short title

This chapter may be known and cited as "the Maine Board of Medicine Act."

§XXXX Purpose

The Maine Board of Medicine is the state regulatory agency charged with protecting the public through the licensing and regulation of physicians and physician ~~assistant~~associates in Maine.

§XXXX. Definitions

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings.

1. Allopathic Physician. "Allopathic Physician" means a physician who graduated from medical school with an MD degree.

1. Board. "Board" means the Maine Board of Medicine established in Title 5, section 12004-A, subsection X.

2. Commissioner. "Commissioner" means the Commissioner of Professional and Financial Regulation.

3. License. "License" means a license, certificate, certification, registration, permit, approval or other similar document issued by the Board to qualified individuals granting authority to engage in the practice of medicine.

4. Osteopathic Physician. "Osteopathic Physician" means a physician who graduated from medical school with a DO degree.

4. Physician. "Physician" means an allopathic or osteopathic physician licensed by the Board.

5. Physician ~~Assistant~~Associate. "Physician ~~Assistant~~Associate" means a physician ~~assistant~~associate licensed by the Board.

6. Practice of Medicine. "Practice of Medicine" means diagnosing, relieving in any degree or curing, or professing or attempting to diagnose, relieve or cure a human disease, ailment, defect or complaint, whether physical or mental, or of physical and mental origin, by attendance, by surgery, or by advice, or by prescribing or furnishing a drug, medicine, appliance, manipulation, method or a therapeutic agent and includes:

A. Advertising, holding out to the public, or representing in any manner that one is authorized to practice medicine in Maine;

B. Offering or undertaking to prescribe, order, give, or administer any drug or medicine for use by any other person;

C. Offering or undertaking to prevent or to diagnose, correct, and/or treat in any manner or by any means, methods, or devices any disease, illness, pain, wound, fracture, infirmity, defect, or abnormal physical or mental condition of any person;

D. Offering or undertaking to perform any surgical operation upon any person;

E. Rendering a written or otherwise documented medical opinion concerning the diagnosis or treatment of a patient or the actual rendering of treatment to a patient within a state by a physician located outside the state as a result of transmission of individual patient data by electronic or other means from within a state to such physician or the physician's agent;

F. Rendering a determination of medical necessity or a decision affecting the diagnosis and/or treatment of a patient; and

G. Using the designation Doctor, Doctor of Medicine, Doctor of Osteopathic Medicine/Doctor of Osteopathy, Physician, Surgeon, Physician and Surgeon, Dr., M.D., D.O., or any combination thereof in the conduct of any occupation or profession pertaining to the prevention, diagnosis, or treatment of human disease or condition unless such a designation additionally contains the description of another branch of the healing arts for which one holds a valid license in the jurisdiction where the patient is located.

H. Maintaining adequate medical records pursuant to the standard of care.

I. The rendering of medical services by physician associates

§XXXX. Individual license

Only an individual may be licensed under this chapter and only a licensed individual may provide services for which a license is required under this chapter.

§XXXX. License required

1. Unlicensed practice. A person may not engage in the practice of medicine without a license or during any period when that person's license has expired or has been suspended, surrendered, or revoked.

2. Penalties. A person who violates this section commits a Class E crime. Violation of this section is a strict liability crime as defined in Title 17-A, section 34, subsection 4-A.

§XXXX. Exemption for licensed person accompanying visiting athletic team

1. Licensed person accompanying visiting athletic team. This chapter does not apply to a person who holds a current unrestricted license to practice medicine and surgery in another state when the person, pursuant to a written agreement with an athletic team located in the state in which the person holds the license, provides medical services to any of the following while the team is traveling to or from or participating in a sporting event in this State:

A. A member of the athletic team;

B. A member of the athletic team's coaching, communications, equipment or sports medicine staff;

C. A member of a band or cheerleading squad accompanying the team;

D. The team's mascot.

2. Restrictions. A person authorized to provide medical services in this State pursuant to subsection 1 may not provide medical services at a health care facility, including a hospital, ambulatory surgical facility or any other facility where medical care, diagnosis or treatment is provided on an inpatient or outpatient basis.

SUBCHAPTER 2

MAINE BOARD OF MEDICINE

§XXXX. Board creation; declaration of policy; compensation

1. Board creation; declaration of policy. The Maine Board of Medicine, as established in Title 5, section 12004-A, subsection X, is created within this subchapter, its sole purpose being to protect the public health and welfare. The board carries out this purpose by ensuring that the public is served by competent and honest practitioners and by establishing minimum standards of proficiency in the professions regulated by the board by testing, licensing, regulating and disciplining practitioners of those regulated professions.

§XXXX. Board membership

1. Membership; terms; removal. The board consists of 17 members appointed by the Governor as follows:

A. Five allopathic physicians. Each physician member must hold a valid license under this chapter and must have been in the actual practice of medicine in this State for a continuous period of five (5) years immediately preceding appointment.

B. Five osteopathic physicians. Each physician member must hold a valid license under this chapter and must have been in the actual practice of medicine in this State for a continuous period of five (5) years immediately preceding appointment.

C. Four physician ~~assistant~~associates. Each physician ~~assistant~~associate must hold a valid license under this chapter and must have been in the actual practice of medicine in this State for a continuous period of five (5) years immediately preceding appointment.

D. Three public members. The public members must be residents of this State and must have no financial interest in the medical profession and have never been licensed, certified or given a permit in this or any other state to practice medicine.

The Governor may accept nominations from professional associations and from other organizations and individuals. A member of the board must be a legal resident of the State. A person who has been disciplined by a medical regulatory body in any jurisdiction or who has been convicted of a crime that is related to the practice of medicine or which is punishable by more than one year's imprisonment, is not eligible for appointment to the board. Appointment of members must comply with Title 10, section 8009.

2. Terms. Terms of the members of the board are for 5 years. A person who has served 10 years or more on the board is not eligible for re-appointment to the board. A board member may be removed by the Governor for cause.

3. Quorum.

A. General business, rule making, policies, guidelines, legislation. A majority of the members of the board constitutes a quorum for the transaction of official general business, rulemaking, policy making, guidelines, and legislation.

B. Adjudicatory hearings. Five members of the board constitute a quorum for the conduct of adjudicatory hearings pursuant to this chapter. Adjudicatory hearing panels shall to the extent possible be composed of three members of the same license type as the respondent licensee and at least one public member.

4. Meetings. The board shall hold ~~regular monthly meetings~~a minimum of three regular meetings a year and any additional special meetings at a time and place the chair may designate.

Commented [TT1]: There was discussion about the size and composition panel but nothing definitive was determined.

5. Board Officers. The board shall elect the following officers, whose duties shall be enumerated by rule, to serve two-year terms: chair; vice-Chair, secretary. The secretary of the board shall perform such duties as delegated by the board through rule~~, including but not limited to license application review functions~~.

6. Compensation. Members of the board shall be compensated according to the provisions of Title 5, chapter 379. If the fees to be collected under any of the provisions of this chapter are insufficient to pay the salaries and expenses provided by this section, the members of the board shall be entitled to only a pro rata payment for salary in any years in which such fees are insufficient.

7. Oath. Each member of the board shall, before entering upon the duties of the member's office, take the constitutional oath of office.

§XXXX. Powers and duties of the board

The board has the following powers and duties in addition to all other powers and duties imposed by this chapter:

1. Set standards. The power to set standards of eligibility for examination for candidates desiring admission to medical practice in Maine;

2. Adopt criteria. The power to design or adopt an examination and other suitable criteria for establishing a candidate's knowledge in medicine and its related skills;

3. Licensing and standards. The power to license and to set standards of practice for physicians and surgeons practicing medicine in Maine;

4. Hearings and procedure. The power to conduct adjudicatory hearings, the authority to administer oaths, compel the testimony of witnesses and compel the production of books, records and documents relevant to inquiry pursuant to a subpoena and take evidence in all matters relating to the exercise and performance of the powers and duties vested in the board;

5. Subpoena authority. The power to issue subpoenas in accordance with the terms of Title 5, section 9060, for the production of documents, records and the testimony of witnesses except that the authority applies to any stage of an investigation and is not limited to an adjudicatory proceeding;

6. Legal representation. The power to engage legal counsel, to be approved by the Attorney General, and investigative assistants of its own choosing to advise the board generally and specifically, to represent the board in hearings before it and in appeals taken from a decision of the board;

7. Salary and duties. Except as provided in subsections 15 and 16, the power to employ and prescribe the duties of other personnel as the board determines necessary. Except as prescribed in subsection 15, the appointment and compensation of that staff is subject to the Civil Service Law;

8. Rules. The power to adopt rules as the board determines necessary and proper to carry out this chapter. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A;

9. Complaints. The duty to investigate complaints in a timely fashion on its own motion and those filed with the board regarding the potential violation of a section of this chapter and the violation of rules adopted by the board pursuant to its authority;

10. Investigations. The duty to open investigations following receipt of mandated reports or other information and reports made to the board regarding a licensee or applicant for licensure.

11. Report. By March 1st of each year, the board shall submit to the Legislature a report consisting of statistics on the following for the preceding year:

A. The number of complaints against licensees received from the public or filed on the board's own motion;

B. The number of complaints dismissed for lack of merit or insufficient evidence of grounds for discipline;

C. The number of cases in process of investigation or hearing carried over at year end; and

D. The number of disciplinary actions finalized during the report ~~year as tabulated and categorized by the annual statistical summary of the Physician Data Base of the Federation of State Medical Boards of the United States, Inc~~.

12. Open financial records. The duty to keep a record of the names and residences of all individuals licensed under this chapter and a record of all money received and disbursed by the board, and records or duplicates must always be open to inspection in the office of the secretary during regular office hours. The board shall annually make a report to the Commissioner of Professional and Financial Regulation and to the Legislature containing a full and complete account of all its official acts during the preceding year, and a statement of its receipts and disbursements and comments or suggestions as the board determines essential;

13. Financial Powers. The power to mandate, conduct and operate or contract with other agencies, individuals, firms or associations for the conduct and operation of programs of medical education, including statewide programs of health education for the general public and to disburse funds accumulated through the receipt of licensure fees for this purpose, provided that funds may not be disbursed for this purpose for out-of-state travel, meals or lodging for a physician being educated under this program. The power to conduct and operate or contract with other agencies or nonprofit organizations for the conduct and operation of a program of financial assistance to medical students indicating an intent to engage in family practice in rural Maine, under which program the students may be provided with interest-free grants or interest-bearing loans in an amount not to exceed $5,000 per student per year on terms and conditions as the board may determine.

Notwithstanding any other provision of this subsection, if the board contracts with the Commissioner of Education to provide funds for the costs of positions for which the State has contracted at the University of Vermont College of Medicine, or the Tufts University School of Medicine, the terms of the contract between the board and the commissioner must be in accordance with the requirements of Title 20-A, chapter 421;

Commented [TT2]: Legal counsels will see if this is still needed.

14. Other services and functions. The power to provide services and carry out functions necessary to fulfill the board's statutory responsibilities. The board may set reasonable fees for services such as providing license certification and verifications, providing copies of board law and rules, and providing copies of documents. The board may also set reasonable fees to defray its cost in administering examinations for special purposes that it may from time to time require and for admitting courtesy candidates from other states to its examinations;

15. Budget. The duty to submit to the Commissioner of Professional and Financial Regulation its budgetary requirements in the same manner as is provided in Title 5, section 1665, and the commissioner shall in turn transmit these requirements to the Bureau of the Budget without revision, alteration or change, unless alterations are mutually agreed upon by the department and the board or the board's designee;

16. Adequacy of budget, fees and staffing. The duty to ensure that the budget submitted by the board to the Commissioner of Professional and Financial Regulation is sufficient, if approved, to provide for adequate legal and investigative personnel on the board's staff and that of the Attorney General to ensure that professional liability complaints described in Title 24, section 2607 and complaints regarding a section of this chapter can be resolved in a timely fashion. The board's staff must include one position staffed by an individual who is primarily a consumer assistant. Within the limit set by this chapter, the board shall charge sufficient licensure fees to finance this budget provision.

The board shall submit legislation to request an increase in these fees should they prove inadequate to the provisions of this subsection.

Within the limit of funds provided to it by the board, the Department of the Attorney General shall make available to the board sufficient legal and investigative staff to enable all consumer complaints mentioned in this subsection to be resolved in a timely fashion;

17. Executive director. The power to appoint an executive director who serves at the pleasure of the board and who shall assist the board in carrying out its administrative duties and responsibilities under this chapter. The salary range for the executive director must be set by the board within the range established by Title 2, section 6-C;

18. Approval of licenses. The power to direct staff to review and approve applications for licensure or renewal in accordance with criteria established in law or in rules adopted by the board. Licensing decisions made by staff may be appealed to the full board;

19. Protocols for professional review committee. The authority to establish protocols for the operation of a professional review committee as defined in Title 24, section 2502, subsection 4-A. The protocols must include the committee reporting information the board considers appropriate regarding reports received, contracts or investigations made and the disposition of each report, as long as the committee is not required to disclose any personally identifiable information. The protocols may not prohibit an impaired licensee under this chapter from seeking alternative forms of treatment;

20. Authority to order a mental or physical examination. The power to direct that a licensee or applicant for licensure or re-licensure undergo a mental and/or physical examination by a physician or other person. An individual examined pursuant to the direction of the committee may not prevent the testimony of the examining individual or prevent the acceptance into evidence of the report of an examining individual in any proceeding before the committee or board. Failure to comply with a direction of the committee to submit to a mental or physical examination results in the immediate suspension of the license of the individual until the individual submits to the examination.

21. Assessment of costs. When there is a finding of a violation, the power to assess the licensee for all or part of the actual expenses incurred by the board or its agents for investigations and enforcement duties performed. For the purposes of this subsection, "actual expenses" includes, but is not limited to, travel expenses and the proportionate part of the salaries and other expenses of investigators or inspectors, hourly costs of hearing officers, costs associated with record retrieval and the costs of transcribing or reproducing the administrative record.

The Commissioner of Professional and Financial Regulation acts as a liaison between the board and the Governor.

The Commissioner of Professional and Financial Regulation does not have the authority to exercise or interfere with the exercise of discretionary, regulatory or licensing authority granted by statute to the board. The commissioner may require the board to be accessible to the public for complaints and questions during regular business hours and to provide any information the commissioner requires in order to ensure that the board is operating administratively within the requirements of this chapter.

22. **Special license categories.** The board may issue a license limited to the practice of administrative medicine, or any other special license, as defined by routine technical rule of the board adopted pursuant to Title 5, chapter 375, subchapter 2-A.

Commented [TT3]: This was moved from individual sections to cover all licensees

SUBCHAPTER 3

LICENSURE

§XXXX. Application; fees; general requirements

1. Application. An applicant seeking a license from the board must submit an application with the fee(s) established by rule adopted by the board and any other materials required by the board.

2. Fees. All fees set in this chapter are nonrefundable application fees or administrative processing fees payable to the board at the time of application or at the time board action is requested. The board shall establish by rule the fees for each license issued by the board. The maximum fees for each license issued by the board are enumerated within this subchapter.

3. Confidentiality of personal contact and health information. A personal residence address, personal telephone number or personal e-mail address submitted to the board as part of any application under this chapter is confidential and may not be disclosed except as permitted under this section or as otherwise required by law unless the applicant who submitted the information has indicated that the applicant is willing to have the applicant's personal residence address, personal telephone number or personal e-mail address treated as a public record. Personal health information submitted to the board as part of any application under this chapter is confidential and may not be disclosed except as otherwise permitted under this section or otherwise required by law.

The board and its staff may disclose personal health information about and the personal residence address and personal telephone number of a licensee or an applicant for a license under this chapter to a government licensing or disciplinary authority or to a health care provider located within or outside this State that are concerned with granting, limiting or denying a license or employment or privileges to the applicant or licensee.

4. Public contact information required. An applicant or licensee shall provide the board with a current professional address and telephone number, which will be their public contact address. An applicant or licensee who does not have a public contact address and phone number must use their personal address and phone number as the public contact information.

5. Consent to physical or mental examination; objections to admissibility of examiner's testimony waived. For the purposes of this section, every physician and physician ~~assistant~~associate licensed by the board who accepts the privilege of providing medical services in this State by the filing of an application and of biannual registration renewal:

A. Is deemed to have consented to a mental or physical examination by a physician or other person selected or approved by the board when directed in writing by the board or investigative committee; and

B. Is deemed to have waived all objections to the admissibility of the examining physician's or other person's testimony or reports on the ground that these constitute a privileged communication.

Failure to comply with a direction of the board or committee to submit to a mental or physical examination results in the immediate suspension of the license of the individual until the individual submits to the examination or if the individual is an applicant for licensure the denial of licensure.

Pursuant to Title 4, section 184, subsection 6, the District Court shall immediately suspend the license of a physician or physician ~~assistant~~associate who can be shown, through the results of the medical or physical examination conducted under this section or through other competent evidence, to be unable to render medical services with reasonable skill and safety to patients by reason of mental illness, alcohol intemperance, excessive use of drugs or narcotics or as a result of a mental or physical condition interfering with the competent provision of medical services.

6. Licenses must be displayed. Each physician or physician ~~assistant~~associate licensed under this chapter

is entitled to receive a license under the seal of the board and signed by the chair and the secretary, which must be publicly displayed at the individual's principal place of practice, as long as this individual continues the practice of medicine.

§XXXX-A. Licensure of physician ~~assistant~~associates

1. Qualification for licensure. The board may issue to an individual a license to practice as a physician ~~assistant~~associate under the following conditions:

A. A license may be issued to an individual who:

(1) Graduated from a physician assistant/associate program approved by the board;

(2) Passed a physician assistant/associate national certifying examination administered by the National Commission on Certification of Physician Assistants or its successor organization;

(3) Demonstrates current clinical competency;

(4) Does not have a license or certificate of registration that is the subject of disciplinary action such as probation, restriction, suspension, revocation or surrender;

(5) Completes an application approved by the board;

(6) Pays an application fee of up to $300; and

(7) Passes an examination approved by the board; and

B. No grounds exist as set forth in section XXXX (Grounds for Discipline) to deny the application.

2. Rules. The board is authorized to adopt rules regarding the licensure and practice of physician ~~assistant~~associates. These rules may pertain to, but are not limited to, the following matters:

A. Information to be contained in the application for a license;

B. Education requirements for the physician ~~assistant~~associate;

C. Requirements for collaborative agreements and practice agreements, including uniform standards and forms;

D. Requirements for a physician ~~assistant~~associate to notify the board regarding certain circumstances, including but not limited to any change in address, the permanent departure of the physician ~~assistant~~associate from the State, any criminal convictions of the physician ~~assistant~~associate and any discipline by other jurisdictions of the physician ~~assistant~~associate;

E. Issuance of temporary physician ~~assistant~~associate licenses;

F. ~~Appointment of an advisory committee for continuing review of the physician assistant rules. The physician assistant members of the board must be members of the advisory committee~~;

G. Continuing education requirements as a precondition to continued licensure or licensure renewal;

H. Fees for the application for an initial physician ~~assistant~~associate license, which may not exceed $300; and

I. Fees for the biennial renewal of a physician ~~assistant~~associate license in an amount not to exceed $250.

§XXXX-B. Physician ~~assistant~~associate criminal history record information; fees

1. Background check. The board shall request a background check for each person who submits an application for initial licensure or licensure by endorsement as a physician ~~assistant~~associate under this

chapter. The board shall request a background check for each licensed physician ~~assistant~~associate who applies for an initial compact privilege and designates this State as the applicant's participating state from which the licensee is applying. The background check must include criminal history record information obtained from the Maine Criminal Justice Information System, established in Title 16, section 631, and the Federal Bureau of Investigation.

A. The criminal history record information obtained from the Maine Criminal Justice Information System must include public criminal history record information as defined in Title 16, section 703, subsection 8.

B. The criminal history record information obtained from the Federal Bureau of Investigation must include other state and national criminal history record information.

C. An applicant or licensee shall submit to having fingerprints taken. The Department of Public Safety, Bureau of State Police, upon payment by the applicant or licensee of a fee established by the board, shall take or cause to be taken the applicant's or licensee's fingerprints and shall forward the fingerprints to the Department of Public Safety, Bureau of State Police, State Bureau of Identification so that the State Bureau of Identification can conduct state and national criminal history record checks. Except for the portion of the payment, if any, that constitutes the processing fee charged by the Federal Bureau of Investigation, all money received by the Bureau of State Police for purposes of this paragraph must be paid to the Treasurer of State. The money must be applied to the expenses of administration incurred by the Department of Public Safety. Any person who fails to transmit criminal fingerprint records to the State Bureau of Identification pursuant to this paragraph is subject to the provisions of Title 25, section 1550.

D. The subject of a Federal Bureau of Investigation criminal history record check may obtain a copy of the criminal history record check by following the procedures outlined in 28 Code of Federal Regulations, Sections 16.32 and 16.33. The subject of a state criminal history record check may inspect and review the criminal history record information pursuant to Title 16, section 709.

E. State and federal criminal history record information of an applicant for a physician ~~assistant~~associate license may be used by the board for the purpose of screening the applicant. State and federal criminal history record information of a licensed physician ~~assistant~~associate seeking an initial compact privilege may be used by the board for the purpose of taking disciplinary action against the licensee. A board action against an applicant for licensure or a licensee under this subsection is subject to the provisions of Title 5, chapter 341.

F. Information obtained pursuant to this subsection is confidential. The results of background checks received by the board are for official use only and may not be disseminated to the Physician ~~Assistant~~Associates Licensure Compact Commission established under section 18537 or to any other person.

G. An individual whose license has expired and who has not applied for renewal may request in writing that the Department of Public Safety, Bureau of State Police, State Bureau of Identification remove the individual's fingerprints from the bureau's fingerprint file. In response to a written request, the bureau shall remove the individual's fingerprints from the fingerprint file and provide written confirmation of that removal.

2. Rules. The board, following consultation with the Department of Public Safety, Bureau of State Police, State Bureau of Identification, may adopt rules to implement this section. Rules adopted

pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2A.

§XXXX. Full licensure of allopathic physicians

Except where otherwise specified by this chapter, all applicants for licensure as an allopathic physician or surgeon in the State must satisfy the following requirements.

1. Medical education. Each applicant must:

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

B. Graduate from an unaccredited medical school, be evaluated by the Educational Commission for Foreign Medical Graduates and receive a permanent certificate from the Educational Commission for Foreign Graduates; or

C. Graduate from an unaccredited medical school and achieve a passing score on the Visa Qualifying Examination or another comprehensive examination determined by the board to be substantially equivalent to the Visa Qualifying Examination.

2. Postgraduate training. Each applicant who has graduated from an accredited medical school on or after January 1, 1970 but before July 1, 2004 must have satisfactorily completed at least 24 months in a graduate educational program accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association or the Royal College of Physicians and Surgeons of Canada. Notwithstanding other requirements of postgraduate training, an applicant is eligible for licensure when the candidate has satisfactorily graduated from a combined postgraduate training program in which each of the contributing programs is accredited by the Accreditation Council on Graduate Medical Education and the applicant is eligible for accreditation by the American Board of Medical Specialties in both specialties. Each applicant who has graduated from an accredited medical school prior to January 1, 1970 must have satisfactorily completed at least 12 months in a graduate educational program accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association or the Royal College of Physicians and Surgeons of Canada. Each applicant who has graduated from an accredited medical school on or after July 1, 2004 or an unaccredited medical school must have satisfactorily completed at least 36 months in a graduate educational program accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada or the Royal Colleges of England, Ireland or Scotland. An applicant who has completed 24 months of postgraduate training and has received an unrestricted endorsement from the director of an accredited graduate education program in the State is considered to have satisfied the postgraduate training requirements of this subsection if the applicant continues in that program and completes 36 months of postgraduate training. Notwithstanding this subsection, an applicant who is board certified by the American Board of Medical Specialties is deemed to meet the postgraduate training requirements of this subsection. Notwithstanding this subsection, in the case of subspecialty or clinical fellowship programs, the board may accept in fulfillment of the requirements of this subsection postgraduate training at a hospital in which the subspecialty clinical program, such as a training program accredited by the American Dental Association Commission on Dental Accreditation or its successor organization, is not accredited but the parent specialty program is accredited by the Accreditation Council on Graduate Medical Education, including training that occurs following graduation from a dental school accredited by the American Dental Association Commission on Dental Accreditation or its successor organization, but before graduation from a medical school accredited by the Liaison Committee on Medical Education or its successor organization.

3. National board certification not required. The board may not require an applicant for initial licensure or license renewal as a physician under this chapter to obtain certification from a specialty

Commented [TT4]: THE LCME stopped accrediting Canadian schools on 6/301/25. We need to discuss how to proceed with Canadian students.

Commented [TT5]: Obtaining this information is often a confusing and time consuming process. Is there a better way? Such as, Applicants who have graduated, trained and are licensed and registered in either England Scotland, Ireland or Canada are deemed to have meet the Medical Education, Postgraduate training and Examination requirements.

medical board or to obtain a maintenance of certification as a condition of licensure. For the purposes of this subsection, "maintenance of certification" means a program that requires a physician to engage in periodic examination, self-assessment, peer evaluation or other activities to maintain certification from a specialty medical board.

4. Examination. Each applicant must achieve a passing score on each component of the uniform examination of the Federation of State Medical Boards or other examinations designated by the board as the qualifying examination or examinations for licensure. Each applicant must additionally achieve a passing score on a State of Maine examination administered by the board.

5. Fees. Each applicant shall pay a fee up to $600 plus the cost of the qualifying examination or examinations.

6. Board action. An applicant may not be licensed unless the board finds that the applicant is qualified and no cause exists, as set forth in section 3282-A, that may be considered grounds for disciplinary action against a licensed physician or surgeon.

7. Waiver for exceptional circumstances. The board may waive the requirements of subsection 2 for a physician who does not meet the postgraduate training requirements but who meets the requirements of this subsection.

A. To be considered for a waiver under this subsection, the physician must:

(1) Be a graduate of a foreign medical school, not including a medical school in Canada or Great Britain;

(2) Be licensed in another state; and

(3) Have at least 3 years of clinical experience in the area of expertise.

B. If the physician meets the requirements of paragraph A, the board shall use the following qualifications of the physician to determine whether to grant a waiver:

(1) Completion of a 3-year clinical fellowship in the United States in the area of expertise. The burden of proof as to the quality and content of the fellowship is placed on the applicant;

(2) Appointment to a clinical academic position at a licensed medical school in the United States;

(3) Publication in peer-reviewed clinical medical journals recognized by the board;

(4) The number of years in clinical practice; and

(5) Other criteria demonstrating expertise, such as awards or other recognition.

C. The costs associated with the board's determination of licensing eligibility in regard to paragraph B must be paid by the applicant upon completion of the determination under paragraph A. The application cost must reflect and not exceed the actual cost of the final determination.

~~**8. Special license categories.** The board may issue a license limited to the practice of administrative medicine, or any other special license, as defined by routine technical rule of the board adopted pursuant to Title 5, chapter 375, subchapter 2-A.~~

§XXXX. Full licensure of osteopathic physicians

Except where otherwise specified by this chapter, all applicants for licensure as an osteopathic physician or surgeon in the State must satisfy the following requirements.

1. Osteopathic education. An applicant must graduate from an osteopathic medical school designated as accredited by the American Osteopathic Association's Commission on Osteopathic College Accreditation.

2. Postgraduate training. An applicant who has graduated from an accredited osteopathic medical school prior to January 1, 2026 must have satisfactorily completed at least 12 months in a medical graduate educational program accredited by the Accreditation Council on Graduate Medical Education or the American Osteopathic Association. An applicant who has graduated from an accredited osteopathic medical school on or after January 1, 2026 must have satisfactorily completed at least 36 months in a graduate educational program accredited by the Accreditation Council on Graduate Medical Education or the American Osteopathic Association.

The board may not require an applicant for initial licensure or license renewal as an osteopathic physician under this chapter to obtain certification from a specialty medical board or to complete maintenance of certification as a condition of licensure. For the purposes of this subsection, "maintenance of certification" means a program that requires a physician to engage in periodic examination, self-assessment, peer evaluation or other activities to maintain certification from a specialty medical board.

3. Examination. An applicant must achieve a passing score on each component of the National Board of Osteopathic Medical Examiners' Comprehensive Osteopathic Medical Licensing Examination of the United States, known as the COMLEX-USA examination, or other examinations designated by the board as the qualifying examination or examinations for licensure.

4. Fees. An applicant must pay a fee up to $600 plus the cost of the qualifying examination or examinations. Fees set in this chapter are nonrefundable application fees or administrative processing fees payable to the board at the time of application or at the time board action is requested.

5. No cause for disciplinary action. An applicant may not be licensed unless the board finds that the applicant is qualified and no cause exists, as set forth in section 2591-A, that may be considered grounds for disciplinary action against a licensed physician.

~~**6. Special license categories.** The board may issue a license limited to the practice of administrative medicine, or any other special license, as set forth by routine technical rule of the board adopted pursuant to Title 5, chapter 375, subchapter 2-A.~~

§XXXX. Background check for expedited physician licensure through the Interstate Medical Licensure Compact

1. Background check. The board shall request a background check for an individual licensed under this chapter who applies for an expedited license under section 18506. The background check must include criminal history record information obtained from the Maine Criminal Justice Information System and the Federal Bureau of Investigation.

A. The criminal history record information obtained from the Maine Criminal Justice Information System must include a record of public criminal history record information as defined in Title 16, section 703, subsection 8.

B. The criminal history record information obtained from the Federal Bureau of Investigation must include other state and national criminal history record information.

C. An applicant shall submit to having fingerprints taken. The State Police, upon payment by the applicant, shall take or cause to be taken the applicant's fingerprints and shall forward the fingerprints to the State Bureau of Identification so that the bureau can conduct state and national criminal history record checks. Except for the portion of the payment, if any, that constitutes the processing fee charged by the Federal Bureau of Investigation, all money received by the State Police for purposes of this paragraph must be paid over to the Treasurer of State. The money must be applied to the expenses of administration incurred by the Department of Public Safety.

D. The subject of a Federal Bureau of Investigation criminal history record check may obtain a copy of the criminal history record check by following the procedures outlined in 28 Code of

Federal Regulations, Sections 16.32 and 16.33. The subject of a state criminal history record check may inspect and review the criminal history record information pursuant to Title 16, section 709.

E. State and federal criminal history record information of an applicant may be used by the board for the purpose of screening that applicant

F. Information obtained pursuant to this subsection is confidential. The results of background checks received by the board are for official use only and may not be disseminated to the Interstate Medical Licensure Compact Commission, established in section 18512, or to any other person or entity.

G. An individual whose expedited licensure through the Interstate Medical Licensure Compact under chapter 145 has expired and who has not applied for renewal may request in writing that the State Bureau of Identification remove the individual's fingerprints from the bureau's fingerprint file. In response to a written request, the bureau shall remove the individual's fingerprints from the fingerprint file and provide written confirmation of that removal.

2. Rules. The board, following consultation with the State Bureau of Identification, shall adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

§XXXX. Other physician license types.

1. Temporary licensure

A physician who is qualified under section XXXX may, without examination, be granted a temporary license for a period not to exceed one year when the board determines that this action is necessary in order to provide relief for local or national emergencies or for situations in which the number of physicians is insufficient to supply adequate medical services or for the purpose of permitting the physician to serve as locum tenens for another physician who is licensed to practice medicine in this State. The fee for this temporary license may not be more than $400.

2. Youth camp physicians

A physician who is qualified under section XXXX may, at the discretion of the board, be temporarily licensed as a youth camp physician so that the physician may care for the campers in that particular youth camp licensed under Title 22, section 2495 for which the physician was hired and retained as a youth camp physician. That physician is entitled to practice only on patients in the youth camp. The temporary license must be obtained each year. Application for this temporary license must be made in the same form and manner as for regular licensure. An examination may not be exacted from applicants for these temporary licenses. The fee for temporary licensure may not be more than $400 annually.

3. Emergency 100-day license

A physician who presents a current active unconditioned license from another United States licensing jurisdiction and who can provide reasonable proof of meeting qualifications for licensure in this State must be issued a license to serve temporarily for declared emergencies in the State or for other appropriate reasons as determined by the board. The license is effective for not more than 100 days. The fee for this license may be not more than $400.

4. Residents. An applicant who is qualified under section XXXX may receive a temporary educational certificate from the board to act as a hospital resident. A certificate to a hospital resident may be renewed every 3 years at the discretion of the board for not more than 8 years. An applicant for a temporary educational certificate may not be certified unless the board finds that the applicant is qualified and that there exists no cause, as set forth in section XXXX, that would be considered grounds for disciplinary action against a licensed physician or surgeon. The board, in its discretion, may require

an examination for applicants for temporary educational certificates. Recipients of these certificates are entitled to all the rights granted to physicians who are licensed to practice medicine and surgery, except that their practice is limited to the training programs in which they are enrolled. A temporary educational certificate may be suspended or revoked, or the board may refuse to renew the certificate, for the reasons stated in section XXXX, or if the resident has violated the limitations placed upon the temporary educational certificate. The fee for this license may be not more than $300.

5. Joint-program resident. An applicant who is enrolled in a program of medical and graduate medical training conducted jointly by a medical school accredited by the Liaison Committee on Medical Education and a graduate medical education program approved by the Accreditation Council on Graduate Medical Education may receive a temporary educational certificate from the board to act as a hospital resident as part of that graduate medical education program if the applicant is concurrently enrolled in the final year of medical training and the initial year of graduate medical education. The board may not issue a certificate pursuant to this subsection for a period longer than that required to obtain the M.D. degree. The period during which the certificate is in force may not be considered in determining satisfaction of the requirement for postgraduate medical education under section XXXX. The fee for this license may be not more than $300.

6. Visiting instructors. A physician who has an unrestricted license to practice medicine or surgery in another state may practice medicine or surgery in this State when the physician is performing medical procedures as part of a course of instruction in graduate medical education in a hospital located in this State. The right of a visiting medical instructor to practice medicine in this State may be suspended or revoked for the reasons stated in section XXXX, or if the visiting medical instructor has performed medical procedures that are not a part of a course of instruction. The fee for this license may be not more than $300.

7. Contract students. An applicant who is qualified under section XXXX who received a medical education as a contract student as provided in Title 20-A, chapter 421, and who agrees to practice in a primary care or other specialized area as defined in Title 20-A, section 11803, subsection 2, or an underserved area as defined in Title 20-A, section 11802, is considered to have completed the postgraduate training requirements of section XXXX, subsection XXXX, upon satisfactory completion of at least 12 months in a graduate educational program approved as specified in section XXXX. The board may make the relicensure of an individual for 4 years after the individual's licensure under this subsection contingent on the individual's continuing to practice in an underserved area. This subsection applies only to individuals entering into a contract under Title 20-A, chapter 421, on or before December 31, 1984. The fee for this license may be not more than $300.

§XXXX. Biennial renewal of full physician and physician ~~assistant~~associate licenses; qualification; fees; reinstatement after lapse

1. Renewal of full licenses. A physician of physician ~~assistant~~associate with a full license issued by the board shall apply to the board for relicensure using application forms and submitting supporting documents required by the board. Except as provided in paragraph A for initial proration of expiration dates, the board shall provide to every licensee whose renewal application is approved and accepted proof of full license renewal that is valid for no longer than 2 years.

A. Beginning with licenses expiring after July 1, 1994, regardless of the date of initial licensure or last license renewal, the license of every physician and physician ~~assistant~~associate born in an odd-numbered year expires at midnight in 1995 on the last day of the month of the individual's birth. The license of every physician and physician ~~assistant~~associate born in an even-numbered year expires at midnight in 1996 on the last day of the month of the individual's birth. Upon expiration, a physician or physician ~~assistant~~associate must renew the license issued pursuant to this section and this license must be renewed every 2 years by the last day of the month of birth of the individual

seeking license renewal by means of application to the board, on forms prescribed and supplied by the board.

B. At least 60 days prior to expiration of a current full license, the board shall notify each licensee of the requirement to renew the license. If an administratively complete license renewal application, as determined pursuant to subsection X, paragraph X, has not been submitted prior to the expiration date of the existing license, the license immediately and automatically expires. A full license may be reinstated within 90 days after the date of expiration upon payment of the renewal fee and late fee. If an administratively complete renewal application is not submitted within 90 days of the date of the expiration of the full license, the license immediately and automatically lapses. The board may reinstate a full license that has lapsed pursuant to subsection 4.

2. Criteria for full license renewal. Prior to renewing a license:

A. The board may pose any question to the licensee or other sources that the board determines appropriate related to qualification for relicensure. These matters may include, but are not limited to, confirmation of health status, professional standing and conduct, professional liability claims history and license status in other jurisdictions. The board shall, after affording the licensee due process, deny license renewal if the board finds cause that may be considered grounds for refusal to renew the license pursuant to section XXXX, including, but not limited to, a determination that an outstanding financial obligation to the board exists; and

B. Every licensee seeking renewal of a full license with the intent of conducting active medical practice in this State shall submit evidence, satisfactory to the board, of successful completion of a course of continuing medical education within the preceding 24 months, as prescribed by rule. A licensee may not engage in the practice of medicine in this State in any degree, including advising or prescribing medication for self, friends or family with or without charge, unless the board has found the licensee qualified by continuing medical education and has marked the current license with the designation "active

3. Fees. The following fees apply to licensure.

A. The board may charge a license renewal application fee of not more than $500 to all applicants for full license renewal.

B. In addition to the application processing fee, the board may require payment of a late application fee of not more than $100 from all licensees, regardless of age, from whom the board has not received an administratively complete license renewal application prior to the license expiration date. An application is not administratively complete if it is not signed and dated by the licensee or does not provide full information and responses of sufficient detail to permit board review, evaluation and decision on renewal qualification. An application received without the required license renewal application fee is considered incomplete and the applicant is subject to a late fee.

C. The board may prorate the fee for biennial relicensure for individuals who have been issued a full license within the past 12 months. The manner of proration, if done, must be explained in the board's published schedule of fees. The board may waive all or a portion of the established license renewal application fee upon receipt of a request for waiver based on hardship or other special circumstance. Any waiver request granted and the basis for the waiver must be recorded in the minutes of the board's proceedings.

D. Unless received and deposited to the board's account in error and in violation of this section or the board's rules, a license renewal application fee or late fee paid to the board is not refundable if the board or the board's staff has commenced processing the application, regardless of the board's action on the application.

4. Reinstatement after lapse. A full license may be reinstated after the lapse of a license under the following conditions.

A. A license that has lapsed pursuant to subsection X, paragraph X may be reinstated upon application by the individual on forms provided by the board. An individual whose full license has lapsed for more than 5 years shall apply for a new license.

B. When applying for reinstatement, the licensee must state the reason why the full license lapsed and pay all fees in arrears at the time of lapse plus the current license renewal application fee and a nonrefundable reinstatement application processing fee of $100

C. The board may not reinstate a lapsed full license if the board finds any cause that may be considered a ground for discipline pursuant to section XXX if the license had been in force. Prior to concluding that no cause exists, the board shall conduct the inquiries required by subsection X, paragraph X for applications for renewal. In addition, the board may not reinstate the license of any individual who has not provided evidence satisfactory to the board of having actively engaged in the practice of medicine continuously for at least the past 12 months under the license of another jurisdiction of the United States or Canada unless the applicant has first satisfied the board of the applicant's current competency by passage of written examinations or practical demonstrations as the board may from time to time prescribe for this purpose through rulemaking.

§XXXX. Withdrawal of license

A licensee who notifies the board in writing of the withdrawal of the individual's license is not required to pay licensure fees or penalties beyond those due at the time of the holder's withdrawal, but after a holder gives this notice, the holder's license to practice is not valid until reinstated by the board.

§XXXX. Inactive license status

A licensee who wants to retain licensure while not practicing may apply for an inactive status license. During inactive status, the licensee must renew the license and pay the renewal fee set by rule

SUBCHAPTER 4
COMPLAINTS AND INVESTIGATIONS

§XXXX. Investigative Committee. Separate investigative committees are established within the board with the power and authority to conduct and act upon investigations in accordance with this subchapter.

1. Composition. The composition of investigative committees are subject to the following. An investigation committee must contain, if possible:

Commented [TT6]: There was discussion about the size and composition but nothing definitive was determined

A. If the investigation involves allegations against an allopathic physician: Two allopathic physicians, one osteopathic physician, one physician ~~assistant~~associate, and one public member.

B. If the investigation involves allegations against an osteopathic physician: Two osteopathic physicians, one allopathic physician, one physician ~~assistant~~associate, and one public member.

C. If the investigation involves allegations against a physician ~~assistant~~associate: Three physician ~~assistant~~associates, one physician, and one public member.

2. Powers and duties of an investigative committee. An investigative committee of the board has the following powers and duties:

A. The duty to investigate complaints, mandated reports, other reports and licensing matters in a timely fashion regarding potential violation of a section of this chapter and the violation of rules adopted by the board pursuant to its authority.

B. The power to issue subpoenas for the productions of documents and records;

C. The power to direct that a licensee or applicant for licensure or re-licensure undergo a mental and/or physical examination by a physician or other person. An individual examined pursuant to the direction of the committee may not prevent the testimony of the examining individual or prevent the acceptance into evidence of the report of an examining individual in any proceeding before the committee or board. Failure to comply with a direction of the committee to submit to a mental or physical examination results in the immediate suspension of the license of the individual until the individual submits to the examination.

D. The power to dismiss complaints.

E. The power to dismiss complaints and issue letters of guidance or concern. A letter of guidance or concern may be 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. The issuance of a letter of guidance or concern is not a formal proceeding and does not constitute an adverse disciplinary action of any form. Notwithstanding any provision of law to the contrary, a letter of guidance or concern is not confidential. The board may place a letter of guidance or concern, together with any underlying complaint, report and investigation materials, in a licensee's or registrant's file for a specified amount of time, not to exceed 10 years. Any letters, complaints and materials placed on file may be accessed and considered by the board in any subsequent action commenced against the licensee or registrant within the specified time frame. Complaints, reports and investigation materials placed on file are only confidential to the extent that confidentiality is required pursuant to Title 24, chapter 21.

F. The power to hold an informal conference with a licensee or applicant for licensure or re-licensure. The committee shall provide the licensee with adequate notice of the informal conference and the issues to be discussed. The complainant may attend and may be accompanied by up to 2 individuals, including legal counsel. The conference must be conducted in executive session of the committee, pursuant to Title 1, section 405, unless otherwise requested by the licensee. Before the committee decides what action to take at the conference or as a result of the conference, the committee shall give the complainant a reasonable opportunity to speak. Statements made at the conference may not be introduced at a subsequent formal hearing unless all parties consent. The complainant, the licensee or either of their representatives shall maintain the confidentiality of the informal conference.

G. The power, with the consent of the licensee, to enter into a consent agreement that resolves an investigation. Consent agreements may be entered into only with the consent of the applicant or licensee, the committee and the Department of the Attorney General. Any remedy, penalty or fine or cost recovery that is otherwise available by law, even if only in the jurisdiction of the District Court, may be achieved by consent agreement, including long-term suspension and permanent revocation of a professional license. A consent agreement is not subject to review or appeal and may be modified only by a writing executed by all parties to the original consent agreement. A consent agreement is enforceable by the board and by an action in Superior Court

H. The power to refer the investigation to an adjudicatory hearing before the board or to the Office of Attorney General to file a complaint in the District Court in accordance with Title 4, chapter 5.

3. Adjudicatory hearings. A board member cannot serve on an adjudicatory hearing if they participated in the review and investigation of the licensee or applicant for licensure being adjudicated.

§XXXX. Complaints; reports; investigations

1. Procedure. The board, acting through the investigation committee, shall investigate a complaint, on its own motion or upon receipt of a written complaint filed with the board, regarding alleged noncompliance with or violation of this chapter or any rules adopted by the board. The board shall notify the licensee of the content of a complaint filed against the licensee as soon as possible, but not later than 60 days after receipt of this information. The licensee shall respond within 30 days. The board shall share the licensee's response with the complainant, unless the board determines that it would be detrimental to the health of the complainant to obtain the response or that the complainant is not legally entitled to the confidential medical information contained in the response. Board staff shall ensure that the complaint is referred to the appropriate investigative committee for review. When a complaint has been filed against a licensee and the licensee moves or has moved to another state, the board may report to the appropriate licensing board in that state the complaint that has been filed, other complaints in the physician's record on which action was taken and disciplinary actions of the board with respect to that physician.

When an individual applies for a license under this chapter, the board, acting through the investigation committee, may investigate the professional record of that individual, including professional records that the individual may have as a licensee in other states. The board may deny a license or authorize a restricted license based on the record of the applicant in other states or for any reason enumerated in this chapter that constitutes grounds for discipline.

When the board receives a report pursuant to Title 24, Section 2505 or 2506, regarding a licensee, board staff shall ensure that the report is referred to the appropriate investigative committee for review. Following review, the investigation committee may close the matter without action, further investigate or open a complaint.

§XXXX. Disciplinary action; judicial review

1. Disciplinary action. In addition to the powers under Title 10, section 8003, subsection 5-A, the board may suspend, revoke or refuse to issue or renew a license pursuant to Title 5, section 10004. The following are grounds for an action to refuse to issue, modify, suspend, revoke or refuse to renew the license of a person licensed under this chapter:

A. The practice of fraud, deceit or misrepresentation in obtaining a license or authority from the board or in connection with services within the scope of the license or authority;

B. Misuse of alcohol, drugs or other substances that has resulted or may result in the licensee performing services in a manner that endangers the health or safety of patients;

C. A professional diagnosis of a mental or physical condition that has resulted or may result in the licensee performing services in a manner that endangers the health or safety of patients;

D. Aiding or abetting the practice of medicine by an individual who is not licensed under this chapter and who claims to be legally licensed;

Commented [TT7]: Is this phrase necessary?

E. Incompetence in the practice for which the licensee is licensed or authorized by the board. A licensee is considered incompetent in the practice if the licensee has:

(1) Engaged in conduct that evidences a lack of ability or fitness to perform the duties owed by the licensee to a client or patient or the general public; or

(2) Engaged in conduct that evidences a lack of knowledge or inability to apply principles or skills to carry out the practice for which the licensee is licensed;

F. Unprofessional conduct. A licensee is considered to have engaged in unprofessional conduct if the licensee violates a standard of professional behavior that has been established in the practice for which the licensee is licensed or authorized by the board;

G. Subject to the limitations of Title 5, chapter 341, conviction of a crime that involves dishonesty or false statement or that relates directly to the practice for which the licensee is licensed or authorized by the board, or conviction of a crime for which incarceration for one year or more may be imposed;

H. A violation of this chapter or a rule adopted by the board;

I. Engaging in false, misleading or deceptive advertising;;

J. Prescribing narcotic or hypnotic or other drugs listed as controlled substances by the Drug Enforcement Administration for other than accepted therapeutic purposes;

K. Failure to report to the board a physician licensed under this chapter for addiction to alcohol or drugs or for mental illness in accordance with Title 24, section 2505, except when the impaired physician is or has been a patient of the licensee or the physician has been referred to the Medical Professionals Health Program;

L. Failure to comply with the requirements of Title 24, section 2905-A;

M. Revocation, suspension or restriction of a license to practice medicine or other disciplinary action; denial of an application for a license; or surrender of a license to practice medicine following the institution of disciplinary action by another state or a territory of the United States or a foreign country if the conduct resulting in the disciplinary or other action involving the license would, if committed in this State, constitute grounds for discipline under the laws or rules of this State;

N. Continuing to act in a capacity requiring a license or authority under this chapter or a rule adopted by the board after expiration, suspension or revocation of that license or authority;

O. Noncompliance with an order of or consent agreement executed by the board;

P. Failure to produce any requested documents in the licensee's possession or under the licensee's control relevant to a pending complaint, proceeding or matter under investigation by the board;

Q. Failure to timely respond to a complaint notification sent by the board;

R. Failure to comply with the requirements of Title 22, section 7253;

S. Advertising, offering or administering conversion therapy to a minor.

2. Judicial review. Notwithstanding any provision of Title 10, section 8003, subsection 5-A to the contrary, any nonconsensual revocation pursuant to Title 10, section 8003, subsection 5-A of a license or authority issued by the board may be imposed only after a hearing conforming to the requirements of Title 5, chapter 375, subchapter 4 and is subject to judicial review exclusively in the Superior Court in accordance with Title 5, chapter 375, subchapter 7.

3. Letters of guidance. In addition to the authority conferred under Title 10, section 8003, subsection 5-A, the board may issue a letter of guidance or concern to a licensee or registrant. A letter of guidance or concern may be 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. The issuance of a letter of guidance or concern is not a formal proceeding and does not constitute an adverse disciplinary action of any form. Notwithstanding any provision of law to the contrary, a letter of guidance or concern is not confidential. The board may place a letter of guidance or concern, together with any underlying complaint, report and investigation materials, in a licensee's or registrant's file for a specified amount of time, not to exceed 10 years. Any letters, complaints and materials placed on file may be accessed and considered by the board in any subsequent action commenced against the licensee or registrant within the specified time frame. Complaints, reports and investigation materials placed on file are only confidential to the extent that confidentiality is required pursuant to Title 24, chapter 21.

DRAFT STATUTE FOR COMBINED MEDICAL BOARD

SUBCHAPTER 5

DELEGATION; SCOPE OF PRACTICE; REQUIREMENTS; STANDARDS

§XXXX. Delegation by physicians and physician ~~assistant~~associates

A physician or physician ~~assistant~~associate may delegate to the physician's or physician ~~assistant~~associate's employees or support staff or members of a health care team, including medical assistants, certain activities relating to medical care and treatment carried out by custom and usage when the activities are under the control of the physician or physician ~~assistant~~associate; the activities being delegated do not, unless otherwise provided by law, require a license, registration or certification to perform; the physician or physician ~~assistant~~associate ensures that the employees or support staff or members of a health care team have the appropriate training, education and experience to perform these delegated activities; and the physician or physician ~~assistant~~associate ensures that the employees or support staff perform these delegated activities competently and safely. The physician or physician ~~assistant~~associate who delegates an activity permitted under this subsection to employees or support staff, to program graduates or to participants in an approved training program is legally liable for the activity performed by these individuals, and any individual in this relationship is considered the physician's or physician ~~assistant~~associate's agent. This section may not be construed to apply to registered nurses acting pursuant to Chapter 31 or physician ~~assistant~~associate acting pursuant to this chapter.

§XXXX Physician ~~assistant~~associates; scope of practice and agreement requirements

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Collaborative agreement" means a document agreed to by a physician ~~assistant~~associate and a physician that describes the scope of practice for the physician ~~assistant~~associate as determined by practice setting and describes the decision-making process for a health care team, including communication and consultation among health care team members.

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

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

D. "Physician" means a person licensed by the board.

E. "Physician ~~assistant~~associate" means a person licensed by the board. .

F. "Practice agreement" means a document agreed to by a physician ~~assistant~~associate who is the principal clinical provider in a practice and a physician that states the physician will be available to the physician ~~assistant~~associate for collaboration or consultation.

G. "Prescription or legend drug" has the same meaning as "prescription drug" in section 13702-A, subsection 30 and includes schedule II to schedule V drugs or other substances under the federal Controlled Substances Act, 21 United States Code, Section 812.

2. Scope of practice. A physician ~~assistant~~associate may provide any medical service for which the physician ~~assistant~~associate has been prepared by education, training and experience and is competent to perform. The scope of practice of a physician ~~assistant~~associate is determined by practice setting, including, but not limited to, a physician employer setting, physician group practice setting or

independent private practice setting, or, in a health care facility setting, by a system of credentialing and granting of privileges.

3. Dispensing drugs. Except for distributing a professional sample of a prescription or legend drug, a physician ~~assistant~~associate who dispenses a prescription or legend drug:

A. Shall comply with all relevant federal and state laws and federal regulations and state rules; and

B. May dispense the prescription or legend drug only when:

(1) A pharmacy service is not reasonably available;

(2) Dispensing the drug is in the best interests of the patient; or

(3) An emergency exists.

4. Consultation. A physician ~~assistant~~associate shall, as indicated by a patient's condition, the education, competencies and experience of the physician ~~assistant~~associate and the standards of care, consult with, collaborate with or refer the patient to an appropriate physician or other health care professional. The level of consultation required under this subsection is determined by the practice setting, including a physician employer, physician group practice, or private practice, or by the system of credentialing and granting of privileges of a health care facility. A physician must be accessible to the physician ~~assistant~~associate at all times for consultation. Consultation may occur electronically or through telecommunication and includes communication, task sharing and education among all members of a health care team.

5. Collaborative agreement requirements. A physician ~~assistant~~associate with less than 4,000 hours of clinical practice documented to the board shall work in accordance with a collaborative agreement with an active physician that describes the physician ~~assistant~~associate's scope of practice, except that a physician ~~assistant~~associate working in a physician group practice setting or a health care facility setting under a system of credentialing and granting of privileges and scope of practice agreement may use that system of credentialing and granting of privileges and scope of practice agreement in lieu of a collaborative agreement. A physician ~~assistant~~associate is legally responsible and assumes legal liability for any medical service provided by the physician ~~assistant~~associate in accordance with the physician ~~assistant~~associate's scope of practice under subsection 2 and a collaborative agreement under this subsection. Under a collaborative agreement, collaboration may occur through electronic means and does not require the physical presence of the physician at the time or place that the medical services are provided. A physician ~~assistant~~associate shall submit the collaborative agreement, or, if appropriate, the scope of practice agreement, to the board for approval and the agreement must be kept on file at the main location of the place of practice and be made available to the board or the board's representative upon request. Upon submission to the board of documentation of 4,000 hours of clinical practice, a physician ~~assistant~~associate is no longer subject to the requirements of this subsection.

6. Practice agreement requirements. A physician ~~assistant~~associate who has more than 4,000 hours of clinical practice may be the principal clinical provider in a practice that does not include a physician partner as long as the physician ~~assistant~~associate has a practice agreement with an active physician, and other health care professionals as necessary, that describes the physician ~~assistant~~associate's scope of practice. A physician ~~assistant~~associate is legally responsible and assumes legal liability for any medical service provided by the physician ~~assistant~~associate in accordance with the physician ~~assistant~~associate's scope of practice under subsection 2 and a practice agreement under this subsection. A physician ~~assistant~~associate shall submit the practice agreement to the board for approval and the agreement must be kept on file at the main location of the physician ~~assistant~~associate's practice and be made available to the board or the board's representative upon request. Upon any change in the parties to the practice agreement or other substantive change in the practice agreement, the

physician ~~assistant~~associate shall submit the revised practice agreement to the board for approval. Under a practice agreement, consultation may occur through electronic means and does not require the physical presence of the physician or other health care providers who are parties to the agreement at the time or place that the medical services are provided.

7. Construction. To address the need for affordable, high-quality health care services throughout the State and to expand, in a safe and responsible manner, access to health care providers such as physician ~~assistant~~associates, this section must be liberally construed to authorize physician ~~assistant~~associates to provide health care services to the full extent of their education, training and experience in accordance with their scopes of practice as determined by their practice settings.

§XXXX. Review committee immunity

A physician or physician ~~assistant~~associate licensed under this chapter who is a member of a utilization review committee, medical review committee, surgical review committee, peer review committee or disciplinary committee that is a requirement of accreditation by the Joint Commission on Accreditation of Hospitals or is established and operated under the auspices of the physician's or physician ~~assistant~~associate's respective state or county professional society or the Maine Board of Medicine is immune from civil liability for undertaking or failing to undertake an act within the scope of the function of the committee.

§XXXX. Records of proceedings of medical staff review committees confidential

All proceedings and records of proceedings concerning medical staff reviews, hospital reviews and other reviews of medical care conducted by committees of physicians and other health care personnel on behalf of hospitals located within the State or on behalf of individual physicians, when the reviews are required by state or federal law, rule or as a condition of accreditation by the Joint Commission on Accreditation of Hospitals or the American Osteopathic Association Committee on Hospital Accreditation or are conducted under the auspices of the state or county professional society to which the physician belongs, are confidential and are exempt from discovery.

Provision of information protected by this section to the board pursuant to Title 24, section 2506 does not waive or otherwise affect the confidentiality of the records or the exemption from discovery provided by this section for any other purpose.

§XXXX. Lyme disease treatment

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Long-term antibiotic therapy" means the administration of oral, intramuscular or intravenous antibiotics, singly or in combination, for a period of time in excess of 4 weeks.

B. "Lyme disease" means:

(1) The presence of signs or symptoms compatible with acute infection with Borrelia burgdorferi;

(2) Late stage, persistent or chronic infection with Borrelia burgdorferi;

(3) Complications related to an infection under subparagraph (1) or (2); or

(4) The presence of signs or symptoms compatible with acute infection or late stage, persistent or chronic infection with other strains of Borrelia that are identified or recognized by the United States Department of Health and Human Services, Centers for Disease Control and Prevention as a cause of disease.

"Lyme disease" includes an infection that meets the surveillance criteria for Lyme disease established by the federal Centers for Disease Control and Prevention or a clinical diagnosis of Lyme disease that does not meet the surveillance criteria for Lyme disease set by the federal Centers

for Disease Control and Prevention but presents other acute and chronic signs or symptoms of Lyme disease as determined by a patient's treating physician

2. Lyme disease treatment. A physician licensed under this chapter may prescribe, administer or dispense long-term antibiotic therapy for a therapeutic purpose to eliminate infection or to control a patient's symptoms upon making a clinical diagnosis that the patient has Lyme disease or displays symptoms consistent with a clinical diagnosis of Lyme disease. The physician shall document the clinical diagnosis and treatment in the patient's medical record. The clinical diagnosis must be based on knowledge obtained through medical history and physical examination only or in conjunction with testing that provides supportive data for the clinical diagnosis.

§XXXX. Treatment of minors

An individual licensed under this chapter who renders medical care to a minor for the prevention or treatment of a sexually transmitted infection or treatment of substance use or for the collection of sexual assault evidence through a sexual assault forensic examination is under no obligation to obtain the consent of the minor's parent or guardian or to inform the parent or guardian of the prevention or treatment or collection. This section may not be construed to prohibit the licensed individual rendering the prevention services or treatment or collection from informing the parent or guardian. For purposes of this section, "substance use" means the use of drugs or alcohol solely for their stimulant, depressant or hallucinogenic effect upon the higher functions of the central nervous system and not as a therapeutic agent recommended by a practitioner in the course of medical treatment.

§XXXX. . Posting of policy regarding acceptance of Medicare assignment

An allopathic physician licensed pursuant to chapter 48, an osteopathic physician licensed pursuant to chapter 36, a chiropractor licensed pursuant to chapter 9 and a podiatrist licensed pursuant to chapter 51 who treats Medicare-eligible individuals shall post in a conspicuous place that professional's policy regarding the acceptance of Medicare assignment. This posting must state the policy on accepting assignment and name the individual with whom the patient should communicate regarding the policy.

The Board of Licensure in Medicine, the Board of Osteopathic Licensure, the Board of Licensure of Podiatric Medicine and the Board of Chiropractic Licensure shall enforce the provisions of this section and inform each licensee of the licensee's obligation under this law. Each board may discipline a licensee under its jurisdiction for failing to comply with this section and impose a monetary penalty of not less than $100 and not more than $1,000 for each violation.

§XXXX. Release of contact lens prescription

After contact lenses have been adequately fitted and the patient released from immediate follow-up care by the physician, the patient may request a copy of the contact lens specifications from the physician. The physician shall provide a copy of the prescription, at no cost, which must contain the information necessary to properly duplicate the current prescription. The contact lens prescription must contain an expiration date not to exceed 24 months from the date of issue. The prescription may contain fitting guidelines and may also contain specific instructions for use by the patient.

The prescribing physician is not liable for an injury to or a condition of a patient that results from negligence in packaging, manufacturing or dispensing lenses by anyone other than the prescribing physician.

The dispensing party may dispense contact lenses only upon receipt of a written prescription, except that a physician may fill a prescription of an optometrist or another physician without a copy of the prescription. Mail order contact lens suppliers must be licensed by and register with the Board of Commissioners of the Profession of Pharmacy pursuant to section 13751, subsection 3-A and are subject to discipline by that board for violations of that board's rules and the laws governing the board.

An individual who fills a contact lens prescription shall maintain a file of that prescription for a period of 5 years. An individual, a corporation or any other entity, other than a mail order contact lens supplier, that improperly fills a contact lens prescription or fills an expired prescription commits a civil violation for which a forfeiture of not less than $250 nor more than $1,000 may be adjudged. An individual may file a complaint with the board seeking disciplinary action concerning violations of this section.

§XXXX. Expedited partner therapy

An individual licensed under this chapter may not be disciplined for providing expedited partner therapy in accordance with the provisions of Title 22, chapter 251, subchapter 3, article 5.

§XXXX. Issuance of prescription for ophthalmic lenses

A physician licensed by the board may not issue a prescription for ophthalmic lenses, as defined in section 19101, subsection 18, solely in reliance on a measurement of the eye by a kiosk, as defined in section 19101, subsection 13, without conducting an eye examination, as defined in section 19101, subsection 11.

§XXXX. Requirements regarding prescription of opioid medication

1. Limits on opioid medication prescribing. Except as provided in subsection 2, an individual licensed under this chapter and whose scope of practice includes prescribing opioid medication may not prescribe:

A. To a patient any combination of opioid medication in an aggregate amount in excess of 100 morphine milligram equivalents of opioid medication per day;

B. To a patient who, on the effective date of this section, has an active prescription for opioid medication in excess of 100 morphine milligram equivalents of an opioid medication per day, an opioid medication in an amount that would cause that patient's total amount of opioid medication to exceed 300 morphine milligram equivalents of opioid medication per day; except that, on or after July 1, 2017, the aggregate amount of opioid medication prescribed may not be in excess of 100 morphine milligram equivalents of opioid medication per day;

C. On or after January 1, 2017, within a 30-day period, more than a 30-day supply of an opioid medication to a patient under treatment for chronic pain. "Chronic pain" has the same meaning as in Title 22, section 7246, subsection 1-C; or

D. On or after January 1, 2017, within a 7-day period, more than a 7-day supply of an opioid medication to a patient under treatment for acute pain 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. "Acute pain" has the same meaning as in Title 22, section 7246, subsection 1-A.

2. Exceptions. An individual licensed under this chapter whose scope of practice includes prescribing opioid medication is exempt from the limits on opioid medication prescribing established in subsection 1 only:

A. When prescribing opioid medication to a patient for:

(1) Pain associated with active and aftercare cancer treatment;

(2) 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;

(3) End-of-life and hospice care;

(4) Medication-assisted treatment for substance use disorder; or

(5) Other circumstances determined in rule by the Department of Health and Human Services pursuant to Title 22, section 7254, subsection 2; and

B. 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.

As used in this paragraph, "administer" has the same meaning as in Title 22, section 7246, subsection 1-B.

3. Electronic prescribing. An individual licensed under this chapter and whose scope of practice includes prescribing opioid medication with the capability to electronically prescribe shall prescribe all opioid medication electronically by July 1, 2017. An individual who does not have the capability to electronically prescribe must request a waiver from this requirement from the Commissioner of Health and Human Services stating the reasons for the lack of capability, the availability of broadband infrastructure, and a plan for developing the ability to electronically prescribe opioid medication. The commissioner may grant a waiver including circumstances in which exceptions are appropriate, including prescribing outside of the individual's usual place of business and technological failures.

4. Continuing education. By December 31, 2017, an individual licensed under this chapter must successfully complete 3 hours of continuing education every 2 years on the prescription of opioid medication as a condition of prescribing opioid medication. The board shall adopt rules to implement this subsection. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

5. Penalties. An individual who violates this section commits a civil violation for which a fine of $250 per violation, not to exceed $5,000 per calendar year, may be adjudged. The Department of Health and Human Services is responsible for the enforcement of this section.

6. Opioid medication policy. No later than January 1, 2018, a health care entity that includes an individual licensed under this chapter 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. For the purposes of this subsection, "health care entity" has the same meaning as in Title 22, section 1718-B, subsection 1, paragraph B.

§XXXX. Prohibition on providing conversion therapy to minors

An individual licensed, registered or certified under this chapter may not advertise, offer or administer conversion therapy to a minor.

§XXXX. Duty to warn and protect

1. Duty. A licensee of the board has a duty to warn of or to take reasonable precautions to provide protection from a patient's violent behavior if the physician has a reasonable belief based on communications with the patient that the patient is likely to engage in physical violence that poses a serious risk of harm to self or others. The duty imposed under this subsection may not be interpreted to require the licensee to take any action that in the reasonable professional judgment of the licensee would endanger the licensee or increase the threat of danger to a potential victim.

2. Discharge of duty. A licensee subject to a duty to warn or provide protection under subsection 1 may discharge that duty if the licensee makes reasonable efforts to communicate the threat to a potential victim, notifies a law enforcement agency or seeks involuntary hospitalization of the patient under Title 34-B, chapter 3, subchapter 4, article 3.

3. Immunity. No monetary liability and no cause of action may arise concerning patient privacy or confidentiality against a licensee for information disclosed to 3rd parties in an effort to discharge a duty under subsection 2.

SUBCHAPTER 6

TELEHEALTH SERVICES

§XXXX. Definitions

As used in this subchapter, unless the context otherwise indicates, the following terms have the following meanings.

1. Asynchronous encounter. "Asynchronous encounter" means an interaction between a patient and a person licensed under this chapter through a system that has the ability to store digital information, including, but not limited to, still images, video files, audio files, text files and other relevant data, and to transmit such information without requiring the simultaneous presence of the patient and the person licensed under this chapter.

2. Store and forward transfer. "Store and forward transfer" means the transmission of a patient's records through a secure electronic system to a person licensed under this chapter.

3. Synchronous encounter. "Synchronous encounter" means a real-time interaction conducted with an interactive audio or video connection between a patient and a person licensed under this chapter or between a person licensed under this chapter and another health care provider.

4. Telehealth services. "Telehealth services" means health care services delivered through the use of information technology and includes synchronous encounters, asynchronous encounters, store and forward transfers and telemonitoring.

5. Telemonitoring. "Telemonitoring" means the use of information technology to remotely monitor a patient's health status via electronic means, allowing the person licensed under this chapter to track the patient's health data over time. Telemonitoring may be synchronous or asynchronous.

§XXXX. Telehealth services permitted

A person licensed under this chapter may provide telehealth services as long as the licensee acts within the scope of practice of the licensee's license, in accordance with any requirements and restrictions imposed by this subchapter and in accordance with standards of practice.

§XXXX. Confidentiality

When providing telehealth services, a person licensed under this chapter shall comply with all state and federal confidentiality and privacy laws.

§XXXX. Professional responsibility

All laws and rules governing professional responsibility, unprofessional conduct and generally accepted standards of practice that apply to a person licensed under this chapter also apply to that licensee while providing telehealth services.

§XXXX. Rulemaking

The board shall adopt rules governing telehealth services by persons licensed under this chapter. These rules must establish standards of practice and appropriate restrictions for the various types and forms of telehealth services. Rules adopted pursuant to this section are routine technical rules as defined by Title 5, chapter 375, subchapter 2-A.

PART B

§XXXX. Transition. Notwithstanding the Maine Revised Statutes, Title 32, Chapters 36 and 48, the following provisions apply to the reassignment of the duties and responsibilities related to the licensing and regulation of allopathic physicians, osteopathic physicians and physician ~~assistant~~associates in Maine:

1. The Maine Board of Medicine is created and established by law. All references to, responsibilities of and authority conferred upon the Board of Licensure in Medicine and the Maine Board of Osteopathic Licensure are deemed to refer to and vest in the Maine Board of Medicine created by this Act. The Maine Board of Medicine is the successor in every way to the powers, duties and functions related to the licensure and regulation of physicians and physician ~~assistant~~associates in Maine.

2. Notwithstanding the provisions of Title 5, all accrued expenditures, assets, liabilities, balances of appropriations, allocations, transfers, revenues or other available funds in an account or subdivision of an account of the Board of Licensure in Medicine and the Board of Osteopathic Licensure must be transferred to the proper accounts of the Maine Board of Medicine by the State Controller or by financial order upon the request of the State Budget Officer and with the approval of the Governor.

3. All rules of the Board of Licensure in Medicine and the Board of Osteopathic Licensure that are in effect on the effective date of this Act remain in effect until rescinded, revised or amended.

4. All contracts, agreements and compacts of the Board of Licensure in Medicine and the Board of Osteopathic Licensure as they pertain to the duties set forth in this Act that are in effect on the effective date of this Act remain in effect until they expire or are altered by the parties involved in the contracts or agreements. The Maine Board of Medicine is the successor agency for all contracts, agreements and compacts of the Board of Licensure in Medicine and the Board of Osteopathic Licensure.

5. All records of the Board of Licensure in Medicine and the Board of Osteopathic Licensure as they pertain to the duties set forth in this Act must be transferred to the Maine Board of Medicine as necessary to implement this Act.

6. All property and equipment of the Board of Licensure in Medicine and the Board of Osteopathic Licensure pertaining to the duties set forth in this Act are transferred to the Maine Board of Medicine as necessary to implement this Act.

7. Employees of the Board of Licensure in Medicine and the Board of Osteopathic Licensure who were employees of those respective boards immediately prior to the effective date of this Act retain all their employee rights, privileges and benefits, including sick leave, vacation and seniority, provided under the Civil Service Law or collective bargaining agreements. The Department of Administrative and Financial Services, Bureau of Human Resources shall provide assistance to the affected employees and the Maine Board of Medicine and shall assist with the orderly implementation of this subsection.

8. By January 31, 2027, the Maine Board of Medicine shall submit a report, including recommendations for any proposed legislation, to the Governor and the joint standing committee of the Legislature having jurisdiction over professional licensing boards.

9. The Department of Administrative and Financial Services, Bureau of the Budget shall work with employees of the Maine Board of Medicine with regard to the duties transferred to it as set forth in this Act to develop the budget for the Maine Board of Medicine.

Terranova, Tim E

From: [redacted]
Sent: Tuesday, August 19, 2025 6:04 AM
To: Terranova, Tim E
Subject: Maine Board Licensure in Medicine Concern

Good morning,

My name is Kerrigan Goudreau, and I am a second-year medical student at the University of New England College of Osteopathic Medicine as well as a lifelong Mainer. I am writing to share a concern I noticed on the Maine.gov Regulatory Licensing & Permitting website.

Currently, the Board of Licensure in Medicine search function, under the "Medicine" tab, only displays MD and PA providers. DO physicians, however, appear only under the separate "Osteopathic Licensure" tab. This division creates the impression that DO physicians are not fully licensed medical providers, when in fact DO and MD physicians hold equivalent practice rights in Maine and nationwide.

This separation is especially concerning in Maine, which ranks among the states with the highest ratio of DO physicians in the country. Many of these physicians serve in primary care and rural communities, making them essential to the health of our state–the most rural in the nation. Given that UNE COM is also a major contributor of physicians to Maine, I believe this division may inadvertently confuse patients and diminish trust in DO providers. For example, a patient searching for their osteopathic physician under the "Medicine" tab would not find them listed, which could raise unnecessary concerns about licensure.

I respectfully suggest that the website be updated so that DO physicians are also included under the "Medicine" category, or that the site language be revised to make clear that both MD and DO physicians are fully licensed to practice medicine in Maine.

I greatly appreciate your time and consideration of this matter, and I would be happy to discuss further if helpful.

Sincerely,

Kerrigan Goudreau *(she/her)* | OMS-II

Treasurer | *MSFC*

US Coordinator | *EM Club*