# Board of Licensure in Medicine & Board of Osteopathic Licensure Question & Answer

#### Are MD's and DO's currently licensed by separate boards?

Yes, The Board of Osteopathic Licensure (BOL) licenses osteopathic physicians and physician assistants. The Board of Licensure in Medicine (BOLIM) licenses allopathic physicians and physician assistants. Maine is one of twelve (12) states that has separate boards.

#### Why are there two licensing boards?

➤ BOLIM began licensing allopathic physicians in 1895. When osteopathic physicians requested licensure from the state, they were given a separate board, BOL, in recognition of their focus on osteopathic medicine, including osteopathic manipulation.

### What are other states doing?

Boards have changed over time with a high of 30 states having separate boards in 1939. Today only 12 states have separate medical and osteopathic boards. Three states have consolidated medical and osteopathic boards since 2021. (Data provided by the Federation of State Medical Boards)

#### What has changed?

➤ MDs, DOs and PAs work side by side in a collaborative manner every day. The post graduate training for MDs and DOs are accredited by the same organization, and DOs and MDs can be found in every specialty. With the exception that DOs have additional training in osteopathic ideals, the education, training and examination requirements are similar.

#### What are the missions of the boards?

> The mission of both boards is the same: Protect the health, safety and welfare of Maine citizens.

#### Do the boards currently collaborate?

Yes, the boards currently have 5 joint rules and share one staff person.

#### Why are the boards considering merging?

There are several reasons for a proposed merger of the two boards. BOL has one (1) full-time employee that is responsible for all aspects of board functions, including administrative, legislative, licensing and investigative. BOLIM has ten (10) full-time employees. BOLIM currently reviews approximately 30 complaints and investigations each month. BOL sees a quarter to a third of that number each month. Merging would allow the work to be distributed among more members and may also allow for more efficient processing of licensing, complaints, investigations and hearings. There is a growing recognition in the profession that health care is delivered in a collaborative team setting. Merging would reflect the current realities of practice by placing three members of the collaborative health care team under one board. Although not yet determined, the boards are also looking to see what financial impact a merger would have.

#### Can MDs judge complaints against DOs and vice versa?

Currently, DOs, PAs and public members evaluate and adjudicate complaints against DOs. Likewise, MDs, PAs and public members evaluate and adjudicate complaints against MDs. When there is a question of practice that is outside of the specialty of board members, the case is referred to an outside expert in the field for review, which board members then use to make a determination on the outcome of the case.

#### What would representation look like on a merged board?

Although the boards have not settled on firm numbers, they are still studying the feasibility, they have agreed in principle that equal representation for DOs and MDs is required and that consistent proportional representation for PAs and public members is also required.

#### How can I find more information?

More information and updates can be found on the boards' websites, www.maine.gov/osteo and www.maine.gov/md.

## How can I provide input?

The boards have created a workgroup that meets once a month. There will be time for public comment at those meetings. In addition, you can email questions and comments to board staff at <a href="mailto:tim.e.terranova@maine.gov">tim.e.terranova@maine.gov</a> and <a href="mailto:rachel.macarthur@maine.gov">rachel.macarthur@maine.gov</a>. Please copy both on any correspondence.