

Board of Licensure in Medicine – Board of Osteopathic Licensure Workgroup Meeting

161 Capitol Street

Augusta, Maine 04333-0137

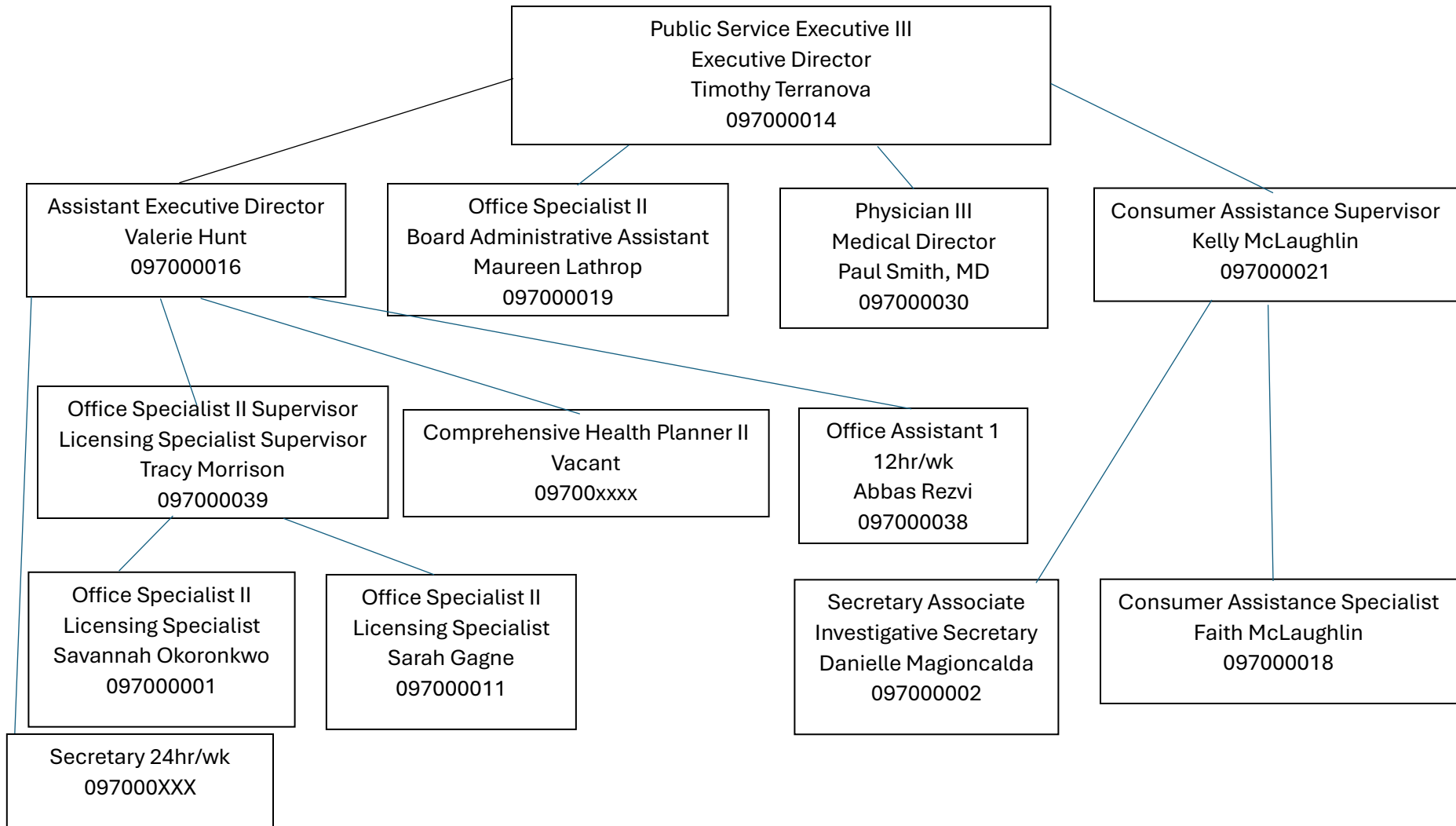
June 16, 2026 @ 8:00 a.m.

The June 16, 2026 meeting of the workgroup is being held at the Boards' offices in Augusta, Maine with Board members participating in person, individual members may participate via Zoom. A link for the public to access the Board meeting virtually is included below and posted on the Boards' websites. **The Boards encourage members of the public to attend the meeting virtually.**

Join Zoom meeting: <https://mainestate.zoom.us/j/83327816804>; Meeting ID: 833 2781 6804; Passcode: 14493266. A call in option is available by dialing 1 (646) 876-9923 or 1 (646) 931-3860.

- I. Call to Order
- II. Staff Introductions
- III. Merger Process Updates
 - A. Licensing Process
 - B. Board Member Orientation Manual
 - C. Newsletter Discussion
- IV. Rulemaking (verbal update)
- V. Board Leadership
- VI. Meeting Schedule
- VII. Committee Composition and Assignments
- VIII. Public Comment
- IX. Adjournment

BOLIM Organizational Chart



Board of Medicine Licensing Process

1. Applicants submit an application using the FSMB Uniform Application service.
2. A license number is created within ALMS, and a system generated email is sent instructing the applicant to complete the Jurisprudence exam, complete the addendum, and pay the fee. The applicant must complete the exam before they have access to the addendum and payment.
3. Board Staff receives an email from noreply@informe.org in the general mailbox with an attached copy of the completed addendum.
4. The Licensing Specialist assigned to the corresponding last name creates a new electronic folder and saves the emailed addendum to that folder.
5. Board Staff checks the FSMB dashboard to see if the FCVS is available, if so it is downloaded and saved to the folder.
6. Board Staff checks ALMS and the digital documents pending folder to see what information is present such as CV, References, Affidavit, etc. (This is a folder where all materials received that don't have a corresponding application in the system at time of receipt are stored.)
7. Board Staff reviews the application folder and updates the system checklist in ALMS accordingly.
8. Board Staff checks the application for any malpractice information or "yes" answers.
 - a. If there are malpractice cases that meet protocol for malpractice review by the panel the information including a summary and the NPDB report is forwarded for their review.
9. Once the checklist is updated, an email outlining additional information needed for the application file it is emailed to the applicant.
10. Board Staff follows up with the applicant on an ongoing basis but no less than once a month surrounding the application file and outstanding requests for information that have been made.
11. Once the application file is complete it is assembled by the Licensing Specialist and the application is forwarded to the Assistant Executive Director for review.
12. The Assistant Executive Director may either approve the application, request additional information, or refer it to the Board Secretary.
13. When there are "yes" answers the Assistant Executive Director refers the application to the Board Secretary automatically.
14. The Board Secretary may approve the license or waiver, request additional information and/or refer to the investigative committee for review.
15. If the Board Secretary refers to the investigative committee for review the Licensing Specialist prepares the file for the next available meeting.

- a. Board Staff creates a memo for the Board to summarize the issue(s) at hand.
 - b. Once the memo is drafted, the full file and memo are forwarded to the AAG for review.
 - c. Once the file is received from the AAG, it is combined and added to the monthly Board meeting scans folder.
16. Licenses are issued upon approval.
17. Once the file has been addressed and is completed, it is added into ALMS under filing and the completed applications folder on the H Drive.

BOARD OF MEDICINE BOARD MEMBER MANUAL 2027

I. Introduction

Board purpose and powers

The sole purpose of an occupational and professional regulatory board is to protect public health and welfare. A 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 regulated professions by examining, licensing, regulating and disciplining practitioners of those regulated professions. Other goals or objectives may not supersede this purpose. (Title 10 M.R.S. §8008).

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

The Board licenses and regulates physicians and physician associates who render medical services. The primary powers of the Board include the authority to hold hearings, adopt rules, establish standards and procedures, issue licenses and initiate action for the revocation or suspension of occupational or professional licenses. Thus, the three major functions of the Board are:

- Licensing
- Complaint Investigation & Adjudication
- Rulemaking

The twenty-two members of the Board are appointed by the Governor. The Board is composed of six allopathic physicians, six osteopathic physicians, six non-physician representatives of the public, and four physician associates. The physician and physician associate members of the Board must have been in active practice in Maine for at least five years at the time of their appointment. "Public members" of the Board cannot have any financial interest in the medical professions regulated by the Board and cannot have been licensed, certified or given a permit in this or any other state as a physician or physician associate. All Board members are "executive branch" officers who, when assembled as a Board, act on behalf of the State regarding the matters before them.

The Board is affiliated with the Department of Professional and Financial Regulation (PFR), which oversees numerous other occupational and professional licensing boards, pursuant to 10 M.R.S. §8001-A. The Board and the boards within PFR were created by statutes enacted by the Legislature and are part of the executive branch of state government under the Governor. The Commissioner of PFR, who is also a member of the Governor's cabinet, acts as a liaison between the Board and the Governor. The Commissioner does not have the authority to

intervene in the exercise of discretionary, regulatory or licensing authority granted by statute to the Board.

Mission statement

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

- license only qualified allopathic physicians, osteopathic physicians and physician associates;
- ensure the integrity, standards and conduct of the profession through rulemaking and education;
- provide the public a process to have complaints heard and impartially investigated;
- discipline and sanction licensees who violate the standards of professionalism and/or competence;
- undertake special projects, often in collaboration with other interested groups, that enhance healthcare in Maine.

Role of a Board member

- **Act in the public interest** - The actions that Board members take affect three principal constituencies: (1) the general public; (2) applicants for licensure; and (3) licensees of the Board. The primary responsibility of a Board member is to view any issue that comes before the Board in light of the public interest. Board members should therefore become knowledgeable of the Board's statutes and rules and have reviewed all of the materials in advance of the Board meeting to ensure adequate preparation for discussion and informed decision-making.
- **Act with integrity** - Board members take an oath to follow the law and are vested with powers and authority to act in the public trust. It is imperative that the conduct of Board members precludes any question regarding their honesty, fairness, or concern for the public interest.
- **No ex parte communications** – Board members cannot communicate directly or indirectly with other Board members or any person having a legal interest in the outcome of an adjudicatory hearing unless all parties are given notice and an opportunity to participate.
- **Discuss Board issues only at Board meetings** – Board members should refrain from conducting Board business by telephone or in private telephone conversations outside of Board meetings. Board members should refer any questions regarding licensing, complaints and investigation, and rulemaking to Board staff. Much of the information available to Board members is confidential by law and not subject to release to the public. Board members should also be cautious to avoid appearing to speak for the Board (such as when attending a professional association meeting) unless specifically authorized to do so by the Board.

- **Avoid conflicts of interest or appearance of conflicts of interest (recusal)** - Board members should be aware of the laws and the policies regarding conflict of interest and recusal:
 - The Governor has issued a policy entitled “**Conflict of Interest Policy for Governor’s Appointees to Licensing Boards and Commissions within and affiliated with the Department of Professional and Financial Regulation.**” This policy prohibits a Board member from serving in a leadership position in a professional association such as the Maine Medical Association or the Maine Association of Physician Associates.
 - Title 5 M.R.S. § 18 governs conflicts of interest for Board members:

2. Executive employee. An executive employee commits a civil violation if the executive employee personally and substantially participates in an official capacity in any proceeding in which, to the executive employee's knowledge, any of the following have a direct and substantial financial interest:

- A. The executive employee or the executive employee's spouse or dependent children;
- B. The executive employee's partners;
- C. A person or organization with whom the executive employee is negotiating or has agreed to an arrangement concerning prospective employment;
- D. An organization in which the executive employee has a direct and substantial financial interest; or
- E. Any person with whom the executive employee has been associated as a partner or a fellow shareholder in a professional service corporation pursuant to Title 13, chapter 22-A, during the preceding year.

7. Avoidance of appearance of conflict of interest. Every executive employee shall endeavor to avoid the appearance of a conflict of interest by disclosure or by abstention. For the purposes of this subsection and subsection 8, "conflict of interest" includes receiving remuneration, other than reimbursement for reasonable travel expenses, for performing functions that a reasonable person would expect to perform as part of that person's official responsibility as an executive employee.

Board members should avoid conflicts of interest AND the appearance of a conflict of interest by recusing themselves from participating in the discussion and vote on any matter in which they may have a pecuniary interest. The Board has a policy for recusal, which requires the Board member to leave the room until the matter is concluded by the Board.

Board members who have a question about whether to recuse themselves should speak with the Assistant Attorney General (AAG) assigned to the Board.

Board of Medicine - general information

Quorum requirement

The Board cannot meet and conduct official business without a quorum, which is a specific number of Board members designated by the Legislature as required to be present to conduct official business. The Legislature established the quorum for the Board as a “majority” of the Board members. This means that at least twelve Board members must attend the meetings for the Board to conduct official general business; five members of the board constitute a quorum for the conduct of an adjudicatory hearing, and five members of an investigative committee constitute a quorum for all investigative committee meetings. Therefore, Board members should understand that their presence or absence from a meeting can have a significant impact on the ability of the Board to accomplish its mission.

Frequency and duration of Board and investigative committee meetings

Board members will be assigned to one of two investigative committees of the Board to review complaints and conduct adjudicatory hearings. Committee A and Committee B will meet on alternating months. The full Board will generally meet once a quarter, but no less than twice a year.

Meetings are held at the Board’s offices located at 161 Capitol Street in Augusta, Maine. Board meetings are made virtually available to the public using the platform Zoom. There may be circumstances which require the Board or an investigative committee of the Board to hold an emergency meeting to deal expeditiously with a matter that may pose an immediate danger to the public. Under those circumstances, Board staff will contact the Board members to coordinate the best date and time for such a meeting. In addition, there may be circumstances where the Board or an investigative committee of the Board meets virtually in accordance with its remote participation policy.

Board members should anticipate an 8-to-10-hour meeting, and an average of thirty (30) hours of meeting preparation time. In addition, Board members may be assigned to committees or workgroups as needed for special projects. Board meetings and investigative committee meetings generally begin at 8:00 a.m.

Public notice and access

Like all State agencies, the Board is subject to the Maine Freedom of Access Act. This Act requires:

- Notice be provided to the public regarding the time and location of Board and investigative committee meetings;
- Board and investigative committee meetings be open to the public (except for executive sessions);
- The Board creates and maintains minutes describing its official actions at the Board and investigative committee meetings (The Board and investigative committees generally review and approve the minutes from previous meetings);
- The Board provides access to or copies of “public records.” In general, any record received, created or maintained by the Board is a “public record” unless it is specifically exempted by law. An example of “public information” is the license status of a physician

or physician associate. An example of “non-public information” is complaint and investigative information.

Freedom of Access Act (FOAA) Training

Board members are required to complete FOAA training within 120 days of appointment. Board members can meet the training requirement by conducting a thorough review of the material on the Frequently Asked Questions page of the State’s FOAA website: <https://www.maine.gov/foaa/fag/index.shtml>. Following completion of training, Board members are required to make a written or electronic record attesting that the training has been completed. Board staff can provide a form for completion which should be provided to the public access officer to keep on file in the Board’s records.

Board officers and remuneration

The Board elects a Chairman, Vice Chairman and Secretary for two-year terms in July in odd-numbered years. Please see the Board’s Duties and Election of Officers policy included at the end of this document for additional information.

Board members are compensated as follows:

- Board members receive a stipend of \$1250 per year
- The Board Chairman and Vice Chairman receive a stipend of \$1500 per year
- The Board Secretary receives a stipend of \$7500 per year

Stipends are paid quarterly. In addition to stipends, Board members are reimbursed 56¢ per mile for travel to and from Board meetings or Board-related conferences and events. Lodging and meals are also reimbursed at the per diem rate when appropriate.

Snacks and refreshments are provided at the meetings. Board staff will provide a menu from a local restaurant and Board members are welcome to choose lunch items at their own cost. Board staff will order and pick up lunch items for Board members. By statute, Board members are reimbursed \$5 for lunch when attending a Board meeting. Board members are welcome to bring their own lunch if they prefer, and a refrigerator is available.

Board member computers

Board members are each issued a laptop computer for use in reviewing cases and other meeting materials. The meeting materials are placed on a secure website (MOVEit <https://ftps.maine.gov>). Board members are provided with a username and password and use FileZilla Client Software to download the material. Materials are arranged in separate folders on the MOVEit website: Committee A, Committee B, and Full Board. Materials that are highly confidential, referred to as complaint materials, are placed in the committee folder two weeks prior to the investigative committee meeting. Materials for review during the licensure and monitoring session of the investigative committee meeting are placed in the committee folder one week prior to the investigative committee meeting. Materials for full board meetings are placed in the Full Board folder one week prior to the meeting. Board members will be notified

by e-mail when material is available to download. Instructions for downloading and accessing the meeting material are included at the end of this document.

Board meeting day

The full board meeting is called to order by the Chairman and investigative committee meetings are called to order by the Chairman of the committee during public session and any amendments to the agenda are made at that time.

Executive session matters

In general, executive sessions of the Board or investigative committee are closed to the public. However, certain executive sessions – such as those involving informal conferences – are open to licensees and/or their attorneys and to complainants and their representatives during the discussion of their case. The Board or investigative committee cannot make motions or take any formal action while in executive session. All motions regarding any complaints or any other matters discussed during executive session must be made after the Board or investigative committee returns to public session.

The Board or investigative committee enters executive session pursuant to 1 M.R.S. § 405, 10 M.R.S. §8003-B, 22 M.R.S. §1711-C, 24 M.R.S. §2510, and 32 M.R.S. § 3282-A to discuss the following types of matters:

- To obtain legal advice from the Board's assigned legal counsel
- To discuss confidential personnel information
- To discuss records received or maintained by the Board that are confidential (e.g. substance misuse records or medical records related to an applicant for licensure)
- To discuss pending complaints and investigations
- To conduct informal conferences

Public session matters

The following are examples of matters discussed and/or acted on by the Board or investigative committee during public session:

- Motions and votes regarding any matters discussed in executive session
- Licensing
- Complaints
- Progress reports (follow up reports from previous review of complaints)
- Assessment and Direction reports
- Minutes of the previous meeting
- Board orders and proposed consent agreements
- Monitoring reports
- Adjudicatory hearings
- Reports – pending Adjudicatory Hearing and Informal Conferences, Consumer Outreach Specialist feedback, remarks of the Chairman, the Executive Director's monthly report,

the Assistant Executive Director's monthly report, the Medical Director's report, the Complaint Coordinator's monthly report, and remarks of the Assistant Attorney General

- Rulemaking, Policy and Guideline review and approval
- Standing committee reports
- Board correspondence, FSMB material, informational items
- Other business – various presentations are made to the Board throughout the year

Standing committees of the Board

- Administration and Personnel Committee (administration, personnel, and sunset review)
- Special Projects and Clinical Evaluation Committee (evaluation and retraining, special projects)

Board staff

The Board employs staff to carry out its various missions:

Executive Director:	Timothy Terranova	287-6930	tim.e.terranova@maine.gov
Asst. Executive Director:	Valerie Hunt	287-3605	valerie.a.hunt@maine.gov
Medical Director:	Paul Smith, MD	287-4713	paul.n.smith@maine.gov
Administrative Assistant:	Maureen Lathrop	287-3603	maureen.s.lathrop@maine.gov
Office Specialist II:	Rachel MacArthur	287-2480	rachel.macarthur@maine.gov
Licensing Supervisor	Tracy Morrison	287-6932	tracy.a.morrison@maine.gov
License Specialist (A-L):	Sarah Gagne	287-3602	sarah.r.gagne@maine.gov
License Specialist (M-Z):	Savannah Okoronkwo	287-3782	savannah.okoronkwo@maine.gov
Investigative Secretary:	Danielle Magioncalda	287-3625	danielle.magioncalda@maine.gov
Complaint Coordinator:	Kelly McLaughlin	287-6931	kelly.mclaughlin@maine.gov
Consumer Assistant:	Faith McLaughlin	287-3608	faith.l.mclaughlin@maine.gov

The Executive Director serves at the pleasure of the Board. The Board is also assigned legal counsel and additional investigative staff by the Maine Office of Attorney General.

Board of Medicine website: www.maine.gov/md.

The Board's website contains all sorts of information for Board members, licensees, and the public. Examples of the information available on the Board's website include:

- Public licensee search
- Board staff and contact information
- Board meeting dates
- Board minutes
- Board statutes, rules, policies, newsletters
- How to file a complaint
- How to apply for licensure
- Links to other state and federal agencies
- Links to medical/physician associate associations

- Short informational videos providing an overview of the Board, the license application process, the types of complaints the Board can investigate and the complaint and investigation process, Informal Conference, and Guide to Adjudicatory Hearing.

II. Board Licensing Process

The Board has three licensing specialists committed to the licensing process of physicians and physician associates. The Board Secretary reviews applications for licensure that contain negative or questionable information and may approve the application, request additional information or refer the application to an investigative committee.

A physician may apply for the following types of licenses/registrations:

- Clinical medical license
- Temporary medical license
- Emergency (100-day) license
- Administrative license
- Camp license
- Volunteer license
- Emeritus license
- Educational certificates
- Reentry license

Physicians applying for a clinical license in Maine complete the Uniform Application process and credentials verification through the Federation of State Medical Boards (FSMB) Credentialing Verification Service (FCVS). The application is provided to the Board electronically. Applicants are also required to complete a jurisprudence exam prior to licensure.

The Interstate Medical Licensure Compact allows physicians who meet certain criteria to obtain an expedited clinical license in Maine. The Compact also allows Maine licensed physicians who meet certain criteria to obtain expedited licenses in compact states. Applicants are also required to complete a jurisprudence exam within 14 days of licensure. (See www.imlcc.org for information regarding specific criteria and participating compact states).

Clinical medical licenses are renewed every two years. The renewal process may be completed online. Physicians are required to take the jurisprudence exam every four years and must achieve a score of at least 75% to pass.

Physician Associates (PAs) who have earned their degree and passed the national physician assistant certifying exam, administered by the National Commission on Certification of Physician Assistants (NCCPA), may apply for a permanent license in Maine.

A physician associate may apply for the following types of licenses/registrations:

- Full license
- Emergency (100-day) license
- Administrative license

- Camp license
- Volunteer license
- Emeritus license
- Reentry license

PAs who have earned their degree but not taken the national certifying exam or not yet received the results of the exam, may be granted a temporary license until the results of the exam are available. PAs applying for a license in Maine complete the Uniform Application process and may obtain credentials verification through the FSMB. Applicants are required to complete a jurisprudence exam prior to licensure. PAs with less than 4,000 hours of documented clinical practice must have one (1) of the following in order to render medical services under their Maine license: (1) A Board-approved collaborative practice agreement with a Maine physician holding an active, unrestricted physician license; or (2) A scope of practice agreement through employment with a health care system or physician group practice as defined by rule that has a system of credentialing and granting of privileges. PAs with more than 4,000 hours of documented clinical practice as determined by the Board are not required to have either a collaborative agreement or scope of practice agreement.

Maine is part of the PA Compact. Once operational, the PA Compact will allow physician associates to obtain a privilege, rather than a license, to practice in Maine. (See www.pacom pact.org for information regarding specific criteria and participating compact states).

PA licenses are renewed every two years. The renewal process may be completed online. PAs are required to take the jurisprudence exam every four years and must achieve a score of at least 75% to pass.

General Licensing Process Overview

Normal Licensure Process

Uniform Application completed on FSMB site and transmitted to ALMS



Automatic email sent with instructions for the Jurisprudence Exam, Addendum, and required payment



Staff reviews application and requests additional information as needed



DO & MD – FCVS Profile received
PA – FCVS optional or direct from school (applicant submits diploma, it must be appropriately notarized)



All Information reviewed by staff and sent to Assistant Executive Director for review



If “clean” Assistant Executive Director approves application and license is issued



If yes answers, application is referred to the Secretary for review. The Secretary either approves or refers to an investigative committee.

IMLC Process

IMLC Application completed on IMLCC site and transmitted to ALMS



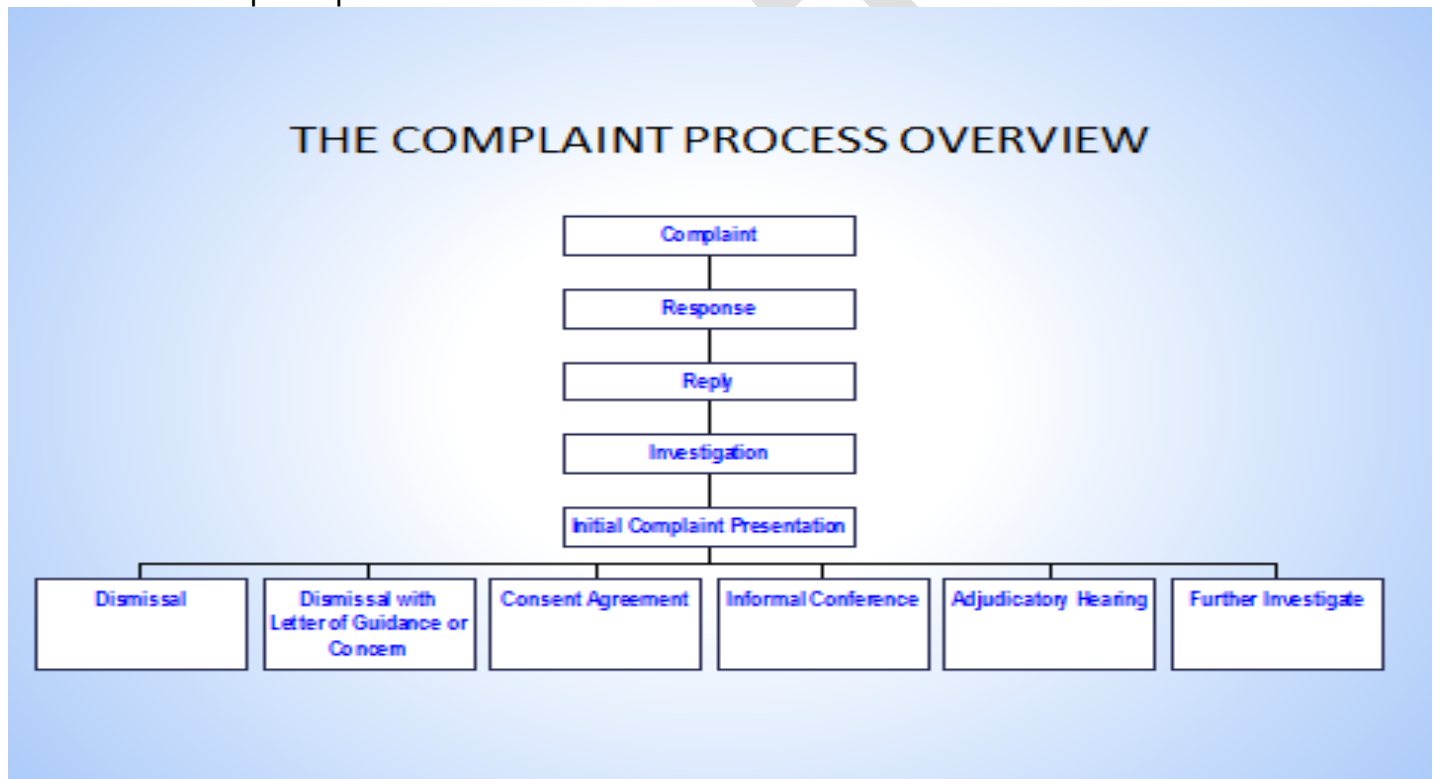
License automatically issued and email sent with instructions for the Jurisprudence exam to be completed within 14 days.

III. Board Complaint Process

Complaints

Complaints may be submitted by members of the public in writing, or by completing a complaint form available on the Board’s website which is sent via e-mail. The Board receives complaints from patients, family members, friends and advocates. The Board must also receive an executed release for medical records or issue a subpoena for the medical records. The complaint is then sent to the licensee for a written response. The licensee’s response is provided to the complainant (with certain exceptions). Board staff may conduct an additional investigation. The complaint is then placed on the next committee agenda for initial review and action. Following the initial complaint presentation, the committee may take any of several actions identified below.

The Board’s complaint process overview looks like this:



The following is an overview of the general timeline for processing complaints:



Board investigation

The Board's investigation may include obtaining:

- Documents (medical records, prescriptions, etc.)
- Photographs/video/audio
- Witness interviews (by law enforcement or Board Investigator)
- State/federal agency information & reports
- Prescription Monitoring Program (PMP) reports

Initial complaint presentation

The initial complaint presentation occurs at a committee meeting. The licensee, the licensee's attorney, and/or the complainant may be present to observe (watch & listen) the initial complaint presentation – **but they may not participate**. The case reporter assigned to the complaint provides a summary of the complaint, response, and investigation. The case reporter also makes a recommendation for further action on the complaint. Those actions include:

- Dismissal
- Further investigation
 - Letter of Guidance
 - Request more information
 - Evaluation
 - Expert Review
 - Citation

- Informal Conference
- Consent Agreement Offer
- Adjudicatory Hearing
- Summary suspension (extraordinary measure – check with AAG)

Types of complaints

The Board receives complaints from patients, patients' relatives, and other state/federal agencies. Many of the complaints the Board receives fall into the following categories:

- Professionalism
- Communication
- Competency
- Substance misuse
- Boundary crossings/violations
- Prescribing practices

Assessment & Direction

The Board may also initiate complaints against licensees based upon information brought to its attention through channels other than a patient complaint. This is generally the result of mandated reports from licensees and hospitals filed with the Board pursuant to 24 M.R.S. §2505 or §2506. Upon receipt of a mandated report, Board staff gathers relevant information for presentation to an investigative committee as an Assessment and Direction report. If the committee finds that a basis for further action exists, it will issue a complaint on its own motion.

Confidentiality of complaints & investigations

Each complaint brought to the Board remains confidential to the public and the press until final action has been taken. Board members may not discuss cases amongst themselves outside the Board or investigative committee meetings. Board members should refer all public and press contacts concerning Board matters to the Executive Director or Assistant Executive Director.

Informal conferences

The purpose of an Informal Conference is to determine whether the factual basis of a complaint may be true and, if so, whether further action is warranted.

Both the licensee and the complainant are invited to attend and may be asked questions about the complaint. If either party is represented by an attorney, the attorney is expected to allow their client broad latitude to directly answer the investigative committee's questions without interference. This is not a court proceeding.

Following the informal conference a deidentified discussion of the case and motion occurs in public session.

Informal conference process

- Obtain waiver of participation from licensee
- Welcome all participants
- Determine executive session status (licensee prerogative)
- Introductions and instructions
- Case Reporter questions complainant and licensee, then other committee members may ask questions
- Final statement from complainant and licensee

Options following an informal conference

- Dismiss the complaint
- Dismiss the complaint with a letter of guidance. A letter of guidance is issued to: 1) educate; 2) reinforce knowledge; and 3) express concern.
- Continue the matter for further investigation
- Order an adjudicatory hearing
- Direct the AAG to pursue a consent agreement with the licensee
- Through the Attorney General, file a complaint in District Court to seek revocation

Adjudicatory hearings

A complaint results in an adjudicatory hearing when an investigative committee, following review of all available information, determines that there may be cause for discipline. An adjudicatory hearing is a public hearing held and conducted according to the Maine Administrative Procedures Act (5 M.R.S. §9051 et. seq.). Adjudicatory Hearings are held by the investigative committee that has not been involved in the complaint process.

Adjudicatory hearing process

- A Hearing Officer hired by the Board presides over the adjudicatory hearing and offers legal advice to the investigative committee
- An AAG presents the case against the licensee
- The AAG and the licensee's attorney will present exhibits and opening and closing statements to the investigative committee
- Witnesses will be sworn in and asked questions by the AAG, the licensee's attorney and the investigative committee
- After exhibits have been entered and testimony is finished, the investigative committee will deliberate and determine if the licensee has committed one or more of the alleged violations
- The investigative committee is charged to make its determination based on a preponderance of the evidence; the state must prove its case by 51% of the evidence
- If the investigative committee finds the licensee did not commit any violations, the case will be dismissed or dismissed with a letter of guidance
- If the investigative committee finds the licensee committed one or more of the alleged violations, it will determine what sanctions to impose

- The Hearing Officer will prepare a Board order documenting the hearing process and decision of the investigative committee

Options following an adjudicatory hearing

- Issue a warning, censure or reprimand
- Suspend a license for up to ninety days per violation
- Modify, revoke, refuse to grant or refuse to renew a license
- Refer to the District Court for suspension or revocation
- Impose civil penalties of up to \$1,500 per violation
- Impose conditions of probation
- Accept a surrender of license
- Dismiss the complaint
- Dismiss the complaint with a letter of guidance. A letter of guidance is issued to 1) educate; 2) reinforce knowledge; and 3) express concern.

The investigative committee may direct that the AAG pursue a consent agreement to resolve a complaint in lieu of proceeding to an adjudicatory hearing.

Discipline

The Board has adopted the following definition of Board actions in ascending order of degree or severity:

- Warning – Counsel or advice to be careful or to stop doing something
- Reprimand – A rebuke given for having done something wrong; scolding, reproof
- Censure – Severe criticism; official expression of disapproval or condemnation

Disciplinary actions taken by the Board are reported to the Federation of State Medical Boards (FSMB) and the National Practitioner Data Bank (NPDB). The FSMB database is a private database which state medical boards and credentialing professionals can access to obtain disciplinary and licensure information regarding physicians and physician associates. The NPDB is a federal database accessed by state medical boards, hospitals and other authorized agencies to obtain disciplinary and medical malpractice information regarding physicians and physician associates. The public does not have access to either database.

All Board actions are reported to the FSMB. The following types of actions are reported to the NPDB (information below is an excerpt from the NPDB guidebook, October 2018 edition):

Actions that must be reported include:

- Any adverse action taken by the state licensing or certification authority as a result of a formal proceeding including revocation or suspension of a license, certification agreement, or contract for participation in a government health care program; reprimand; censure; or probation.
- Any dismissal or closure of a formal proceeding because the health care practitioner, entity, provider, or supplier surrendered the license, certification agreement, or contract

for participation in a government health care program, or because the subject of the proceeding left the state or jurisdiction.

- Any other loss of license or loss of certification agreement or contract for participation in a government health care program, or the right to apply for, or renew, a license or certification agreement or contract of the health care practitioner, entity, provider or supplier, whether by operation of law, voluntary surrender, nonrenewal (excluding non-renewals due to nonpayment of fees, retirement, or change to inactive status), or otherwise.
- Any negative action or finding by the state licensing or certification authority that, under the state's law, is publicly available information, including, but not limited to, limitations on the scope of practice, liquidations, injunctions, and forfeitures. This definition also includes final adverse actions rendered by a state licensing or certification authority - such as exclusions, revocations, or suspension of license or certification - that occur in conjunction with settlements in which no finding of liability has been made (although such a settlement itself is not reportable). This definition excludes administrative fines or citations and corrective action plans and other personnel actions, unless:
 - the underlying activity is connected to the delivery of health care services,
or
 - the action is taken in conjunction with other adverse licensure or certification actions, such as revocation, suspension, censure, reprimand, probation, or surrender.

When a license, agreement, or contract is suspended, the length of the suspension must be reported also.

State licensing and certification authorities also must report any revisions to a previously reported licensing or certification action, such as a reinstatement of a suspended license, and whether an action is on appeal.

An action must be reported to the NPDB based on whether it satisfies NPDB reporting requirements and not based on the name affixed to the action by the reporting entity.

IV. Board Rulemaking

The Legislature empowered the Board to create rules to carry out the purpose of the Board's statute. Examples of rules include:

- Rules governing the criteria for licensing physicians and physician associates
- Rules pertaining to continuing education
- Rules regarding sexual misconduct
- Rules regarding prescribing controlled substances

Current Board rules can be found on the Board's website: <https://www.maine.gov/md/laws-rules-updates>

Board rulemaking is governed by the Maine Administrative Procedures Act (5 M.R.S. § 8060 et. seq.). Board staff and the Assistant Attorney General assigned to the Board assist the Board

with drafting a proposed rule, responding to comments on a proposed rule, and finalizing the adoption of a proposed rule. A Guide to Rulemaking is available on the Secretary of State's website: <https://www.maine.gov/sos/rulemaking/information-about-rulemaking/guide-to-rulemaking>

V. Board Revenues/Budget Process

The legislative budgeting process is biennial with the fiscal year July 1st to June 30th. Appropriations for the coming two years are authorized during the first regular session of each new legislature (odd numbered year). All funds collected by the Board are retained in an account for use by the Board and by statute can be used by no one else. Fines assessed by the Board go to the general fund and are not available to the Board.

Revenue collected by the Board cannot be allocated until authorized by the legislature through statutory action. Even after allocation, work programs must be generated specifying when the funds will be spent. In rare situations, unanticipated expenses are necessary. Through a financial order, the Board may ask for funds to be taken from its unallotted cash reserve. This request is reviewed once a month by the Governor and the budget officer of the state and auditor. If the legislature is in session, this process is suspended, and all expenditure authorizations are done by the legislature through a process to allow the immediate authorization of excess cash reserves.

The Budget process starts approximately 11 months prior to the start of the biennial budget, which takes effect on July 1st of every odd numbered year.

- **August** - Board staff prepares revenue and expenditure plans. The budgetary submittals come in two parts: 1) projections for current programs; and 2) all proposals for new programs or significant changes in expense structure.
- **September** - Proposed budgets are submitted to PFR. By statute, PFR may not alter the Board's recommended budget. The Commissioner will consult with the Board's Executive Director if any questions arise.
- **October** - After review, the Board's budget recommendations are submitted to the budget office.
- **January** - Final budget submitted to the Legislature.
- **January to June** - The legislature discusses and passes the budget. The Board's budget is reviewed by the Appropriations Committee and the Health Coverage, Insurance and Financial Services Committee. Testimony is provided by staff as required.
- **May** - Given the authorization by the legislature to allocate funds, a work program document must be generated to explain how those funds will be collected and spent. A work program cannot shift expenses from categories specified in the budget. (This document must be completed every May for the upcoming fiscal year.)
- **July** - The new biennial budget becomes effective.

VI. The Legislative Process

The Board's statutes are enacted by the Legislature and signed into law by the Governor. The Commissioner of PFR has the statutory responsibility for policy development. Thus, any

legislation that the Board wants to propose (to amend its statutes) must be developed and coordinated with the Commissioner of PFR. In the event that the Board identifies a specific area of the Board's statute that could be improved through an amendment, the Board should instruct staff to prepare an amendment for consideration by the Commissioner. The Board may not introduce legislation on its own initiative.

Legislative testimony

All testimony of Board members (acting in their official capacity) must be submitted to the Commissioner of PFR for review and approval. The Board may delegate this task to its Medical Director, Assistant Executive Director and/or Executive Director who will coordinate with the Board Chairman. Board members may testify at legislative hearings in their capacities as private citizens or physicians/physician associates without prior approval of the Commissioner – so long as they make it clear that they are not testifying as Board members or representing a position of the Board.

VII. Board Affiliation with Other Organizations

The Maine Board of Medicine holds affiliations with various medical organizations. The organizations include:

Federation of State Medical Boards (FSMB):

The mission of the FSMB is to focus on the continuing effort for improvement in quality, safety, and integrity of health and care through the development and promotion of high standards for physician licensure and practice. The federation represents the seventy medical and osteopathic boards of the United States and its territories. The Board uses the current United States Medical Licensing Examination created by FSMB along with NBME (National Board of Medical Examiners), to accredit physicians for licensure in the state. The federation also operates The Federation Data Center, which records and distributes disciplinary actions taken against physicians and physician associates by each state medical board and other governmental authorities. The Federation Credential Verification Service (FCVS) provides original source verification of medical education and postgraduate years (PGY) and is required of all Maine applicants. Board members and the Executive Director attend the Federation's annual meeting. A Board member is chosen to be a voting member at the annual House of Delegates meeting. For more information visit: www.fsmb.org.

Interstate Medical Licensure Compact Commission:

The Board's Assistant Executive Director is the Board's designated commissioner (representative) to the Interstate Medical Licensure Compact Commission (IMLCC). The Commission convenes in-person once per year and conducts online and telephonic meetings throughout the year. In addition, committees of the IMLCC meet periodically online throughout the year and implement updates and changes as needed. For more information visit www.imlcc.com/.

Administrators in Medicine (AIM):

AIM is a non-profit organization that exists to assist and support administrators for medical licensing and regulatory authorities to achieve administrative excellence and advance public safety. The Executive Director of the Board is an active member of AIM. For more information visit: <https://administratorsinmedicine.org/>

American Medical Associations (AMA):

The Board has adopted the AMA Code of Medical Ethics as their primary source for ethical issues concerning complaints brought to the board. For more information visit: www.ama-assn.org.

Medical Professionals Health Program (MPHP):

The Medical Professionals Health Program (MPHP), a program of the Maine Medical Association, assists medical professionals in Maine by providing confidential, compassionate assistance and advocacy regarding substance misuse and mental health issues. Modern medical practice is complex and requires medical professionals to be healthy and well balanced. Medical professionals are subject to high degrees of stress, both personally and professionally. This stress can impair one's ability to maintain a healthy balance and can result in addictive behaviors and psychiatric or medical disorders. The potential for impairment is universal and no one is immune from the dangers of alcohol, drug use, or mental health issues.

The MPHP's clinical professionals and committee members help participants with diagnosed substance use disorders. Although they do not provide evaluation or treatment, they help participants better understand the treatment and recovery process, monitor their progress, and help implement strategies for return to safe practice.

The MPHP offers non-disciplinary, voluntary participation under protocols developed with the Maine Board of Medicine, and the Maine State Board of Nursing. In addition, the MPHP monitors licensees under discipline (e.g. consent agreements/board orders) with the boards to ensure their compliance with conditions relating to abstinence and counseling and treatment. The Board contracts with the MPHP to provide services to its licensees. For more information visit: <https://www.mainemphp.org/>

International Association of Medical Regulatory Authorities (IAMRA):

Medical regulation protects the public. Every day medical regulatory authorities (MRAs) around the world strive to fulfill their mandate – to protect, promote, and maintain the health and safety of the public by ensuring proper standards for the profession of medicine. IAMRA exists to support the world's medical regulatory authorities in this endeavor. Through scientific, educational, and collaborative activities, IAMRA strives to encourage best practices among the world's MRAs and to respond to both their current and future needs.

The Board joined IAMRA in 2017 when it learned that IAMRA was creating an international discipline reporting system. The system became active in 2023 and is expected to become more valuable as additional countries join and begin reporting information. For more information visit: www.iamra.com.

Maine Medical Association – Center for Quality Improvement (formerly Maine Quality Counts/ Qualidigm)

The Maine Medical Association and Quality Counts (QC) launched “Caring for ME” in 2016, a collaborative effort that brings together a wide set of partners to promote shared messages, educational resources, practical tools for health care providers, and to develop a set of activities to provide Maine physicians with practical education, peer support, tools, and resources to effectively manage chronic pain and improve the safety of opioid prescribing. The board contracts with QC to provide free webinars and online modules that help licensees meet CME requirements of Chapter 488. For more information visit: <https://qclearninglab.org/>

PA Compact Commission:

The Board’s Executive Director is the Board’s designated representative to the PA Compact Commission. The Commission and its committees conduct online meetings throughout the year and may hold in-person meetings as needed. For more information visit www.pacompact.org.

Additional information

Please find the following documents attached:

- Instructions for downloading and accessing Board meeting materials and writing case motions - **Attached**
- Board member and staff directory with contact information – **Need to update**
- Board Member Recusal Policy/Governor’s Conflict of Interest Policy/Conflict of Interest Law – **Need to update**
- Duties and Election of Officers Policy – **Need to update**
- 2027 Board meeting schedule - **TBD**
- Acronyms used by the Board – **Need to update**
- Copies of the Board’s brochures – **Need to update**
- Copy of the Board’s most recent newsletter
- Copy of the most recent annual report to the Committee on Health Coverage, Insurance and Financial Services – **will be included after first report**

Accessing Board Meeting Material

Meeting materials are placed on a secure website (MOVEit <https://ftps.maine.gov>). Board members are provided with a username and password to access and download the files through FileZilla. Materials are arranged in separate folders on the MOVEit website: Committee A, Committee B and Full Board.

Committee Meetings: Materials that are highly confidential, referred to as complaint materials, are placed in the committee folder two weeks prior to the investigative committee meeting. Materials for review during the licensure and monitoring session of the meeting are placed in the committee folder one week prior to the investigative committee meeting.

Committee meeting materials are provided as PDF documents and are viewed using Adobe. The complaint materials are provided in multiple documents due to size. For example:

- Committee A 26 June Complaints 1-5
- Committee A 26 June Complaints 6-10
- Committee A 26 June ADs
- Committee A 26 June Consent Agreements/Board Orders

The first file, Committee A 26 June Complaints 1-5, contains the first five complaint cases on the agenda. Committee A 26 June ADs contain the ADs on the agenda, and Committee A 26 June Consent Agreements/Board Orders contain consent agreements, board orders and other resolution documents on the agenda.

Licensure and Monitoring session materials are generally provided in one PDF document: Committee A 26 June Licensure and Monitoring. The file contains license and renewal applications for review, other licensure related matters, monitoring reports and committee meeting minutes.

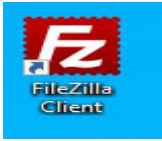
Full Board Meetings: Materials for Full Board meetings are placed in the Full Board folder one week prior to the meeting. Meeting materials are generally provided in one PDF document: 26 June Full Board Meeting. The file contains rulemaking, policies and guidelines and other administrative matters.

Board members will be notified by e-mail when materials are available to download and should download the materials to their Board laptop prior to the meeting, so materials are easily accessible during the meeting. Meeting materials should be deleted after the meeting. Materials are available to download for seven days and are then automatically deleted from the website.

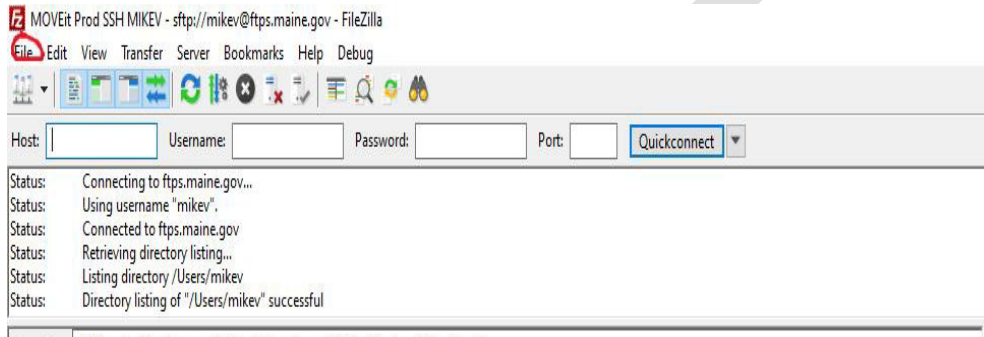
Please see directions below for accessing and downloading Board meeting materials.

Downloading Board Files Using FileZilla

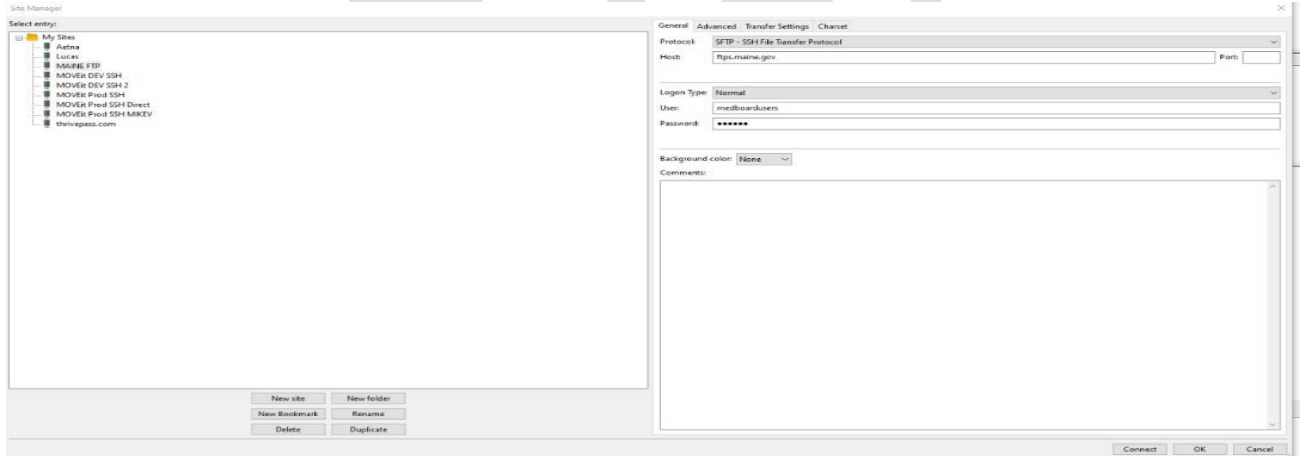
1. To setup SFTP Connection, open FileZilla:



2. Select file and then Site Manager from the dropdown menu.



3. The window below will open. Following install you will see BOLIM in the left window. Select BOLIM.



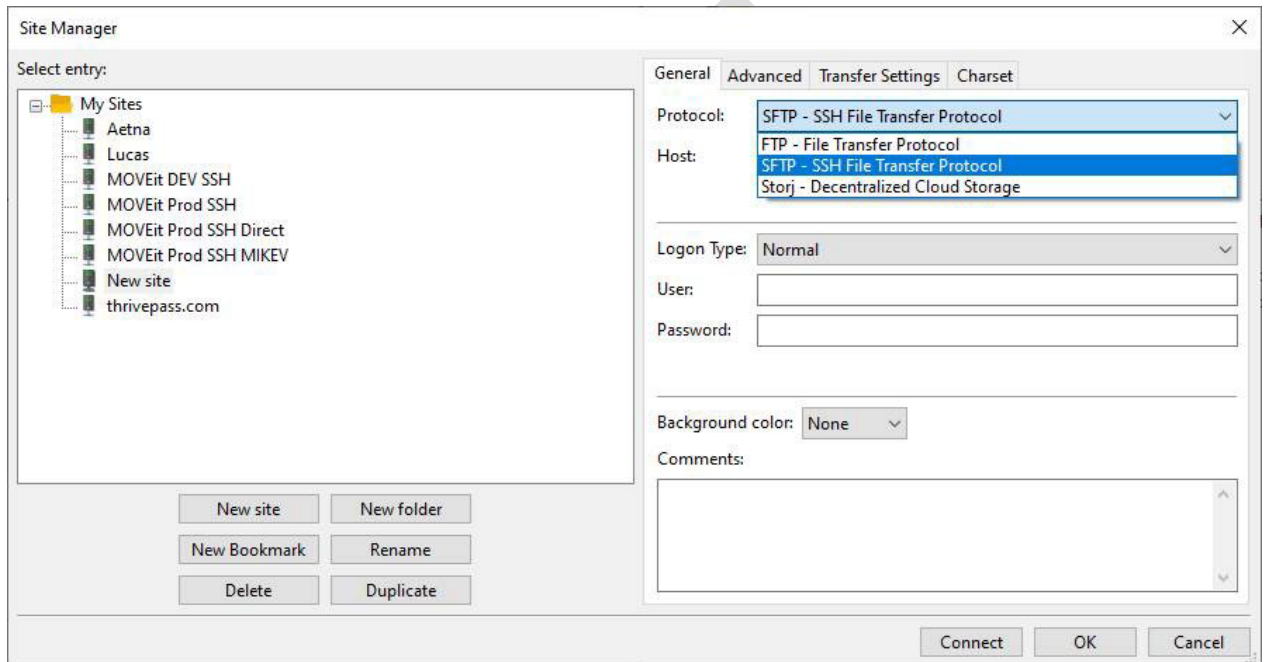
4. On the right side of the window in the Protocol Field use the drop-down menu to select **SFTP – SSH File Transfer Protocol**.

In the Host field enter **ftps.maine.gov**.

In the Logon Type field use the drop-down menu to select **Normal**.

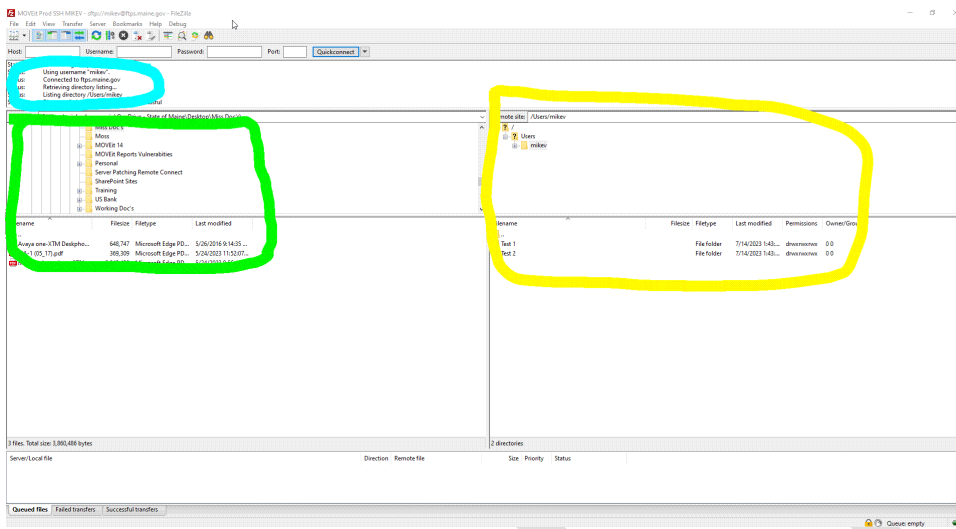
In the User field enter the username **medboardusers**.

In the Password field enter the password provided to you. Please note that the password is shared by all Board members. **Please do not change the password.**



5. After entering the information above click connect.

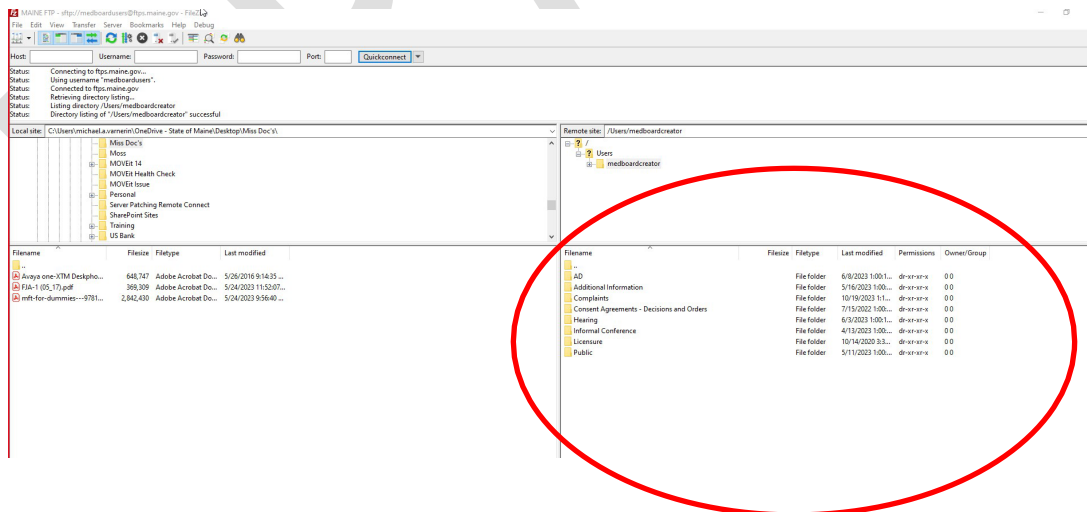
- Once connected a screen divided into sections will open. The connection information is in the **top section**. The MOVEit account file structure is in the **right upper section**, and your local device file structure is in the **left upper section**. In the **left upper section**, choose the location to save downloaded files.



- In the lower right section are the files specifically for medboardusers containing the following folders:

- Committee A
- Committee B
- Full Board

Board members will receive an email when meeting information is available which details the specific files to be downloaded.



- To download files, click on a folder to open it, click on a file and hold, drag to the left lower screen and release. Repeat this process until all files are downloaded.

- Once all files are downloaded, close FileZilla.

Motions

Case Motions

Complaints presented to an investigative committee for review are assigned to a case reporter. The case reporter is responsible for drafting a motion for each case.

Board members e-mail motions to the Administrative Assistant prior to the committee meeting (maureen.s.lathrop@maine.gov). Motions should be identified by CR number and may be included in the body of the e-mail or in a document attached to the e-mail. Motions are shared on screen during case discussion.

Suggestions for Writing a Motion

Think of the motion as a concise abstract of a case; a brief summary of essential points, statements or facts.

The motion is a formal report that will become part of a public record in the official board minutes, which may be consulted in the future by any interested party. In addition, the language will be used in the drafting of dismissal and/or follow-up letters.

A good rule of thumb: generalization is better than specific detail. It is important to protect the identities of all parties involved in the complaint. Avoid mentioning particular injuries, disorders, and diseases, as well as their respective treatments.

The goal is to produce a single paragraph, sharply focused on the issue(s) but expressed in broad, common language.

A motion has three parts:

Summary

State the complainant's central point or purpose in one or two sentences. Determine and express briefly the gist, the essence of the case. Leave out all non-essential details that do not help explain the explicit complaint. Do the same for the response; again, aim for one or two sentences.

Evaluation

Compare the weight and seriousness of the complaint with the weight and seriousness of the response in your mind but write only your judgment of this comparison.

Conclusion

Answer the all-important "So what?" question. That is, draw together in your mind your considered reactions to the complaint and the response, but write succinctly only what you have concluded. Remember that you are not making a finding of fact; rather, you are making a recommendation regarding the plausibility or soundness of the complaint as presented in the file documents.

Sample Motions

Dismissal:

CR21-174 A patient complains about the care she received from a plastic surgeon who operated on her for breast augmentation. Review of the records reveals appropriate medical and surgical care in a patient with comorbidities that could interfere with ideal results.

Dismissal with Letter of Guidance:

CR20-224

Complaint: Improper care of hand injury Complainant: Patient

Licensee specialty: Emergency Medicine

Materials reviewed: Complaint, licensee response, rebuttal, medical records, external peer review, licensee response to additional questions, interview with licensee RN colleague

Recommendation: Dismissal with Letter of Guidance

1. Clinical decision making – points made in peer review
2. Better documentation of clinical decision making as well as conversations with consultants
3. Professionalism/behavior – joking with staff in front of patients, COVID anxiety, etc.

Further Investigation:

CR21-43

Complaint: HIPAA violation. Being refused treatment Licensee: Family Practice Physician

Materials Reviewed: Complaint, Response, Medical Records, HIPAA and CFR42 regulations.

Discussion: The patient complained because the provider shared the urine drug test results with another provider without his knowledge. As a consequence, the patient was taken off his medication for a period of time, by the other provider. The records did not include consents signed by the patient and without those, the information should not have been shared. The licensee did not discharge the patient and was willing to continue to see the patient and prescribe Suboxone.

Recommendation: Investigate further

Questions for the licensee:

Please describe your office set-up and the processes used for obtaining patient consent.

What is your understanding of HIPAA and CFR42 regulations?

What training have you had regarding HIPAA and CFR42 regulations?

What consent forms do you use to obtain release of information from patients for conditions under CRF 42 regulations?

How often are consent forms updated?

Duties of the Officers

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

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

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

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

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

Found in Policy

1. Performing all duties required by Board policy, statute or rule, including the review of license applications and medical malpractice issues.
2. A. Physician Associate License Review and Approval: Upon request of Board staff, review applications for licensure, approve qualified applicants, and sign license certificates. The Secretary shall review all applications (initial/renewal/conversion) for licensure/registration with negative or questionable information. Following review, the Secretary may:
 - a. Approve the application
 - b. Require an applicant to submit additional information
 - c. Refer the application to the full Board
3. The Board Secretary, in conjunction with any other Physician Associate member of the Board may approve collaborative agreements submitted by physician associates.
4. Medical Malpractice Review: Upon request of Board staff, review a report of medical malpractice reports:
 - a. Within the past 10 years if:
 - i. There are 3 or more malpractice cases
 - ii. There are 1 or 2 malpractice cases with an aggregate total judgment of \$500,000 or more
 - iii. There are 1 or 2 malpractice cases with an aggregate total judgment of \$300,000 or more PLUS at least 1 pending malpractice case.
 - b. Involving death
 - c. Involving wrong site surgery
 - d. The Secretary may at her/his discretion seek an outside expert review of the medical malpractice case. The Secretary may request of the physician/physician associate whose malpractice claim is being reviewed the Prelitigation Screening Panel (see 24 M.R.S. § 2857 and § 2858 et. seq.) report, and if it is unanimous in favor of the physician/physician associate, the Board Secretary may file the malpractice claim without further review.
 - e. The Board Secretary may file the report or refer it to the Board for consideration.
5. Omissions: Approve an application for licensure/registration/conversion (which the staff shall report at the next regular Board meeting), with an instruction to staff to issue a citation if authorized by rule and/or reminder letter for minor omissions in the application materials.

6. Special Requests: Approve or deny requests for individual sponsorships of examinations.
7. Waiver Requests: Approve or deny requests for waiver of step 3 requirements (3 times/7 years).
8. Approve medical education requirement for applicants graduating from unaccredited medical school that have successfully passed a comprehensive examination determined by the Board to be substantially equivalent to the Visa Qualifying Examination (VQE), such as the LMCC, USMLE, FLEX examinations.
9. Clinical Practice: Approve or refer requests for determination of clinical practice.
10. Other: All duties as specified in Board rule.
11. The Secretary may refer any assigned duty to the full Board for final decision as appropriate.
12. In the absence or recusal of the Board Chair and Vice-Chair, performing all duties of the Board Chair in the capacity of Acting Chair.

Found in BOLIM Chapter 1

13. License/Registration Review and Action

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

- (1) Approve an application for licensure/registration/conversion, which the staff shall report at the next regular Board meeting;
- (2) Require an applicant to submit additional information, including but not limited to professional references or reports, as part of the application review process;
- (3) Present an application to the full Board.

13. **Other**

- A. The Secretary shall provide final approval of special testing accommodations for the USMLE examinations, or may delegate those decisions to the contractor;
- B. All other duties as listed in statute or as from time to time delegated by the Board and recorded in the minutes of the Board.
- C. The Secretary shall review requests to withdraw applications and shall grant the requests or refer to the full Board for discussion.

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

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

2027 Proposed Meeting Schedule

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

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

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

Committee Assignments Worksheet

Committee A	Committee B
DO	DO
DO	DO
DO	DO
MD	MD
MD	MD
MD	MD
PA	PA
PA	PA
Public	Public
Public	Public
Public	Public

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

Below is a list of current Board members including term expiration dates for those indicated expired or expiring by the Governor's Office.

Current Board Members

- DO
 - Christine Munroe, DO (term expired 1/4/25)
 - Lisa Ryan, DO (term expired 2/13/25)
 - John Brewer, DO (term expired 3/4/22)
 - Brian Gillis, DO (term expired 6/18/22)
 - Gust Stringos, DO (term expired 3/4/24)
 - Paul Vinsel, DO
- MD
 - Renee Fay LeBlanc, MD (term expires 6/30/26)
 - Holly Fanjoy, MD
 - Maroulla Gleaton, MD (term expired (6/30/25)
 - Noah Nesin, MD
 - Anthony Ng, MD
 - Vacant
- PA
 - Melissa Michaud, PA (term expired 5/10/25)
 - Amelia Hersey, PA (term expired 5/11/26)
 - Christoher Ross, PA
 - David Flaherty, PA (term expires 7/14/26)
- Public Member
 - Peter Michaud, JD, RN
 - Dennis Smith, Esq.
 - Mary-Anne Ponti, RN, DBA (term expired 12/14/24)
 - Gregory Jamison, RPH
 - Jonathan Sahrbeck, JD (term expires 6/30/26)
 - Lynne Weinstein