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HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES

Reproduced and distributed under the direction of the Clerk of the House.

**STATE OF MAINE
HOUSE OF REPRESENTATIVES
132ND LEGISLATURE
SECOND REGULAR SESSION**

COMMITTEE AMENDMENT “ ” to H.P. 1509, L.D. 2233, “An Act to Combine the Board of Licensure in Medicine and Board of Osteopathic Licensure into a Single Licensing Board for All Physicians and Physician Associates”

Amend the bill in Part A by inserting before section 1 the following:

'Sec. A-1. 3 MRSA §959, sub-§1, ¶R, as amended by PL 2021, c. 617, §1, is further amended to read:

R. The joint standing committee of the Legislature having jurisdiction over professional licensing of health care professions matters shall use the following list as a guideline for scheduling reviews:

- (1) Board of Dental Practice in 2027;
- ~~(2) Board of Osteopathic Licensure in 2027;~~
- (3) ~~Board of Licensure in~~ Maine Board of Medicine in 2027 2029;
- (4) State Board of Nursing in 2027; and
- (5) State Board of Optometry in 2027.'

Amend the bill in Part A in section 6 in c. 153 in sub-c. 1 in §20102 by striking out all of subsection 11 (page 2, lines 22 to 25 in L.D.).

Amend the bill in Part A in section 6 in c. 153 in sub-c. 1 in §20102 by renumbering the subsections to read consecutively.

Amend the bill in Part A in section 6 in c. 153 in sub-c. 1 in §20103 in the first indented paragraph in the last line (page 4, line 3 in L.D.) by inserting after the following: "board." the following: 'This section may not be construed to affect or prevent the practice of the religious tenets of a church in the ministrations to the sick or suffering by mental or spiritual means.'

Amend the bill in Part A in section 6 in c. 153 in sub-c. 2 in §20113 by striking out all of subsection 3 (page 8, lines 21 to 30 in L.D.) and inserting the following:

COMMITTEE AMENDMENT

1 **3. Annual report.** Beginning March 1, 2028 and annually thereafter, the board shall
2 submit to the Legislature a report consisting of statistics on the following for the preceding
3 year and in comparison to prior years:

4 A. The number and type of complaints against licensees received from the public or
5 filed on the board's own motion, in the aggregate and for each type of licensee;

6 B. The number and type of complaints dismissed for lack of merit or insufficient
7 evidence of grounds for discipline, in the aggregate and for each type of licensee;

8 C. The number and type of cases in process of investigation or hearing carried over at
9 year-end, in the aggregate and for each type of licensee; and

10 D. The number and type of disciplinary actions finalized during the report year, in the
11 aggregate and for each type of licensee.'

12 Amend the bill in Part A in section 6 in c. 153 in sub-c. 3 in §20125 in subsection 2 by
13 striking out all of paragraph C (page 12, lines 3 and 4 in L.D.) and inserting the following:

14 'C. Requirements for collaborative agreements, including uniform standards and
15 forms;'

16 Amend the bill in Part A in section 6 in c. 153 in sub-c. 4 in §20141 by striking out all
17 of subsection 3 (page 22, line 45 and page 23, lines 1 to 12 in L.D.) and inserting the
18 following:

19 **3. Adjudicatory hearings.** The following provisions apply to adjudicatory hearings.

20 A. Adjudicatory hearings must be conducted by an adjudicatory hearing panel
21 composed solely of a subset of board members taken from among one of the 2
22 investigative committees, with a minimum quorum of 5 members serving as an
23 adjudicatory hearing panel, as long as at least one member serving on an adjudicatory
24 hearing panel holds the same license as a licensee or applicant for licensure whose case
25 is being adjudicated and is present for purposes of a quorum when a decision is made
26 by an adjudicatory hearing panel. A board member may not serve on an adjudicatory
27 hearing panel if the board member participated in the review and investigation of the
28 licensee or applicant for licensure whose case is being adjudicated.

29 B. Adjudicatory hearings held by adjudicatory hearing panels must be conducted
30 consistent with Title 5, chapter 375, subchapter 4.

31 C. A presiding officer shall conduct each board hearing, as determined by the
32 adjudicatory hearing panel or by board rule.

33 D. The board may adopt rules governing its adjudicatory hearings in accordance with
34 section 20113, subsection 1, paragraph S.'

35 Amend the bill in Part A in section 6 in c. 153 in sub-c. 5 in §20152 by striking out all
36 of subsection 3 (page 27, lines 16 to 25 in L.D.) and inserting the following:

37 **3. Consultation.** A physician associate may, as indicated by a patient's condition, the
38 education, competencies and experience of the physician associate and the standards of
39 care, consult with, collaborate with or refer the patient to an appropriate physician or other
40 health care professional. The level of consultation under this subsection is determined by
41 the practice setting, including a physician employer, physician group practice or private
42 practice, or by the system of credentialing and granting of privileges of a health care

1 facility. Consultation may occur electronically or through telecommunication and includes
2 communication, task sharing and education among all members of a health care team.'

3 Amend the bill in Part A in section 6 in c. 153 in sub-c. 5 in §20152 by striking out all
4 of subsection 5 (page 28, lines 1 to 16 in L.D.).

5 Amend the bill in Part A in section 6 in c. 153 in sub-c. 5 in §20152 by renumbering
6 the subsections to read consecutively.

7 Amend the bill in Part A by striking out all of sections 7 and 8.

8 Amend the bill in Part A by striking out all of section 9 and inserting the following:

9 **'Sec. A-9. Transition.** The following provisions apply to the reassignment of the
10 duties and responsibilities related to the licensing and regulation of allopathic physicians,
11 osteopathic physicians and physician associates in this State.

12 1. The Maine Board of Medicine is created and established by law. All other statutory
13 references to, responsibilities of and authority conferred upon the Board of Licensure in
14 Medicine and the Board of Osteopathic Licensure are deemed to refer to and vest in the
15 Maine Board of Medicine created by this Part. The Maine Board of Medicine is the
16 successor in every way to the powers, duties and functions related to the licensure and
17 regulation of physicians and physician associates in this State.

18 2. All licenses issued by the Board of Licensure in Medicine and the Board of
19 Osteopathic Licensure that are in effect on the effective date of this Part remain in effect
20 until those licenses expire. The authority over those licenses is transferred to the Maine
21 Board of Medicine on the effective date of this Part.

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

28 4. All rules of the Board of Licensure in Medicine and the Board of Osteopathic
29 Licensure that are in effect on the effective date of this Part remain in effect until rescinded,
30 revised or amended.

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

37 6. All records of the Board of Licensure in Medicine and the Board of Osteopathic
38 Licensure as they pertain to the duties set forth in this Part must be transferred to the Maine
39 Board of Medicine as necessary to implement this Part.

40 7. All property and equipment of the Board of Licensure in Medicine and the Board of
41 Osteopathic Licensure pertaining to the duties set forth in this Part are transferred to the
42 Maine Board of Medicine as necessary to implement this Part.

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

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

12 10. All complaints and investigations in progress at the time this Part takes effect must
13 be assigned to one of the Maine Board of Medicine's investigative committees, and a
14 licensee with a pending matter at the time of the merger is not entitled to challenge any
15 member of that committee who previously heard the matter when sitting as a member of
16 the Board of Licensure in Medicine or the Board of Osteopathic Licensure.

17 11. Notwithstanding the Maine Revised Statutes, Title 32, section 20112, subsection 1,
18 the appointments of current board members of both the Board of Licensure in Medicine
19 and the Board of Osteopathic Licensure carry over, and all sitting members appointed by
20 the Governor as of the effective date of the merger serve on the Maine Board of Medicine
21 until their existing appointment terms expire.

22 12. Notwithstanding the Maine Revised Statutes, Title 32, section 20112, subsection 5,
23 the members of the Maine Board of Medicine shall meet on the 2nd Tuesday in January
24 2027 at the time and place the board may determine and shall elect a chair, vice-chair and
25 a secretary, who hold their respective offices until the 2nd Tuesday in July 2027.

26 13. Notwithstanding the Maine Revised Statutes, Title 32, section 20112, subsection 2,
27 of the initial members appointed to the Maine Board of Medicine pursuant to Title 32,
28 section 20112, subsection 1, 2 members appointed pursuant to paragraphs A, B and D must
29 be appointed to a term of 3 years; 2 members appointed pursuant to paragraphs A, B and
30 D must be appointed to a term of 4 years; 2 members appointed pursuant to paragraphs A,
31 B and D must be appointed to a term of 5 years; one member appointed pursuant to
32 paragraph C must be appointed to a term of 3 years; one member appointed pursuant to
33 paragraph C must be appointed to a term of 4 years; and 2 members appointed pursuant to
34 paragraph C must be appointed to a term of 5 years.'

35 Amend the bill by inserting after Part B the following:

36 **'PART C**

37 **Sec. C-1. 22 MRSA §20, sub-§1, ¶A**, as enacted by PL 2019, c. 523, §1, is
38 amended to read:

39 A. Be licensed, or eligible for licensure, as a physician under Title 32, chapter ~~36~~ or
40 48 153 or as an advanced practice registered nurse under Title 32, chapter 31; or

41 **Sec. C-2. 22 MRSA §264, sub-§3, ¶H**, as amended by PL 2025, c. 127, §2, is
42 further amended to read:

1 H. An advanced practice registered nurse who is licensed under Title 32, chapter 31
2 or a health care provider who is licensed under Title 32, chapter ~~36 or 48~~ 153 and who
3 has experience in delivering services to individuals with intellectual disabilities or
4 autism;

5 **Sec. C-3. 22 MRSA §264, sub-§3, ¶H-1**, as corrected by RR 2025, c. 1, Pt. A,
6 §28, is amended to read:

7 H-1. An advanced practice registered nurse who is licensed under Title 32, chapter 31
8 or a health care provider who is licensed under Title 32, ~~chapters 36 or 48~~ chapter 153
9 and who has experience as a primary care provider;

10 **Sec. C-4. 22 MRSA §1241, sub-§3**, as amended by PL 2019, c. 627, Pt. B, §5 and
11 PL 2025, c. 316, §3, is further amended to read:

12 **3. Health care professional.** "Health care professional" means an allopathic
13 physician licensed pursuant to Title 32, chapter 48 153, an osteopathic physician licensed
14 pursuant to Title 32, chapter 36 153, a physician associate licensed pursuant to Title 32,
15 chapter ~~36 or 48~~ 153, an advanced practice registered nurse who has a written collaborative
16 agreement with a collaborating physician that authorizes the provision of sexually
17 transmitted disease therapy or expedited partner therapy or an advanced practice registered
18 nurse who possesses appropriate clinical privileges in accordance with Title 32, chapter 31.

19 **Sec. C-5. 22 MRSA §1502, first ¶**, as amended by PL 2017, c. 407, Pt. A, §70, is
20 further amended to read:

21 In addition to the ability to consent to treatment for health services as provided in
22 sections 1823 and 1908 and Title 32, sections ~~2595, 3292, 3817, 6221 and~~ 7004 and 20156,
23 a minor may consent to treatment for substance use disorder or for emotional or
24 psychological problems.

25 **Sec. C-6. 22 MRSA §1508, sub-§1, ¶C**, as enacted by PL 2023, c. 413, §1, is
26 amended to read:

27 C. "Health care professional" means a person qualified by training and experience to
28 provide and monitor the provision of gender-affirming hormone therapy who is
29 authorized by law to prescribe medication and who is:

30 (1) Licensed by the Maine Board of ~~Licensure in~~ Medicine under Title 32, chapter
31 ~~48~~ 153; or

32 (2) ~~Licensed by the Board of Osteopathic Licensure under Title 32, chapter 36; or~~

33 (3) Licensed by the State Board of Nursing as an advanced practice registered
34 nurse under Title 32, chapter 31.

35 **Sec. C-7. 22 MRSA §1531, sub-§1**, as amended by PL 2019, c. 613, §1, is further
36 amended to read:

37 **1. Prophylactic ophthalmic ointment and reporting requirement.** Every
38 physician, midwife or nurse in charge shall instill or cause to be instilled into the eyes of
39 an infant within 24 hours after its birth prophylactic ophthalmic ointment. If one or both
40 eyes of an infant become reddened or inflamed at any time within 4 weeks after birth, the
41 midwife, nurse or person having charge of the infant shall report the condition of the eyes
42 at once to the infant's primary care provider licensed under Title 32, chapter ~~36 or 48~~ 153.

1 **Sec. C-8. 22 MRSA §1596, sub-§1, ¶C**, as enacted by PL 2019, c. 262, §1 and
2 amended by PL 2025, c. 316, §3, is further amended to read:

3 C. "Health care professional" means a physician or physician associate licensed under
4 Title 32, chapter ~~36-48~~ 153 or a person licensed under Title 32, chapter 31 to practice
5 as an advanced practice registered nurse.

6 **Sec. C-9. 22 MRSA §1597-A, sub-§1, ¶B**, as amended by PL 2019, c. 627, Pt. B,
7 §6 and PL 2025, c. 316, §3, is further amended by amending subparagraph (5) to read:

8 (5) A physician associate licensed by the Maine Board of ~~Licensure in~~ Medicine,
9 Title 32, chapter 48 153;

10 **Sec. C-10. 22 MRSA §1597-A, sub-§1, ¶B**, as amended by PL 2019, c. 627, Pt.
11 B, §6 and PL 2025, c. 316, §3, is further amended by amending subparagraph (6) to read:

12 (6) A nurse practitioner registered by the Maine Board of ~~Licensure in~~ Medicine,
13 Title 32, chapter 48 153;

14 **Sec. C-11. 22 MRSA §1598, sub-§1-B**, as enacted by PL 2023, c. 416, §3 and
15 reallocated by RR 2023, c. 1, Pt. A, §8, is amended to read:

16 **1-B. Abortion after viability.** After viability, an abortion may be performed only
17 when it is necessary in the professional judgment of a physician licensed pursuant to Title
18 32, chapter ~~36-48~~ 153. The physician shall apply the applicable standard of care in
19 making a professional judgment under this subsection.

20 **Sec. C-12. 22 MRSA §1598, sub-§3, ¶A**, as amended by PL 2023, c. 416, §4 and
21 PL 2025, c. 316, §3, is further amended to read:

22 A. Only a person licensed under Title 32, chapter ~~36-48~~ 153 to practice in the State
23 as an osteopathic or medical physician or physician associate or a person licensed under
24 Title 32, chapter 31 to practice in the State as an advanced practice registered nurse
25 may perform an abortion on another person. ~~Nothing in this~~ This paragraph limits does
26 not limit the applicability of Title 32, section ~~3270~~ 20104 or any other civil or criminal
27 law that may apply.

28 **Sec. C-13. 22 MRSA §1711-C, sub-§1, ¶E**, as amended by PL 1999, c. 512, Pt.
29 A, §5 and affected by §7 and c. 790, Pt. A, §§58 and 60, is further amended by amending
30 the first blocked paragraph to read:

31 "Health care information" does not include information that is created or received by a
32 member of the clergy or other person using spiritual means alone for healing as
33 provided in Title 32, sections 2103 and ~~3270~~ 20103.

34 **Sec. C-14. 22 MRSA §1711-C, sub-§6, ¶A**, as amended by PL 2013, c. 326, §1,
35 is further amended by amending subparagraph (2), division (e) to read:

36 (e) A physician specializing in psychiatry licensed under the provisions of
37 Title 32, chapter ~~36-48~~ 153.

38 **Sec. C-15. 22 MRSA §1823, first ¶**, as amended by PL 2019, c. 236, §1, is further
39 amended to read:

40 Any hospital licensed under this chapter or alcohol or drug treatment facility licensed
41 pursuant to section 7801 that provides facilities to a minor in connection with the

1 prevention of a sexually transmitted infection or the treatment of that minor for a sexually
2 transmitted infection or treatment of that minor for substance use or for the collection of
3 sexual assault evidence through a sexual assault forensic examination is not under ~~no~~ an
4 obligation to obtain the consent of that minor's parent or guardian or to inform that parent
5 or guardian of the provision of such facilities ~~so,~~ as long as such facilities have been
6 provided at the direction of the person or persons referred to in Title 32, ~~sections 2595,~~
7 ~~3292,~~ section 3817, 6221 ~~or,~~ 7004 or 20156. The hospital shall notify and obtain the
8 consent of that minor's parent or guardian if that hospitalization continues for more than 16
9 hours.

10 **Sec. C-16. 22 MRSA §2383-B, sub-§3, ¶B-1**, as enacted by IB 1999, c. 1, §8, is
11 amended to read:

12 B-1. "Physician" means ~~a person licensed as an osteopathic physician by the Board of~~
13 ~~Osteopathic Licensure pursuant to Title 32, chapter 36 or a person licensed as a~~
14 ~~physician or surgeon by the~~ Maine Board of Licensure in Medicine pursuant to Title
15 32, chapter 48 153.

16 **Sec. C-17. 22 MRSA §2421-A, sub-§37**, as enacted by PL 2023, c. 679, Pt. A, §3,
17 is amended to read:

18 **37. Physician.** "Physician" means ~~an individual licensed as an osteopathic physician~~
19 ~~by the Board of Osteopathic Licensure pursuant to Title 32, chapter 36 or an individual~~
20 licensed as a physician or surgeon by the Maine Board of Licensure in Medicine pursuant
21 to Title 32, chapter 48 153 who is in good standing and who holds a valid federal Drug
22 Enforcement Administration license to prescribe drugs.

23 **Sec. C-18. 22 MRSA §2421-A, sub-§38**, as enacted by PL 2023, c. 679, Pt. A, §3
24 and amended by PL 2025, c. 316, §3, is further amended to read:

25 **38. Physician associate.** "Physician associate" means an individual licensed as a
26 physician associate by the ~~Board of Osteopathic Licensure pursuant to Title 32, chapter 36~~
27 ~~or an individual licensed as a physician associate by the~~ Maine Board of Licensure in
28 Medicine pursuant to Title 32, chapter 48 153 who is in good standing and who holds a
29 valid federal Drug Enforcement Administration license to prescribe drugs.

30 **Sec. C-19. 22 MRSA §3174-III, sub-§1**, as enacted by PL 2021, c. 708, §1 and
31 amended by PL 2025, c. 316, §3, is further amended to read:

32 **1. Reimbursement.** The department shall provide reimbursement under the
33 MaineCare program for pasteurized donor breast milk provided to an infant receiving
34 benefits under this chapter if a physician or physician associate licensed under Title 32,
35 chapter ~~36 or~~ 48 153 or an advanced practice registered nurse licensed under Title 32,
36 chapter 31 signs an order stating that:

37 A. The infant is medically or physically unable to receive maternal breast milk or
38 participate in breastfeeding or the infant's mother is medically or physically unable to
39 produce maternal breast milk in quantities sufficient for the infant; and

40 B. The infant:

41 (1) Was born at a birth weight of less than 1,500 grams;

- 1 (2) Has a gastrointestinal anomaly or metabolic or digestive disorder or is
- 2 recovering from intestinal surgery and the infant's digestive needs require
- 3 additional support;
- 4 (3) Is not appropriately gaining weight or growing;
- 5 (4) Has formula intolerance and is experiencing weight loss or difficulty feeding;
- 6 (5) Has low blood sugar;
- 7 (6) Has congenital heart disease;
- 8 (7) Has received or will receive an organ transplant; or
- 9 (8) Has another serious medical condition for which donor breast milk is medically
- 10 necessary.

11 **Sec. C-20. 24 MRSA §2505, 2nd ¶**, as amended by PL 2015, c. 429, §8 and PL
12 2025, c. 316, §3, is further amended to read:

13 Except for specific protocols developed by a board pursuant to Title 32, section
14 ~~2596-A, 3298 or 18323~~ or Title 32, section 20113, subsection 1, paragraph O, a physician
15 or physician associate, dentist or committee is not responsible for reporting misuse of
16 alcohol, drugs or other substances or professional incompetence or malpractice as a result
17 of physical or mental infirmity or by the misuse of alcohol, drugs or other substances
18 discovered by the physician, physician associate, dentist or committee as a result of
19 participation or membership in a professional review committee or with respect to any
20 information acquired concerning misuse of alcohol, drugs or other substances or
21 professional incompetence or malpractice as a result of physical or mental infirmity or by
22 the misuse of alcohol, drugs or other substances, as long as that information is reported to
23 the professional review committee. This section does not prohibit an impaired physician,
24 physician associate or dentist from seeking alternative forms of treatment.

25 **Sec. C-21. 24 MRSA §2510, sub-§6**, as amended by PL 2011, c. 190, §6, is further
26 amended to read:

27 **6. Disciplinary action.** Disciplinary action by the Maine Board of ~~Licensure in~~
28 ~~Medicine is in accordance with Title 32, chapter 48; disciplinary action by the Board of~~
29 ~~Osteopathic Licensure is in accordance with Title 32, chapter 36; 153~~ and disciplinary
30 action by the State Board of Veterinary Medicine is in accordance with Title 32, chapter
31 71-A.

32 **Sec. C-22. 24 MRSA §2510-A, first ¶**, as enacted by PL 1997, c. 697, §7, is
33 amended to read:

34 Except as otherwise provided by this chapter, all professional competence review
35 records are privileged and confidential and are not subject to discovery, subpoena or other
36 means of legal compulsion for their release to any person or entity and are not admissible
37 as evidence in any civil, judicial or administrative proceeding. Information contained in
38 professional competence review records is not admissible at trial or deposition in the form
39 of testimony by an individual who participated in the written professional competence
40 review process. ~~Nothing in this~~ This section may not be read to abrogate the obligations to
41 report and provide information under section 2506, ~~nor~~ or the application of Title 32,
42 ~~sections 2599 and 3296~~ section 20154.

1 **Sec. C-23. 24 MRSA §2607, first ¶**, as corrected by RR 2017, c. 2, §8, is amended
2 to read:

3 When 3 notices of professional liability claims are made within a 10-year period
4 regarding any person licensed by the Maine Board of ~~Liensure in Medicine or the Board~~
5 ~~of Osteopathic Liensure~~ and one or more of the claims, following an initial review,
6 potentially may rise to a level of misconduct sufficient to merit board action, the board
7 shall treat that situation as a complaint against the licensee or practitioner and shall initiate
8 a review consistent with Title 32, ~~sections 3282-A to 3289~~ chapter 153, subchapter 4. Any
9 claims that lack merit or fail to rise to a level of board action may be dismissed by the board
10 for the purpose of this section.

11 **Sec. C-24. 24-A MRSA §4303-G, sub-§1, ¶B**, as enacted by PL 2023, c. 40, §1
12 and affected by §2, is amended to read:

13 B. "Maintenance of certification program" means satisfactory participation in a
14 program beyond the continuing medical education requirements currently in place by
15 the Maine Board of ~~Liensure in Medicine or Board of Osteopathic Liensure~~, or initial
16 board certification by a national or regional medical specialty board.

17 **Sec. C-25. 24-A MRSA §4303-G, sub-§1, ¶D**, as enacted by PL 2023, c. 40, §1
18 and affected by §2, is amended to read:

19 D. "Physician" means an individual licensed under Title 32, chapter ~~36 or 48~~ 153.

20 **Sec. C-26. 24-A MRSA §4306, first ¶**, as amended by PL 2019, c. 627, Pt. A, §1
21 and affected by §3 and amended by PL 2025, c. 316, §3, is further amended to read:

22 A carrier offering or renewing a managed care plan shall allow enrollees to choose their
23 own primary care providers, as allowed under the managed care plan's rules, from among
24 the panel of participating providers made available to enrollees under the managed care
25 plan's rules. A carrier shall allow physicians, including, but not limited to, pediatricians
26 and physicians who specialize in obstetrics and gynecology, and physician associates
27 licensed pursuant to Title 32, section ~~2594-E or section 3270-E~~ 20125 and certified nurse
28 practitioners who have been approved by the State Board of Nursing to practice advanced
29 practice registered nursing without the supervision of a physician pursuant to Title 32,
30 section 2102, subsection 2-A to serve as primary care providers for managed care plans. A
31 carrier is not required to contract with certified nurse practitioners, physician associates or
32 physicians as primary care providers in any manner that exceeds the access and provider
33 network standards required in this chapter or chapter 56, or any rules adopted pursuant to
34 those chapters. A carrier shall allow enrollees in a managed care plan to change primary
35 care providers without good cause at least once annually and to change with good cause as
36 necessary. When an enrollee fails to choose a primary care provider, the carrier may assign
37 the enrollee a primary care provider located in the same geographic area in which the
38 enrollee resides.

39 **Sec. C-27. 24-A MRSA §4314, sub-§1, ¶A**, as amended by PL 2023, c. 580, §3,
40 is further amended to read:

41 A. "Eye care provider" means a participating provider who is an optometrist licensed
42 to practice optometry pursuant to Title 32, chapter 151, or an ophthalmologist licensed
43 to practice medicine pursuant to Title 32, chapter ~~36, 48 or 145~~ or 153.

1 **Sec. C-28. 24-A MRSA §4320-O, sub-§1**, as enacted by PL 2019, c. 627, Pt. A,
2 §2 and affected by §3 and amended by PL 2025, c. 316, §3, is further amended to read:

3 **1. Services provided by a physician associate.** A carrier offering a health plan in
4 this State shall provide coverage for health care services performed by a physician associate
5 licensed under Title 32, section ~~2594-E or 3270-E~~ 20125 when those services are covered
6 services under the health plan when performed by any other health care provider and when
7 those services are within the lawful scope of practice of the physician associate.

8 **Sec. C-29. 24-A MRSA §4320-V, sub-§1**, as enacted by PL 2023, c. 229, §1 and
9 affected by §2 and amended by PL 2025, c. 316, §3, is further amended to read:

10 **1. Required coverage.** A carrier offering a health plan in this State shall provide
11 coverage for pasteurized donor breast milk provided to an infant eligible for coverage under
12 the health plan if a physician or physician associate licensed under Title 32, chapter ~~36 or~~
13 ~~48~~ 153 or an advanced practice registered nurse licensed under Title 32, chapter 31 signs
14 an order stating that:

15 A. The infant is medically or physically unable to receive maternal breast milk or
16 participate in breastfeeding or the infant's parent is medically or physically unable to
17 produce maternal breast milk in quantities sufficient for the infant; and

18 B. The infant:

- 19 (1) Was born at a birth weight of less than 1,500 grams;
20 (2) Has a gastrointestinal anomaly or metabolic or digestive disorder or is
21 recovering from intestinal surgery and the infant's digestive needs require
22 additional support;
23 (3) Is not appropriately gaining weight or growing;
24 (4) Has formula intolerance and is experiencing weight loss or difficulty feeding;
25 (5) Has low blood sugar;
26 (6) Has congenital heart disease;
27 (7) Has received or will receive an organ transplant; or
28 (8) Has another serious medical condition for which donor breast milk is medically
29 necessary.

30 **Sec. C-30. 25 MRSA §1542-A, sub-§1, ¶N**, as amended by PL 2017, c. 457, §12,
31 is further amended to read:

32 N. Who is licensed under Title 32, chapter 48 153 and has applied for an expedited
33 license under Title 32, section 18506;

34 **Sec. C-31. 25 MRSA §1542-A, sub-§1, ¶P**, as repealed and replaced by PL 2019,
35 c. 399, §2 and c. 402, §2, is repealed.

36 **Sec. C-32. 25 MRSA §1542-A, sub-§1, ¶DD**, as enacted by PL 2025, c. 366, §2
37 and amended by c. 316, §3, is further amended to read:

38 DD. Who is an applicant for licensure as a physician associate with the Maine Board
39 of Osteopathic Licensure Medicine, or who is a licensed physician associate seeking a
40 compact privilege, as required under Title 32, section ~~2594-G~~ 20126.

1 **Sec. C-33. 25 MRSA §1542-A, sub-§1, ¶EE**, as enacted by PL 2025, c. 366, §3
2 and amended by c. 316, §3, is repealed.

3 **Sec. C-34. 25 MRSA §1542-A, sub-§3, ¶M**, as enacted by PL 2017, c. 253, §3,
4 is amended to read:

5 M. The State Police shall take or cause to be taken the fingerprints of the person named
6 in subsection 1, paragraph N at the request of that person and upon payment of the
7 expenses by that person as required by Title 32, section ~~3275-A~~ 20129.

8 **Sec. C-35. 25 MRSA §1542-A, sub-§3, ¶O**, as repealed and replaced by PL 2021,
9 c. 293, Pt. A, §36, is repealed.

10 **Sec. C-36. 25 MRSA §1542-A, sub-§3, ¶CC**, as enacted by PL 2025, c. 366, §9,
11 is repealed.

12 **Sec. C-37. 25 MRSA §1542-A, sub-§3, ¶DD**, as enacted by PL 2025, c. 366, §10,
13 is amended to read:

14 DD. The State Police shall take or cause to be taken the fingerprints of the person
15 named in subsection 1, paragraph ~~EE~~ DD at the request of that person or the Maine
16 Board of Licensure in Medicine and upon payment of the fee by that person as required
17 by Title 32, section ~~3270-H~~ 20129.

18 **Sec. C-38. 25 MRSA §1542-A, sub-§4**, as repealed and replaced by PL 2021, c.
19 293, Pt. A, §42, is amended to read:

20 **4. Duty to submit to State Bureau of Identification.** It is the duty of the law
21 enforcement agency taking the fingerprints as required by subsection 3, paragraphs A, B
22 and G to transmit immediately to the State Bureau of Identification the criminal fingerprint
23 record. Fingerprints taken pursuant to subsection 1, paragraph C, D, E or F or pursuant to
24 subsection 5 may not be submitted to the State Bureau of Identification unless an express
25 request is made by the commanding officer of the State Bureau of Identification.
26 Fingerprints taken pursuant to subsection 1, paragraph G must be transmitted immediately
27 to the State Bureau of Identification to enable the bureau to conduct state and national
28 criminal history record checks for the Department of Education. The bureau may not use
29 the fingerprints for any purpose other than that provided for under Title 20-A, section 6103.
30 The bureau shall retain the fingerprints, except as provided under Title 20-A, section 6103,
31 subsection 9. Fingerprints taken pursuant to subsection 1, paragraph I and subsection 3,
32 paragraph I must be transmitted immediately to the State Bureau of Identification to enable
33 the bureau to conduct state and national criminal history record checks for the court and
34 the Department of Public Safety, Gambling Control Board, respectively. Fingerprints
35 taken pursuant to subsection 1, paragraph J or S must be transmitted immediately to the
36 State Bureau of Identification to enable the bureau to conduct state and national criminal
37 history record checks for the Department of Administrative and Financial Services.
38 ~~Fingerprints taken pursuant to subsection 1, paragraph P must be transmitted immediately~~
39 ~~to the State Bureau of Identification to enable the bureau to conduct state and national~~
40 ~~criminal history record checks for the Board of Osteopathic Licensure, established in Title~~
41 ~~32, chapter 36.~~ Fingerprints taken pursuant to subsection 1, paragraph N must be
42 transmitted immediately to the State Bureau of Identification to enable the bureau to
43 conduct state and national criminal history record checks for the Maine Board of Licensure
44 in Medicine, established in Title 32, chapter 48 153. Fingerprints taken pursuant to

1 subsection 1, paragraph Q must be transmitted immediately to the State Bureau of
2 Identification to enable the bureau to conduct state and national criminal history record
3 checks for the State Board of Nursing, established in Title 32, chapter 31. Fingerprints
4 taken pursuant to subsection 1, paragraph O must be transmitted immediately to the State
5 Bureau of Identification to enable the bureau to conduct state and national criminal history
6 record checks under Title 28-B, section 204. Fingerprints taken pursuant to subsection 1,
7 paragraph R, T or W must be transmitted immediately to the State Bureau of Identification
8 to enable the bureau to conduct state and national criminal history record checks for the
9 Department of Health and Human Services. Fingerprints taken pursuant to subsection 1,
10 paragraph V must be transmitted immediately to the State Bureau of Identification to enable
11 the bureau to conduct state and national criminal history record checks for the Office of the
12 State Auditor.

13 **Sec. C-39. 26 MRSA §599-A, sub-§5**, as enacted by PL 2019, c. 513, §1, is
14 amended to read:

15 **5. Effective date of a noncompete agreement.** Except for a noncompete agreement
16 between an employer and an allopathic physician or an osteopathic physician licensed
17 under Title 32, chapter ~~48 or chapter 36~~, respectively 153, the terms of a noncompete
18 agreement do not take effect until after one year of the employee's employment with the
19 employer or a period of 6 months from the date the agreement was signed, whichever is
20 later.

21 **Sec. C-40. 30-A MRSA §1559, sub-§6**, as amended by PL 2001, c. 667, Pt. A,
22 §48, is further amended to read:

23 **6. Administration of medication not a violation.** The administration of medication
24 to prisoners, as provided in this section, is not a violation of Title 32, section 2102,
25 subsection 2, paragraph F, or Title 32, section ~~3270~~, 20104 or any other law.

26 **Sec. C-41. 32 MRSA §85, sub-§7**, as repealed and replaced by PL 2025, c. 70, §1,
27 is amended to read:

28 **7. Delegation.** A person acting under delegated authority pursuant to chapter ~~36 or 48~~
29 153 may not use or be governed by a license issued pursuant to this chapter while acting
30 under that delegated authority, and a person acting under a license issued pursuant to this
31 chapter may not be governed by delegated authority or engage in any activities delegated
32 pursuant to chapter ~~36 or 48~~ 153 while acting under a license issued pursuant to this chapter.

33 **Sec. C-42. 32 MRSA §3811, sub-§3**, as amended by PL 1977, c. 564, §124, is
34 further amended to read:

35 **3. Limitation.** ~~Nothing in this~~ This chapter shall may not be construed as permitting
36 the practice of medicine as defined in section ~~3270~~ 20102, subsection 11 by psychological
37 examiners or psychologists.

38 **Sec. C-43. 32 MRSA §3837-A, sub-§1, ¶D**, as enacted by PL 2007, c. 402, Pt. Q,
39 §14, is amended to read:

40 D. Practice of medicine without a license to do so in violation of ~~section 3270~~ chapter
41 153;

42 **Sec. C-44. 32 MRSA §4329, first ¶**, as enacted by PL 1997, c. 206, §1, is amended
43 to read:

1 This chapter does not restrict the activities of a physician or surgeon licensed under
2 chapter 48 153.

3 **Sec. C-45. 32 MRSA §9855, sub-§4**, as repealed and replaced by PL 2005, c. 511,
4 §6 and amended by PL 2025, c. 316, §3, is further amended to read:

5 **4. Limited radiographer license.** For those applicants wishing to be licensed only
6 for the limited purpose of using ionizing radiation for imaging purposes in the office of a
7 licensed practitioner or for physician associates practicing under section ~~3270-A~~ 20151 or
8 nurses practicing under section 2102, subsection 2, paragraph C in a clinic not required to
9 be licensed under Title 22, chapter 405, the board shall grant a limited license and shall, in
10 approving a course of study, training and examination for these applicants, consider the
11 limited scope of practice of the various disciplines. Those aspects of study, training and
12 examination relating to patient safety must be identical to the requirements for a full
13 license.

14 **Sec. C-46. 32 MRSA §13786-C, first ¶**, as enacted by PL 2015, c. 488, §31, is
15 amended to read:

16 A pharmacist who dispenses opioid medication in good faith is immune from any civil
17 liability that might otherwise result from dispensing medication in excess of the limit
18 established in section 2210, subsection 1, paragraphs A and B; ~~section 2600-C, subsection~~
19 ~~1, paragraphs A and B; section 3300-F, subsection 1, paragraphs A and B; section 3657,~~
20 ~~subsection 1, paragraphs A and B; or section 18308, subsection 1, paragraphs A and B; or~~
21 section 20161, subsection 1, paragraphs A and B, if the medication was dispensed in
22 accordance with a prescription issued by a practitioner. In a proceeding regarding
23 immunity from liability, there is a rebuttable presumption of good faith.

24 **Sec. C-47. 32 MRSA §13810, sub-§2**, as enacted by PL 1997, c. 109, §1, is
25 amended to read:

26 **2. Administration.** Administer, in the course of employment, such drugs as are
27 approved under subsection 1 according to written protocols approved annually by the
28 employer's professional advisory committee, which must include a physician licensed
29 under chapter ~~36 or chapter 48~~ 153.

30 **Sec. C-48. 32 MRSA §19101, sub-§25**, as enacted by PL 2023, c. 580, §8, is
31 amended to read:

32 **25. Provider.** "Provider" means an individual licensed as an optometrist under this
33 chapter or an individual licensed as an osteopathic physician or medical doctor under
34 chapter ~~36, 48 or 145~~ or 153 who has also completed a residency in ophthalmology.

35 **Sec. C-49. 34-B MRSA §7003, sub-§6**, as enacted by PL 1983, c. 459, §7, is
36 amended to read:

37 **6. Physician.** "Physician" means any person licensed to practice medicine under Title
38 32, chapter 48, ~~subchapter H, or under Title 32, chapter 36, subchapters H and IV~~ 153.

39 **Sec. C-50. 34-B MRSA §7003, sub-§7**, as enacted by PL 1983, c. 459, §7, is
40 amended to read:

1 **Administration - Attorney General 0310**

2 Initiative: Provides funding for 2 Assistant Attorney General positions and related costs to
 3 handle increased hearing boards, hearing panels and disciplinary cases and hearing panels
 4 convened simultaneously.

5	OTHER SPECIAL REVENUE FUNDS	2025-26	2026-27
6	POSITIONS - LEGISLATIVE COUNT	0.000	2.000
7	Personal Services	\$0	\$410,984
8	All Other	\$0	\$147,403
9			
10	OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$558,387

11
 12 **ATTORNEY GENERAL, DEPARTMENT OF THE**
 13 **DEPARTMENT TOTALS**

14		2025-26	2026-27
15	OTHER SPECIAL REVENUE FUNDS	\$0	\$558,387
16			
17	DEPARTMENT TOTAL - ALL FUNDS	\$0	\$558,387

18 **PROFESSIONAL AND FINANCIAL REGULATION, DEPARTMENT OF**

19 **Maine Board of Medicine N581**

20 Initiative: Establishes one Assistant Executive Director position, one Consumer Assistance
 21 Supervisor position, one Consumer Assistance Specialist position, one Physician III
 22 position, one Comprehensive Health Planner II position, 0.5 Office Assistant I position, 5
 23 Office Specialist II positions, one Office Specialist II position, one Secretary position, one
 24 Secretary Associate position and one Public Service Executive III position and provides
 25 funding for related All Other costs.

26	OTHER SPECIAL REVENUE FUNDS	2025-26	2026-27
27	POSITIONS - LEGISLATIVE COUNT	0.000	14.500
28	Personal Services	\$0	\$865,921
29	All Other	\$0	\$549,552
30			
31	OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$1,415,473

32 **Maine Board of Medicine N581**

33 Initiative: Establishes 22 commission board members.

34	OTHER SPECIAL REVENUE FUNDS	2025-26	2026-27
35	POSITIONS - FTE COUNT	0.000	1.692
36	Personal Services	\$0	\$17,125
37			
38	OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$17,125

39 **Maine Board of Medicine N581**

40 Initiative: Provides one-time allocation for transition and implementation costs.

41	OTHER SPECIAL REVENUE FUNDS	2025-26	2026-27
42	All Other	\$0	\$200,000

1			
2	OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$200,000
3	Maine Board of Medicine N581		
4	Initiative: Provides funding to reimburse the Office of the Attorney General for legal costs.		
5	OTHER SPECIAL REVENUE FUNDS	2025-26	2026-27
6	All Other	\$0	\$558,387
7			
8	OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$558,387
9			
10	PROFESSIONAL AND FINANCIAL		
11	REGULATION, DEPARTMENT OF		
12	DEPARTMENT TOTALS	2025-26	2026-27
13			
14	OTHER SPECIAL REVENUE FUNDS	\$0	\$2,190,985
15			
16	DEPARTMENT TOTAL - ALL FUNDS	\$0	\$2,190,985
17			
18	SECTION TOTALS	2025-26	2026-27
19			
20	OTHER SPECIAL REVENUE FUNDS	\$0	\$2,749,372
21			
22	SECTION TOTAL - ALL FUNDS	\$0	\$2,749,372

23

Amend the bill by relettering or renumbering any nonconsecutive Part letter or section number to read consecutively.

26

SUMMARY

27

This amendment makes the following changes in Part A.

28

1. It adds a provision from current law providing that the requirement for an individual to be licensed to practice medicine may not be construed to affect or prevent the practice of the religious tenets of a church in the ministrations to the sick or suffering by mental or spiritual means.

32

2. It makes changes relating to the regulation of physician associates.

33

3. It adds additional reporting requirements in the Maine Board of Medicine’s annual report to the Legislature.

35

4. It requires that at least one board member serving on an adjudicatory hearing panel hold the same license as a licensee or applicant for licensure whose case is being adjudicated and that that member be present for purposes of a quorum when a decision is made by an adjudicatory hearing panel.

39

5. It requires that the board convene a meeting on the 2nd Tuesday in January 2027 to elect a chair, vice-chair and a secretary, who hold their respective offices until the 2nd Tuesday in July 2027.

40

41

COMMITTEE AMENDMENT

