



Janet T. Mills
Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
BOARD OF LICENSURE IN MEDICINE

Maroulla S. Gleaton, MD
Chair

Timothy Terranova
Executive Director



Joan F. Cohen
Commissioner

April 23, 2025

Senator Henry Ingwerson, Chair
Representative Michele Meyer, Chair
Committee on Health and Human Services
100 State House Station
Augusta, ME 04333

Re: LD 1583 – “An Act Regarding Home Health Care and Hospice Services Ordered by a Health Care Provider Outside of Maine”

Dear Senator Ingwerson, Representative Meyer and members of the Health and Human Services Committee:

Senator Ingwerson, Representative Meyer, and members of the Health and Human Services Committee, I am Tim Terranova, Executive Director of the Maine Board of Licensure in Medicine (“BOLIM”). I am submitting this letter in opposition to LD 1583.

The Maine Board of Licensure in Medicine (“BOLIM”) licenses and regulates allopathic physicians and physician assistants in Maine. BOLIM is composed of 11 members: 6 physicians who actively practice medicine; 2 physician assistants who actively render medical services; and 3 public members. BOLIM’s mission is to protect the public by ensuring its licensees are ethical, professional and competent. It fulfills this mission by licensing, regulating, and educating physicians and physician assistants.

BOLIM offers the following comments in opposition to LD 1583:

BOLIM’s primary mission is to protect the public health and welfare of Maine citizens by ensuring that those licensed to practice medicine or render medical services in Maine are honest and competent practitioners. Although this bill seems straight forward and possibly common sense, it leaves Maine citizens vulnerable to the unregulated practice of medicine or rendering of medical services that may fall below the required standards of care.

It is the standard for physicians and physician assistants that patient care occurs where the patient is located. That is why those providers who provide patient care to patients located in Maine need to be licensed to practice medicine or render medical services by either BOLIM or the Board of Osteopathic Licensure. BOLIM, like any licensing board, only has jurisdiction over its licensees. The practice of medicine or the rendering of medical services can include the authorization or direction of care via orders that will be provided by other individuals.

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Other states may conclude they do not have, or may choose not to exercise, jurisdiction over licensees who provide care to patients located outside their state.

Sections 2145-A, 1, A and 8641, 1, A of the bill requires the out-of-state provider to be licensed and in good standing in another state but provides no mechanism or standards for the Maine provider to follow to perform these verification tasks and does not specify how these provisions could be enforced. What standards are required to verify active licensure, how are Maine providers required to document this information, and what are the repercussions if these are not completed appropriately?

Sections 2145-A, 1, B and 8641, 1, B of the bill may be unenforceable. If the out-of-state provider has no Maine license or privilege, BOLIM has no jurisdiction over a professional living and practicing in a different state and therefore cannot ensure that the provider performed the in-person exam required by the bill, that they did so competently, and that their orders to the Maine provider(s) meet the required standards of care. How does the home health care or hospice provider ensure this type of evaluation has been completed, how is it documented and what are the repercussions for their license if it is not completed appropriately?

Likewise, sections 2145-A, 2 and 8641, 2, of the bill may be unenforceable. If the out-of-state provider has no Maine license or privilege, BOLIM has no jurisdiction over a professional living and practicing in a different state. How does the home health care or hospice provider ensure this type of contact with a primary care provider has been attempted or completed, how is it documented and what are the repercussions for their license if it is not completed appropriately? If this is not completed appropriately, the state has no jurisdiction or enforcement action available for the practitioner in the other state.

Relative to the practice of medicine or the rendering of medical services there are two key gaps in these bills that may leave patients unprotected. First, the out-of-state provider may not have performed the in-person exam required by the bill. Second, the provider may have issued orders for home health or hospice care that do not meet the standard of care but which practice of medicine or rendering of medical services may fall outside the jurisdiction of the Maine medical boards and outside the jurisdiction of the provider's state of licensure.

The issues identified above mean that, if this bill were law and something were to go wrong, Maine patients might have no mechanism to protect themselves from incompetence or dishonest practitioners. This bill creates a loophole that allows for the unregulated practice of medicine or rendering of medical services to patients within the state.

This very issue is the reason that compacts have been accepted by so many states. BOLIM is part of the Interstate Medical Licensure Compact (IMLC) which is for MDs and DOs. Since the IMLC started, Maine has seen its licensed physician population grow by more than 2,500. The vast majority of those licensees do not have a Maine address and are believed to be practicing via telemedicine. There is also a physician assistant compact adopted by the Legislature that, when it becomes operational, is expected to have the same proportional effect.

Although rare, the increase in the use of telehealth has seen some physicians or physician assistants attempt to practice medicine or render medical services at a standard of care below the minimum required standards of medical care necessary to safely and appropriately treat the patient. These issues have a direct impact on Maine patients and patient care and, because these individuals were required to have a Maine license, BOLIM has been able to take action to protect Maine patients.

Thank you for the opportunity to provide these comments regarding LD 1583. I would be happy to answer questions at the work session.

Sincerely,

A handwritten signature in black ink, appearing to read 'Timothy E. Terranova', with a long horizontal flourish extending to the right.

Timothy E. Terranova
Executive Director