



TO: Maine State Joint Committee on Health Coverage, Insurance and Financial Services

FROM: American Osteopathic Association

DATE: March 17, 2026

SUBJECT: LD 2233 – OPPOSITION TO

The American Osteopathic Association (AOA) writes to share our strong opposition to LD 2233, which would eliminate the distinctive osteopathic (DO) and allopathic (MD) medical boards in the state, and transfer the regulation of DOs, MDs, and physician assistants (PAs) to a newly established Maine Board of Medicine (BoM). The AOA, the Maine Osteopathic Association (MOA) and the National Board of Osteopathic Medical Examiners (NBOME), support the state's current system, which appropriately ensures that medical professionals are regulated by other professionals who have undergone similar education and training, and we urge the legislature to **reject LD 2233**.

As a medical professional association representing more than 207,000 DOs and osteopathic medical students (OMSs) nationwide – including over 700 currently attending the University of New England College of Osteopathic Medicine in Biddeford, Maine – the AOA works to promote evidence-based policies and sound public health practices that advance the overall health and wellbeing of patients across the country. Together with the MOA and the NBOME, our mission is to uphold high standards of patient care, preserve the integrity of osteopathic professional self-regulation, and protect the distinct identity of osteopathic medicine. We believe that the patients and profession in Maine are best served by separate and distinct medical boards comprised of a majority of the professionals they regulate, as is the current structure in Maine.

We are grateful to have had the opportunity to voice our concerns during meetings of the Board of Licensure in Medicine (BOLIM)-Board of Osteopathic Licensure (BOL) Merger Workgroup (Workgroup) which we held over the past year; however, we are concerned that the Workgroup was designed with a preconceived goal in mind (namely, a merger) and that alternative proposals were not given sufficient weight, particularly since the BOL acknowledged that one additional staff member – which was budgeted for but not hired – would meet their staffing needs. Therefore, we write to the legislature with our strong support for maintaining separate and distinct boards, for reasons which are discussed in more detail below.

As you may know, while DOs and MDs complete similar foundational education, **DOs additionally receive several hundred hours of specialized training in osteopathic principles and practice, including osteopathic manipulative treatment (OMT)** — a hands-on approach to diagnosing and treating patients that promotes the body's innate ability to heal itself. OMT has been shown to provide

effective relief for a variety of complex conditions, including chronic low back pain, while reducing reliance on opioids and other pharmacologic interventions.¹

Because of this unique approach to care, DOs pursue primary care specialties and serve in rural and underserved areas at higher rates than MDs.² This is of particular importance to Maine, where 11 of 16 counties are designated as Health Professional Shortage Areas or Medically Underserved Areas, affecting 40% of the state's population.³ **This hands-on approach and whole-person philosophy, focusing on body, mind, and spirit, underpins osteopathic medical education, practice, licensure assessment and regulation under the current system in Maine.**

Further, **the BOL, which has served the people of Maine for more than a century, has demonstrated consistent efficiency and fiscal self-sufficiency, operating entirely through licensure fees and fines** without requiring state appropriations. Its thorough, DO-led approach to reviewing applications and complaints ensures the highest standards of professional conduct and patient safety. The AOA is deeply concerned that **eliminating the two boards and transferring the regulation of DOs and MDs to the BoM would compromise the effective regulation of osteopathic medicine and harm patient care, particularly since the BOLIM must spend significant time and resources on international medical graduate (IMG) issues.**

Unlike MD graduates, only graduates of United States (US)-based colleges of osteopathic medicine accredited by the Commission on Osteopathic College Accreditation are eligible for licensure as DOs in the US. Thus, the BOL is currently unencumbered with unrelated IMG issues; however, under a merged board, DO board members would likely dedicate a significant portion of their time to IMG issues, detracting from the time and resources available to efficiently support DOs, and thus, patients.

With the Liaison Committee on Medical Education no longer accrediting Canadian MD-granting schools as of last year, and the potential adoption of Maine LD 105—which would create an additional licensing model (ALM) to license internationally trained physicians without requiring them to complete any accredited graduate medical education in the US—the time spent by the BOLIM on IMG issues is projected to escalate significantly.

A Guidance Document issued by the Federation of State Medical Boards' joint *Advisory Commission on Additional Licensing Models*⁴ this year outlines extensive new responsibilities for medical boards in assessing, supervising, and verifying credentials for IMGs in states that have adopted ALMs. These challenges are unique to MD licensing and irrelevant to DOs, yet **a merged board would divert time and resources away from osteopathic licensure and complaint adjudication — ultimately slowing services, to the detriment of DOs and patients.**

Rather than pursuing a costly and disruptive merger, the AOA urged the BOL to adopt a more conservative approach; namely, hiring the second full-time employee (FTE) whose salary was already approved, and reevaluating the functioning of the board after a training period. This

¹ Licciardone JC, et al. *Osteopathic Manipulation in the Management of Chronic Pain*. *J Am Osteopath Assoc*. 2020. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7381089/>

² American Osteopathic Association. *2024 Osteopathic Medical Profession Report*. <https://osteopathic.org/index.php?aam-media=wp-content/uploads/2024-OMP-Report.pdf>

³ Maine Department of Health and Human Services. *Rural Health and Primary Care*. <https://www.maine.gov/dhhs/mecdc/public-health-systems/rhpc/rural-health.shtml>

⁴ Advisory Commission on Additional Licensing Models (August 2025). See <https://www.fsmb.org/siteassets/communications/acalm-guidance.pdf>.

approach followed a suggestion by BOL staff that one additional FTE would likely suffice to effectively manage the board's workload, without triggering new, large-scale start-up and training costs, potential service disruptions, and unnecessary administrative complexity.

The current independent structure of the BOL allows for a regulatory process tailored to osteopathic medicine's distinct philosophy and competencies. The BOL personally reviews each application to ensure compliance with the highest professional standards, while the BOLIM relies more heavily on staff-level approval processes. These differences reflect each board's professional culture and mission. Moreover, from the financial models presented during Workgroup meetings, it is unclear that creating a single, merged board would yield cost efficiencies. **In recent years, states like Nevada and West Virginia have studied potential mergers and reached the same conclusion—that maintaining two strong, separate, and distinct boards provides greater clarity, efficiency, and protection for patients.**

The AOA deeply values the legislature's thoughtful consideration of these issues and its commitment to safeguarding patient care. We urge you to **reject LD 2233** and maintain the BOL and the BOLIM as independent, well-resourced entities, continuing their century-long legacy of effective professional self-regulation for DOs and MDs.

Thank you for considering our comments. Should you have any questions or require additional information, please feel free to contact Raine Richards, JD, AOA Vice President of State and International Affairs, at rrichards@osteopathic.org.

Sincerely,



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