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

Janet T. Mills
Governor

Maroulla S. Gleaton, MD
Chair

Timothy Terranova
Executive Director

Joan F. Cohen
Commissioner

TESTIMONY OF TIMOTHY TERRANOVA
EXECUTIVE DIRECTOR
BOARD OF LICENSURE IN MEDICINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

LD 805 Resolve, to Direct the Board of Licensure in Medicine and the Board of Osteopathic Licensure to Conduct a Study Regarding the Feasibility of Combining Those Boards

Presented by Representative Mathieson
Before the Joint Standing Committee on Health Coverage, Insurance & Financial Services

March 13, 2025 at 1:00 p.m.

Senator Bailey, Representative Gramlich, and members of the Health Coverage, Insurance and Financial Services Committee, I am Tim Terranova, Executive Director of the Maine Board of Licensure in Medicine ("BOLIM"). I am here today to testify in favor of LD 805.

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.

First, it is important to remember that this bill directs the boards to study the possibility of a merger. It is not a bill directing a merger of the two boards. This bill is a joint effort of the two licensing boards, but it is not a bill directing merger. Much work needs to be done to determine if a merger is feasible and, if so, the best way to accomplish that. This process needs to be done with transparency and with input from stakeholders. A study will give the boards the opportunity to do this in a formal manner.

If the boards were to merge, the primary purpose of the combined entity would remain to protect the health and safety of Maine patients. Both boards are experiencing issues that a merger might be able to address. In a typical month, BOLIM board members receive 25 to 35 complaints for review. Reviews include multiple pages of documentation, including medical records and individual cases can often be more than 1,000 pages long. For those members of the board who are employed full-time outside of their board work, this is a massive undertaking during their free time and has led to the loss of members in the past. The Board of Osteopathic Licensure (BOL) has the additional pressure that it has only one full-time employee and BOL has voiced concern that the workload has continued to increase and is not sustainable. If that BOL employee were to leave or be out for any significant time, the board's work on licensure and complaint investigation would be delayed.

Although previous proposals of merging have been proposed and unsuccessful, both boards are committed to this joint study. The two boards have a long history of working together, including sharing 5 joint rules

discussing standards for all physicians (MD and DO) and physician assistants. In addition, the boards share a consumer assistant, who acts as the contact point for Maine citizens who have concerns with their physicians and physician assistants. The boards are familiar with each other and have worked well together.

As mentioned above, the boards share many rules. This is reflective of current realities in the practice of medicine. MDs and DOs train side by side and work side by side. They work collaboratively in health care settings. If the boards were to merge it would help solidify that collaboration and create a clear set of single standards for, and processes governing, licensees of both boards in the practice of medicine and rendering medical services.

In addition, staff from both boards often receive calls from physicians, physician assistants, hospitals, insurance companies, and the public looking for licensees that are licensed by the other board. The general public does not recognize the difference between the two professions or that they are licensed by separate boards. There is additional confusion surrounding physician assistants because they may have historical licenses with both boards and can currently choose which board to be licensed with.

In anticipation of this bill, the two boards have formed a workgroup to start discussing issues and learn more about each other. The notes from the first two meetings are attached to this testimony. The first meeting was for the members to discuss some basic concerns if the boards merged. The second included a presentation from the Federation of State Medical Boards (FSMB) on the historical context of separate allopathic and osteopathic licensing boards. The workgroup directed that four state associations (MEAPA, MHA, MMA and MOA) be invited to the next meeting to provide input, concerns, and identify sources of confusion that the workgroup could address related to the possibility of a merger. The workgroup is also interested in how the associations can communicate with their members to help make this process as transparent and inclusive as possible.

During this process, the boards have already heard concerns and confusion. These include:

- DO students are discriminated against by private health systems and no merger should happen until this ends. The boards do not discriminate and have no jurisdiction over health systems. However, if this is happening, an equal merger might help.
- MDs do not understand osteopathic manipulation and should not consider complaints concerning osteopathic manipulation. This discounts the fact that this is a merger and MDs, DOs and PAs would be included in complaint reviews for all licensed professions. If there were a situation where those members did not have the knowledge to judge, the case would be sent to an expert for review.
- The boards are excluding input from licensees. As described above, this process is just beginning, and the boards are actively seeking help from the associations to ensure they receive input.
- Although not directly stated, many of these concerns have to do with a loss of identity and control. The boards' missions are not to promote the professions, but to ensure the safety of the public. However, the boards are aware of this concern and have discussed that any merger would need to address the question of equal representation.

These concerns highlight the need for time to publicly study the options, with a report back to this committee prior to any action being taken.

Thank you for the opportunity to provide these comments regarding LD 805. I would be happy to answer questions now or at the work session.

Board of Licensure in Medicine - Board of Osteopathic Licensure Workgroup
January 28, 2025
12:00 p.m. – 1:26 p.m.

Board Members - In Person
Public Member Lynne Weinstein (BOLIM)
John Brewer, DO (BOL)
Melissa Michaud, PA (BOL)
Peter Michaud, JD, RN (BOL)
Public Member Dennis Smith, Esq. (BOL)
Public Member Mary-Anne Ponti, RN, DBA (BOL)

Board Members - Remote
Maroulla Gleaton, MD (BOLIM)
Christopher Ross, PA (BOLIM)
Anthony Ng, MD (BOLIM)
David Flaherty, PA (BOLIM)
Public Member Jonathan Sahrbeck (BOLIM) (excused at 1:00 p.m.)
Noah Nesin, MD (BOLIM)

Board Staff Present
Executive Secretary Rachel MacArthur (BOL)
Executive Director Timothy Terranova (BOLIM)
Assistant Executive Director Valerie Hunt (BOLIM)
Medical Director Paul Smith, MD (BOLIM)
Administrative Assistant Maureen Lathrop (BOLIM)

Legal Counsel - Remote
AAG Jennifer Willis (BOLIM)
AAG Lisa Wilson (BOL)

I. Introduction of Board Members and Staff

II. Discussion of Board Members' Suggested Topics

A. Representation - MD/DO/PA/Public

Workgroup members agreed that there needs to be fair representation of allopathic and osteopathic physicians, physician assistants and public members.

B. Board structure including number of members

A larger Board would allow for dividing tasks and improving efficiency. It may also allow for a better representation of specialties. If the Board size is large enough separate committees could be created – one to review complaints and one to handle adjudicatory hearings. This would remove the argument of bias because the same Board members would not investigate and adjudicate complaints. The committees would need statutory authority to dismiss and adjudicate complaints, rather than the full Board. The number of Board members would need to be sufficient to include allopathic, osteopathic, physician assistant and public member representation on each committee.

Mr. Terranova suggested that five allopathic physicians, five osteopathic physicians, three to four physician assistants and three to four public members may be fair representation and a sufficient number of members to allow for creation of committees.

C. Staffing/salaries

Mr. Terranova stated that merging the Boards would not require a reduction in staff size. BOLIM has a current open position that would allow for retention of staff of both Boards and ensure adequate staffing.

D. Educational sessions to learn differences

Mr. Terranova asked if the workgroup would be interested in hearing from the Federation of State Medical Boards (FSMB) regarding the Model Practice Act and how different boards conduct business.

E. Experiences of other states

Mr. Terranova reported that he requested information from New Mexico, which merged two years ago, and West Virginia, which attempted to merge last year, but had the bill vetoed by the governor.

F. How will cultures be valued in change

G. Name of Board

Ms. Michaud suggested The Maine Board of Medicine as a potential name. Workgroup members agreed that the name is inclusive of allopathic and osteopathic physicians and physician assistants.

H. Transparency

I. Meeting dates and times

This matter was briefly discussed. The structure of the Board will affect frequency of meetings. Committees to review complaints and adjudicate cases may need to meet monthly. The full Board may need to meet less frequently depending on the need for review of administrative matters.

J. Difference in approach to care and investigations

Mr. Smith has experience with both BOLIM and BOL complaint processes. He noted that the processes are similar but noted that BOLIM has multiple staff members dedicated to complaints and investigations, while BOL has one full time staff member and one part time staff member. Mr. Smith noted that BOL is licensing more physicians and receiving more complaints. More staff resources are needed.

Mr. Terranova briefly described BOLIM complaint unit staff and their duties:

- The Complaint Coordinator is responsible for supervising complaint unit staff, arranging expert reviews and physician evaluations, and monitoring licensees under consent agreement
- The Consumer Assistance Specialist is the point of contact for the public and assists with preparing complaints for Board review (this position is shared BOL)
- The Investigative Secretary is responsible for requesting records and complaint related material, and managing all complaint related materials submitted
- The Medical Director reviews incoming medical records related to complaints and highlights specific records relevant to complaints prior to Board review.

Both Boards have assigned legal counsel and utilize an investigator with the AG's Office when necessary.

K. Disparities in licensing

BOL statute requires that the Board review and vote to approve all license applications. The BOL does not require applicants to complete a jurisprudence exam.

BOLIM relies on delegation to approve license applications with no issues. The Assistant Executive Director reviews and approves license applications with no affirmative responses to the personal data questions on the application, except for hospital privileges and malpractice. The Board Secretary reviews applications with affirmative responses to the personal data questions and may approve the application or refer to the full Board.

BOLIM has a licensing supervisor and two licensing specialists who split the incoming applications based on the last name of applicant with one handling A-L and the other handling M-Z.

L. What is the reason for change

Workgroup members discussed the need to be clear about the reason for merging the Boards and agreed enhanced public protection is the primary reason. Mr. Smith expressed concern that current staffing levels may affect BOL's ability to carry out its mission. Dr. Gleaton pointed out that merging into one Board reflects how the practice of medicine has evolved to be collaborative.

M. Updating terminology

III. Next Steps

Mr. Smith noted that as discussions continue the workgroup will need to think about having rules in place when the Boards merge and how the merger will affect the IMLC and PA Compacts.

Workgroup members agreed on monthly 1 ½ hour virtual meetings to continue discussions. BOLIM staff will send a poll to determine the next meeting date and time.

The workgroup would like to have the following information prior to the next meeting:

- A list of states that recently merged allopathic and osteopathic boards (within the last ten years)

- Feedback from state boards regarding roadblocks encountered. Mr. Terranova reported that he is waiting for feedback from New Mexico and West Virginia.
- How did recently merged boards choose a name and how was the new name received by licensees?
- FSMB presentation on model practice
- Provide the LD number for legislative resolve once assigned
- Dr. Brewer noted that the Maine Osteopathic Association Winter Symposium will be held in the next couple of weeks. He will ask for feedback coming out of the meeting regarding potential merger of the Boards be shared.

I. Adjourn 1:26 pm

Board of Licensure in Medicine - Board of Osteopathic Licensure Workgroup
ZOOM meeting
February 26, 2025
12:00 p.m. – 1:15 p.m.

Board Members Present
Public Member Lynne Weinstein (BOLIM)
Maroulla Gleaton, MD (BOLIM)
Renee Fay-LeBlanc, MD (BOLIM) – arrived at 1:10 p.m.
Melissa Michaud, PA (BOL)
Public Member Peter Michaud, JD, RN (BOL)
Public Member Dennis Smith, Esq. (BOL) – excused at 1:10 p.m.
Public Member Mary-Anne Ponti, RN, DBA (BOL)
John Brewer, DO (BOL)

Board Staff Present
Executive Secretary Rachel MacArthur (BOL)
Executive Director Timothy Terranova (BOLIM)
Assistant Executive Director Valerie Hunt (BOLIM)
Administrative Assistant Maureen Lathrop (BOLIM)

Legal Counsel Present
AAG Jennifer Willis (BOLIM)

Dr. Humayun Chaudhry, CEO of the Federation of State Medical Boards, gave a presentation (slides attached) providing a historical context of medical and osteopathic boards, recent consolidations and key points to consider when contemplating merger of the Maine medical and osteopathic boards. Ideally, allopathic and osteopathic professions should have equal representation on the board, and the opportunity to serve in leadership roles and on committees. Ultimately the purpose of the board is to protect the public and the boards should consider if a merger will support that mission.

Dr. Chaudhry responded to questions from Board members and concluded his presentation at 12:41 p.m.

Ms. Weinstein stated that it might be helpful for medical board members to observe an osteopathic board meeting and vice versa to learn more about similarities and differences in processes and functions.

Board members discussed that it may be helpful for staff to create a comparison document detailing the processes of both boards. Mr. Terranova and Ms. MacArthur will work on creating a comparison document to share for the next workgroup meeting.

Mr. Michaud asked if the AAGs could create a comparison document for the medical practice acts and rules of the two boards so board members can understand differences? AAG Willis will work on creating a comparison document to share with the workgroup.

Mr. Terranova suggested inviting the Maine Medical Association, Maine Osteopathic Association, Maine Academy of Physician Assistants and the Maine Hospital Association to make brief presentations at the next workgroup meeting to help identify areas of concern or confusion and request their assistance in providing information to their members. Workgroup members agreed this would be helpful.

Mr. Terranova also suggested creating a survey to send out to licensees. Workgroup members discussed that it was early in the process, and it would be more helpful to hear from the associations before considering a larger survey.

Ms. Ponti suggested that creating an educational fact sheet after hearing concerns from the associations

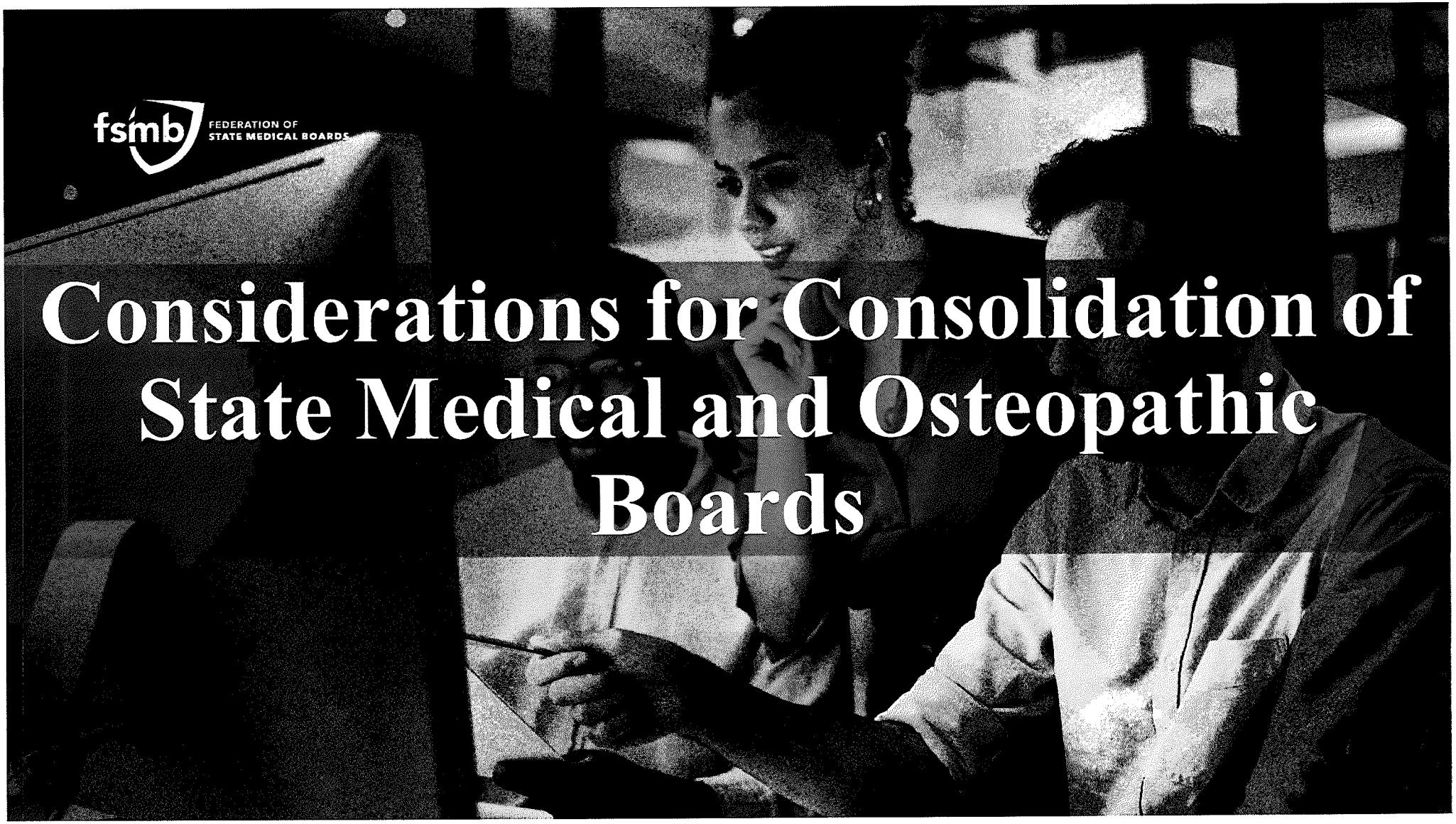
may be helpful.

Board members asked if there was feedback from the Maine Osteopathic Association Winter Symposium. Dr. Brewer stated there was some negative feedback from a small group of attendees.

Mr. Terranova noted that a discussion regarding recent board mergers is planned at the upcoming Administrators in Medicine meeting in April and he will report back to the workgroup.

Mr. Terranova commented that a member of the osteopathic board is interested in attending workgroup meetings but is unable to attend on Wednesdays due to his work schedule. Workgroup members suggested that adding some options for evening meetings might allow more Board members to attend. BOLIM staff will send a poll to determine the next meeting date and time.

Adjourn 1:15 pm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FEDERATION OF
STATE MEDICAL BOARDS
Considerations for Consolidation of State Medical and Osteopathic Boards

FEDERATION OF STATE MEDICAL BOARDS

Historical Context
Independent State Osteopathic Boards

STATE	1910	1915	1924	1939	1967	2022	2025
Arkansas	X	X	X	X	X		
Arizona					X	X	X
California			X	X	X	X	X
Connecticut	X	X	X	X			
Florida	X	X	X	X	X	X	X
Georgia	X	X	X	X	X		
Hawaii				X	X		
Idaho	X	X	X	X	X		
Iowa			X	X			
Kansas				X			
Louisiana	X	X	X	X	X		
Maine			X	X	X	X	X
Maryland			X	X	X		
Michigan	X	X	X	X	X	X	X
Minnesota	X	X	X	X			
Missouri	X	X	X	X			
Montana	X	X	X	X	X		
Nebraska	X	X	X	X	X		
New Mexico	X	X	X	X	X		
Nevada				X	X	X	X
North Carolina	X	X	X	X	X		
North Dakota	X	X	X	X	X		
Oklahoma			X	X	X	X	X
Pennsylvania	X	X	X	X	X	X	X
Rhode Island		X	X		X		
South Carolina				X	X		
South Dakota	X	X	X	X			
Tennessee	X	X	X	X	X	X	X
Utah				X	X	X	
Vermont	X	X	X	X	X	X	X
Washington				X	X	X	X
West Virginia				X	X	X	X
	18	19	24	30	24	13	12

FEDERATION OF STATE MEDICAL BOARDS

Current Separate Boards

- Arizona
- California
- Florida
- Maine
- Michigan
- Nevada
- Oklahoma
- Pennsylvania
- Tennessee
- Vermont
- Washington
- West Virginia

Recent Consolidations

- New Mexico Medical Board (2021)
  - Merged the New Mexico Board of Osteopathic Medicine with the New Mexico Medical Board, keeping the title New Mexico Medical Board
  - The board consists of 9 members: 8 physicians (at least 2 MDs and 2 DOs), 1 PA, and 2 public members
- Illinois State Medical Board (2022)
  - Merged the Medical Licensing Board and Medical Disciplinary Board into the Illinois State Medical Board
  - The board consists of 17 members: 8 MDs, 2 DOs, 2 DCs, 2 PAs, and 3 public members
- Utah Medical Licensing Board (2024)
  - The Utah Physicians and Surgeons Licensing Board was renamed as the Utah Medical Licensing Board and absorbed the Utah Osteopathic Surgeons Licensing Board and the Utah Physician Assistant Licensing Board.
  - The board consists of 15 members: 7 MDs and 2 DOs; 3 PAs; and 2 public members.

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Introduced Consolidations

- Nevada (Pending Legislation – SB 78 – 2025)
  - Would merge the Board of Medical Examiners and the State Board of Osteopathic Medicine and rename it the Nevada Medical Board
  - Would consist of 11 members: 4 MDs, 4 DOs, 1 PA, 1 respiratory therapist, and 1 public member

FEDERATION OF STATE MEDICAL BOARDS

Failed Consolidations

- Oklahoma (2015)
- Arizona (2016)
- West Virgina (2024)
  - Vetoed on March 27, 2024 by the West Virginia Governor, the bill would have subsumed the operations of the Board of Osteopathic Medicine under the unified West Virginia Board of Medicine, adding osteopathic physicians and genetic counselors to the purview of the Board.

FSMB Policies

- *A Guide to the Essentials of a Modern Medical Practice Act* was first issued in 1956
- *Elements of a State Medical and Osteopathic Board was* first issued in 1989
- Over the years, the *Essentials* and *Elements* guides underwent numerous revisions to respond to changes in medical education, the practice of medicine, evolving responsibilities of boards, and to assist member boards to be consistent with best practices in the interests of public protection and patient safety.
- In 2018, *Guidelines for the Structure and Function of a State Medical and Osteopathic Board ("Guidelines")* combined the *Elements* and *Essentials* guides, and contain the principles of state medical board responsibility, duty, empowerment, and accountability that the initial documents outlined, as well as detailing the essential components for the structure and function of a state medical board.
- Guidelines was updated in 2021 and again in 2024 to reflect current best practices.

FEDERATION OF STATE MEDICAL BOARDS

FSMB Guidelines for the Structure and Function of a State Medical and Osteopathic Board

FEDERATION OF STATE MEDICAL BOARDS

Guidelines for the Structure and Function of a State Medical and Osteopathic Board

Adopted by FSMB House of Delegates, April 2024

INTRODUCTION

As early as 1914, the Federation of State Medical Boards (FSMB), which now represents 70 state and territorial medical and osteopathic licensing and disciplinary boards (hereafter referred to as "state medical board(s)" or "board(s)"), recognized the need for a guidance document supporting U.S. states and territories in their development, and updating as needed, of their medical practice acts, and the corresponding structures and functions of their medical boards.

FSMB Guidelines – Duty, Responsibility, and Power

"In some states, responsibility for licensing and disciplinary functions is divided between two separate Boards. In others, Boards are subject to supervision or, in some cases, complete control by larger administrative or umbrella agencies. In a few states, the Board is simply an advisory body.

In most states, the Board regulates both allopathic and osteopathic physicians; in others, separate boards exist. And in some states, narrow constitutional restrictions inhibit effective Board funding... The following section proposes a true working board with real and effective power and support, a proposal some states are much better prepared to implement than others...

FSMB Guidelines – Duty, Responsibility, and Power

...The section also reflects those principles the authors consider to be basic to the operation of any accountable medical board, regardless of the administrative structure of the state, the size or distribution of the physician population being regulated, the form of legislation required for funding, or the title of the body to which responsibility and power for regulation have been entrusted. It may be drawn upon by both allopathic and osteopathic boards, making appropriate adaptations in the area of Board membership. Larger administrative agencies can use it to better assess their own structures and functions and to explore the broader roles their medical boards might play in meeting public expectations."

FSMB Guidelines – Board Membership

Composition and Size

The Board should consist of enough members to appropriately discharge its duties, and at least 25% should be public members. The Board should consider several factors when determining the appropriate size and composition, including the size of a state's physician population, the composition and functions of board committees, adequate separation of prosecutorial and judicial powers, and the other work of the board described throughout this document. The Board should be of sufficient size to allow for recusals due to conflicts of interest and occasional member absences to avoid concentrating final decisions in the hands of too few members or loss of a quorum.

FSMB Guidelines – Examinations

The Medical Practice Act should provide for the Board's authority to approve an examination(s) of medical knowledge satisfactory to inform the Board's decision to issue a full, unrestricted license to practice medicine and surgery in the jurisdiction.

No individual should receive a license to practice medicine in the jurisdiction unless they have successfully completed all components of an examination(s) identified as satisfactory to the Board:

- The currently administered United States Medical Licensing Examination (USMLE) Steps 1, 2, 3 or Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA) Levels 1, 2, 3; or
- Previously administered examinations, such as the Federation Licensing Examination (FLEX), National Board of Medical Examiners (NBME) Parts or National Board of Osteopathic Medical Examiners (NBOME) Parts; or
- A combination of these examinations identified as acceptable by the Board.

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Thank You!
Questions?

U.S. Medical Regulatory Trends & Actions Report

FSMB Policies & Regulatory Resources

Advocacy Network Newsletter