



AMERICAN OSTEOPATHIC ASSOCIATION

TREATING OUR FAMILY AND YOURS



TO:

FROM: American Osteopathic Association
Maine Osteopathic Association

DATE: January 27, 2025

SUBJECT: Maine Medical Licensing Boards

The American Osteopathic Association (AOA) and the Maine Osteopathic Association (MOA) write to express our concerns with LD805 “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” which directs the Maine Board of Osteopathic Licensure (BOL) and the Maine Board of Licensure in Medicine (BOLIM) to conduct a study regarding the feasibility of combining into a single board, without any information regarding the content of the study, or representation for external stakeholders. In order to achieve the bill’s stated goal of protecting the public, the AOA and the MOA believe that careful consideration must be given to the implications that a merger could have, primarily on Maine’s (smaller, but rapidly growing) osteopathic physician (DO) community and its patients, and we urge the legislature to incorporate groups representing these communities, such as the MOA, into the feasibility study group.

The AOA represents more than 197,000 DOs and osteopathic medical students (OMSs) nationwide. The AOA promotes public health, encourages scientific research, serves as the primary certifying body for DOs, and is the accrediting agency for osteopathic medical schools, including Maine’s only medical school, the University of New England College of Osteopathic Medicine (UNE COM) in Biddeford. The MOA is a professional medical organization representing more than 2,000 licensed DOs, osteopathic physician assistants, and the more than 700 OMSs who currently attend UNE COM.

All DOs and allopathic physicians (MDs) complete the same basic medical school education; however, DOs **additionally** receive **several hundred hours of training in osteopathic principles and practice** that MDs traditionally do not receive. This training allows them to provide hands-on treatment (known as osteopathic manipulative treatment, or OMT) to their patients, and approach their care from a holistic perspective that takes into account mind, body, and spirit. Their approach also focuses on the body’s innate ability to restore itself to wellness.

This unique osteopathic philosophy is woven throughout osteopathic medical education and training, and osteopathic competencies are assessed via the DO licensing exam series, the Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA). From a licensing and disciplinary perspective, DO boards are also uniquely well-suited to assess the competencies and qualifications of other DOs, thereby facilitating the entry and ongoing practice of qualified DOs within the community, which benefits patients.

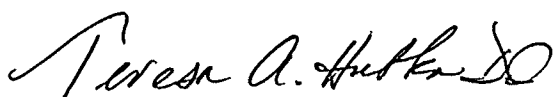
In Maine, the BOL has been safely and efficiently serving DOs and their patients since its establishment in 1973. It is **entirely self-sustaining** through application fees and fines, and does not require any money from the state to operate. Further, the BOL personally reviews each application for licensure to ensure that applicants meet the highest standards of patient care and professionalism—a safeguard that is not guaranteed should the boards be combined.

January 27, 2025

The AOA and the MOA are concerned that, as written, LD805 disregards the effective and efficient functioning of the BOL, provides insufficient justification regarding the need for a feasibility study, and includes no information regarding the metrics or groups that the study must take into account. We urge the legislature to establish an open and transparent process, without a preconceived outcome in mind, that accounts for the perspective and feedback of all impacted groups. **To that end, we have enclosed requested edits to the legislation for your consideration.**

Thank you in advance, and please do not hesitate to contact Raine Richards, JD, AOA Vice President of State and International Affairs, at r-richards@osteopathic.org or Amanda Mahan, MOA Executive Director, at amahan@mainedo.org should you have any questions.

Sincerely,



Teresa A. Hubka, DO, FACOOG (Dist.), FACOG, CS
President, AOA



Jodie Hermann DO
President, MOA

CC: Robert G.G. Piccinini, DO, D. FACN, President-elect, AOA
George Thomas, DO, Chair, Department of Governmental Affairs, AOA
J. Michael Wieting, DO, Chair, Council on State Health Affairs, AOA
Kathleen Creason, MBA, Chief Executive Officer, AOA
Raine Richards, JD, Vice President, State and International Affairs, AOA
Bre Schmidt, MPH, Associate Director, State Government Affairs, AOA
Amanda Mahan, Executive Director, MOA

A Resolve to Direct the Board of Licensure in Medicine and the Board of Osteopathic Licensure to Conduct a Study Regarding the Feasibility of Combining into a Single Board that Licenses and Regulates Physicians and Physician Assistants

Sec. 1. Primary Purpose. The primary purpose of the Board of Licensure in Medicine and the Board of Osteopathic Licensure is to protect the public health and welfare. The Boards carry out this purpose by ensuring that the public is served by competent and honest physicians and physician assistants and by establishing minimum standards of proficiency by examining, licensing, regulating and disciplining physicians and physician assistants.

Sec. 2. Board of Licensure in Medicine and Board of Osteopathic Licensure Study.
Resolved: That the Board of Licensure in Medicine and the Board of Osteopathic Licensure shall conduct a **THOROUGH** study regarding the feasibility of combining into a single Board that licenses and regulates physicians and physician assistants. In conducting the study, the Boards shall ensure that their primary purpose of protecting the public is the most paramount factor. **THE MAINE MEDICAL LICENSURE BOARDS, TOGETHER WITH REPRESENTATIVES FROM THE FOLLOWING ORGANIZATIONS, SHALL EVALUATE AND MAKE RECOMMENDATIONS REGARDING:**

1. **STATE AND NATIONAL CONTEXT FOR LICENSING BOARD MERGERS, INCLUDING ANY POTENTIAL BENEFITS OR DRAWBACKS RELATED TO REGULATORY ALIGNMENT, PUBLIC SAFETY, AND ADMINISTRATIVE EFFICIENCIES;**
2. **CURRENT BOARD STRUCTURES, MANDATES, AND MEMBERSHIP COMPOSITION, INCLUDING STATUTORY REQUIREMENTS, ORGANIZATIONAL BYLAWS, AND PROCESSES FOR APPOINTING OR ELECTING BOARD MEMBERS;**
3. **LICENSURE REQUIREMENTS AND PATHWAYS FOR PHYSICIANS (DO AND MD) AND PHYSICIAN ASSISTANTS, WITH PARTICULAR ATTENTION TO WHETHER A SINGLE BOARD STRUCTURE CAN ACCOMMODATE PROFESSION-SPECIFIC COMPETENCIES, INCLUDING OSTEOPATHIC PRINCIPLES AND PRACTICE;**
4. **INVESTIGATION AND DISCIPLINARY PROCESSES UNDER EACH BOARD, INCLUDING COMPLAINT INTAKE, ADJUDICATION PROCEDURES, AND POTENTIAL IMPACTS OF ADOPTING A UNIFIED SYSTEM ON PUBLIC PROTECTION AND DUE PROCESS;**
5. **STAFFING AND OPERATIONAL RESOURCES, INCLUDING THE ABILITY OF A MERGED BOARD TO HANDLE THE COMBINED VOLUME OF APPLICATIONS, RENEWALS, INVESTIGATIONS, AND HEARINGS IN A TIMELY, COST-EFFICIENT MANNER;**
6. **PROJECTED COST SAVINGS AND EXPENSES, EXAMINING ANY CONSOLIDATION OF ADMINISTRATIVE FUNCTIONS, TECHNOLOGY SYSTEMS, OFFICE SPACE, OR PERSONNEL, AND THE POTENTIAL EFFECT ON LICENSING FEES FOR PROFESSIONALS;**

7. POTENTIAL STATUTORY OR REGULATORY CHANGES REQUIRED TO ENABLE A MERGER, INCLUDING A REVIEW OF RELEVANT MAINE REVISED STATUTES, RULES, AND POLICIES THAT CURRENTLY GOVERN SEPARATE BOARDS;
8. IMPACT ON MAINE'S HEALTHCARE WORKFORCE AND THE ABILITY OF A MERGED BOARD TO FACILITATE TIMELY ENTRY OF QUALIFIED PHYSICIAN AND PHYSICIAN ASSISTANTS INTO SHORTAGE AREAS, PARTICULARLY IN PRIMARY CARE AND RURAL OR UNDERSERVED REGIONS;
9. EFFECTS ON STAKEHOLDER ENGAGEMENT AND REPRESENTATION, ENSURING THAT DISTINCT PROFESSIONAL IDENTITIES AND DIVERSITY OF MEDICAL APPROACHES ARE MAINTAINED, AND THAT PUBLIC MEMBERS AND OTHER CONSTITUENCIES CONTINUE TO HAVE A VOICE;
10. CONTINUITY OF EXISTING BOARD FUNCTIONS, SUCH AS ROLLING LICENSE APPLICATION REVIEWS, INTERVIEWS, AND CONTINUING MEDICAL EDUCATION OVERSIGHT, TO ENSURE MINIMAL DISRUPTION TO LICENSEES AND THE PUBLIC;
11. PUBLIC AWARENESS AND TRANSPARENCY, INCLUDING COMMUNICATION STRATEGIES AND STAKEHOLDER OUTREACH TO EDUCATE THE PUBLIC, LICENSEES, AND MEDICAL STUDENTS ABOUT ANY NEW PROCESSES UNDER A MERGED BOARD; AND
12. POTENTIAL TIMELINES AND TRANSITION PLANS FOR IMPLEMENTING ANY RECOMMENDED CHANGES, INCLUDING MILESTONES FOR LEGISLATIVE REVIEW, STAFF TRAINING, IT INTEGRATION, AND PUBLIC COMMUNICATION CAMPAIGNS.

SEC. 3. FEASIBILITY STUDY GROUP. RESOLVED: THAT A REPRESENTATIVE OF THE FOLLOWING GROUPS SHALL BE REPRESENTED IN THE FEASIBILITY STUDY GROUP JOINTLY CONVENED BY THE BOARD OF LICENSURE IN MEDICINE AND THE BOARD OF OSTEOPATHIC LICENSURE:

1. MAINE OSTEOPATHIC ASSOCIATION;
2. MAINE MEDICAL ASSOCIATION;
3. UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICINE;
4. A STATEWIDE ASSOCIATION REPRESENTING MAINE HOSPITALS;
5. A STATEWIDE ASSOCIATION REPRESENTING MAINE'S OSTEOPATHIC PRIMARY CARE PROVIDERS;
6. A STATEWIDE ASSOCIATION REPRESENTING MAINE'S ALLOPATHIC PRIMARY CARE PROVIDERS;
7. A STATEWIDE ASSOCIATION REPRESENTING MAINE'S PHYSICIAN ASSOCIATES
8. A STATEWIDE ASSOCIATION REPRESENTING MAINE'S PATIENTS

Sec. 43. Report. Resolved: That, no later than December 31, 2025, the FEASIBILITY STUDY GROUP Board of Licensure in Medicine and the Board of Osteopathic Licensure shall submit a JOINT FINAL

report based on its evaluation in Section 2 to the Joint Standing Committee On Health Coverage, Insurance and Financial Services. The Joint Standing Committee On Health Coverage, Insurance and Financial Services may report out legislation, as recommended in the report, to the 132nd Legislature.

SUMMARY

This resolve directs the Board of Licensure in Medicine and the Board of Osteopathic Licensure to conduct a study to evaluate the feasibility of combining into a single Board that licenses and regulates physicians and physician assistants. The Board of Licensure in Medicine and the Board of Osteopathic Licensure are required to consider their primary purpose of protecting the public as the paramount factor in the study and shall submit a report based on their evaluation no later than December 31, 2025 to the Joint Standing Committee On Health Coverage, Insurance and Financial Services, which may report out legislation, as recommended in the report, to the 132nd Legislature.

DRAFT