



Maine Medical Association

TESTIMONY OF THE MAINE MEDICAL ASSOCIATION

In Support of

LD 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

Committee on Health Coverage, Insurance, and Financial Services
Room 220, Cross Building, Augusta, Maine
Wednesday, March 18, 2026

Senator Bailey, Representative Mathieson, and Members of the Committee on Health Coverage, Insurance and Financial Services, my name is Anne Sedlack, and I am the Director of Advocacy for the Maine Medical Association (MMA).

On behalf of MMA, I am submitting this testimony in support of LD 2233– An Act to Combine the Board of Licensure in Medicine (BOLIM) and Board of Osteopathic Licensure (BOL) into a Single Licensing Board for All Physicians and Physician Associates.

The Maine Medical Association (MMA) is a professional organization representing more than 4,300 of Maine's osteopathic and allopathic physicians, residents, and medical students. MMA's mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine people.

We appreciate the work of BOLIM and BOL over the past two years to develop this merger. We have closely monitored this progress, and we are grateful for the transparent process and the undoubtedly very hard work it took for the Boards to get to this point. We feel this proposed merger is solid in its current form and is the best course of action for our members and for the public.

MMA's membership comprises both allopathic and osteopathic physicians. In our work, we advise our members and the public on many professional considerations, including liability and compliance. This can be challenging because we were required to advise on two separate, but parallel, standards for allopathic and osteopathic physicians.

One example is the various license categories. For example, BOLIM has a "volunteer license,"¹ which allows for a physician holding an inactive license to provide medical care to "needy and indigent persons" for zero compensation. This allows retired allopathic physicians to serve their communities at free clinics, but osteopathic physicians do not have

¹ See 02-373- C.M.R. ch. 1 § 6(9).

an equivalent category. This left us in a difficult position when discussing the licensing models available to half of our membership, but not the other half. This is also confusing for hiring entities and for patients who just know "doctors."

We also wanted to note appreciation for a longstanding issue for our members, which is to separate the investigatory and adjudicatory processes of the Board.² There should be a distinct division between the investigators of a physician's license and those determining the ultimate fate of a physician's license. This provides for a just and fair decision-making process, and we are grateful the Board included these processes here. We would just suggest making it clear in the statute that the Assistant Attorney General advising those panels is also a separate person.

Finally, we want to note that we greatly value and appreciate our colleagues at the Maine Osteopathic Association (MOA), and we respect their testimony on this merger. We appreciate that our Associations can take differing approaches and still work together on many other issues.

Thank you for considering the thoughts of Maine's physicians, and I am happy to discuss any questions you may have.

Best,

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Director of Advocacy
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² See 32 MRS § 20141(3)(A).