



TESTIMONY OF THE MAINE OSTEOPATHIC ASSOCIATION

Neither for Nor Against

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

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

Good Afternoon, Senator Bailey, Representative Mathieson, and Members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services. My name is Charles Soltan, and I am here to present on behalf of the Maine Osteopathic Association. I am submitting this testimony neither for nor against 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.

The Maine Osteopathic Association (MOA) is a professional organization representing more than 1,200 osteopathic physicians, residents, and medical students in Maine whose mission is to serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, advocacy, and member services in order to ensure the availability of quality osteopathic health care to the people of this state.

The MOA submits this testimony in a neutral—"neither for nor against"—position on the proposed merger of Maine's two physician licensing boards. Our membership holds diverse and strongly felt viewpoints on this proposal. LD 2233 represents a significant paradigm shift as it relates to the licensure of osteopathic physicians in Maine, who are accustomed to their own licensing board. Candidly, some welcome the simplicity of a singular board for the sake of efficiency. Others have heightened concerns. For that reason, we cannot offer outright support or opposition.

We do, however, appreciate that the draft statutory language includes equal representation of DOs and MDs on the proposed unified board, a stated intention to preserve the identity and distinctiveness of osteopathic medical practice, and cooperative efforts between the existing boards to identify workable paths forward. Equal representation is critical, as it acknowledges that osteopathic physicians bring a distinct philosophy of care, unique training, and scope elements—particularly osteopathic manipulative medicine—that require informed peer oversight for the best

regulation of practice and protection of the public. We feel strongly that equal representation must be permanently embedded in statute, and therefore appreciate the preamble and inclusion of actual numbers of DOs and MDs.

Despite these improvements, the MOA cannot fully support the bill at this time due to several concerns. MOA followed the work of the merger workgroup closely, and despite our insistence to do so, we feel that it did not fully analyze the option of retaining two boards, despite evidence that many states operate separate MD and DO boards effectively and our analysis that small improvements could have been made to optimize the current structure. The economic rationale for a singular board remains questionable, as the merger would require significant up-front expenditures without clear evidence of long-term savings, while the Board of Osteopathic Licensure has been self-sustaining and could be easily optimized.

Additional concerns arise when considering the practical implications of consolidation. The adjudicatory hearing panel makeup does not guarantee that physicians, whether osteopathic or allopathic, will be a majority of the panel. (p. 23, lines 1-6) There is also no provision to prevent an AAG from serving on both an investigatory and hearing committee. This must be spelled out to conform to existing case law.

Matters unrelated to osteopathic practice, such as international medical graduate applications, could dilute the focus on osteopathic oversight. Even with equal representation, there is no statutory guarantee that osteopathic-specific cases—particularly those involving OMT—would be reviewed by DO peers first, raising the risk that complaints or competency evaluations could be handled by individuals unfamiliar with osteopathic principles. The merged board would also oversee MDs, DOs, and physician assistants, which could shift priorities away from osteopathic needs, especially given the relatively smaller number of DOs in the state.

Because of the diverse views among our members, the MOA cannot offer outright support or opposition to LD 2233. However, we emphasize that equal representation of DOs and MDs is essential and non-negotiable, that economic and operational impacts require further scrutiny, and that statutory protections must safeguard osteopathic philosophy, training, and practice in the interest of appropriately protecting Maine patients.

We remain committed to working collaboratively with legislators, regulators, and our clinical colleagues to ensure a regulatory framework that maintains high standards of medical practice while respecting the unique contributions of osteopathic physicians.

Thank you for considering our testimony, and I would be happy to answer any questions.

Please reach out to us for any follow up information via our Executive Director Amanda Mahan – amahan@mainedo.org.