

CHAPTER 153

MAINE BOARD OF MEDICINE MEDICAL PRACTICE ACT

(WHOLE CHAPTER TEXT EFFECTIVE 1/1/27)

SUBCHAPTER 1

GENERAL PROVISIONS

(WHOLE SUBCHAPTER TEXT EFFECTIVE 1/1/27)

§20101. Short title

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

This chapter may be known and cited as "the Maine Board of Medicine Medical Practice Act." [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20102. Definitions

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

1. Allopathic physician. "Allopathic physician" means a physician who graduated from medical school with an M.D. degree.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

2. Board. "Board" means the Maine Board of Medicine established in Title 5, section 12004-A, subsection 24-A.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

3. Collaborative agreement. "Collaborative agreement" means a document agreed to by a physician associate and a physician that describes the scope of practice for the physician associate as determined by practice setting and describes the decision-making process for a health care team, including communication and consultation among health care team members.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

4. Consultation. "Consultation" means engagement in a process in which members of a health care team use their complementary training, skill, knowledge and experience to provide the best care for a patient.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

5. General business. "General business" means all board actions conducting public business, with the exception of disciplinary investigations, complaints and adjudicatory hearings resolving disciplinary matters involving licensees or applicants.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

6. Health care team. "Health care team" means 2 or more health care professionals working in a coordinated, complementary and agreed-upon manner to provide quality, cost-effective, evidence-based care to a patient and may include a physician, physician associate, advanced practice nurse, nurse, physical therapist, occupational therapist, speech therapist, social worker, nutritionist, psychotherapist, counselor or other licensed professional.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

7. License. "License" means a license, certificate, certification, registration, permit, approval or other similar document issued by the board to qualified individuals granting authority to engage in the practice of medicine.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

8. Osteopathic physician. "Osteopathic physician" means a physician who graduated from medical school with a D.O. degree.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

9. Physician. "Physician" means an allopathic or osteopathic physician or surgeon licensed by the board.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

10. Physician associate. "Physician associate" means a physician associate licensed or privileged under chapter 145-A by the board.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

11. Practice of medicine. "Practice of medicine" means diagnosing, relieving in any degree or curing, or professing or attempting to diagnose, relieve or cure a human disease, ailment, defect or complaint, whether physical or mental, or of physical or mental origin, by attendance, surgery or advice or by prescribing or furnishing a drug, medicine, appliance, manipulation, method or therapeutic agent, including, but not limited to:

A. Advertising, holding out to the public or representing in any manner that an individual is authorized to practice medicine in this State; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. Offering or undertaking to prescribe, order, give or administer any drug or medicine for use by any other person; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

C. Offering or undertaking to prevent or to diagnose, correct or treat in any manner or by any means, methods or devices any disease, illness, pain, wound, fracture, infirmity, defect or abnormal physical or mental condition of any person; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (NEW).]

D. Offering or undertaking to perform any surgical operation upon any person; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

E. Rendering a written or otherwise documented medical opinion concerning the diagnosis or treatment of a patient or the actual rendering of treatment to a patient within a state by a physician located outside the state as a result of transmission of individual patient data by electronic or other means from within a state to the physician or the physician's agent; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

F. Rendering a determination of medical necessity or a decision affecting the diagnosis or treatment of a patient; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

G. Using the designation doctor, doctor of medicine, doctor of osteopathic medicine, doctor of osteopathy, physician, surgeon, physician and surgeon, Dr., M.D., D.O. or any combination of those designations in the conduct of any occupation or profession pertaining to the prevention, diagnosis or treatment of human disease or condition unless such a designation additionally

contains the description of another branch of the healing arts for which an individual holds a valid license in the jurisdiction where the patient is located; and [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

H. Maintaining adequate medical records pursuant to the standard of care. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

12. Prescription or legend drug. "Prescription or legend drug" has the same meaning as "prescription drug" in section 13702-A, subsection 30 and includes schedule II to schedule V drugs or other substances regulated under the federal Controlled Substances Act, 21 United States Code, Section 812.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

13. Render medical services. "Render medical services" means to render health care services for the diagnosis, prevention, treatment, cure or relief of a health condition, injury or disease, including, but not limited to:

A. Advertising, holding out to the public or representing in any manner that an individual is authorized to render medical services in this State; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. Offering or undertaking to prescribe, order, give or administer any drug or medicine for use by any other person; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

C. Offering or undertaking to prevent or to diagnose, correct or treat in any manner or by any means, methods or devices any disease, illness, pain, wound, fracture, infirmity, defect or abnormal physical or mental condition of any person; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

D. Offering or undertaking to perform any surgical operation upon any person; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

E. Rendering a written or otherwise documented medical opinion concerning the diagnosis or treatment of a patient or the actual rendering of treatment to a patient within a state by a physician associate located outside the state as a result of transmission of individual patient data by electronic or other means from within a state to the physician associate or the physician associate's agent; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

F. Rendering a determination of medical necessity or a decision affecting the diagnosis or treatment of a patient; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

G. Using the designation physician associate, physician assistant or P.A. or any combination of those designations in the conduct of any occupation or profession pertaining to the prevention, diagnosis or treatment of human disease or condition in the jurisdiction where the patient is located; and [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

H. Maintaining adequate medical records pursuant to the standard of care. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20103. Individual license

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE TEXT EFFECTIVE 1/1/27)

Only an individual may be licensed or privileged by the board and only an individual licensed or privileged by the board may practice medicine or render medical services to patients in this State, unless exempted in statutory provision or appropriately licensed by and practicing within the individual's legal scope of practice under the authority of another state licensing board. This section may not be construed to affect or prevent the practice of the religious tenets of a church in the ministrations to the sick or suffering by mental or spiritual means. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20104. License required

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE TEXT EFFECTIVE 1/1/27)

1. Unlicensed practice. The following provisions apply.

A. A person may not engage in the practice of medicine without a license or during any period when that person's license has expired or has been suspended, surrendered or revoked. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. A person may not render medical services as a physician associate without a license or privilege from the board and may not render medical services during any period when that person's license or privilege has expired or has been suspended, surrendered or revoked. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

2. Penalties. A person who violates this section may be subject to action pursuant to Title 10, section 8003-C.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

SUBCHAPTER 2

MAINE BOARD OF MEDICINE

(WHOLE SUBCHAPTER TEXT EFFECTIVE 1/1/27)

§20111. Creation; declaration of policy

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

The Maine Board of Medicine, as established in Title 5, section 12004-A, subsection 24-A, is created within this subchapter. The board recognizes the unique philosophical and educational differences between allopathic physicians, osteopathic physicians and physician associates. This subchapter is not intended to combine these into one profession. The purpose of this subchapter is to protect the people of this State by efficiently setting licensing standards for the 3 separate professions with one licensing board. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20112. Membership**(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)****(WHOLE SECTION TEXT EFFECTIVE 1/1/27)**

1. Membership; terms; removal. The board consists of 22 members who are legal residents of this State and are appointed by the Governor as follows:

A. Six allopathic physicians, all of whom must hold a valid license under this chapter and have been in the clinical practice of medicine in this State for a continuous period of 5 years immediately preceding the appointment; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. Six osteopathic physicians, all of whom must hold a valid license under this chapter and have been in the clinical practice of medicine in this State for a continuous period of 5 years immediately preceding the appointment; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

C. Four physician associates, all of whom must hold a valid license under this chapter and have been in the clinical practice of rendering medical services in this State for a continuous period of 5 years immediately preceding the appointment; and [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

D. Six members of the public, all of whom must have no financial interest in the medical profession and have never been licensed, certified or given a permit in this State or any other state to practice medicine or render medical services. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

The Governor may accept nominations from consumer or patient advocacy groups, professional associations and other organizations and individuals. An individual who has been disciplined by a medical regulatory body in any jurisdiction or who has been convicted of a crime that is related to the practice of medicine or the rendering of medical services or that is punishable by more than one year's imprisonment is not eligible for appointment to the board. Appointment of members must comply with Title 10, section 8009.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

2. Terms. Terms of the members of the board are for 5 years. An individual who has served 10 years or more on the board is not eligible for reappointment to the board. A board member may be removed by the Governor for cause.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

3. Quorum. The following provisions apply.

A. A majority of the members of the board constitutes a quorum for the transaction of official general business, rulemaking, policy making, guidelines and legislation. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. Five members of the board constitute a quorum for the conduct of adjudicatory hearings pursuant to this chapter. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

C. Five members of an investigative committee under section 20141 constitute a quorum for all investigative committee meetings. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

4. Meetings. The board shall hold a minimum of 2 regular meetings a year and any additional special meetings at a time and place the chair may designate.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

5. Board officers. Beginning on the 2nd Tuesday of July in 2027 and every 2nd Tuesday in July in odd-numbered years, the members of the board shall meet at the time and place the board may determine and shall elect a chair, a vice-chair and a secretary, who hold their respective offices for a term of 2 years. The secretary shall perform such duties as delegated by the board through rule. The board through its executive director shall receive all fees, charges and assessments payable to the board and account for and pay over the same according to law. The board shall hold regular meetings at times and places as it may determine. The board shall cause a seal to be engraved and shall keep a record of all its proceedings.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

6. Compensation. Members of the board are compensated according to the provisions of Title 5, chapter 379, subchapter 1. If the fees to be collected under any of the provisions of this chapter are insufficient to pay the salaries and expenses provided by this section, the members of the board are entitled only to a pro rata payment for salary in any years in which such fees are insufficient.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

7. Oath. Each member of the board shall, before entering upon the duties of the member's office, take the constitutional oath of office.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20113. Powers and duties

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

The board has the following powers and duties in addition to all other powers and duties imposed by this chapter. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

1. Powers. The board may:

A. Establish standards of eligibility for examinations for candidates desiring admission to medical practice as physicians or physician associates in this State; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. Design or adopt an examination and other suitable criteria for establishing a candidate's knowledge in medicine and its related skills; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

C. License and establish standards of practice for physicians and physician associates practicing medicine or rendering medical services in this State; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

D. Conduct adjudicatory hearings, administer oaths, compel the testimony of witnesses and compel the production of books, records and documents relevant to inquiry pursuant to a subpoena and take evidence in all matters relating to the exercise and performance of the powers and duties vested in the board; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

E. Issue subpoenas in accordance with Title 10, section 8003-A and Title 5, section 9060 for the production of documents, records and the testimony of witnesses in the course of an investigation or an adjudicatory hearing. This authority applies to any stage of an investigation and is not limited to an adjudicatory proceeding. During investigation, this power is delegated to investigative committees pursuant to section 20141 or, outside of regular meetings of the investigative committees, to the executive director or, in the executive director's absence, to the assistant executive director; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

F. Engage legal counsel, to be approved by the Attorney General, and investigative assistants of the board's own choosing to advise the board generally and specifically and to represent the board in hearings before the board and in appeals taken from a decision of the board; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

G. Except as provided in paragraph M and subsection 2, paragraph E, employ and prescribe the duties of other personnel as the board determines necessary. Except as prescribed in paragraph M, the appointment and compensation of that staff is subject to the Civil Service Law; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

H. Mandate, conduct and operate, or contract with other agencies, individuals, firms or associations for the conduct and operation of, programs of medical education, including statewide programs of health education for the general public and for the disbursement of funds accumulated through the receipt of licensure fees for this purpose, as long as the funds are not disbursed for this purpose for out-of-state travel, meals or lodging for a physician being educated under this program; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

I. Conduct and operate, or contract with other agencies or nonprofit organizations for the conduct and operation of, a program of financial assistance to medical students indicating an intent to engage in family practice in rural areas of this State, under which the students may be provided with interest-free grants or interest-bearing loans in an amount not to exceed \$5,000 per student per year on terms and conditions as the board may determine; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

J. Conduct examinations relevant to licensure; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

K. Provide services and carry out functions necessary to fulfill the board's statutory responsibilities; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

L. Set reasonable fees for services such as providing license certifications and verifications, providing copies of board law and rules and providing copies of documents. The board may also set reasonable fees to defray its costs in administering examinations for special purposes that it may from time to time require and for admitting courtesy candidates from other states to its examinations; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

M. Appoint an executive director who serves at the pleasure of the board and who shall assist the board in carrying out its administrative duties and responsibilities under this chapter. The salary range for the executive director must be set by the board within the range established by Title 2, section 6-C; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

N. Direct staff to review and approve applications for licensure or renewal in accordance with criteria established in law or in rules adopted by the board. Licensing decisions made by staff may be appealed to the board or one of its investigative committees pursuant to section 20141; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

O. Establish protocols for the operation of a professional review committee as defined in Title 24, section 2502, subsection 4-A. The protocols must include the committee reporting information the board considers appropriate regarding reports received, contracts or investigations made and the disposition of each report, as long as the committee is not required to disclose any personally identifiable information. The protocols may not prohibit an impaired licensee under this chapter from seeking alternative forms of treatment; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

P. At the direction of the board or one of its investigative committees pursuant to section 20141, order a licensee or applicant for licensure or relicensure to undergo a mental or physical examination. An individual examined pursuant to the direction of the board or one of its

investigative committees may not prevent the testimony of the examining individual or prevent the acceptance into evidence of the report of an examining individual in any proceeding before the committee or board; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

Q. When there is a finding of a violation, assess the licensee for all or part of the actual expenses incurred by the board or its agents for investigations and enforcement duties performed. For the purposes of this paragraph, "actual expenses" includes, but is not limited to, travel expenses and the proportionate part of the salaries and other expenses of investigators or inspectors, hourly costs of hearing officers, costs associated with record retrieval and the costs of transcribing or reproducing the administrative record; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

R. Issue a license limited to the practice of administrative medicine, or any other special license, as defined by rules adopted by the board; and [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

S. Adopt rules as the board determines necessary and proper to carry out this chapter. Rules adopted pursuant to this paragraph are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

2. Duties. The board shall:

A. Investigate complaints in a timely fashion on the board's own motion and those filed with the board regarding the potential violation of this chapter or the violation of rules adopted by the board pursuant to its authority; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. Open investigations following receipt of reports required by law to be filed with the board or other information and reports made to the board regarding a licensee or applicant for licensure; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

C. Keep a record of the names and residences of all individuals licensed under this chapter and a record of all money received and disbursed by the board. Records or duplicates must always be open to inspection in the office of the secretary during regular office hours. The board shall annually make a report to the Commissioner of Professional and Financial Regulation and to the Legislature containing a full and complete account of all its official acts during the preceding year and a statement of its receipts and disbursements and comments or suggestions as the board determines essential; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

D. Submit to the Commissioner of Professional and Financial Regulation the board's budgetary requirements in the same manner as is provided in Title 5, section 1665. The Commissioner of Professional and Financial Regulation shall in turn transmit these requirements to the Bureau of the Budget without revision, alteration or change, unless alterations are mutually agreed upon by the department and the board or the board's designee; and [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

E. Ensure that the budget submitted by the board to the Commissioner of Professional and Financial Regulation is sufficient, if approved, to provide for adequate legal and investigative personnel on the board's staff and that of the Attorney General to ensure that professional liability complaints described in Title 24, section 2607 and complaints regarding this chapter may be resolved in a timely fashion. The board's staff must include one position staffed by an individual who is primarily a consumer assistant. Within the limit set by this chapter, the board shall charge sufficient licensure fees to finance this budget provision. The board shall submit legislation to request an increase in these fees should they prove inadequate to the provisions of this paragraph. Within the limit of funds provided to it by the board, the Department of the Attorney General shall

make available to the board sufficient legal and investigative staff to enable all complaints mentioned in this paragraph to be resolved in a timely fashion. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

3. Annual report. Beginning March 1, 2028 and annually thereafter, the board shall submit to the Legislature a report consisting of statistics on the following for the preceding year and in comparison to prior years:

A. The number and type of complaints against licensees received from the public or filed on the board's own motion, in the aggregate and for each type of licensee; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. The number and type of complaints dismissed for lack of merit or insufficient evidence of grounds for discipline, in the aggregate and for each type of licensee; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

C. The number and type of cases in process of investigation or hearing carried over at year-end, in the aggregate and for each type of licensee; and [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

D. The number and type of disciplinary actions finalized during the report year, in the aggregate and for each type of licensee. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20114. Role of commissioner

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

The Commissioner of Professional and Financial Regulation shall act as a liaison between the board and the Governor. The Commissioner of Professional and Financial Regulation does not have the authority to exercise or interfere with the exercise of discretionary, regulatory or licensing authority granted by statute to the board. The Commissioner of Professional and Financial Regulation may require the board to be accessible to the public for complaints and questions during regular business hours and to provide any information the Commissioner of Professional and Financial Regulation requires in order to ensure that the board is operating administratively within the requirements of this chapter. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20115. Inspection or copying of record; procedure

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

1. Request for record; redaction. When the board receives a request to inspect or copy all or part of the record of an applicant or licensee, the board shall redact information that is not public before making the record available for inspection or copying.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

2. Notice. When the board acknowledges a request to inspect or copy an applicant's or a licensee's record as required by Title 1, section 408-A, subsection 3, the board shall send a notice to the applicant

or licensee at the applicant's or licensee's last address on file with the board explaining that the request has been made.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

3. Application. This section does not apply to requests for records from other governmental licensing or disciplinary authorities or from any health care providers located within or outside this State that are concerned with granting, limiting or denying an applicant's or licensee's employment or privileges.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

SUBCHAPTER 3

LICENSURE

(WHOLE SUBCHAPTER TEXT EFFECTIVE 1/1/27)

§20121. Individual license

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

Only an individual may be licensed under this chapter and only a licensed individual may provide services for which a license is required under this chapter. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20122. Licensure or privilege required

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

1. Unlicensed practice. The following provisions apply.

A. Unless licensed or privileged by the board, an individual may not practice medicine or render medical services to any patient located in this State. A person may not engage in the practice of medicine or render medical services without a license or during any period when that person's license is in inactive status, has expired or has been suspended, surrendered or revoked. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. An individual who practices medicine, renders medical services or holds that individual out as doing so when the individual does not hold a valid, active license or privilege to do so may be subject to disciplinary action by the board or legal action by the Department of the Attorney General under Title 10, section 8003-C. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

2. Penalties. An individual who violates this section commits a Class E crime. Violation of this section is a strict liability crime as defined in Title 17-A, section 34, subsection 4-A.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20123. Exemption for licensed individual accompanying visiting athletic team

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

1. Licensed individual accompanying visiting athletic team. This chapter does not apply to an individual who holds a current unrestricted license to practice medicine and surgery in another state when the individual, pursuant to a written agreement with an athletic team located in the state in which the individual holds the license, provides medical services to any of the following while the athletic team is traveling to or from or participating in a sporting event in this State:

A. A member of the athletic team; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. A member of the athletic team's coaching, communications, equipment or sports medicine staff; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

C. A member of a band or cheerleading squad accompanying the athletic team; and [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

D. The athletic team's mascot. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

2. Restrictions. An individual authorized to provide medical services in this State pursuant to subsection 1 may not provide medical services at a health care facility, including a hospital, ambulatory surgical facility or any other facility where medical care, diagnosis or treatment is provided on an inpatient or outpatient basis.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20124. Application; fees; general requirements

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

1. Application. An applicant seeking a license from the board must submit an administratively complete application, licensure or application fee established by rule adopted by the board and any other materials required by the board.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

2. Fees. All fees set forth in this chapter are nonrefundable application fees or administrative processing fees payable to the board at the time of application or at the time board action is requested. The board shall establish by rule the fees for each license issued by the board. The maximum fees for each license issued by the board are provided in this subchapter.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

3. Confidentiality of personal contact and health information. A personal residence address, personal telephone number or personal e-mail address submitted to the board as part of an application, complaint or investigation under this chapter is confidential and may not be disclosed except as permitted under this section or as otherwise required by law unless the applicant who submitted the information has indicated that the applicant is willing to have the applicant's personal residence address, personal telephone number or personal e-mail address treated as a public record. Personal health information submitted to the board as part of an application under this chapter is confidential and may

not be disclosed except as otherwise permitted under this section or otherwise required by law. The board and its staff may disclose personal health information about and the personal residence address, personal telephone number or personal e-mail address of a licensee or an applicant for a license under this chapter to a government licensing or disciplinary authority or to a health care provider located within or outside this State that is concerned with granting, limiting or denying a license or employment or privileges to the applicant or licensee.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

4. Public contact information required. An applicant or licensee shall provide the board with a current professional address and telephone number, which will be the applicant's or licensee's public contact address. An applicant or licensee who does not have a public contact address and telephone number must use the applicant's or licensee's personal address and telephone number as the public contact information.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

5. Consent to physical or mental examination; objections to admissibility of examiner's testimony waived. For the purposes of this section, a physician or physician associate licensed or privileged by the board who accepts the privilege of practicing medicine or rendering medical services in this State by the filing of an application and of biennial license renewal:

A. Is deemed to have consented to a mental or physical examination by an individual or entity selected or approved by the board when directed in writing by the board or an investigative committee pursuant to section 20141; and [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. Is deemed to have waived all objections to the admissibility of testimony based on the examination under paragraph A or reports from that examination on the ground that these constitute a privileged communication. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

Pursuant to Title 4, section 184, subsection 6, the District Court shall immediately suspend the license of a physician or physician associate who can be shown, through the results of the medical or physical examination conducted under this section or through other competent evidence, to be unable to practice medicine or render medical services with reasonable skill and safety to patients by reason of mental illness, alcohol intemperance or excessive use of drugs or narcotics or as a result of a mental or physical condition interfering with the competent provision of medical services.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

6. License must be displayed. A physician or physician associate licensed under this chapter is entitled to receive a license under the seal of the board and signed by the chair and the secretary. The license must be publicly displayed at the individual's principal place of practice as long as the individual continues the practice of medicine.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20125. Licensure of physician associates

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

1. Qualification for licensure. The board may issue to an individual a license to practice as a physician associate under the following conditions.

A. A license may be issued to an individual who:

- (1) Graduated from a physician assistant or physician associate program approved by the board;
- (2) Passed a physician assistant or physician associate national certifying examination administered by the National Commission on Certification of Physician Assistants or its successor organization;
- (3) Demonstrates current clinical competency either by having engaged in the clinical rendering of medical services during the preceding 24 months, or by providing a plan to practically demonstrate to the board's satisfaction the individual's clinical competency, the requirements of which may be set by rulemaking;
- (4) Does not have a license, certificate of registration or privilege that is the subject of disciplinary action such as probation, restriction, suspension, revocation or surrender;
- (5) Completes an application approved by the board;
- (6) Pays an application fee of up to \$400; and
- (7) Passes an examination approved by the board. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. An applicant may not be licensed unless the board finds that the applicant is qualified and no cause exists, as set forth in section 20144, that may be considered grounds for disciplinary action against a licensed physician associate. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

2. Rules. The board may adopt rules regarding the licensure and practice of physician associates. These rules may pertain to, but are not limited to, the following matters:

- A. Information to be contained in the application for a license; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
- B. Education requirements for the physician associate; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
- C. Requirements for collaborative agreements, including uniform standards and forms; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
- D. Requirements for a physician associate to notify the board regarding certain circumstances, including, but not limited to, any change in address of the physician associate, the permanent departure of the physician associate from this State, any criminal convictions of the physician associate and any discipline by other jurisdictions of the physician associate; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
- E. Issuance of temporary physician associate licenses; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
- F. Continuing education requirements as a precondition to continued licensure or licensure renewal; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
- G. Fees for the application for an initial physician associate license, which may not exceed \$400; and [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
- H. Fees for the biennial renewal of a physician associate license in an amount not to exceed \$350. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

3. Privileging of physician associates. The board shall issue a privilege to a physician associate as permitted under chapter 145-A. The application fee to obtain a privilege through the Physician

Assistants Licensure Compact may not be higher than the application fee for a physician associate license, and any fee for renewal of a Physician Assistants Licensure Compact privilege may not exceed \$350.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

4. Renewal of Physician Assistants Licensure Compact privilege. A physician associate exercising the physician associate's compact privilege in this State must renew that compact privilege timely and consistent with all requirements of chapter 145-A and of the participating state that issued the physician associate's qualifying license and shall pay all fees required by the board.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20126. Physician associate criminal history record information; fees

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

1. Background check. The board shall request a background check for an individual who submits an application for initial licensure or licensure by endorsement as a physician associate under this chapter. The board shall request a background check for each licensed physician associate who applies for an initial compact privilege and designates this State as the applicant's participating state in accordance with chapter 145-A. The background check must include criminal history record information obtained from the Maine Criminal Justice Information System established in Title 16, section 631 and the Federal Bureau of Investigation.

A. The criminal history record information obtained from the Maine Criminal Justice Information System must include public criminal history record information as defined in Title 16, section 703, subsection 8. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. The criminal history record information obtained from the Federal Bureau of Investigation must include other state and national criminal history record information. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

C. An applicant or licensee shall submit to having fingerprints taken. The Department of Public Safety, Bureau of State Police, upon payment by the applicant or licensee of a fee established by the board, shall take or cause to be taken the applicant's or licensee's fingerprints and shall forward the fingerprints to the Department of Public Safety, Bureau of State Police, State Bureau of Identification so that the State Bureau of Identification can conduct state and national criminal history record checks. Except for the portion of the payment, if any, that constitutes the processing fee charged by the Federal Bureau of Investigation, all money received by the Bureau of State Police for purposes of this paragraph must be paid to the Treasurer of State. The money must be applied to the expenses of administration incurred by the Department of Public Safety. An individual who fails to transmit criminal fingerprint records to the State Bureau of Identification pursuant to this paragraph is subject to the provisions of Title 25, section 1550. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

D. The subject of a Federal Bureau of Investigation criminal history record check may obtain a copy of the criminal history record check by following the procedures outlined in 28 Code of Federal Regulations, Sections 16.32 and 16.33. The subject of a state criminal history record check may inspect and review the criminal history record information pursuant to Title 16, section 709. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

E. State and federal criminal history record information of an applicant for a physician associate license may be used by the board for the purpose of screening the applicant. State and federal

criminal history record information of a licensed physician associate seeking an initial compact privilege may be used by the board for the purpose of taking disciplinary action against the licensee. A board action against an applicant for licensure or a licensee under this subsection is subject to the provisions of Title 5, chapter 341. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

F. Information obtained pursuant to this subsection is confidential. The results of background checks received by the board are for official use only and may not be disseminated to the Physician Assistants Licensure Compact Commission established under section 18537 or to any other person. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

G. An individual whose license has expired and who has not applied for renewal may request in writing that the Department of Public Safety, Bureau of State Police, State Bureau of Identification remove the individual's fingerprints from the bureau's fingerprint file. In response to a written request, the bureau shall remove the individual's fingerprints from the fingerprint file and provide written confirmation of that removal. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

2. Rules. The board, following consultation with the Department of Public Safety, Bureau of State Police, State Bureau of Identification, may adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20127. Licensure of allopathic physicians

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

Except as otherwise specified by this chapter, all applicants for licensure as an allopathic physician or surgeon in this State must satisfy the following requirements. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

1. Medical education.

Each applicant must:

A. Graduate from a medical school designated as accredited by the Liaison Committee on Medical Education or the Committee on Accreditation of Canadian Medical Schools; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. Graduate from an unaccredited medical school, be evaluated by the Educational Commission for Foreign Medical Graduates and hold a current certificate from the Educational Commission for Foreign Graduates; or [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

C. Graduate from an unaccredited medical school and achieve a passing score on a comprehensive examination determined by the board to be substantially equivalent to the United States Medical Licensing Examination or other examinations designated by the board as the qualifying examination or examinations for licensure. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

2. Postgraduate training. Each applicant who has graduated from an accredited medical school on or after January 1, 1970 but before July 1, 2004 must have satisfactorily completed at least 24 months in a medical graduate educational program accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association or the Royal College of Physicians and Surgeons

of Canada. Notwithstanding other requirements of postgraduate training, an applicant is eligible for licensure when the candidate has satisfactorily graduated from a combined postgraduate training program in which each of the contributing programs is accredited by the Accreditation Council on Graduate Medical Education and the applicant is eligible for accreditation by the American Board of Medical Specialties in both specialties. Each applicant who has graduated from an accredited medical school prior to January 1, 1970 must have satisfactorily completed at least 12 months in a medical graduate educational program accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association or the Royal College of Physicians and Surgeons of Canada. Each applicant who has graduated from an accredited medical school on or after July 1, 2004 or an unaccredited medical school must have satisfactorily completed at least 36 months in a medical graduate educational program accredited by the Accreditation Council on Graduate Medical Education or be licensed or registered to practice medicine according to the laws and rules of Canada, the United Kingdom of Great Britain and Northern Ireland or Ireland. An applicant who has completed 24 months of postgraduate training and has received an unrestricted endorsement from the director of an accredited graduate education program in this State is considered to have satisfied the postgraduate training requirements of this subsection if the applicant continues in that program and completes 36 months of postgraduate training. Notwithstanding this subsection, an applicant who is board certified by the American Board of Medical Specialties is deemed to meet the postgraduate training requirements of this subsection. Notwithstanding this subsection, in the case of subspecialty or clinical fellowship programs, the board may accept in fulfillment of the requirements of this subsection postgraduate training at a hospital in which the subspecialty clinical program, such as a training program accredited by the American Dental Association Commission on Dental Accreditation or its successor organization, is not accredited but the parent specialty program is accredited by the Accreditation Council on Graduate Medical Education, including training that occurs following graduation from a dental school accredited by the American Dental Association Commission on Dental Accreditation or its successor organization but before graduation from a medical school accredited by the Liaison Committee on Medical Education or its successor organization.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

3. Current clinical competency. An applicant must have engaged in active clinical practice in the previous 24 months or provided a plan to practically demonstrate to the board's satisfaction the applicant's clinical competency, the requirements of which may be set by rulemaking.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

4. National board certification not required. The board may not require an applicant for initial licensure or license renewal as an allopathic physician under this section to obtain certification from a specialty medical board or to obtain a maintenance of certification as a condition of licensure. For the purposes of this subsection, "maintenance of certification" means a program that requires an allopathic physician to engage in periodic examination, self-assessment, peer evaluation or other activities to maintain certification from a specialty medical board.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

5. Examination. Each applicant must achieve a passing score on each component of the uniform examination of the Federation of State Medical Boards or other examinations designated by the board as the qualifying examination or examinations for licensure. Each applicant must additionally achieve a passing score on a State of Maine jurisprudence examination administered by the board.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

6. Fees. Each applicant shall pay a fee of up to \$700 plus the cost of the qualifying examination or examinations.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

7. Board action. An applicant may not be licensed unless the board finds that the applicant is qualified and no cause exists, as set forth in section 20144, that may be considered grounds for disciplinary action against a licensed physician or surgeon.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

8. Waiver for exceptional circumstances. The board may waive the requirements of subsection 2 for a physician who does not meet the postgraduate training requirements but who meets the requirements of this subsection.

A. To be considered for a waiver under this subsection, the physician must:

- (1) Be a graduate of a foreign medical school, not including a medical school in Canada or Great Britain;
- (2) Be licensed in another state; and
- (3) Have at least 3 years of clinical experience in the area of expertise. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. If the physician meets the requirements of paragraph A, the board shall use the following qualifications of the physician to determine whether to grant a waiver:

- (1) Completion of a 3-year clinical fellowship in the United States in the area of expertise. The burden of proof as to the quality and content of the fellowship is placed on the applicant;
- (2) Appointment to a clinical academic position at a licensed medical school in the United States;
- (3) Publication in peer-reviewed clinical medical journals recognized by the board;
- (4) The number of years in clinical practice; and
- (5) Other criteria demonstrating expertise, such as awards or other recognition. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

C. The costs associated with the board's determination of licensing eligibility in regard to paragraph B may be assessed for payment by the applicant upon completion of the determination under paragraph A. The application cost must reflect and not exceed the actual cost of the final determination. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20128. Licensure of osteopathic physicians

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

Except as otherwise specified by this chapter, all applicants for licensure as an osteopathic physician or surgeon in this State must satisfy the following requirements. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

1. Osteopathic education. An applicant must graduate from an osteopathic medical school designated as accredited by the American Osteopathic Association's Commission on Osteopathic College Accreditation.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

2. Postgraduate training. An applicant who has graduated from an accredited osteopathic medical school prior to January 1, 2026 must have satisfactorily completed at least 12 months in a medical graduate educational program accredited by the Accreditation Council on Graduate Medical

Education or the American Osteopathic Association. An applicant who has graduated from an accredited osteopathic medical school on or after January 1, 2026 must have satisfactorily completed at least 36 months in a graduate educational program accredited by the Accreditation Council on Graduate Medical Education or the American Osteopathic Association. The board may not require an applicant for initial licensure or license renewal as an osteopathic physician under this chapter to obtain certification from a specialty medical board or to complete maintenance of certification as a condition of licensure. For the purposes of this subsection, "maintenance of certification" means a program that requires a physician to engage in periodic examination, self-assessment, peer evaluation or other activities to maintain certification from a specialty medical board.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

3. Current clinical competency. An applicant must have engaged in active clinical practice in the previous 24 months or provided a plan to practically demonstrate to the board's satisfaction the applicant's clinical competency, the requirements of which may be set by rulemaking.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

4. Examination. An applicant must achieve a passing score on each component of the National Board of Osteopathic Medical Examiners' Comprehensive Osteopathic Medical Licensing Examination of the United States, known as the COMLEX-USA examination, or other examinations designated by the board as the qualifying examination or examinations for licensure.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

5. Fees. An applicant shall pay a fee of up to \$700 plus the cost of the qualifying examination or examinations.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

6. No cause for disciplinary action. An applicant may not be licensed unless the board finds that the applicant is qualified and no cause exists, as set forth in section 20144, that may be considered grounds for disciplinary action against a licensed physician.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20129. Background check for expedited physician licensure through Interstate Medical Licensure Compact

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

1. Background check. The board shall request a background check for an individual licensed under this chapter who applies for an expedited license under section 18506. The background check must include criminal history record information obtained from the Maine Criminal Justice Information System and the Federal Bureau of Investigation.

A. The criminal history record information obtained from the Maine Criminal Justice Information System must include a record of public criminal history record information as defined in Title 16, section 703, subsection 8. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. The criminal history record information obtained from the Federal Bureau of Investigation must include other state and national criminal history record information. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

C. An applicant shall submit to having fingerprints taken. The State Police, upon payment by the applicant, shall take or cause to be taken the applicant's fingerprints and shall forward the fingerprints to the State Bureau of Identification so that the bureau can conduct state and national

criminal history record checks. Except for the portion of the payment, if any, that constitutes the processing fee charged by the Federal Bureau of Investigation, all money received by the State Police for purposes of this paragraph must be paid over to the Treasurer of State. The money must be applied to the expenses of administration incurred by the Department of Public Safety. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

D. The subject of a Federal Bureau of Investigation criminal history record check may obtain a copy of the criminal history record check by following the procedures outlined in 28 Code of Federal Regulations, Sections 16.32 and 16.33. The subject of a state criminal history record check may inspect and review the criminal history record information pursuant to Title 16, section 709. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

E. State and federal criminal history record information of an applicant may be used by the board for the purpose of screening that applicant. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

F. Information obtained pursuant to this subsection is confidential. The results of background checks received by the board are for official use only and may not be disseminated to the Interstate Medical Licensure Compact Commission, established in section 18512, or to any other person or entity. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

G. An individual whose expedited licensure through the Interstate Medical Licensure Compact under chapter 145 has expired and who has not applied for renewal may request in writing that the State Bureau of Identification remove the individual's fingerprints from the bureau's fingerprint file. In response to a written request, the bureau shall remove the individual's fingerprints from the fingerprint file and provide written confirmation of that removal. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

2. Rules. The board, following consultation with the State Bureau of Identification, shall adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20130. Other physician license types

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

1. Temporary licensure. A physician who is qualified under section 20127 or 20128 may, without examination, be granted a temporary license for a period not to exceed one year when the board determines that this action is necessary in order to provide relief for local or national emergencies or for situations in which the number of physicians is insufficient to supply adequate medical services or for the purpose of permitting the physician to serve as locum tenens for another physician who is licensed to practice medicine in this State. The fee for this temporary license may not be more than \$400.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

2. Youth camp physicians. A physician who is qualified under section 20127 or 20128 may, at the discretion of the board, be temporarily licensed as a youth camp physician so that the physician may care for the campers in that particular youth camp licensed under Title 22, section 2495 for which the physician was hired and retained as a youth camp physician. That physician is entitled to practice only on patients in the youth camp. The temporary license must be obtained each year. Application

for this temporary license must be made in the same form and manner as for regular licensure. An examination may not be exacted from applicants for these temporary licenses. The fee for temporary licensure may not be more than \$400 annually.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

3. Emergency 100-day license. A physician who presents a current active unconditioned license from another United States licensing jurisdiction and who can provide reasonable proof of meeting qualifications for licensure in this State must be issued a license to serve temporarily for declared emergencies in this State or for other appropriate reasons as determined by the board. The license is effective for not more than 100 days. The fee for this license may not be more than \$400.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

4. Temporary educational certificate. The board may issue a temporary educational certificate in accordance with the following.

A. An applicant who is qualified under this subchapter may receive a temporary educational certificate from the board to act as a hospital resident. A certificate to a hospital resident may be renewed every 3 years at the discretion of the board for not more than 8 years. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. An applicant who is enrolled in a program of medical and graduate medical training conducted jointly by a medical school accredited by the Liaison Committee on Medical Education and a graduate medical education program approved by the Accreditation Council on Graduate Medical Education may receive a temporary educational certificate from the board to act as a hospital resident as part of that graduate medical education program if the applicant is concurrently enrolled in the final year of medical training and the initial year of graduate medical education. The board may not issue a certificate pursuant to this paragraph for a period longer than that required to obtain the M.D. or D.O. degree. The period during which the certificate is in force may not be considered in determining satisfaction of the requirement for postgraduate medical education under this subchapter. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

C. An applicant for a temporary educational certificate may not be certified unless the board finds that the applicant is qualified and that there exists no cause, as set forth in section 20144, that would be considered grounds for disciplinary action against a licensed physician or surgeon. The board, in its discretion, may require an examination for applicants for temporary educational certificates. Recipients of these certificates are entitled to all the rights granted to physicians who are licensed to practice medicine and surgery, except that their practice is limited to the training programs in which they are enrolled. A temporary educational certificate may be suspended or revoked, or the board may refuse to renew the certificate, for the reasons stated in section 20144 or if the hospital resident has violated the limitations placed upon the temporary educational certificate. The fee for this license may not be more than \$300. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

5. Visiting instructors. A physician who has an unrestricted license to practice medicine or surgery in another state may practice medicine or surgery in this State when the physician is performing medical procedures as part of a course of instruction in graduate medical education in a hospital located in this State. The right of a visiting medical instructor to practice medicine in this State may be suspended or revoked for the reasons stated in section 20144 or if the visiting medical instructor has performed medical procedures that are not a part of a course of instruction. A visiting medical instructor shall apply for authorization from the board to practice under this subsection. The fee for this authorization may not be more than \$300.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20131. Biennial renewal of physician and physician associate licenses; qualification; fees; reinstatement after lapse

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

1. Renewal of licenses. Except as otherwise provided in this chapter, a physician or physician associate with a license issued by the board, including Interstate Medical Licensure Compact licenses, shall apply to the board for relicensure using application forms and submitting supporting documents required by the board. Except as provided in paragraph A for initial proration of expiration dates, the board shall provide to every licensee whose renewal application is approved and accepted proof of license renewal that is valid for no longer than 2 years.

A. Regardless of the date of initial licensure or last license renewal, the license of every physician and physician associate born in an odd-numbered year expires at midnight on the last day of the month of the individual's birth in every odd-numbered year. The license of every physician and physician associate born in an even-numbered year expires at midnight on the last day of the month of the individual's birth in every even-numbered year. Prior to expiration, a physician or physician associate must renew the license issued pursuant to this section by means of application to the board, on forms prescribed and supplied by the board. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. At least 60 days prior to expiration of a current license, the board shall notify each licensee of the requirement to renew the license. If an administratively complete license renewal application, as determined pursuant to this section, has not been submitted prior to the expiration date of the existing license, the license immediately and automatically expires. A license may be reinstated within 90 days after the date of expiration upon submission of an administratively complete application and payment of the renewal fee and late fee. If an administratively complete renewal application is not submitted within 90 days of the date of the expiration of the license, the license immediately and automatically lapses. The board may reinstate a license that has lapsed pursuant to subsection 4. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

2. Criteria for license renewal. Prior to renewing a license:

A. The board may pose any question to the licensee or other sources that the board determines appropriate related to qualification for relicensure. These matters may include, but are not limited to, confirmation of health status, professional standing and conduct, professional liability claims history and license status in other jurisdictions. The board shall, after affording the licensee due process, deny license renewal if the board finds cause that may be considered grounds for refusal to renew the license pursuant to section 20144, including, but not limited to, a determination that an outstanding financial obligation to the board exists; and [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. A licensee seeking renewal of a license with the intent of conducting active clinical medical practice or rendering medical services in this State shall submit evidence, satisfactory to the board, of successful completion of a course of continuing medical education within the preceding 24 months, as prescribed by rule. A licensee may not engage in the clinical practice of medicine or render medical services in this State in any degree, unless the board has found the licensee qualified by continuing medical education and has marked the current license with the designation "active." [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

3. Fees. The following fees apply to licensure.

A. The board may charge a license renewal application fee of not more than \$600 to all applicants for full license renewal. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. In addition to the application processing fee, the board may require payment of a late application fee of not more than \$100 from all licensees, regardless of age, from whom the board has not received an administratively complete license renewal application prior to the license expiration date. An application is not administratively complete if it is not signed and dated by the licensee or does not provide full information and responses of sufficient detail to permit board review, evaluation and decision on renewal qualification. An application received without the required license renewal application fee is considered incomplete and the applicant is subject to a late fee. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

C. The board may prorate the fee for biennial relicensure for individuals who have been issued a full license within the past 12 months. The manner of proration, if done, must be explained in the board's published schedule of fees. The board may waive all or a portion of the established license renewal application fee upon receipt of a request for waiver based on hardship or other special circumstance. Any waiver request granted and the basis for the waiver must be recorded in the minutes of the board's proceedings. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

D. Unless received and deposited to the board's account in error and in violation of this section or the board's rules, a license renewal application fee or late fee paid to the board is not refundable if the board or the board's staff has commenced processing the application, regardless of the board's action on the application. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

4. Reinstatement after lapse. A license may be reinstated after the lapse of a license under the following conditions.

A. A license that has lapsed pursuant to subsection 1, paragraph A or B may be reinstated upon application by the individual on forms provided by the board. An individual whose license has lapsed for more than 5 years shall apply for a new license. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. When applying for reinstatement, the licensee must state the reason why the license lapsed and pay all fees in arrears at the time of lapse plus the current license renewal application fee and a nonrefundable reinstatement application processing fee of \$100. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

C. The board may not reinstate a lapsed full license if the board finds any cause that may be considered a ground for discipline pursuant to section 20144 if the license had been in force. Prior to concluding that no cause exists, the board shall conduct the inquiries required by subsection 2, paragraph A for applications for renewal. In addition, the board may not reinstate the license of any individual who has not provided evidence satisfactory to the board of having actively engaged in the clinical practice of medicine or rendering of medical services during the past 24 months under the license of another jurisdiction of the United States or Canada unless the applicant has first satisfied the board of the applicant's current clinical competency by providing a plan to practically demonstrate to the board's satisfaction the applicant's clinical competency, the requirements of which may be set through rulemaking. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20132. Withdrawal of license**(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)****(WHOLE SECTION TEXT EFFECTIVE 1/1/27)**

A licensee who notifies the board in writing of the withdrawal of the individual's license is not required to pay licensure fees or penalties beyond those due at the time of the holder's withdrawal, but after a holder gives this notice, the holder's license to practice is not valid until reinstated by the board. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20133. Inactive license status**(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)****(WHOLE SECTION TEXT EFFECTIVE 1/1/27)**

A licensee who wants to retain licensure while not practicing or rendering medical services may apply for an inactive status license. During inactive status, the licensee must renew the license and pay the renewal fee set by rule. Inactive status licensees may not engage in the clinical practice of medicine and may not engage in the clinical rendering of medical services. Continuing medical education hours and the jurisprudence examination are not required for an inactive status licensee unless the inactive status licensee seeks reinstatement or conversion to active status. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

SUBCHAPTER 4**COMPLAINTS AND INVESTIGATIONS****(WHOLE SUBCHAPTER TEXT EFFECTIVE 1/1/27)****§20141. Investigative committees****(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)****(WHOLE SECTION TEXT EFFECTIVE 1/1/27)**

Separate investigative committees are established within the board with the power and authority to conduct and act upon investigations in accordance with this subchapter. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

1. Composition. The chair of the board shall divide the membership of the board into 2 investigative committees of 11 members. Each investigative committee must include 3 allopathic physicians, 3 osteopathic physicians, 2 physician associates and 3 public members. The chair or vice-chair of the board shall chair each investigative committee, and each investigative committee may choose an alternate to chair individual meetings in the absence of the chair and vice-chair. Each investigative committee has the power to act as an investigative committee or a hearing panel. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

2. Powers and duties of investigative committee. An investigative committee of the board has the following powers and duties:

- A. The duty to investigate complaints, mandated reports, other reports and licensing matters in a timely fashion regarding potential violation of this chapter or the violation of rules adopted by the board pursuant to its authority; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
- B. The power to issue subpoenas for the production of documents and records; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
- C. The power to direct that a licensee or applicant for licensure or relicensure undergo a mental or physical examination. An individual examined pursuant to the direction of the committee may not prevent testimony or prevent the acceptance into evidence of a report based on that examination in any proceeding before the committee or board; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
- D. The power to dismiss complaints; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
- E. The power to dismiss complaints and issue letters of guidance or concern. A letter of guidance or concern may be used to educate, reinforce knowledge regarding legal or professional obligations and express concern over action or inaction by the licensee or applicant that does not rise to the level of misconduct sufficient to merit disciplinary action. The issuance of a letter of guidance or concern is not a formal proceeding and does not constitute an adverse disciplinary action of any form. Notwithstanding any provision of law to the contrary, a letter of guidance or concern is not confidential. The board may place a letter of guidance or concern, together with any underlying complaint, report and investigation materials, in a licensee's or applicant's file for a specified amount of time, not to exceed 10 years. Any letters, complaints and materials placed on file may be accessed and considered by the board in any subsequent action commenced against the licensee or applicant within the specified time frame. Complaints, reports and investigation materials placed on file are confidential only to the extent that confidentiality is required pursuant to Title 24, chapter 21; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
- F. The power to hold an informal conference with a licensee or applicant for licensure or relicensure. The committee shall provide the licensee with adequate notice of the informal conference and the issues to be discussed. The complainant may attend and may be accompanied by up to 2 individuals, including legal counsel. The informal conference must be conducted in executive session of the committee, pursuant to Title 1, section 405, unless otherwise requested by the licensee. Before the committee decides what action to take at the informal conference or as a result of the informal conference, the committee shall give the complainant a reasonable opportunity to speak. Statements made at the informal conference may not be introduced at a subsequent formal hearing unless all parties consent. The complainant, the licensee and the complainant's and the licensee's representatives, if any, shall maintain the confidentiality of the informal conference; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
- G. The power, with the consent of the licensee, to enter into a consent agreement that resolves an investigation and that fixes the period and terms of probation best adapted to protect the public health and safety and rehabilitate or educate the licensee. Consent agreements may be entered into only with the consent of the applicant or licensee, the investigative committee and the Department of the Attorney General. Any remedy, penalty or fine or cost recovery that is otherwise available by law, even if only in the jurisdiction of the District Court, may be achieved by consent agreement, including long-term suspension or permanent revocation of a professional license. A consent agreement is not subject to review or appeal and may be modified only by a writing executed by all parties to the original consent agreement. A consent agreement is enforceable by the board and by an action in Superior Court; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

H. The power to accept a voluntary surrender of a license or privilege, in consideration of which the committee may negotiate stipulations, including terms and conditions for reinstatement, that ensure protection of the public health and safety and serve to rehabilitate or educate the licensee. These stipulations may be set forth only in a consent agreement signed by the board, the licensee and the Office of the Attorney General; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

I. If the committee concludes that modification or nonrenewal of the license is in order, the power to hold an adjudicatory hearing in accordance with Title 5, chapter 375, subchapter 4; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

J. The power to refer the investigation to an adjudicatory hearing before the board or to the Office of the Attorney General to file a complaint in the District Court in accordance with Title 4, chapter 5; and [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

K. The power to conduct adjudicatory hearings referred by the other investigative committee under this section. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

3. Adjudicatory hearings. The following provisions apply to adjudicatory hearings.

A. Adjudicatory hearings must be conducted by an adjudicatory hearing panel composed solely of a subset of board members taken from among one of the 2 investigative committees, with a minimum quorum of 5 members serving as an adjudicatory hearing panel, as long as at least one member serving on an adjudicatory hearing panel holds the same license as a licensee or applicant for licensure whose case is being adjudicated and is present for purposes of a quorum when a decision is made by an adjudicatory hearing panel. A board member may not serve on an adjudicatory hearing panel if the board member participated in the review and investigation of the licensee or applicant for licensure whose case is being adjudicated. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. Adjudicatory hearings held by adjudicatory hearing panels must be conducted consistent with Title 5, chapter 375, subchapter 4. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

C. A presiding officer shall conduct each board hearing, as determined by the adjudicatory hearing panel or by board rule. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

D. The board may adopt rules governing its adjudicatory hearings in accordance with section 20113, subsection 1, paragraph S. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20142. Complaints; reports; investigations

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

The board, acting through an investigative committee of the board pursuant to section 20141, shall investigate a complaint, on its own motion or upon receipt of a written complaint filed with the board, regarding alleged noncompliance with or violation of this chapter or any rules adopted by the board. The board shall notify the licensee of the content of a complaint filed against the licensee as soon as possible, but not later than 60 days after receipt of this information. The licensee shall respond within 30 days. The board shall share the licensee's response with the complainant, unless the board

determines that it would be detrimental to the health of the complainant, the licensee or a patient related to the complaint to obtain the response or that the complainant is not legally entitled to the confidential medical information contained in the response. Board staff shall ensure that the complaint is referred to one of the investigative committees described in section 20141 for review. When a complaint has been filed against a licensee and the licensee moves or has moved to another state, the board may report to the appropriate licensing board in that state the complaint that has been filed, other complaints in the physician's record on which action was taken and disciplinary actions of the board with respect to that physician. When an individual applies for a license under this chapter and any issue arises during the application review that may constitute grounds for discipline, the board, acting through the investigative committee, may investigate the professional or criminal record of that individual, including professional records that the individual may have as a licensee in other states. The board may deny a license or authorize a restricted license based on the record of the applicant in other states or for any reason enumerated in this chapter that constitutes grounds for discipline. When the board receives a report pursuant to Title 24, section 2505 or 2506 regarding a licensee, board staff shall ensure that the report is referred to one of the investigative committees for review. Following review, the investigative committee may close the matter without action, further investigate or open a complaint. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20143. Emergency action

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

Upon its own motion or upon complaint, the board, or an investigative committee of the board pursuant to section 20141, in the interests of public health, safety and welfare, shall treat as an emergency a complaint or allegation that an individual licensed under this chapter is or may be unable to practice medicine with reasonable skill and safety to patients by reason of mental illness, alcohol intemperance or excessive use of drugs or narcotics or as a result of a mental or physical condition interfering with the competent practice of medicine. In enforcing this section, the board, or an investigative committee of the board pursuant to section 20141, may compel a licensee to submit to a mental or physical examination directed by the board. Failure of a licensee to submit to this examination when directed constitutes an admission of the allegations against the physician, unless the failure was due to circumstances beyond the physician's control, upon which a final order of disciplinary action may be entered without the taking of testimony or presentation of evidence. A licensee affected under this section must, at reasonable intervals, be afforded an opportunity to demonstrate that the licensee can resume the competent practice of medicine with reasonable skill and safety to patients. For the purposes of this chapter, by practicing or by making and filing a biennial license to practice medicine in this State, a licensee licensed under this chapter who accepts the privilege to practice medicine in this State is deemed to have given consent to a mental or physical examination when directed in writing by the board and to have waived all objections to the admissibility of the examiner's testimony or examination reports on the grounds that the testimony or reports constitute a privileged communication. Injunctions must issue immediately to enjoin the practice of medicine by an individual licensed to practice under this chapter when that individual's continued practice may cause irreparable damage to the public health or safety prior to the time proceedings under this chapter could be instituted and completed. In a petition for injunction pursuant to this section, there must be set forth with particularity the facts that make it appear that irreparable damage to the public health or safety may occur prior to the time proceedings under this chapter could be instituted and completed. The petition must be filed in the name of the board on behalf of this State. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20144. Disciplinary action; judicial review

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

1. Disciplinary action. The board may suspend or revoke a license or privilege issued by the board pursuant to Title 5, section 10004. In addition to the powers under Title 10, section 8003, subsection 5, the board may suspend, revoke or refuse to issue or renew a license or privilege or impose license or privilege restrictions, conditions and periods of probation based on the following grounds for discipline:

- A. The practice of fraud, deceit or misrepresentation in obtaining a license or authority from the board or in connection with services within the scope of the license or authority; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
- B. Misuse of alcohol, drugs or other substances that has resulted or may result in the licensee performing services in a manner that endangers the health or safety of patients; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
- C. A professional diagnosis of a mental or physical condition that has resulted or may result in the licensee performing services in a manner that endangers the health or safety of patients; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
- D. Aiding or abetting the practice of medicine or rendering of medical services by an individual who is not licensed under this chapter and who has not been properly delegated the task and who claims to be legally licensed; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
- E. Incompetence in the practice for which the licensee is licensed or authorized by the board. A licensee is considered incompetent in the practice if the licensee has engaged in conduct that evidences a lack of ability or fitness to perform the duties owed by the licensee to a client or patient or the general public; or engaged in conduct that evidences a lack of knowledge or inability to apply principles or skills to carry out the practice for which the licensee is licensed; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
- F. Unprofessional conduct. A licensee is considered to have engaged in unprofessional conduct if the licensee violates a standard of professional behavior, including engaging in disruptive behavior, that has been established in the practice for which the licensee is licensed. For purposes of this paragraph, "disruptive behavior" means aberrant behavior that interferes with or is likely to interfere with the delivery of care; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
- G. Subject to the limitations of Title 5, chapter 341, conviction of a crime that involves dishonesty or false statement or that relates directly to the practice for which the licensee is licensed or authorized by the board, or conviction of a crime for which incarceration for one year or more may be imposed; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
- H. A violation of this chapter or a rule adopted by the board; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
- I. Engaging in false, misleading or deceptive advertising; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

J. Prescribing drugs listed as controlled substances by the United States Department of Justice, Drug Enforcement Administration for other than accepted therapeutic purposes; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

K. Failure to report to the board a physician or physician associate licensed under this chapter or a physician associate privileged under chapter 145-A, in accordance with Title 24, section 2505; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

L. Failure to comply with the requirements of Title 24, section 2905-A; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

M. Revocation, suspension or restriction of a license to practice medicine or other disciplinary action; denial of an application for a license; or surrender of a license to practice medicine following the institution of disciplinary action by another state or a territory of the United States or a foreign country if the conduct resulting in the disciplinary or other action involving the license would, if committed in this State, constitute grounds for discipline under the laws or rules of this State; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

N. Engaging in any activity requiring a license under the governing law of the board that is beyond the scope of acts authorized by the license held; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

O. Continuing to act in a capacity requiring a license or authority under this chapter or a rule adopted by the board after expiration, suspension or revocation of that license or authority; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

P. Noncompliance with an order of the board or a consent agreement executed by the board; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

Q. Failure to produce any requested documents in the licensee's possession or under the licensee's control relevant to a pending complaint, proceeding or matter under investigation by the board; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

R. Failure to timely respond to a complaint notification sent by the board; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

S. Failure to comply with the requirements of Title 22, section 7253; or [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

T. Advertising, offering or administering conversion therapy to a minor. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

2. Judicial review. Notwithstanding any provision of Title 10, section 8003, subsection 5 to the contrary, any nonconsensual revocation pursuant to Title 10, section 8003, subsection 5 of a license or authority issued by the board may be imposed only after a hearing conforming to the requirements of Title 5, chapter 375, subchapter 4 and is subject to judicial review exclusively in the Superior Court in accordance with Title 5, chapter 375, subchapter 7.
[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

3. Letters of guidance. In addition to the authority conferred under Title 10, section 8003, subsection 5, the board may issue a letter of guidance or concern to a licensee or applicant. A letter of guidance or concern may be used to educate, reinforce knowledge regarding legal or professional obligations and express concern over action or inaction by the licensee or applicant that does not rise to the level of misconduct sufficient to merit disciplinary action. The issuance of a letter of guidance or concern is not a formal proceeding and does not constitute an adverse disciplinary action of any form. Notwithstanding any provision of law to the contrary, a letter of guidance or concern is not confidential. The board may place a letter of guidance or concern, together with any underlying

complaint, report and investigation materials, in a licensee's or applicant's file for a specified amount of time, not to exceed 10 years. Any letters, complaints and materials placed on file may be accessed and considered by the board in any subsequent action commenced against the licensee or applicant within the specified time frame. Complaints, reports and investigation materials placed on file are confidential only to the extent that confidentiality is required pursuant to Title 24, chapter 21.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

SUBCHAPTER 5

DELEGATION; SCOPE OF PRACTICE; REQUIREMENTS; STANDARDS

(WHOLE SUBCHAPTER TEXT EFFECTIVE 1/1/27)

§20151. Delegation by physicians and physician associates

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

A physician or physician associate may delegate to the physician's or physician associate's employees or support staff or members of a health care team, including medical assistants, certain activities relating to medical care and treatment carried out by custom and usage when the activities are under the control of the physician or physician associate; the activities being delegated do not, unless otherwise provided by law, require a license, privilege, registration or certification to perform; the physician or physician associate ensures that the employees or support staff or members of a health care team have the appropriate training, education and experience to perform these delegated activities; and the physician or physician associate ensures that the employees or support staff perform these delegated activities competently and safely. The physician or physician associate who delegates an activity permitted under this section to employees or support staff, to program graduates or to participants in an approved training program is legally liable for the activity performed by these individuals, and any individual in this relationship is considered the physician's or physician associate's agent. This section may not be construed to apply to registered nurses acting pursuant to chapter 31 or physician associates acting pursuant to this chapter. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

If the delegated activities are part of the practice of optometry as defined in chapter 151, the individual to whom these activities are delegated must possess a valid license to practice optometry in this State, or otherwise may perform only as a technician within the established office of a physician, and otherwise acting solely on the order of and under the responsibility of a physician skilled in the treatment of eyes as designated by the proper professional board, and without assuming evaluation or interpretation of examination findings by prescribing corrective procedures to preserve, restore or improve vision. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20152. Physician associates; scope of practice and agreement requirements

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

1. Scope of practice. A physician associate may render any medical service for which the physician associate has been prepared by education, training and experience and is competent to perform. The scope of practice of a physician associate is determined by practice setting, including, but not limited to, a physician employer setting, physician group practice setting or independent private practice setting, or, in a health care facility setting, by a system of credentialing and granting of privileges.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

2. Dispensing drugs. Except for distributing a professional sample of a prescription or legend drug, a physician associate who dispenses a prescription or legend drug:

A. Shall comply with all relevant federal and state laws and federal regulations and state rules; and [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. May dispense the prescription or legend drug only when:

(1) A pharmacy service is not reasonably available;

(2) Dispensing the drug is in the best interests of the patient; or

(3) An emergency exists. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

3. Consultation. A physician associate may, as indicated by a patient's condition, the education, competencies and experience of the physician associate and the standards of care, consult with, collaborate with or refer the patient to an appropriate physician or other health care professional. The level of consultation under this subsection is determined by the practice setting, including a physician employer, physician group practice or private practice, or by the system of credentialing and granting of privileges of a health care facility. Consultation may occur electronically or through telecommunication and includes communication, task sharing and education among all members of a health care team.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

4. Collaborative agreement requirements. A physician associate with less than 4,000 hours of clinical practice documented to the board shall work in accordance with a collaborative agreement with an active physician that describes the physician associate's scope of practice, except that a physician associate working in a physician group practice setting or a health care facility setting under a system of credentialing and granting of privileges and scope of practice agreement may use that system of credentialing and granting of privileges and scope of practice agreement in lieu of a collaborative agreement. A physician associate is legally responsible and assumes legal liability for any medical service provided by the physician associate in accordance with the physician associate's scope of practice under subsection 1 and a collaborative agreement under this subsection. Under a collaborative agreement, collaboration may occur through electronic means and does not require the physical presence of the physician at the time or place that the medical services are provided. A physician associate shall submit the collaborative agreement, or, if appropriate, the scope of practice agreement, to the board for approval and the agreement must be kept on file at the main location of the place of practice and be made available to the board or the board's representative upon request. Upon submission to the board of documentation of 4,000 hours of clinical practice, a physician associate is no longer subject to the requirements of this subsection.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

5. Construction. To address the need for affordable, high-quality health care services throughout this State and to expand, in a safe and responsible manner, access to health care providers such as physician associates, this section must be liberally construed to authorize physician associates to

provide health care services to the full extent of their education, training and experience in accordance with their scopes of practice as determined by their practice settings.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20153. Review committee member immunity

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

A physician or physician associate licensed under this chapter who is a member of a utilization review committee, medical review committee, surgical review committee, peer review committee or disciplinary committee that is a requirement of accreditation by the Joint Commission on accreditation of hospitals or is established and operated under the auspices of the physician's or physician associate's respective state or county professional society or the board is immune from civil liability for undertaking or failing to undertake an act within the scope of the function of the committee. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20154. Records of proceedings of medical staff review committees confidential

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

All proceedings and records of proceedings concerning medical staff reviews, hospital reviews and other reviews of medical care conducted by committees of physicians and other health care personnel on behalf of hospitals located within this State or on behalf of individual physicians, when the reviews are required by state or federal law or rule or as a condition of accreditation by the Joint Commission on accreditation of hospitals or the American Osteopathic Association Healthcare Facilities Accreditation Program or are conducted under the auspices of the state or county professional society to which the physician belongs, are confidential and are exempt from discovery. Provision of information protected by this section to the board pursuant to Title 24, section 2506 does not waive or otherwise affect the confidentiality of the records or the exemption from discovery provided by this section for any other purpose. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20155. Lyme disease treatment

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Long-term antibiotic therapy" means the administration of oral, intramuscular or intravenous antibiotics, singly or in combination, for a period of time in excess of 4 weeks. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. "Lyme disease" means:

- (1) The presence of signs or symptoms compatible with acute infection with *Borrelia burgdorferi*;
- (2) Late stage, persistent or chronic infection with *Borrelia burgdorferi*;
- (3) Complications related to an infection under subparagraph (1) or (2); or
- (4) The presence of signs or symptoms compatible with acute infection or late stage, persistent or chronic infection with other strains of *Borrelia* that are identified or recognized by the United States Department of Health and Human Services, Centers for Disease Control and Prevention as a cause of disease.

"Lyme disease" includes an infection that meets the surveillance criteria for Lyme disease established by the United States Department of Health and Human Services, Centers for Disease Control and Prevention or a clinical diagnosis of Lyme disease that does not meet the surveillance criteria for Lyme disease set by the United States Department of Health and Human Services, Centers for Disease Control and Prevention but presents other acute and chronic signs or symptoms of Lyme disease as determined by a patient's treating physician. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

2. Lyme disease treatment. A physician licensed under this chapter may prescribe, administer or dispense long-term antibiotic therapy for a therapeutic purpose to eliminate infection or to control a patient's symptoms upon making a clinical diagnosis that the patient has Lyme disease or displays symptoms consistent with a clinical diagnosis of Lyme disease. The physician shall document the clinical diagnosis and treatment in the patient's medical record. The clinical diagnosis must be based on knowledge obtained through medical history and physical examination only or in conjunction with testing that provides supportive data for the clinical diagnosis.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20156. Treatment of minors

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

An individual licensed under this chapter who renders medical care to a minor for the prevention or treatment of a sexually transmitted infection or treatment of substance use disorder or for the collection of sexual assault evidence through a sexual assault forensic examination is under no obligation to obtain the consent of the minor's parent or guardian or to inform the parent or guardian of the prevention or treatment or collection. This section may not be construed to prohibit the licensed individual rendering the prevention services or treatment or collection from informing the parent or guardian. For purposes of this section, "substance use disorder" means the use of drugs or alcohol solely for their stimulant, depressant or hallucinogenic effect upon the higher functions of the central nervous system and not as a therapeutic agent recommended by a practitioner in the course of medical treatment. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20157. Posting of policy regarding acceptance of Medicare assignment

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

An individual licensed to practice medicine or render medical services under this chapter, or privileged under chapter 145-A, a chiropractor licensed pursuant to chapter 9 or a podiatrist licensed pursuant to chapter 51 who treats Medicare-eligible individuals shall post in a conspicuous place that professional's policy regarding the acceptance of Medicare assignment. This posting must state the policy on accepting assignment and name the individual with whom the patient should communicate regarding the policy. The Maine Board of Medicine, the Board of Licensure of Podiatric Medicine and the Board of Chiropractic Licensure shall enforce the provisions of this section and inform each licensee of the licensee's obligation under this section. Each board may discipline a licensee under its jurisdiction for failing to comply with this section and impose a monetary penalty of not less than \$100 and not more than \$1,000 for each violation. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20158. Release of contact lens prescription

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

After contact lenses have been adequately fitted and the patient released from immediate follow-up care by the physician, the patient may request a copy of the contact lens specifications from the physician. The physician shall provide a copy of the prescription at no cost, which must contain the information necessary to properly duplicate the current prescription. The contact lens prescription must contain an expiration date not to exceed 24 months from the date of issue. The prescription may contain fitting guidelines and may also contain specific instructions for use by the patient. The prescribing physician is not liable for an injury to or a condition of a patient that results from negligence in packaging, manufacturing or dispensing lenses by anyone other than the prescribing physician. The dispensing party may dispense contact lenses only upon receipt of a written prescription, except that a physician may fill a prescription of an optometrist or another physician without a copy of the prescription. Mail order contact lens suppliers must be licensed by and register with the Maine Board of Pharmacy pursuant to section 13751, subsection 3-A and are subject to discipline by that board for violations of that board's rules and the laws governing the board. An individual who fills a contact lens prescription shall maintain a file of that prescription for a period of 5 years. An individual, a corporation or any other entity, other than a mail order contact lens supplier, that improperly fills a contact lens prescription or fills an expired prescription commits a civil violation for which a fine of not less than \$250 nor more than \$1,000 may be adjudged. An individual may file a complaint with the board seeking disciplinary action concerning violations of this section. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20159. Expedited partner therapy

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

An individual licensed under this chapter may not be disciplined for providing expedited partner therapy in accordance with Title 22, chapter 251, subchapter 3, article 5. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20160. Issuance of prescription for ophthalmic lenses**(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)****(WHOLE SECTION TEXT EFFECTIVE 1/1/27)**

A physician licensed by the board may not issue a prescription for ophthalmic lenses, as defined in section 19101, subsection 19, solely in reliance on a measurement of the eye by a kiosk, as defined in section 19101, subsection 14, without conducting an eye examination, as defined in section 19101, subsection 11. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20161. Requirements regarding prescription of opioid medication**(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)****(WHOLE SECTION TEXT EFFECTIVE 1/1/27)**

1. Limits on opioid medication prescribing. Except as provided in subsection 2, an individual licensed under this chapter or privileged under chapter 145-A and whose scope of practice includes prescribing opioid medication may not prescribe:

A. To a patient any combination of opioid medication in an aggregate amount in excess of 100 morphine milligram equivalents of opioid medication per day; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. To a patient who, on the effective date of this section, has an active prescription for opioid medication in excess of 100 morphine milligram equivalents of an opioid medication per day, an opioid medication in an amount that would cause that patient's total amount of opioid medication to exceed 300 morphine milligram equivalents of opioid medication per day; except that, on or after July 1, 2017, the aggregate amount of opioid medication prescribed may not be in excess of 100 morphine milligram equivalents of opioid medication per day; [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

C. Within a 30-day period, more than a 30-day supply of an opioid medication to a patient under treatment for chronic pain. For the purposes of this paragraph, "chronic pain" has the same meaning as in Title 22, section 7246, subsection 1-C; or [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

D. Within a 7-day period, more than a 7-day supply of an opioid medication to a patient under treatment for acute pain unless the opioid product is labeled by the federal Food and Drug Administration to be dispensed only in a stock bottle that exceeds a 7-day supply as prescribed, in which case the amount dispensed may not exceed a 14-day supply. For the purposes of this paragraph, "acute pain" has the same meaning as in Title 22, section 7246, subsection 1-A. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]
[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

2. Exceptions. An individual licensed under this chapter or privileged under chapter 145-A whose scope of practice includes prescribing opioid medication is exempt from the limits on opioid medication prescribing established in subsection 1 only:

A. When prescribing opioid medication to a patient for:

(1) Pain associated with active and aftercare cancer treatment;

(2) Palliative care, as defined in Title 22, section 1726, subsection 1, paragraph A, in conjunction with a serious illness, as defined in Title 22, section 1726, subsection 1, paragraph B;

(3) End-of-life and hospice care; or

(4) Medication-assisted treatment for substance use disorder; and [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

B. When directly ordering or administering a benzodiazepine or opioid medication to an individual in an emergency room setting, an inpatient hospital setting, a long-term care facility or a residential care facility or in connection with a surgical procedure. As used in this paragraph, "administer" has the same meaning as in Title 22, section 7246, subsection 1-B. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

3. Electronic prescribing. An individual licensed under this chapter or privileged under chapter 145-A and whose scope of practice includes prescribing opioid medication with the capability to electronically prescribe shall prescribe all opioid medication electronically by July 1, 2017. An individual who does not have the capability to electronically prescribe must request a waiver from this requirement from the Commissioner of Health and Human Services stating the reasons for the lack of capability, the availability of broadband infrastructure and a plan for developing the ability to electronically prescribe opioid medication. The commissioner may grant a waiver including circumstances in which exceptions are appropriate, including prescribing outside of the individual's usual place of business and technological failures. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

4. Continuing education. By December 31, 2017, an individual licensed under this chapter or privileged under chapter 145-A must successfully complete 3 hours of continuing education every 2 years on the prescription of opioid medication. The board shall adopt rules to implement this subsection. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

5. Penalties. An individual who violates this section commits a civil violation for which a fine of \$250 per violation, not to exceed \$5,000 per calendar year, may be adjudged. The Department of Health and Human Services is responsible for the enforcement of this section. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

6. Opioid medication policy. No later than January 1, 2018, a health care entity that includes an individual licensed under this chapter or privileged under chapter 145-A whose scope of practice includes prescribing opioid medication must have in place an opioid medication prescribing policy that applies to all prescribers of opioid medications employed by the health care entity. The policy must include, but is not limited to, procedures and practices related to risk assessment, informed consent and counseling on the risk of opioid use. For the purposes of this subsection, "health care entity" has the same meaning as in Title 22, section 1718-B, subsection 1, paragraph B. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20162. Prohibition on providing conversion therapy to minors

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

An individual licensed, registered or certified under this chapter may not advertise, offer or administer conversion therapy to a minor. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20163. Duty to warn and protect

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

1. Duty. A licensee has a duty to warn of or to take reasonable precautions to provide protection from a patient's violent behavior if the licensee has a reasonable belief based on communications with the patient that the patient is likely to engage in physical violence that poses a serious risk of harm to self or others. The duty imposed under this subsection may not be interpreted to require the licensee to take any action that in the reasonable professional judgment of the licensee would endanger the licensee or increase the threat of danger to a potential victim.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

2. Discharge of duty. A licensee subject to a duty to warn or provide protection under subsection 1 may discharge that duty if the licensee makes reasonable efforts to communicate the threat to a potential victim, notifies a law enforcement agency or seeks involuntary hospitalization of the patient under Title 34-B, chapter 3, subchapter 4, article 3.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

3. Immunity. No monetary liability and no cause of action may arise concerning patient privacy or confidentiality against a licensee for information disclosed to 3rd parties in an effort to discharge a duty under subsection 2.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

SUBCHAPTER 6

TELEHEALTH SERVICES

(WHOLE SUBCHAPTER TEXT EFFECTIVE 1/1/27)

§20181. Definitions

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

As used in this subchapter, unless the context otherwise indicates, the following terms have the following meanings. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

1. Asynchronous encounter. "Asynchronous encounter" means an interaction between a patient and a person licensed under this chapter through a system that has the ability to store digital information, including, but not limited to, still images, video files, audio files, text files and other relevant data, and to transmit such information without requiring the simultaneous presence of the patient and the person licensed under this chapter.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

2. Store and forward transfer. "Store and forward transfer" means the transmission of a patient's records through a secure electronic system to a person licensed under this chapter.

[PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

3. Synchronous encounter. "Synchronous encounter" means a real-time interaction conducted with an interactive audio or video connection between a patient and a person licensed under this chapter or between a person licensed under this chapter and another health care provider. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

4. Telehealth services. "Telehealth services" means health care services delivered through the use of information technology and includes synchronous encounters, asynchronous encounters, store and forward transfers and telemonitoring. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

5. Telemonitoring. "Telemonitoring" means the use of information technology to remotely monitor a patient's health status via electronic means, allowing the person licensed under this chapter to track the patient's health data over time. Telemonitoring may be synchronous or asynchronous. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20182. Telehealth services permitted

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

A person licensed under this chapter may provide telehealth services as long as the licensee acts within the scope of practice of the licensee's license, in accordance with any requirements and restrictions imposed by this subchapter and in accordance with standards of practice. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20183. Confidentiality

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

When providing telehealth services, a person licensed under this chapter shall comply with all state and federal confidentiality and privacy laws. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20184. Professional responsibility

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 1/1/27)

All laws and rules governing professional responsibility, unprofessional conduct and generally accepted standards of practice that apply to a person licensed under this chapter also apply to that licensee while that licensee is providing telehealth services. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

§20185. Rulemaking

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)**(WHOLE SECTION TEXT EFFECTIVE 1/1/27)**

The board shall adopt rules governing telehealth services by persons licensed under this chapter. These rules must establish standards of practice and appropriate restrictions for the various types and forms of telehealth services. Rules adopted pursuant to this section are routine technical rules as defined by Title 5, chapter 375, subchapter 2-A. [PL 2025, c. 738, Pt. A, §7 (NEW); PL 2025, c. 738, Pt. A, §9 (AFF).]

SECTION HISTORY

PL 2025, c. 738, Pt. A, §7 (NEW). PL 2025, c. 738, Pt. A, §9 (AFF).

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