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March 15, 2021

Senator Chip Curry, Chair
Representative Tiffany Roberts, Chair
Committee on Innovation, Development, Economic Advancement and Business
100 State House Station
Augusta, ME 04333

Re: LD 612 – “An Act To Recognize Occupational Licenses and Certifications from Other States To Attract New Residents and Businesses to Maine”

Dear Senator Curry and Representative Roberts:

The Maine Board of Licensure in Medicine (“Board”) licenses and regulates allopathic physicians and physician assistants in Maine. The Board is composed of 11 members: 6 physicians who actively practice medicine; 2 physician assistants who actively render medical services; and 3 public members. The Board’s mission is to protect the public by ensuring its licensees are ethical, professional and competent. It fulfills this mission by licensing, regulating, and educating physician and physician assistants.

The Board offers the following comments in opposition to LD 612:

The bill would create an unverified fast track to full licensure for physicians who do not meet the post-graduate training requirements (PGT) under the Board’s existing statute. Other jurisdictions do not require 3 years of PGT as does Maine. This bill would allow lesser trained physicians to provide care to Maine patients. Maine law requires all physicians who graduated after July 2004 to have successfully completed 36 months of PGT in a program accredited by the Accreditation Council on Graduate Medical Education (ACGME). The ACGME, an independent organization, establishes the professional post-graduate training requirements essential in preparing physicians to deliver competent and safe medical care. The ACGME oversees all accredited PGT programs for physicians in the United States. However, some jurisdictions grant licenses to practice to physicians with only 12 months of PGT. States with such laws risk harm to the public by issuing licenses to inadequately trained physicians because in many specialty residencies the first 12 months of PGT is considered a transitional or internship year and the true specialty training does not even begin until the second year.

The BOLIM already has a robust and efficient licensing process. Applications for a permanent medical license take an average of 45 days to process. If a physician requires a license sooner, then the BOLIM can issue an emergency license within 24-48 hours upon the submission of a letter of need from the facility where the licensee will be working. In addition, the BOLIM is a member of the Interstate Medical Licensure Compact (IMLC), which

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expedites licensure for qualified physicians. Licenses are processed with 72 hours of receipt of the application under the IMLC.

The term “good standing” as defined in the law is not broad enough to protect the public. It should be expanded to include that the individual have no “adverse licensing” or “disciplinary actions” for any similar license in any jurisdiction. Many physicians have multiple licenses in multiple jurisdictions. Some physicians have licenses in these other jurisdictions disciplined – short of revocation but for unethical conduct, unprofessional conduct or incompetence. The BOLIM reviews all of this type of information before making a decision regarding a physician’s application for licensure. This bill would remove that discretion of the BOLIM not to issue a license where a physician may have adverse action or disciplinary action in another jurisdiction for concerning conduct.

The bill’s requirement that the BOLIM issue a “decision” on an application for licensure within 60 days with written notification to the applicant is too restrictive. As indicated above, there are instances where the BOLIM requests additional information from other jurisdictions or the applicant regarding adverse actions or disciplinary actions in other jurisdictions, as well as medical malpractice settlements involving patient harm – including death. Given the complexity of some of the applications, imposing this artificial 60-day time requirement is unreasonable. In addition, the BOLIM’s process for denying a license application includes compliance with the Administrative Procedure Act, which provides for a notice regarding the decision to preliminarily deny a license as well as the opportunity for a hearing. Applicants who request a hearing are placed on an adjudicatory hearing list. As the BOLIM meets once a month, the BOLIM may not be able to afford an individual applicant a hearing within 60 days.

The “appeal” right regarding the denial of an application for licensure provided by the bill already exists in Maine law. See 5 M.R.S. Sections 10005, 11001, 1102.

Finally, the bill is unclear whether the “cost” that is capped at \$100 would limit the BOLIM from charging its current licensure fees. If so, limiting licensure fees to \$100 would result in a significant negative financial impact to the BOLIM to the extent that it would not be able to perform its operations as mandated by law.

Thank you for the opportunity to provide these questions and comments regarding LD 612. I would be happy to answer any questions at the work session.

Sincerely,



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