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April 5, 2021

Senator Louis J. Luchini, Chair  
Representative Christopher J. Caiazzo, Chair  
Committee on Veterans and Legal Affairs  
100 State House Station  
Augusta, ME 04333

**Re: LD 827 – “An Act To Help Veterans Access Jobs, Education and Housing”**

Dear Senator Luchini, Representative Caiazzo and Distinguished Members of the Committee:

The Maine Board of Licensure in Medicine (“BOLIM”) licenses and regulates allopathic physicians and physician assistants in Maine. The BOLIM is composed of 11 members: 6 physicians who actively practice medicine; 2 physician assistants who actively render medical services; and 3 public members. The BOLIM’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 BOLIM offers the following comments in opposition to LD 827:

The bill would create an unverified fast track to full licensure for physicians who do not meet the post-graduate training requirements (PGT) under BOLIM’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 expedites licensure for qualified physicians. Licenses are processed with 72 hours of receipt of the application under the IMLC.

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 language in LD 827 to *require* each professional licensing board within or affiliated with the department to grant a license by endorsement or a temporary license to a person who holds a comparable license in another state and who is a returning military veteran, the qualified spouse of a returning military veteran or the qualified spouse of an active duty service member, does not account for applicants with licenses in other states that are subject to conditions, restrictions, suspensions or probations. In addition, the language does not account for applicants who may have had licenses in other jurisdictions revoked. Current law allows the BOLIM to consider adverse action, conditions, restrictions, probation, revocations or suspensions on an applicant’s license and any risk these may pose to the citizens of Maine.

10 M.R.S. §8011 already provides existing statutory authority for the BOLIM to prioritize and issue licenses, including temporary licenses, to military veterans, active duty members and/or their spouses. Unlike the existing law, however, the language of LD 827 raises concerns.

If the intent of LD 827 is to remove administrative barriers to license otherwise qualified military veterans, active duty members and/or their spouses on an expedited basis, the BOLIM’s existing regulations and processes accomplish that goal.

Finally, I would like to make this Committee aware that a similar bill, LD 374, “An Act To Allow Veterans, Active Duty Service Members and Their Spouses To Apply for Temporary Occupational Licenses and Certifications,” has already had a public hearing and workshop before the Committee on Innovation, Development, Economic Advancement and Business. That bill was carefully considered and has been voted out ought to pass as amended, which included removal of the affiliated boards, including the Board of Licensure in Medicine, from that bill based on the systems already in place.

Thank you for the opportunity to provide these comments regarding LD 827. I would be happy to answer any questions at the work session.

Sincerely,



Timothy Terranova  
Assistant Executive Director