

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from electronic originals
(may include minor formatting differences from printed original)

LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND THIRTY-SECOND LEGISLATURE

SECOND REGULAR SESSION
JANUARY 7, 2026 to APRIL 29, 2026

THE GENERAL EFFECTIVE DATE FOR
SECOND REGULAR SESSION
NONEMERGENCY LAWS IS
JULY 29, 2026

PUBLISHED BY THE REVISOR OF STATUTES
IN ACCORDANCE WITH THE MAINE REVISED STATUTES,
TITLE 3, SECTION 163-A, SUBSECTION 4.

Augusta, Maine
2026

pupils that are identified as economically disadvantaged under section 15675, subsection 2.

Sec. 7. 20-A MRSA §15699 is enacted to read:

§15699. State subsidy transition period

Beginning in fiscal year 2027-28 and until fiscal year 2030-31, the State may not reduce from the previous fiscal year the amount of a school administrative unit's state subsidy attributable to the combination of the regional adjustment calculated pursuant to section 15682-A and the local contribution calculated pursuant to section 15688, subsection 3-A. Beginning in fiscal year 2030-31, the following provisions apply.

1. Fiscal year 2030-31. In fiscal year 2030-31, the amount of a school administrative unit's state subsidy attributable to the combination of the regional adjustment calculated pursuant to section 15682-A and the local contribution calculated pursuant to section 15688, subsection 3-A may not be reduced by the State by more than 25% from the previous fiscal year.

2. Fiscal year 2031-32. In fiscal year 2031-32, the amount of a school administrative unit's state subsidy attributable to the combination of the regional adjustment calculated pursuant to section 15682-A and the local contribution calculated pursuant to section 15688, subsection 3-A may not be reduced by the State by more than 50% from the previous fiscal year.

3. Fiscal year 2032-33 and subsequent fiscal years. In fiscal year 2032-33 and in each subsequent fiscal year, the state subsidy for all school administrative units is adjusted by the regional adjustment calculated pursuant to section 15682-A and the local contribution calculated pursuant to section 15688, subsection 3-A.

Sec. 8. Maine Education Policy Research Institute; further study. The Maine Education Policy Research Institute shall study the components of the essential programs and services school funding formula established in the Maine Revised Statutes, Title 20-A, chapter 606-B. The institute shall submit a report no later than January 15, 2027 to the joint standing committee of the Legislature having jurisdiction over education matters. The report must include, but is not limited to, the following:

1. An analysis of the impact of inflation on the essential programs and services school funding formula since fiscal year 2019-20 and recommendations on how to mitigate its effects or account for its impact on the formula;

2. Recommendations related to a poverty indicator that reflects overall community income rather than only the income of families with school-aged children;

3. Modeling one or more scenarios using a 5-year average for pupil counts and property valuation; and

4. Recommendations on which components of the funding formula are considered essential and whether the funding formula accounts for the true costs of those components and provides adequate funding to school administrative units.

The joint standing committee is authorized to report out a bill related to the report to the 133rd Legislature in 2027.

See title page for effective date.

CHAPTER 738

H.P. 1509 - L.D. 2233

An Act to Combine the Board of Licensure in Medicine and Board of Osteopathic Licensure into a Single Licensing Board for All Physicians and Physician Associates

Be it enacted by the People of the State of Maine as follows:

PART A

Sec. A-1. 3 MRSA §959, sub-§1, ¶R, as amended by PL 2021, c. 617, §1, is further amended to read:

R. The joint standing committee of the Legislature having jurisdiction over professional licensing of health care professions matters shall use the following list as a guideline for scheduling reviews:

- (1) Board of Dental Practice in 2027;
- (2) ~~Board of Osteopathic Licensure in 2027;~~
- (3) ~~Board of Licensure in~~ Maine Board of Medicine in 2027 2029;
- (4) State Board of Nursing in 2027; and
- (5) State Board of Optometry in 2027.

Sec. A-2. 5 MRSA §12004-A, sub-§24, as amended by PL 1999, c. 687, Pt. B, §1, is repealed.

Sec. A-3. 5 MRSA §12004-A, sub-§24-A is enacted to read:

24-A.

Maine Board of Medicine	\$1,250/Year-Member	32 MRSA
	\$1,500/Year-Chair	§20111
	\$1,500/Year-Vice-Chair	
	\$7,500/Year-Secretary	

Sec. A-4. 5 MRSA §12004-A, sub-§29, as amended by PL 1999, c. 687, Pt. B, §1, is repealed.

Sec. A-5. 32 MRSA c. 36, as amended, is repealed.

Sec. A-6. 32 MRSA c. 48, as amended, is repealed.

Sec. A-7. 32 MRSA c. 153 is enacted to read:

CHAPTER 153
MAINE BOARD OF MEDICINE MEDICAL
PRACTICE ACT
SUBCHAPTER 1
GENERAL PROVISIONS

§20101. Short title

This chapter may be known and cited as "the Maine Board of Medicine Medical Practice Act."

§20102. Definitions

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings.

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

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

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.

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.

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.

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.

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.

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

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

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

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;

B. Offering or undertaking to prescribe, order, give or administer any drug or medicine for use by any other person;

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;

D. Offering or undertaking to perform any surgical operation upon any person;

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;

F. Rendering a determination of medical necessity or a decision affecting the diagnosis or treatment of a patient;

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

H. Maintaining adequate medical records pursuant to the standard of care.

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.

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;

B. Offering or undertaking to prescribe, order, give or administer any drug or medicine for use by any other person;

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;

D. Offering or undertaking to perform any surgical operation upon any person;

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;

F. Rendering a determination of medical necessity or a decision affecting the diagnosis or treatment of a patient;

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

H. Maintaining adequate medical records pursuant to the standard of care.

§20103. Individual license

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 ministration to the sick or suffering by mental or spiritual means.

§20104. License required

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.

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.

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

SUBCHAPTER 2

MAINE BOARD OF MEDICINE

§20111. Creation; declaration of policy

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.

§20112. Membership

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;

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;

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

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.

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.

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.

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.

B. Five members of the board constitute a quorum for the conduct of adjudicatory hearings pursuant to this chapter.

C. Five members of an investigative committee under section 20141 constitute a quorum for all investigative committee meetings.

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.

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.

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.

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

§20113. Powers and duties

The board has the following powers and duties in addition to all other powers and duties imposed by this chapter.

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;

B. Design or adopt an examination and other suitable criteria for establishing a candidate's knowledge in medicine and its related skills;

C. License and establish standards of practice for physicians and physician associates practicing medicine or rendering medical services in this State;

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;

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;

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;

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;

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;

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;

J. Conduct examinations relevant to licensure;

K. Provide services and carry out functions necessary to fulfill the board's statutory responsibilities;

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;

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;

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;

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;

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;

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;

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

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.

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;

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;

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 state-

ment of its receipts and disbursements and comments or suggestions as the board determines essential;

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

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.

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;

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;

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

D. The number and type of disciplinary actions finalized during the report year, in the aggregate and for each type of licensee.

§20114. Role of commissioner

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.

§20115. Inspection or copying of record; procedure

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.

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.

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.

SUBCHAPTER 3

LICENSURE

§20121. Individual license

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.

§20122. Licensure or privilege required

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.

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.

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.

§20123. Exemption for licensed individual accompanying visiting athletic team

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;
- B. A member of the athletic team's coaching, communications, equipment or sports medicine staff;
- C. A member of a band or cheerleading squad accompanying the athletic team; and
- D. The athletic team's mascot.

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.

§20124. Application; fees; general requirements

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.

2. Fees. All fees set forth in this chapter are non-refundable 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.

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.

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.

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
- 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.

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 intoxication 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.

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.

§20125. Licensure of physician associates

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.

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.

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;
- B. Education requirements for the physician associate;
- C. Requirements for collaborative agreements, including uniform standards and forms;
- 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;

E. Issuance of temporary physician associate licenses;

F. Continuing education requirements as a precondition to continued licensure or licensure renewal;

G. Fees for the application for an initial physician associate license, which may not exceed \$400; and

H. Fees for the biennial renewal of a physician associate license in an amount not to exceed \$350.

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.

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.

§20126. Physician associate criminal history record information; fees

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.

B. The criminal history record information obtained from the Federal Bureau of Investigation must include other state and national criminal history record information.

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.

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.

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.

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.

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.

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.

§20127. Licensure of allopathic physicians

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.

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;

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

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.

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.

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.

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.

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.

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

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.

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.

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.

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.

\$20128. Licensure of osteopathic physicians

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.

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.

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.

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.

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.

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

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.

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

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.

B. The criminal history record information obtained from the Federal Bureau of Investigation

must include other state and national criminal history record information.

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.

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.

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

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.

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.

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.

§20130. Other physician license types

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.

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.

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.

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.

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.

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.

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.

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

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.

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.

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

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."

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.

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 applica-

tion 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.

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.

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.

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.

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 non-refundable reinstatement application processing fee of \$100.

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 rule-making.

§20132. Withdrawal of license

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.

§20133. Inactive license status

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.

SUBCHAPTER 4

COMPLAINTS AND INVESTIGATIONS

§20141. Investigative committees

Separate investigative committees are established within the board with the power and authority to conduct and act upon investigations in accordance with this subchapter.

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.

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;

B. The power to issue subpoenas for the production of documents and records;

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;

D. The power to dismiss complaints;

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;

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;

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;

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;

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;

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

K. The power to conduct adjudicatory hearings referred by the other investigative committee under this section.

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.

B. Adjudicatory hearings held by adjudicatory hearing panels must be conducted consistent with Title 5, chapter 375, subchapter 4.

C. A presiding officer shall conduct each board hearing, as determined by the adjudicatory hearing panel or by board rule.

D. The board may adopt rules governing its adjudicatory hearings in accordance with section 20113, subsection 1, paragraph S.

§20142. Complaints; reports; investigations

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.

§20143. Emergency action

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.

§20144. Disciplinary action; judicial review

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;
- 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;

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;

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;

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;

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;

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;

H. A violation of this chapter or a rule adopted by the board;

I. Engaging in false, misleading or deceptive advertising;

J. Prescribing drugs listed as controlled substances by the United States Department of Justice, Drug Enforcement Administration for other than accepted therapeutic purposes;

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;

L. Failure to comply with the requirements of Title 24, section 2905-A;

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;

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;

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;

P. Noncompliance with an order of the board or a consent agreement executed by the board;

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;

R. Failure to timely respond to a complaint notification sent by the board;

S. Failure to comply with the requirements of Title 22, section 7253; or

T. Advertising, offering or administering conversion therapy to a minor.

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.

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, re-

ports and investigation materials placed on file are confidential only to the extent that confidentiality is required pursuant to Title 24, chapter 21.

SUBCHAPTER 5

DELEGATION; SCOPE OF PRACTICE; REQUIREMENTS; STANDARDS

§20151. Delegation by physicians and physician associates

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.

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.

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

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.

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

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.

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.

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.

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.

§20153. Review committee member immunity

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.

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

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.

§20155. Lyme disease treatment

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.

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.

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.

§20156. Treatment of minors

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.

§20157. Posting of policy regarding acceptance of Medicare assignment

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.

§20158. Release of contact lens prescription

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.

§20159. Expedited partner therapy

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.

§20160. Issuance of prescription for ophthalmic lenses

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.

§20161. Requirements regarding prescription of opioid medication

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;

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;

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

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.

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

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.

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.

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.

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.

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.

§20162. Prohibition on providing conversion therapy to minors

An individual licensed, registered or certified under this chapter may not advertise, offer or administer conversion therapy to a minor.

§20163. Duty to warn and protect

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.

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.

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.

SUBCHAPTER 6

TELEHEALTH SERVICES

§20181. Definitions

As used in this subchapter, unless the context otherwise indicates, the following terms have the following meanings.

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.

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.

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.

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.

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.

§20182. Telehealth services permitted

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.

§20183. Confidentiality

When providing telehealth services, a person licensed under this chapter shall comply with all state and federal confidentiality and privacy laws.

§20184. Professional responsibility

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.

§20185. Rulemaking

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.

Sec. A-8. Transition. The following provisions apply to the reassignment of the duties and responsibilities related to the licensing and regulation of allopathic physicians, osteopathic physicians and physician associates in this State.

1. The Maine Board of Medicine is created and established by law. All other statutory references to, responsibilities of and authority conferred upon the Board of Licensure in Medicine and the Board of Osteopathic Licensure are deemed to refer to and vest in the Maine Board of Medicine created by this Part. The Maine Board of Medicine is the successor in every way to the powers, duties and functions related to the licensure and regulation of physicians and physician associates in this State.

2. All licenses issued by the Board of Licensure in Medicine and the Board of Osteopathic Licensure that are in effect on the effective date of this Part remain in effect until those licenses expire. The authority over those licenses is transferred to the Maine Board of Medicine on the effective date of this Part.

3. Notwithstanding the provisions of the Maine Revised Statutes, Title 5, all accrued expenditures, assets, liabilities, balances of appropriations, allocations, transfers, revenues or other available funds in an account or subdivision of an account of the Board of Licensure in Medicine and the Board of Osteopathic Licensure must be transferred to the proper accounts of the Maine Board of Medicine by the State Controller or by financial order upon the request of the State Budget Officer and with the approval of the Governor.

4. All rules of the Board of Licensure in Medicine and the Board of Osteopathic Licensure that are in effect on the effective date of this Part remain in effect until rescinded, revised or amended.

5. All contracts, agreements and compacts of the Board of Licensure in Medicine and the Board of Osteopathic Licensure as they pertain to the duties set forth in this Part that are in effect on the effective date of this Part remain in effect until they expire or are altered by the parties involved in the contracts or agreements. The Maine Board of Medicine is the successor agency for all contracts, agreements and compacts of the Board of Licensure in Medicine and the Board of Osteopathic Licensure.

6. All records of the Board of Licensure in Medicine and the Board of Osteopathic Licensure as they pertain to the duties set forth in this Part must be transferred to the Maine Board of Medicine as necessary to implement this Part.

7. All property and equipment of the Board of Licensure in Medicine and the Board of Osteopathic Licensure pertaining to the duties set forth in this Part are transferred to the Maine Board of Medicine as necessary to implement this Part.

8. Employees of the Board of Licensure in Medicine and the Board of Osteopathic Licensure who were employees of those respective boards immediately prior to the effective date of this Part retain all their employee rights, privileges and benefits, including sick leave, vacation and seniority, provided under the Civil Service

Law or collective bargaining agreements. The Department of Administrative and Financial Services, Bureau of Human Resources shall provide assistance to the affected employees and the Maine Board of Medicine and shall assist with the orderly implementation of this subsection.

9. The Department of Administrative and Financial Services, Bureau of the Budget shall work with employees of the Maine Board of Medicine with regard to the duties transferred to it as set forth in this Part to develop the budget for the Maine Board of Medicine.

10. All complaints and investigations in progress at the time this Part takes effect must be assigned to one of the Maine Board of Medicine's investigative committees, and a licensee with a pending matter at the time of the merger is not entitled to challenge any member of that committee who previously heard the matter when sitting as a member of the Board of Licensure in Medicine or the Board of Osteopathic Licensure.

11. Notwithstanding the Maine Revised Statutes, Title 32, section 20112, subsection 1, the appointments of current board members of both the Board of Licensure in Medicine and the Board of Osteopathic Licensure carry over, and all sitting members appointed by the Governor as of the effective date of the merger serve on the Maine Board of Medicine until their existing appointment terms expire.

12. Notwithstanding the Maine Revised Statutes, Title 32, section 20112, subsection 5, the members of the Maine Board of Medicine shall meet on the 2nd Tuesday in January 2027 at the time and place the board may determine and shall elect a chair, vice-chair and a secretary, who hold their respective offices until the 2nd Tuesday in July 2027.

13. Notwithstanding the Maine Revised Statutes, Title 32, section 20112, subsection 2, of the initial members appointed to the Maine Board of Medicine pursuant to Title 32, section 20112, subsection 1, 2 members appointed pursuant to paragraphs A, B and D must be appointed to a term of 3 years; 2 members appointed pursuant to paragraphs A, B and D must be appointed to a term of 4 years; 2 members appointed pursuant to paragraphs A, B and D must be appointed to a term of 5 years; one member appointed pursuant to paragraph C must be appointed to a term of 3 years; one member appointed pursuant to paragraph C must be appointed to a term of 4 years; and 2 members appointed pursuant to paragraph C must be appointed to a term of 5 years.

Sec. A-9. Effective date. This Part takes effect January 1, 2027.

PART B

Sec. B-1. Report on planning for merger and additional recommendations for statutory changes. No later than January 31, 2027, the Board of

Licensure in Medicine, jointly with the Board of Osteopathic Licensure, shall submit a report on the planning completed by the board prior to the establishment of the Maine Board of Medicine as set forth in Part A, including recommendations for any suggested legislation necessary to further implement the merger, to the Governor and to the joint standing committee of the Legislature having jurisdiction over professional licensing board matters. The joint standing committee having jurisdiction over professional licensing board matters may report out a bill to the 133rd Legislature in 2027.

PART C

Sec. C-1. 22 MRSA §20, sub-§1, ¶A, as enacted by PL 2019, c. 523, §1, is amended to read:

A. Be licensed, or eligible for licensure, as a physician under Title 32, chapter ~~36 or 48~~ 153 or as an advanced practice registered nurse under Title 32, chapter 31; or

Sec. C-2. 22 MRSA §264, sub-§3, ¶H, as amended by PL 2025, c. 127, §2, is further amended to read:

H. An advanced practice registered nurse who is licensed under Title 32, chapter 31 or a health care provider who is licensed under Title 32, chapter ~~36 or 48~~ 153 and who has experience in delivering services to individuals with intellectual disabilities or autism;

Sec. C-3. 22 MRSA §264, sub-§3, ¶H-1, as corrected by RR 2025, c. 1, Pt. A, §28, is amended to read:

H-1. An advanced practice registered nurse who is licensed under Title 32, chapter 31 or a health care provider who is licensed under Title 32, chapters ~~36 or 48~~ chapter 153 and who has experience as a primary care provider;

Sec. C-4. 22 MRSA §1241, sub-§3, as amended by PL 2019, c. 627, Pt. B, §5 and PL 2025, c. 316, §3, is further amended to read:

3. Health care professional. "Health care professional" means an allopathic physician licensed pursuant to Title 32, chapter ~~48~~ 153, an osteopathic physician licensed pursuant to Title 32, chapter ~~36~~ 153, a physician associate licensed pursuant to Title 32, chapter ~~36 or 48~~ 153, an advanced practice registered nurse who has a written collaborative agreement with a collaborating physician that authorizes the provision of sexually transmitted disease therapy or expedited partner therapy or an advanced practice registered nurse who possesses appropriate clinical privileges in accordance with Title 32, chapter 31.

Sec. C-5. 22 MRSA §1502, first ¶, as amended by PL 2017, c. 407, Pt. A, §70, is further amended to read:

In addition to the ability to consent to treatment for health services as provided in sections 1823 and 1908 and Title 32, sections ~~2595, 3292, 3817, 6221 and~~ 7004 and 20156, a minor may consent to treatment for substance use disorder or for emotional or psychological problems.

Sec. C-6. 22 MRSA §1508, sub-§1, ¶C, as enacted by PL 2023, c. 413, §1, is amended to read:

C. "Health care professional" means a person qualified by training and experience to provide and monitor the provision of gender-affirming hormone therapy who is authorized by law to prescribe medication and who is:

(1) Licensed by the Maine Board of Licensure ~~in~~ Medicine under Title 32, chapter ~~48~~ 153; or

(~~2~~) ~~Licensed by the Board of Osteopathic Licensure under Title 32, chapter 36; or~~

(3) Licensed by the State Board of Nursing as an advanced practice registered nurse under Title 32, chapter 31.

Sec. C-7. 22 MRSA §1531, sub-§1, as amended by PL 2019, c. 613, §1, is further amended to read:

1. Prophylactic ophthalmic ointment and reporting requirement. Every physician, midwife or nurse in charge shall instill or cause to be instilled into the eyes of an infant within 24 hours after its birth prophylactic ophthalmic ointment. If one or both eyes of an infant become reddened or inflamed at any time within 4 weeks after birth, the midwife, nurse or person having charge of the infant shall report the condition of the eyes at once to the infant's primary care provider licensed under Title 32, chapter ~~36 or 48~~ 153.

Sec. C-8. 22 MRSA §1596, sub-§1, ¶C, as enacted by PL 2019, c. 262, §1 and amended by PL 2025, c. 316, §3, is further amended to read:

C. "Health care professional" means a physician or physician associate licensed under Title 32, chapter ~~36 or 48~~ 153 or a person licensed under Title 32, chapter 31 to practice as an advanced practice registered nurse.

Sec. C-9. 22 MRSA §1597-A, sub-§1, ¶B, as amended by PL 2019, c. 627, Pt. B, §6 and PL 2025, c. 316, §3, is further amended by amending subparagraph (5) to read:

(5) A physician associate licensed by the Maine Board of Licensure ~~in~~ Medicine, Title 32, chapter ~~48~~ 153;

Sec. C-10. 22 MRSA §1597-A, sub-§1, ¶B, as amended by PL 2019, c. 627, Pt. B, §6 and PL 2025, c. 316, §3, is further amended by amending subparagraph (6) to read:

(6) A nurse practitioner registered by the Maine Board of Licensure in Medicine, Title 32, chapter ~~48~~ 153;

Sec. C-11. 22 MRSA §1598, sub-§1-B, as enacted by PL 2023, c. 416, §3 and reallocated by RR 2023, c. 1, Pt. A, §8, is amended to read:

1-B. Abortion after viability. After viability, an abortion may be performed only when it is necessary in the professional judgment of a physician licensed pursuant to Title 32, chapter ~~36 or 48~~ 153. The physician shall apply the applicable standard of care in making a professional judgment under this subsection.

Sec. C-12. 22 MRSA §1598, sub-§3, ¶A, as amended by PL 2023, c. 416, §4 and PL 2025, c. 316, §3, is further amended to read:

A. Only a person licensed under Title 32, chapter ~~36 or 48~~ 153 to practice in the State as an osteopathic or medical physician or physician associate or a person licensed under Title 32, chapter 31 to practice in the State as an advanced practice registered nurse may perform an abortion on another person. ~~Nothing in this~~ This paragraph limits does not limit the applicability of Title 32, section ~~3270~~ 20104 or any other civil or criminal law that may apply.

Sec. C-13. 22 MRSA §1711-C, sub-§1, ¶E, as amended by PL 1999, c. 512, Pt. A, §5 and affected by §7 and c. 790, Pt. A, §§58 and 60, is further amended by amending the first blocked paragraph to read:

"Health care information" does not include information that is created or received by a member of the clergy or other person using spiritual means alone for healing as provided in Title 32, sections 2103 and ~~3270~~ 20103.

Sec. C-14. 22 MRSA §1711-C, sub-§6, ¶A, as amended by PL 2013, c. 326, §1, is further amended by amending subparagraph (2), division (e) to read:

(e) A physician specializing in psychiatry licensed under the provisions of Title 32, chapter ~~36 or 48~~ 153.

Sec. C-15. 22 MRSA §1823, first ¶, as amended by PL 2019, c. 236, §1, is further amended to read:

Any hospital licensed under this chapter or alcohol or drug treatment facility licensed pursuant to section 7801 that provides facilities to a minor in connection with the prevention of a sexually transmitted infection or the treatment of that minor for a sexually transmitted infection or treatment of that minor for substance use or for the collection of sexual assault evidence through a sexual assault forensic examination is not under ~~no~~ an obligation to obtain the consent of that minor's parent or guardian or to inform that parent or guardian of the provision of such facilities ~~so, as~~ as long as such facilities

have been provided at the direction of the person or persons referred to in Title 32, ~~sections 2595, 3292, section 3817, 6221 or 7004 or 20156~~. The hospital shall notify and obtain the consent of that minor's parent or guardian if that hospitalization continues for more than 16 hours.

Sec. C-16. 22 MRSA §2383-B, sub-§3, ¶B-1, as enacted by IB 1999, c. 1, §8, is amended to read:

B-1. "Physician" means ~~a person licensed as an osteopathic physician by the Board of Osteopathic Licensure pursuant to Title 32, chapter 36 or a person licensed as a physician or surgeon by the Maine Board of Licensure in Medicine pursuant to Title 32, chapter 48~~ 153.

Sec. C-17. 22 MRSA §2421-A, sub-§37, as enacted by PL 2023, c. 679, Pt. A, §3, is amended to read:

37. Physician. "Physician" means ~~an individual licensed as an osteopathic physician by the Board of Osteopathic Licensure pursuant to Title 32, chapter 36 or an individual licensed as a physician or surgeon by the Maine Board of Licensure in Medicine pursuant to Title 32, chapter 48~~ 153 who is in good standing and who holds a valid federal Drug Enforcement Administration license to prescribe drugs.

Sec. C-18. 22 MRSA §2421-A, sub-§38, as enacted by PL 2023, c. 679, Pt. A, §3 and amended by PL 2025, c. 316, §3, is further amended to read:

38. Physician associate. "Physician associate" means an individual licensed as a physician associate by the ~~Board of Osteopathic Licensure pursuant to Title 32, chapter 36 or an individual licensed as a physician associate by the~~ Maine Board of Licensure in Medicine pursuant to Title 32, chapter 48 153 who is in good standing and who holds a valid federal Drug Enforcement Administration license to prescribe drugs.

Sec. C-19. 22 MRSA §3174-III, sub-§1, as enacted by PL 2021, c. 708, §1 and amended by PL 2025, c. 316, §3, is further amended to read:

1. Reimbursement. The department shall provide reimbursement under the MaineCare program for pasteurized donor breast milk provided to an infant receiving benefits under this chapter if a physician or physician associate licensed under Title 32, chapter ~~36 or 48~~ 153 or an advanced practice registered nurse licensed under Title 32, chapter 31 signs an order stating that:

A. The infant is medically or physically unable to receive maternal breast milk or participate in breastfeeding or the infant's mother is medically or physically unable to produce maternal breast milk in quantities sufficient for the infant; and

B. The infant:

(1) Was born at a birth weight of less than 1,500 grams;

- (2) Has a gastrointestinal anomaly or metabolic or digestive disorder or is recovering from intestinal surgery and the infant's digestive needs require additional support;
- (3) Is not appropriately gaining weight or growing;
- (4) Has formula intolerance and is experiencing weight loss or difficulty feeding;
- (5) Has low blood sugar;
- (6) Has congenital heart disease;
- (7) Has received or will receive an organ transplant; or
- (8) Has another serious medical condition for which donor breast milk is medically necessary.

Sec. C-20. 24 MRSA §2505, 2nd ¶, as amended by PL 2015, c. 429, §8 and PL 2025, c. 316, §3, is further amended to read:

Except for specific protocols developed by a board pursuant to Title 32, section ~~2506-A, 3298 or~~ 18323 or Title 32, section 20113, subsection 1, paragraph O, a physician or physician associate, dentist or committee is not responsible for reporting misuse of alcohol, drugs or other substances or professional incompetence or malpractice as a result of physical or mental infirmity or by the misuse of alcohol, drugs or other substances discovered by the physician, physician associate, dentist or committee as a result of participation or membership in a professional review committee or with respect to any information acquired concerning misuse of alcohol, drugs or other substances or professional incompetence or malpractice as a result of physical or mental infirmity or by the misuse of alcohol, drugs or other substances, as long as that information is reported to the professional review committee. This section does not prohibit an impaired physician, physician associate or dentist from seeking alternative forms of treatment.

Sec. C-21. 24 MRSA §2510, sub-§6, as amended by PL 2011, c. 190, §6, is further amended to read:

6. Disciplinary action. Disciplinary action by the ~~Maine Board of Licensure in Medicine~~ is in accordance with Title 32, chapter ~~48; disciplinary action by the Board of Osteopathic Licensure is in accordance with Title 32, chapter 36; 153~~ and disciplinary action by the State Board of Veterinary Medicine is in accordance with Title 32, chapter 71-A.

Sec. C-22. 24 MRSA §2510-A, first ¶, as enacted by PL 1997, c. 697, §7, is amended to read:

Except as otherwise provided by this chapter, all professional competence review records are privileged and confidential and are not subject to discovery, sub-

poena or other means of legal compulsion for their release to any person or entity and are not admissible as evidence in any civil, judicial or administrative proceeding. Information contained in professional competence review records is not admissible at trial or deposition in the form of testimony by an individual who participated in the written professional competence review process. ~~Nothing in this~~ This section may not be read to abrogate the obligations to report and provide information under section 2506, ~~nor or~~ the application of Title 32, ~~sections 2599 and 3296~~ section 20154.

Sec. C-23. 24 MRSA §2607, first ¶, as corrected by RR 2017, c. 2, §8, is amended to read:

When 3 notices of professional liability claims are made within a 10-year period regarding any person licensed by the ~~Maine Board of Licensure in Medicine or the Board of Osteopathic Licensure~~ and one or more of the claims, following an initial review, potentially may rise to a level of misconduct sufficient to merit board action, the board shall treat that situation as a complaint against the licensee or practitioner and shall initiate a review consistent with Title 32, ~~sections 3282-A to 3289~~ chapter 153, subchapter 4. Any claims that lack merit or fail to rise to a level of board action may be dismissed by the board for the purpose of this section.

Sec. C-24. 24-A MRSA §4303-G, sub-§1, ¶B, as enacted by PL 2023, c. 40, §1 and affected by §2, is amended to read:

B. "Maintenance of certification program" means satisfactory participation in a program beyond the continuing medical education requirements currently in place by the ~~Maine Board of Licensure in Medicine or Board of Osteopathic Licensure~~, or initial board certification by a national or regional medical specialty board.

Sec. C-25. 24-A MRSA §4303-G, sub-§1, ¶D, as enacted by PL 2023, c. 40, §1 and affected by §2, is amended to read:

D. "Physician" means an individual licensed under Title 32, chapter ~~36 or 48~~ 153.

Sec. C-26. 24-A MRSA §4306, first ¶, as amended by PL 2019, c. 627, Pt. A, §1 and affected by §3 and amended by PL 2025, c. 316, §3, is further amended to read:

A carrier offering or renewing a managed care plan shall allow enrollees to choose their own primary care providers, as allowed under the managed care plan's rules, from among the panel of participating providers made available to enrollees under the managed care plan's rules. A carrier shall allow physicians, including, but not limited to, pediatricians and physicians who specialize in obstetrics and gynecology, and physician associates licensed pursuant to Title 32, section ~~2594-E or section 3270-E~~ 20125 and certified nurse practitioners who have been approved by the State Board of Nursing

to practice advanced practice registered nursing without the supervision of a physician pursuant to Title 32, section 2102, subsection 2-A to serve as primary care providers for managed care plans. A carrier is not required to contract with certified nurse practitioners, physician associates or physicians as primary care providers in any manner that exceeds the access and provider network standards required in this chapter or chapter 56, or any rules adopted pursuant to those chapters. A carrier shall allow enrollees in a managed care plan to change primary care providers without good cause at least once annually and to change with good cause as necessary. When an enrollee fails to choose a primary care provider, the carrier may assign the enrollee a primary care provider located in the same geographic area in which the enrollee resides.

Sec. C-27. 24-A MRSA §4314, sub-§1, ¶A, as amended by PL 2023, c. 580, §3, is further amended to read:

A. "Eye care provider" means a participating provider who is an optometrist licensed to practice optometry pursuant to Title 32, chapter 151, or an ophthalmologist licensed to practice medicine pursuant to Title 32, chapter ~~36, 48 or 145~~ or 153.

Sec. C-28. 24-A MRSA §4320-O, sub-§1, as enacted by PL 2019, c. 627, Pt. A, §2 and affected by §3 and amended by PL 2025, c. 316, §3, is further amended to read:

1. Services provided by a physician associate. A carrier offering a health plan in this State shall provide coverage for health care services performed by a physician associate licensed under Title 32, section ~~2594-E or 3270-E~~ 20125 when those services are covered services under the health plan when performed by any other health care provider and when those services are within the lawful scope of practice of the physician associate.

Sec. C-29. 24-A MRSA §4320-V, sub-§1, as enacted by PL 2023, c. 229, §1 and affected by §2 and amended by PL 2025, c. 316, §3, is further amended to read:

1. Required coverage. A carrier offering a health plan in this State shall provide coverage for pasteurized donor breast milk provided to an infant eligible for coverage under the health plan if a physician or physician associate licensed under Title 32, chapter ~~36 or 48~~ 153 or an advanced practice registered nurse licensed under Title 32, chapter 31 signs an order stating that:

A. The infant is medically or physically unable to receive maternal breast milk or participate in breastfeeding or the infant's parent is medically or physically unable to produce maternal breast milk in quantities sufficient for the infant; and

B. The infant:

- (1) Was born at a birth weight of less than 1,500 grams;
- (2) Has a gastrointestinal anomaly or metabolic or digestive disorder or is recovering from intestinal surgery and the infant's digestive needs require additional support;
- (3) Is not appropriately gaining weight or growing;
- (4) Has formula intolerance and is experiencing weight loss or difficulty feeding;
- (5) Has low blood sugar;
- (6) Has congenital heart disease;
- (7) Has received or will receive an organ transplant; or
- (8) Has another serious medical condition for which donor breast milk is medically necessary.

Sec. C-30. 25 MRSA §1542-A, sub-§1, ¶N, as amended by PL 2017, c. 457, §12, is further amended to read:

N. Who is licensed under Title 32, chapter ~~48~~ 153 and has applied for an expedited license under Title 32, section 18506;

Sec. C-31. 25 MRSA §1542-A, sub-§1, ¶P, as repealed and replaced by PL 2019, c. 399, §2 and c. 402, §2, is repealed.

Sec. C-32. 25 MRSA §1542-A, sub-§1, ¶DD, as enacted by PL 2025, c. 366, §2 and amended by c. 316, §3, is further amended to read:

DD. Who is an applicant for licensure as a physician associate with the Maine Board of Osteopathic Licensure Medicine, or who is a licensed physician associate seeking a compact privilege, as required under Title 32, section ~~2594-G~~ 20126.

Sec. C-33. 25 MRSA §1542-A, sub-§1, ¶EE, as enacted by PL 2025, c. 366, §3 and amended by c. 316, §3, is repealed.

Sec. C-34. 25 MRSA §1542-A, sub-§3, ¶M, as enacted by PL 2017, c. 253, §3, is amended to read:

M. The State Police shall take or cause to be taken the fingerprints of the person named in subsection 1, paragraph N at the request of that person and upon payment of the expenses by that person as required by Title 32, section ~~3275-A~~ 20129.

Sec. C-35. 25 MRSA §1542-A, sub-§3, ¶O, as repealed and replaced by PL 2021, c. 293, Pt. A, §36, is repealed.

Sec. C-36. 25 MRSA §1542-A, sub-§3, ¶CC, as enacted by PL 2025, c. 366, §9, is repealed.

Sec. C-37. 25 MRSA §1542-A, sub-§3, ¶DD, as enacted by PL 2025, c. 366, §10, is amended to read:

DD. The State Police shall take or cause to be taken the fingerprints of the person named in subsection 1, paragraph ~~EE~~ DD at the request of that person or the Maine Board of Licensure in Medicine and upon payment of the fee by that person as required by Title 32, section ~~3270-H~~ 20129.

Sec. C-38. 25 MRSA §1542-A, sub-§4, as repealed and replaced by PL 2021, c. 293, Pt. A, §42, is amended to read:

4. Duty to submit to State Bureau of Identification. It is the duty of the law enforcement agency taking the fingerprints as required by subsection 3, paragraphs A, B and G to transmit immediately to the State Bureau of Identification the criminal fingerprint record. Fingerprints taken pursuant to subsection 1, paragraph C, D, E or F or pursuant to subsection 5 may not be submitted to the State Bureau of Identification unless an express request is made by the commanding officer of the State Bureau of Identification. Fingerprints taken pursuant to subsection 1, paragraph G must be transmitted immediately to the State Bureau of Identification to enable the bureau to conduct state and national criminal history record checks for the Department of Education. The bureau may not use the fingerprints for any purpose other than that provided for under Title 20-A, section 6103. The bureau shall retain the fingerprints, except as provided under Title 20-A, section 6103, subsection 9. Fingerprints taken pursuant to subsection 1, paragraph I and subsection 3, paragraph I must be transmitted immediately to the State Bureau of Identification to enable the bureau to conduct state and national criminal history record checks for the court and the Department of Public Safety, Gambling Control Board, respectively. Fingerprints taken pursuant to subsection 1, paragraph J or S must be transmitted immediately to the State Bureau of Identification to enable the bureau to conduct state and national criminal history record checks for the Department of Administrative and Financial Services. ~~Fingerprints taken pursuant to subsection 1, paragraph P must be transmitted immediately to the State Bureau of Identification to enable the bureau to conduct state and national criminal history record checks for the Board of Osteopathic Licensure, established in Title 32, chapter 36. Fingerprints taken pursuant to subsection 1, paragraph N must be transmitted immediately to the State Bureau of Identification to enable the bureau to conduct state and national criminal history record checks for the Maine Board of Licensure in Medicine, established in Title 32, chapter 48 153. Fingerprints taken pursuant to subsection 1, paragraph Q must be transmitted immediately to the State Bureau of Identification to enable the bureau to conduct state and national criminal history record checks for the State Board of Nursing, established in Title 32, chapter 31. Fingerprints taken pursuant to subsection 1, paragraph O must~~

be transmitted immediately to the State Bureau of Identification to enable the bureau to conduct state and national criminal history record checks under Title 28-B, section 204. Fingerprints taken pursuant to subsection 1, paragraph R, T or W must be transmitted immediately to the State Bureau of Identification to enable the bureau to conduct state and national criminal history record checks for the Department of Health and Human Services. Fingerprints taken pursuant to subsection 1, paragraph V must be transmitted immediately to the State Bureau of Identification to enable the bureau to conduct state and national criminal history record checks for the Office of the State Auditor.

Sec. C-39. 26 MRSA §599-A, sub-§5, as enacted by PL 2019, c. 513, §1, is amended to read:

5. Effective date of a noncompete agreement. Except for a noncompete agreement between an employer and an allopathic physician or an osteopathic physician licensed under Title 32, chapter ~~48 or chapter 36, respectively~~ 153, the terms of a noncompete agreement do not take effect until after one year of the employee's employment with the employer or a period of 6 months from the date the agreement was signed, whichever is later.

Sec. C-40. 30-A MRSA §1559, sub-§6, as amended by PL 2001, c. 667, Pt. A, §48, is further amended to read:

6. Administration of medication not a violation. The administration of medication to prisoners, as provided in this section, is not a violation of Title 32, section 2102, subsection 2, paragraph F; or Title 32, section ~~3270; 20104~~ or any other law.

Sec. C-41. 32 MRSA §85, sub-§7, as repealed and replaced by PL 2025, c. 70, §1, is amended to read:

7. Delegation. A person acting under delegated authority pursuant to chapter ~~36 or 48~~ 153 may not use or be governed by a license issued pursuant to this chapter while acting under that delegated authority, and a person acting under a license issued pursuant to this chapter may not be governed by delegated authority or engage in any activities delegated pursuant to chapter ~~36 or 48~~ 153 while acting under a license issued pursuant to this chapter.

Sec. C-42. 32 MRSA §3811, sub-§3, as amended by PL 1977, c. 564, §124, is further amended to read:

3. Limitation. ~~Nothing in this~~ This chapter ~~shall~~ may not be construed as permitting the practice of medicine as defined in section ~~3270~~ 20102, subsection 11 by psychological examiners or psychologists.

Sec. C-43. 32 MRSA §3837-A, sub-§1, ¶D, as enacted by PL 2007, c. 402, Pt. Q, §14, is amended to read:

D. Practice of medicine without a license to do so in violation of ~~section 3270~~ chapter 153;

Sec. C-44. 32 MRSA §4329, first ¶, as enacted by PL 1997, c. 206, §1, is amended to read:

This chapter does not restrict the activities of a physician or surgeon licensed under chapter ~~48~~ 153.

Sec. C-45. 32 MRSA §9855, sub-§4, as repealed and replaced by PL 2005, c. 511, §6 and amended by PL 2025, c. 316, §3, is further amended to read:

4. Limited radiographer license. For those applicants wishing to be licensed only for the limited purpose of using ionizing radiation for imaging purposes in the office of a licensed practitioner or for physician associates practicing under section ~~3270-A~~ 20151 or nurses practicing under section 2102, subsection 2, paragraph C in a clinic not required to be licensed under Title 22, chapter 405, the board shall grant a limited license and shall, in approving a course of study, training and examination for these applicants, consider the limited scope of practice of the various disciplines. Those aspects of study, training and examination relating to patient safety must be identical to the requirements for a full license.

Sec. C-46. 32 MRSA §13786-C, first ¶, as enacted by PL 2015, c. 488, §31, is amended to read:

A pharmacist who dispenses opioid medication in good faith is immune from any civil liability that might otherwise result from dispensing medication in excess of the limit established in section 2210, subsection 1, paragraphs A and B; ~~section 2600-C, subsection 1, paragraphs A and B; section 3300-F, subsection 1, paragraphs A and B; section 3657, subsection 1, paragraphs A and B; or section 18308, subsection 1, paragraphs A and B; or section 20161, subsection 1, paragraphs A and B~~, if the medication was dispensed in accordance with a prescription issued by a practitioner. In a proceeding regarding immunity from liability, there is a rebuttable presumption of good faith.

Sec. C-47. 32 MRSA §13810, sub-§2, as enacted by PL 1997, c. 109, §1, is amended to read:

2. Administration. Administer, in the course of employment, such drugs as are approved under subsection 1 according to written protocols approved annually by the employer's professional advisory committee, which must include a physician licensed under chapter ~~36 or chapter 48~~ 153.

Sec. C-48. 32 MRSA §19101, sub-§25, as enacted by PL 2023, c. 580, §8, is amended to read:

25. Provider. "Provider" means an individual licensed as an optometrist under this chapter or an individual licensed as an osteopathic physician or medical doctor under chapter ~~36, 48 or 145~~ or 153 who has also completed a residency in ophthalmology.

Sec. C-49. 34-B MRSA §7003, sub-§6, as enacted by PL 1983, c. 459, §7, is amended to read:

6. Physician. "Physician" means any person licensed to practice medicine under Title 32, chapter ~~48, subchapter II, or under Title 32, chapter 36, subchapters II and IV~~ 153.

Sec. C-50. 34-B MRSA §7003, sub-§7, as enacted by PL 1983, c. 459, §7, is amended to read:

7. Psychiatrist. "Psychiatrist" means a physician licensed to practice medicine under Title 32, chapter ~~48, subchapter II~~ 153, who specializes in the diagnosis and treatment of mental disorders.

Sec. C-51. 36 MRSA §5122, sub-§2, ¶SS, as amended by PL 2021, c. 635, Pt. H, §17 and affected by §18, is further amended to read:

SS. For taxable years beginning on or after January 1, 2020, to the extent included in federal adjusted gross income, student loan payments made by the taxpayer's employer directly to a lender on behalf of a qualified health care employee. As used in this paragraph, "qualified health care employee" means an individual who is employed by a hospital located in this State and who is licensed under Title 32, chapter 31, subchapter 3 or 4; ~~chapter 36, subchapter 4; or Title 32, chapter 48~~ 153, subchapter 2 3.

Sec. C-52. 36 MRSA §5219-LL, sub-§1, ¶A, as amended by PL 2015, c. 108, §1 and affected by §2, is further amended to read:

A. "Eligible primary care professional" means a person licensed under Title 32, chapter 31, subchapter 3 or subchapter 4; ~~Title 32, chapter 36, subchapter 4; or Title 32, chapter 48~~ 153, subchapter 2 3 and who, on or after January 1, 2013:

- (1) Practices primary care medicine in the State as part of an existing health care practice in an underserved area or establishes a new health care practice or purchases an existing health care practice in an underserved area;
- (2) Agrees to practice full time for at least 5 years following certification under subsection 3 in an underserved area;
- (3) Is certified under subsection 3 to be eligible by the Department of Health and Human Services; and
- (4) Has an unpaid student loan owed to an institution for course work directly related to that person's training in primary care medicine.

Sec. C-53. 37-B MRSA §185, sub-§1-A, as amended by PL 2019, c. 627, Pt. B, §21 and PL 2025, c. 316, §3, is further amended to read:

1-A. Immunity from civil and criminal liability for collaborating or consulting physician. Subsection

1 applies to a collaborating or consulting physician of a physician associate under Title 32, section ~~2594-F or 3270-G~~ 20152:

- A. With regard to any act of the physician associate in providing services to individuals not on active state service;
- B. When the physician associate is on active state service in the performance of the physician associate's duty; and
- C. When the collaborating or consulting physician is not on active state service.

Sec. C-54. Effective date. This Part takes effect January 1, 2027.

PART D

Sec. D-1. Appropriations and allocations. The following appropriations and allocations are made.

ATTORNEY GENERAL, DEPARTMENT OF THE

Administration - Attorney General 0310

Initiative: Provides funding for 2 Assistant Attorney General positions and related costs to handle increased hearing boards, hearing panels and disciplinary cases and hearing panels convened simultaneously.

OTHER SPECIAL REVENUE FUNDS	2025-26	2026-27
POSITIONS - LEGISLATIVE COUNT	0.000	2.000
Personal Services	\$0	\$410,984
All Other	\$0	\$147,403
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$558,387

ATTORNEY GENERAL, DEPARTMENT OF THE DEPARTMENT TOTALS	2025-26	2026-27
---	---------	---------

OTHER SPECIAL REVENUE FUNDS	\$0	\$558,387
-----------------------------	-----	-----------

DEPARTMENT TOTAL - ALL FUNDS	\$0	\$558,387
------------------------------	-----	-----------

PROFESSIONAL AND FINANCIAL REGULATION, DEPARTMENT OF

Licensure in Medicine - Board of 0376

Initiative: Provides one-time allocation for transition and implementation costs.

OTHER SPECIAL REVENUE FUNDS	2025-26	2026-27
All Other	\$0	\$200,000
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$200,000

Maine Board of Medicine N581

Initiative: Establishes one Assistant Executive Director position, one Consumer Assistance Supervisor position, one Consumer Assistance Specialist position, one Physician III position, one Comprehensive Health Planner II position, 0.5 Office Assistant I position, 5 Office Specialist II positions, one Office Specialist II position, one Secretary position, one Secretary Associate position and one Public Service Executive III position and provides funding for related All Other costs.

OTHER SPECIAL REVENUE FUNDS	2025-26	2026-27
POSITIONS - LEGISLATIVE COUNT	0.000	14.500
Personal Services	\$0	\$865,921
All Other	\$0	\$549,552

OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$1,415,473
-----------------------------------	-----	-------------

Maine Board of Medicine N581

Initiative: Establishes FTE count and Personal Services for 22 commission board members.

OTHER SPECIAL REVENUE FUNDS	2025-26	2026-27
POSITIONS - FTE COUNT	0.000	1.692
Personal Services	\$0	\$17,125

OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$17,125
-----------------------------------	-----	----------

Maine Board of Medicine N581

Initiative: Provides funding to reimburse the Office of the Attorney General for legal costs.

OTHER SPECIAL REVENUE FUNDS	2025-26	2026-27
All Other	\$0	\$558,387

OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$558,387
-----------------------------------	-----	-----------

PROFESSIONAL AND FINANCIAL REGULATION, DEPARTMENT OF DEPARTMENT TOTALS

OTHER SPECIAL REVENUE FUNDS	2025-26	2026-27
	\$0	\$2,190,985

DEPARTMENT TOTAL - ALL FUNDS	\$0	\$2,190,985
------------------------------	-----	-------------

SECTION TOTALS	2025-26	2026-27
----------------	---------	---------

OTHER SPECIAL REVENUE FUNDS	\$0	\$2,749,372
-----------------------------	-----	-------------

SECTION TOTAL - ALL FUNDS	\$0	\$2,749,372
---------------------------	-----	-------------

See title page for effective date, unless otherwise indicated.

CHAPTER 739

S.P. 922 - L.D. 2244

An Act to Implement Certain Preliminary Recommendations of the Real Estate Property Tax Relief Task Force and to Make Other Changes to Tax Law

Be it enacted by the People of the State of Maine as follows:

Sec. 1. Department of Administrative and Financial Services, Bureau of Revenue Services to administer survey to assessors on Maine Tree Growth Tax Law. The Department of Administrative and Financial Services, Bureau of Revenue Services shall administer a survey to assessors related to the Maine Tree Growth Tax Law. In the design of the survey, the bureau shall collaborate with the Department of Agriculture, Conservation and Forestry, Maine Forest Service, the University of Maine School of Forest Resources, landowners, foresters, municipal officials and assessors. The survey must, at a minimum, collect information from assessors regarding their experiences administering the Maine Tree Growth Tax Law.

The Bureau of Revenue Services shall submit its findings and recommendations based on the survey results, including suggested legislation, no later than January 15, 2027 to the joint standing committee of the Legislature having jurisdiction over taxation matters. The joint standing committee may report out legislation based on the findings and recommendations to the 133rd Legislature in 2027.

Sec. 2. Resolve 2025, c. 108, §5 is amended to read:

Sec. 5. Meetings; subcommittees. Resolved: That the task force shall meet at least 4 times but no more than 8 times in 2025 and no more than 8 times in 2026, not including any subcommittee meetings.

1. The task force shall meet at least once jointly with the Joint Standing Committee on Taxation at a time to be determined by the chairs of the task force and the committee.

2. The chairs of the task force may appoint subcommittees as necessary for the efficient operation of the task force.

See title page for effective date.

CHAPTER 740

H.P. 1523 - L.D. 2245

An Act to Reauthorize Funding of Collective Bargaining Agreements with Executive Branch Employees

Be it enacted by the People of the State of Maine as follows:

Sec. 1. PL 2025, c. 492, §1 is amended to read:

Sec. 1. Adjustment of salary schedules for fiscal years 2025-26 and 2026-27. The salary schedules for the executive branch employees in bargaining units represented by the American Federation of State, County and Municipal Employees, the Maine State Troopers Association, the Maine State Law Enforcement Association, ~~the Maine Service Employees Association~~, the Fraternal Order of Police and, except for the Maine Service Employees Association, any other certified bargaining representative for an executive branch bargaining unit must be adjusted consistent with the terms of any collective bargaining agreements ratified by December 31, 2025.

Sec. 2. PL 2025, c. 492, §7 is amended to read:

Sec. 7. Costs to General Fund and Highway Fund. Costs to the General Fund and Highway Fund must be provided wholly or in part through a transfer of Personal Services appropriations within and between departments and agencies from the Salary Plan program, General Fund account in the Department of Administrative and Financial Services in an amount up to the full amount the Salary Plan program, General Fund account has accrued as of the date an agreement is reached with the respective bargaining agents to implement the economic terms of the most recent collective bargaining agreements, as specified in sections 1, 2 and 3 of this Act, entered into by the State and the American Federation of State, County and Municipal Employees, the Maine State Troopers Association, the Maine State Law Enforcement Association, ~~the Maine Service Employees Association~~, the Fraternal Order of Police and, except for the Maine Service Employees Association, any other certified bargaining representative for an executive branch bargaining unit to provide equitable treatment of employees excluded from collective bargaining pursuant to the Maine Revised Statutes, Title 26, section 979-A, subsection 6, paragraph F and, notwithstanding Title 26, section 979-D, subsection 1, paragraph E, subparagraph (3), to implement equitable adjustments for confidential employees.

Sec. 3. Adjustment of salary schedules for fiscal year 2026-27; Maine Service Employees Association. The salary schedules for the executive branch employees in bargaining units represented by