



# **121st MAINE LEGISLATURE**

## **SECOND SPECIAL SESSION-2004**

**Legislative Document** 

No. 1933

H.P. 1432

House of Representatives, March 17, 2004

An Act To Implement the Recommendations of the Joint Standing Committee on Business, Research and Economic Development Regarding the Board of Licensure in Medicine Pursuant to Reviews Conducted under the State Government Evaluation Act

Reported by Representative SULLIVAN of Biddeford for the Joint Standing Committee on Business, Research and Economic Development pursuant to the Maine Revised Statutes, Title 3, section 955, subsection 4 and Resolve 2003, chapter 101, section 1.

Millicent M. Mac Jailand MILLICENT M. MacFARLAND

Clerk

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

Sec. 1. 24 MRSA §2505, first ¶, as enacted by PL 1977, c. 492, \$3, is amended to read:

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6 Any professional competence committee within this State and any physician licensed to practice or otherwise lawfully practicing within this State shall, and any other person may, 8 report the relevant facts to the appropriate board relating to the acts of any physician in this State if, in the opinion of the 10 committee, physician or other person, the committee or individual has reasonable knowledge of acts of the physician amounting to 12 gross or repeated medical malpractice, habitual drunkenness, 14 addiction to the use of drugs  $\Theta \mathbf{F}_{\boldsymbol{\mu}}$  professional incompetence or sexual misconduct identified by board rule. The failure of any 16 such professional competence committee or any such physician to report as required is a civil violation for which a fine of not. 18 more than \$1,000 may be adjudged.

Sec. 2. 32 MRSA §3266, as amended by PL 1993, c. 600, Pt. A, 20 §201, is further amended to read:

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### §3266. Elections; meetings; seal; expenses

The members of the board shall meet on the 2nd Tuesday of July of the uneven-numbered years at the time and place the board may determine and shall elect a chair and a secretary who shall hold their respective offices for the term of 2 years. The secretary of the board is-the treasurer - and shall perform such duties as delegated by the board, including license application review functions. 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, one in March, one in July and one in November of each year, and any additional meetings at other times

and places as it may determine. The board shall cause a seal to 36 be engraved and shall keep a record of all their proceedings. 38

Sec. 3. 32 MRSA §3270-C, sub-§1, as amended by PL 1993, c. 40 600, Pt. A, §207, is further amended to read:

- Grounds. The sanctions of section 3283-A 3282-A apply to 42 1. a physician assistant who has:
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A-1. Claimed to be legally licensed or allowed another to 46 represent that physician assistant as holding a valid

license;

Performed otherwise than at the direction and under the Β. 50 supervision of a physician licensed by this board;

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C. Been delegated and performed a task or tasks beyond the physician assistant's competence; and

D. Administered, dispensed or prescribed a controlled substance otherwise than as authorized by law.

- Sec. 4. 32 MRSA §3271, sub-§2, as repealed and replaced by PL 1995, c. 462, Pt. A, §60, is amended to read:
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2. Postgraduate training. Each applicant who has graduated 12 from an accredited medical school on or after January 1, 1970 must have satisfactorily completed at least 24 months in a 14 graduate educational program approved accredited by the Accreditation Council on Graduate Medical Education, the Canadian 16 Medical Association or the Royal College of Physicians and of Canada. Notwithstanding other requirements of Surgeons postgraduate training, an applicant is eligible for licensure 18 when the candidate has satisfactorily graduated from a combined 20 postgraduate training program in which each of the contributing programs is accredited by the Accreditation Council on Graduate 22 Medical Education and the applicant is eligible for accreditation by the American Board of Medical Specialties in both 24 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 graduate educational program 26 approved accredited by the Accreditation Council on Graduate 28 Medical Education, the Canadian Medical Association or the Royal College of Physicians and Surgeons of Canada. Each applicant who 30 has graduated from an unaccredited medical school must have satisfactorily completed at least 36 months in a graduate 32 educational program approved accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical 34 Association, the Royal College of Physicians and Surgeons of Canada or the Royal Colleges of-Physicians of England, Ireland or Notwithstanding this subsection, an applicant who is 36 Scotland. board certified in-family-practice-and-who-graduated-prior-to 38 July--1/-1974,--is-board-cortifiable,--board-cortified-or-board eligible-in-emergency-medicine-and-who-graduated-prior-to-July-1, 40 1982, by the American Board of Medical Specialties is deemed to meet the postgraduate training requirements of this subsection.

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Sec. 5. 32 MRSA §3276, as amended by PL 1999, c. 685, §9, is further amended to read:

- 46 §3276. Temporary licensure
- 48 A physician who is qualified under section 3275 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.

10 Sec. 6. 32 MRSA §3278, as amended by PL 1999, c. 685, §10, is further amended to read:

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#### §3278. Locum tenens

A physician who is-gualified-under-section-3275-may,-at-the 16 discretion--of-the--board,--be--given-a--temporary--license-to--be effective--for-not--more--than--6--months--after--issuance-for--the 18 purpose-of-permitting-the-physician-to-serve-as-"locum-tenens" for--some--other--physician--who--is--then--licensed--to--practice 20 medicine-in-this-State and -whose-own-license-is-not-temporary-or limited--under--the--provisions--of-this-chapter,--if--the--Maine 22 physician-is-unable-to-maintain-the-practice-because-of-illness er-because-of-absence-from-the-general-locus-of-this-physician's practice-or-for-other-reasons-determined-sufficient-by-the-beard. 24 The\_fee\_for\_this\_temporary\_lisense\_may\_not\_be\_more\_than presents 26 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 28 a license to serve as locum tenens for declared emergencies in 30 the State or for other appropriate reasons as determined by the board. The locum tenens license is effective for not more than 100 days. The fee for this locum tenens license may be not more 32 than \$400. 34

Sec. 7. 32 MRSA §3279, sub-§1, as amended by PL 1993, c. 600, 36 Pt. A, §215, is repealed.

38 Sec. 8. 32 MRSA §3279, sub-§§2 and 6, as amended by PL 1993, c. 600, Pt. A, §215, are further amended to read:

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2. Residents. An applicant who is qualified under section
 3271, subsection 1, may receive a temporary educational certificate from the board to act as a hospital resident. A
 44 certificate to a hospital resident may be renewed annually every
 3 years at the discretion of the board for not more than 5 7
 46 years.

6. Fees. The board shall set fees for physicians and students licensed pursuant to this section. The amounts set for licenses issued under this section may not be more than \$199 \$300.

Sec. 9. 32 MRSA 3280-A, sub-2, A, as enacted by PL 1993, c. 526, 2 and affected by 4, is amended to read:

A. The board may pose any question to the licensee or other sources that the board determines appropriate related to 6 qualification for relicensure. These matters may include, 8 but are not limited to, confirmation of health status, professional standing and conduct, professional liability claims history and license status in other jurisdictions. 10 The board shall, after affording the licensee due process, deny license renewal if the board finds cause that may be 12 considered grounds for refusal to renew the license pursuant 14 section 3282-A, including, but not limited to, a to determination that an outstanding financial obligation to the board exists; and 16

SUMMARY

20 This bill implements the recommendations of the Joint Standing Committee on Business, Research and Economic Development 22 pursuant to its review of the Board of Licensure in Medicine under the State Government Evaluation Act. This bill:

 Delegates to the secretary of the Board of Licensure in
 Medicine certain duties, including license application reviews, and to the board's executive director the receipt of fees;

- Recognizes combined training programs not yet accredited
   as well as physician training in the United Kingdom other than internal medicine and surgery, and updates postgraduate training
   requirements to recognize specialty board certification;
- 34 3. Clarifies temporary and emergency locum tenens licensure provisions;

4. Updates requirements for certification during 38 postgraduate training;

- 40 5. Allows licenses to be denied referral when a debt is owed to the board;
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6. Mandates reporting of sexual misconduct; and

7. Makes other technical corrections to existing statutes.