CHAPTER 48

BOARD OF LICENSURE IN MEDICINE

SUBCHAPTER 1

BOARD OF LICENSURE

§3263. Appointment; vacancies; compensation

The Board of Licensure in Medicine, as established by Title 5, section 12004-A, subsection 24, and in this chapter called the "board," consists of 11 individuals who are residents of this State, appointed by the Governor. Three individuals must be representatives of the public. Six individuals must be graduates of a legally chartered medical college or university having authority to confer degrees in medicine and must have been actively engaged in the practice of their profession in this State for a continuous period of 5 years preceding their appointments to the board. Two individuals must be physician associates licensed under this chapter who have been actively engaged in the practice of the profession of physician associate in this State for a continuous period of 5 years preceding appointment to the board. A full-term appointment is for 6 years. Appointment of members must comply with Title 10, section 8009. A member of the board may be removed from office for cause by the Governor. [PL 2019, c. 627, Pt. B, §14 (AMD); PL 2025, c. 316, §3 (REV).]

Members of said board shall be compensated according to the provisions of Title 5, chapter 379. 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 said board shall be entitled to only a pro rata payment for salary in any years in which such fees are insufficient. [PL 1983, c. 812, §228 (AMD).]

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1975, c. 575, §37 (AMD). PL 1975, c. 771, §§360,361 (AMD). PL 1977, c. 388, §1 (AMD). PL 1983, c. 176, §16 (AMD). PL 1983, c. 812, §228 (AMD). PL 1989, c. 462, §9 (AMD). PL 1989, c. 503, §B139 (AMD). PL 1989, c. 878, §A95 (AMD). PL 1993, c. 600, §A198 (AMD). PL 1997, c. 680, §C1 (AMD). PL 2007, c. 695, Pt. B, §11 (AMD). PL 2013, c. 101, §5 (AMD). PL 2019, c. 627, Pt. B, §14 (AMD). PL 2025, c. 316, §3 (REV).

§3264. Oath

Each member of the board shall, before entering upon the duties of the member's office, take the constitutional oath of office, and shall, in addition, make oath that the member is qualified under the terms of this chapter to hold the office. [PL 1993, c. 600, Pt. A, §199 (AMD).]

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1993, c. 600, §A199 (AMD).

§3265. Secretary-treasurer; bonding

(REPEALED)

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1993, c. 600, §A200 (RP).

§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 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 be engraved and shall keep a record of all their proceedings. [PL 2003, c. 601, §2 (AMD).]

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1993, c. 600, §A201 (AMD). PL 2003, c. 601, §2 (AMD).

§3267. Quorum

A majority of the members of the board constitutes a quorum for the transaction of business under this chapter, but a less number may adjourn from time to time until a quorum is present. [PL 1993, c. 600, Pt. A, §201 (AMD).]

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1993, c. 600, §A201 (AMD).

§3268. Members may administer oaths

A member of the board has the authority to administer oaths, compel the testimony of witnesses and compel the production of books, records and documents relevant to inquiry pursuant to a subpoena issued in accordance with section 3269. [PL 1993, c. 600, Pt. A, §201 (AMD).]

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1993, c. 600, §A201 (AMD).

§3269. Powers and duties of the board

The board has the following powers and duties in addition to all other powers and duties imposed by this chapter: [PL 1993, c. 600, Pt. A, §202 (AMD).]

1. Set standards. The power to set standards of eligibility for examination for candidates desiring admission to medical practice in Maine;
[PL 1971, c. 591, §1 (NEW).]

2. Adopt criteria. The power to design or adopt an examination and other suitable criteria for establishing a candidate's knowledge in medicine and its related skills;
[PL 1971, c. 591, §1 (NEW).]

3. Licensing and standards. The power to license and to set standards of practice for physicians and surgeons practicing medicine in Maine;
[PL 1993, c. 600, Pt. A, §202 (AMD).]

4. Hearings and procedure. The power to hold hearings and take evidence in all matters relating to the exercise and performance of the powers and duties vested in the board and the board, acting through the secretary, has the authority to subpoena witnesses, books, records and documents in hearings before it;
[PL 1993, c. 600, Pt. A, §202 (AMD).]

5. Legal representation. The power to engage legal counsel, to be approved by the Attorney General, and investigative assistants of its own choosing to advise the board generally and specifically, to represent the board in hearings before it and in appeals taken from a decision of the board;
[PL 1993, c. 600, Pt. A, §202 (AMD).]

6. Salary and duties. Except as provided in subsections 15 and 16, the power to employ and prescribe the duties of other personnel as the board determines necessary. Except as prescribed in subsection 15, the appointment and compensation of that staff is subject to the Civil Service Law;
[PL 1993, c. 600, Pt. A, §202 (AMD).]

7. Rules. The power to adopt rules as the board determines necessary and proper to carry out this chapter;
[PL 1993, c. 600, Pt. A, §202 (AMD).]

8. Complaints. The duty to investigate complaints in a timely fashion on its own motion and those lodged with the board or its representatives regarding the violation of a section of this chapter and the violation of rules adopted by the board pursuant to its authority;
[PL 1993, c. 600, Pt. A, §202 (AMD).]

8-A. Report. By March 1st of each year, the board shall submit to the Legislature a report consisting of statistics on the following for the preceding year:

A. The number of complaints against licensees received from the public or filed on the board's own motion; [PL 1989, c. 462, §11 (NEW).]

B. The number of complaints dismissed for lack of merit or insufficient evidence of grounds for discipline; [PL 1989, c. 462, §11 (NEW).]

C. The number of cases in process of investigation or hearing carried over at year end; and [PL 1989, c. 462, §11 (NEW).]

D. The number of disciplinary actions finalized during the report year as tabulated and categorized by the annual statistical summary of the Physician Data Base of the Federation of State Medical Boards of the United States, Inc.; [PL 1993, c. 600, Pt. A, §202 (AMD).]
[PL 1993, c. 600, Pt. A, §202 (AMD).]

9. Open financial records. The duty to 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, and records or duplicates must always be open to inspection in the office of the secretary during regular office hours. The board shall annually make a report to the Commissioner of Professional and Financial Regulation and to the Legislature containing a full and complete account of all its official acts during the preceding year, and a statement of its receipts and disbursements and comments or suggestions as the board determines essential;
[PL 1993, c. 600, Pt. A, §202 (AMD).]

10. Powers. The power to 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 to disburse funds accumulated through the receipt of licensure fees for this purpose, provided that funds may not be disbursed for this purpose for out-of-state travel, meals or lodging for a physician being educated under this program. The power to 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 Maine, under which program 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.

Notwithstanding any other provision of this subsection, if the board contracts with the Commissioner of Education to provide funds for the costs of positions for which the State has contracted at the University of Vermont College of Medicine, or the Tufts University School of Medicine, the terms of the contract between the board and the commissioner must be in accordance with the requirements of Title 20-A, chapter 421;
[PL 1993, c. 600, Pt. A, §202 (AMD).]

11. Conduct examinations. The power to conduct examinations in medicine;
[PL 1993, c. 600, Pt. A, §202 (AMD).]

12. Other services and functions. The power to provide services and carry out functions necessary to fulfill the board's statutory responsibilities. The board may set reasonable fees for services such as providing license certification and verifications, providing copies of board law and rules, and providing copies of documents. The board may also set reasonable fees to defray its cost in administering examinations for special purposes that it may from time to time require and for admitting courtesy candidates from other states to its examinations;
[PL 1991, c. 425, §11 (AMD).]

13. Liaison; limitation.
[PL 1995, c. 462, Pt. B, §6 (RP).]

14. Budget. The duty to submit to the Commissioner of Professional and Financial Regulation its budgetary requirements in the same manner as is provided in Title 5, section 1665, and the commissioner 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;
[PL 1995, c. 462, Pt. B, §7 (RPR).]

15. Adequacy of budget, fees and staffing. The duty to 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 a section of this chapter can be resolved in a timely fashion. The board's staff must include one position staffed by an individual who is primarily a consumer assistant. The functions and expense of the consumer assistant position must be shared on a pro rata basis with the Board of Osteopathic Licensure. Within the limit set by section 3279, 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 subsection.

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 consumer complaints mentioned in this subsection to be resolved in a timely fashion;
[PL 2001, c. 260, Pt. H, §1 (AMD).]

16. Executive director. The power to 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; and
[PL 2001, c. 260, Pt. H, §2 (AMD).]

17. Approval of licenses. The power to 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 full board.
[PL 2001, c. 260, Pt. H, §3 (NEW).]

The Commissioner of Professional and Financial Regulation acts as a liaison between the board and the Governor. [PL 1995, c. 462, Pt. B, §8 (NEW).]

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 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 requires in

order to ensure that the board is operating administratively within the requirements of this chapter. [PL 1995, c. 462, Pt. B, §8 (NEW).]

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1975, c. 404, §1 (AMD). PL 1975, c. 504 (AMD). PL 1977, c. 388, §2 (AMD). PL 1977, c. 451 (AMD). PL 1977, c. 604, §§28,29 (AMD). PL 1979, c. 345, §1 (AMD). PL 1981, c. 239 (AMD). PL 1985, c. 748, §42 (AMD). PL 1985, c. 804, §§19,22 (AMD). PL 1987, c. 178, §§2,3 (AMD). PL 1989, c. 462, §§10-12 (AMD). PL 1989, c. 700, §A147 (AMD). PL 1991, c. 425, §11 (AMD). PL 1993, c. 600, §A202 (AMD). PL 1993, c. 659, §§B14,15 (AMD). PL 1995, c. 462, §§B6-8 (AMD). PL 1997, c. 680, §C2 (AMD). PL 2001, c. 260, §§H1-3 (AMD).

SUBCHAPTER 2

LICENSURE

§3270. Licensure required

Unless licensed by the board, an individual may not practice medicine or surgery or a branch of medicine or surgery or claim to be legally licensed to practice medicine or surgery or a branch of medicine or surgery within the State by 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 and mental origin, by attendance or by advice, or by prescribing or furnishing a drug, medicine, appliance, manipulation, method or a therapeutic agent whatsoever or in any other manner unless otherwise provided by statutes of this State. An individual licensed under chapter 36 may prefix the title "Doctor" or the letters "Dr." to that individual's name, as provided in section 2581, or a chiropractor licensed by this State may prefix the title "Doctor" or the letters "Dr." to that individual's name when accompanied by the word "Chiropractor," or a dentist duly licensed by this State may prefix the title "Doctor" or the letters "Dr." to that individual's name or a naturopathic doctor licensed by this State may prefix the title "Doctor" or the letters "Dr." to that individual's name when accompanied by the word "Naturopathy" or the words "Naturopathic Medicine" or an optometrist duly licensed under the laws of this State may prefix the title "Doctor" or the letters "Dr." to that individual's name when accompanied by the word "Optometrist" or a podiatrist licensed under the laws of this State may prefix the title "Doctor" or the letters "Dr." to that individual's name when accompanied by the word "Podiatrist" or "Chiropodist." [PL 1995, c. 671, §11 (AMD).]

Whoever, not being duly licensed by the board, practices medicine or surgery or a branch of medicine or surgery, or purports to practice medicine or surgery or a branch of medicine or surgery in a way cited in this section, or who uses the title "Doctor" or the letters "Dr." or the letters "M.D." in connection with that individual's name, contrary to this section, commits a Class E crime. Nothing contained in this section prevents an individual who has received the doctor's degree from a reputable college or university, other than the degree of "Doctor of Medicine" from prefixing the letters "Dr." to that individual's name, if that individual is not engaged, and does not engage, in the practice of medicine or surgery or the treatment of a disease or human ailment. Nothing contained in this section prevents an individual who has received the degree "Doctor of Medicine" from a reputable college or university but who is not engaged in the practice of medicine or surgery or the treatment of a disease or human ailment, from prefixing the letters "Dr." or appending the letters "M.D." to that individual's name, as long as that individual's license to practice has never been revoked by the board. Nothing in this chapter may be construed as 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. [PL 2015, c. 270, §1 (AMD).]

All fees set in this chapter are nonrefundable application fees or administrative processing fees payable to the board at the time of application or at the time board action is requested. Unless otherwise specified, the board shall set the fees. [PL 1991, c. 425, §12 (NEW).]

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1973, c. 788, §161 (AMD). PL 1991, c. 425, §12 (AMD). PL 1991, c. 797, §17 (AMD). PL 1993, c. 600, §A204 (AMD). PL 1995, c. 671, §11 (AMD). PL 2015, c. 270, §1 (AMD).

§3270-A. Assistants; delegating authority

This chapter may not be construed as prohibiting a physician or surgeon from delegating to the physician's or surgeon's employees or support staff 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 surgeon; the activities being delegated do not, unless otherwise provided by law, require a license, registration or certification to perform; the physician or surgeon ensures that the employees or support staff have the appropriate training, education and experience to perform these delegated activities; and the physician or surgeon ensures that the employees or support staff perform these delegated activities competently and safely. The physician delegating these activities to employees or support staff, to program graduates or to participants in an approved training program is legally liable for the activities of those individuals, and any individual in this relationship is considered the physician's agent. This section may not be construed to apply to registered nurses acting pursuant to chapter 31 and licensed physician associates acting pursuant to this chapter and chapter 36. [PL 2023, c. 132, §4 (AMD); PL 2025, c. 316, §3 (REV).]

When the delegated activities are part of the practice of optometry as defined in chapter 151, then the individual to whom these activities are delegated must possess a valid license to practice optometry in Maine, or otherwise may perform only as a technician within the established office of a physician, and otherwise acting solely on the order of and under the responsibility of a physician skilled in the treatment of eyes as designated by the proper professional board, and without assuming evaluation or interpretation of examination findings by prescribing corrective procedures to preserve, restore or improve vision. [PL 2023, c. 580, §6 (AMD).]

SECTION HISTORY

PL 1973, c. 514, §2 (NEW). PL 1975, c. 404, §2 (AMD). PL 1977, c. 78, §181 (AMD). PL 1993, c. 600, §A205 (AMD). PL 1999, c. 159, §1 (AMD). PL 2013, c. 33, §2 (AMD). PL 2019, c. 627, Pt. B, §15 (AMD). PL 2023, c. 132, §4 (AMD). PL 2023, c. 580, §6 (AMD). PL 2025, c. 316, §3 (REV).

§3270-B. License and regulation

(REPEALED)

SECTION HISTORY

PL 1975, c. 680, §1 (NEW). PL 1991, c. 425, §13 (AMD). PL 1993, c. 600, §A206 (AMD). PL 1997, c. 271, §§7-10 (AMD). PL 1999, c. 685, §§5,6 (AMD). PL 2013, c. 101, §§6, 7 (AMD). PL 2015, c. 242, §4 (RP).

§3270-C. Termination of license

1. Grounds. The sanctions of section 3282-A apply to a physician associate.

A. [PL 1993, c. 600, Pt. A, §207 (RP).]

A-1. [PL 2005, c. 162, §1 (RP).]

B. [PL 2005, c. 162, §1 (RP).]

C. [PL 2005, c. 162, §1 (RP).]

D. [PL 2005, c. 162, §1 (RP).]

[PL 2005, c. 162, §1 (AMD); PL 2025, c. 316, §3 (REV).]

2. Consent to physical or mental examination; objections to admissibility of examiner's testimony waived. For the purposes of this section, every physician associate registered under these rules who accepts the privilege of rendering medical services in this State by the filing of an application and of biannual registration renewal:

A. Is deemed to have consented to a mental or physical examination by a physician or other person selected or approved by the board when directed in writing by the board; and [PL 2013, c. 355, §5 (AMD).]

B. Is deemed to have waived all objections to the admissibility of the examining physician's or other person's testimony or reports on the ground that these constitute a privileged communication. [PL 2013, c. 355, §5 (AMD).]

Pursuant to Title 4, section 184, subsection 6, the District Court shall immediately suspend the certificate of a 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 render medical services with reasonable skill and safety to patients by reason of mental illness, alcohol intemperance, excessive use of drugs or narcotics or as a result of a mental or physical condition interfering with the competent rendering of medical services.

[PL 2013, c. 355, §5 (AMD); PL 2025, c. 316, §3 (REV).]

3. Jurisdiction.

[PL 1977, c. 694, §609 (RP).]

4. Enforcement.

[PL 1977, c. 694, §609 (RP).]

SECTION HISTORY

PL 1975, c. 680, §1 (NEW). PL 1977, c. 694, §§607-609 (AMD). PL 1983, c. 378, §46 (AMD). PL 1993, c. 600, §A207 (AMD). PL 1999, c. 547, §B66 (AMD). PL 1999, c. 547, §B80 (AFF). PL 2003, c. 601, §3 (AMD). PL 2005, c. 162, §1 (AMD). PL 2013, c. 355, §5 (AMD). PL 2025, c. 316, §3 (REV).

§3270-D. Termination of effectiveness

(REPEALED)

SECTION HISTORY

PL 1975, c. 680, §1 (NEW). PL 1977, c. 47 (RP).

§3270-E. Licensure of physician associates

1. License required. A physician associate may not render medical services until the physician associate has applied for and obtained from either the Board of Licensure in Medicine or the Board of Osteopathic Licensure:

A. A license, which must be renewed biennially with the board that issued the initial license. [PL 2019, c. 627, Pt. B, §16 (AMD).]

B. [PL 2019, c. 627, Pt. B, §16 (RP).]

An application for licensure as a physician associate must be submitted to either the Board of Osteopathic Licensure or the Board of Licensure in Medicine. A license granted by either the Board of Osteopathic Licensure or the Board of Licensure in Medicine authorizes the physician associate to render medical services.

[PL 2025, c. 316, §2 (AMD).]

2. 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) Has successfully completed an educational program for physician assistants or physician associates accredited by the Accreditation Review Commission on Education for the Physician Assistant or its successor organization or, prior to 2001, by the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs;

(2) Passed a physician assistant national certifying examination administered by the National Commission on Certification of Physician Assistants or its successor organization;

(3) Demonstrates current clinical competency;

(4) Does not have a license or certificate of registration 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 $300; and

(7) Passes an examination approved by the board; and [PL 2025, c. 316, §2 (AMD).]

B. No grounds exist as set forth in section 3282-A to deny the application. [PL 2015, c. 242, §5 (NEW).]

[PL 2025, c. 316, §2 (AMD).]

3. Certificate of registration.

[PL 2019, c. 627, Pt. B, §16 (RP).]

4. Delegation by physician associate. A physician associate may delegate to the 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 associate; the activities being delegated do not, unless otherwise provided by law, require a license, registration or certification to perform; the 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 associate ensures that the employees or support staff perform these delegated activities competently and safely. The physician associate who delegates an activity permitted under this subsection is legally liable for the activity performed by an employee, a medical assistant, support staff or a member of a health care team.

[PL 2025, c. 316, §2 (AMD).]

5. Rules. The Board of Licensure in Medicine is authorized to adopt rules regarding the licensure and practice of physician associates. These rules, which must be adopted jointly with the Board of Osteopathic Licensure, may pertain to, but are not limited to, the following matters:

A. Information to be contained in the application for a license; [PL 2019, c. 627, Pt. B, §16 (AMD).]

B. [PL 2019, c. 627, Pt. B, §16 (RP).]

C. Education requirements for the physician associate; [PL 2025, c. 316, §2 (AMD).]

D. [PL 2019, c. 627, Pt. B, §16 (RP).]

E. Requirements for collaborative agreements and practice agreements under section 3270-G, including uniform standards and forms; [PL 2019, c. 627, Pt. B, §16 (AMD).]

F. Requirements for a physician associate to notify the board regarding certain circumstances, including but not limited to any change in address, the permanent departure of the physician associate from the State, any criminal convictions of the physician associate and any discipline by other jurisdictions of the physician associate; [PL 2025, c. 316, §2 (AMD).]

G. Issuance of temporary physician associate licenses; [PL 2025, c. 316, §2 (AMD).]

H. Appointment of an advisory committee for continuing review of the physician associate rules. The physician associate members of the board pursuant to section 3263 must be members of the advisory committee; [PL 2025, c. 316, §2 (AMD).]

I. Continuing education requirements as a precondition to continued licensure or licensure renewal; [PL 2015, c. 242, §5 (NEW).]

J. Fees for the application for an initial physician associate license, which may not exceed $300; and [PL 2025, c. 316, §2 (AMD).]

K. [PL 2019, c. 627, Pt. B, §16 (RP).]

L. [PL 2019, c. 627, Pt. B, §16 (RP).]

M. Fees for the biennial renewal of a physician associate license in an amount not to exceed $250. [PL 2025, c. 316, §2 (AMD).]

[PL 2025, c. 316, §2 (AMD).]

6. Title and practice protection. A person who is not licensed under this section may not hold that person out to be a physician associate or use the title or designation "physician associate" or the abbreviation "P.A." or any other title, designation, words, letters or device tending to indicate that that person is licensed under this section, except that a person who meets the qualifications for licensure under subsection 2 but does not possess a current license may use the title or designation "physician associate" or the abbreviation "P.A." but may not practice as a physician associate. Notwithstanding this subsection, a person licensed as a physician assistant as of the effective date of this subsection may use the title or designation "physician assistant" or "physician associate" and this subsection does not change any rights or privileges of a person licensed as a physician assistant during the term of that person's license. Upon license renewal, a person previously licensed as a physician assistant must be licensed as a physician associate and shall thereafter hold that person out to be a physician associate and use the title or designation "physician associate."

A violation of this subsection is a Class E crime.
[PL 2025, c. 316, §2 (NEW).]

SECTION HISTORY

PL 2015, c. 242, §5 (NEW). PL 2017, c. 288, Pt. A, §34 (AMD). PL 2019, c. 627, Pt. B, §16 (AMD). PL 2023, c. 132, §5 (AMD). PL 2025, c. 316, §2 (AMD).

§3270-F. Exemption for licensed person accompanying visiting athletic team

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

A. A member of the athletic team; [PL 2017, c. 119, §2 (NEW).]

B. A member of the athletic team's coaching, communications, equipment or sports medicine staff; [PL 2017, c. 119, §2 (NEW).]

C. A member of a band or cheerleading squad accompanying the team; or [PL 2017, c. 119, §2 (NEW).]

D. The team's mascot. [PL 2017, c. 119, §2 (NEW).]

[PL 2017, c. 119, §2 (NEW).]

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

[PL 2017, c. 119, §2 (NEW).]

SECTION HISTORY

PL 2017, c. 119, §2 (NEW).

§3270-G. Physician associates; scope of practice and agreement requirements

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

A. "Collaborative agreement" means a document agreed to by a physician associate and a physician that describes the scope of practice for the physician associate as determined by practice setting and describes the decision-making process for a health care team, including communication and consultation among health care team members. [PL 2019, c. 627, Pt. B, §17 (NEW); PL 2025, c. 316, §3 (REV).]

B. "Consultation" means engagement in a process in which members of a health care team use their complementary training, skill, knowledge and experience to provide the best care for a patient. [PL 2019, c. 627, Pt. B, §17 (NEW).]

C. "Health care team" means 2 or more health care professionals working in a coordinated, complementary and agreed-upon manner to provide quality, cost-effective, evidence-based care to a patient and may include a physician, physician associate, advanced practice nurse, nurse, physical therapist, occupational therapist, speech therapist, social worker, nutritionist, psychotherapist, counselor or other licensed professional. [PL 2019, c. 627, Pt. B, §17 (NEW); PL 2025, c. 316, §3 (REV).]

D. "Physician" means a person licensed as a physician under this chapter or chapter 36. [PL 2019, c. 627, Pt. B, §17 (NEW).]

E. "Physician associate" means a person licensed under section 2594-E or 3270-E. [PL 2019, c. 627, Pt. B, §17 (NEW); PL 2025, c. 316, §3 (REV).]

F. "Practice agreement" means a document agreed to by a physician associate who is the principal clinical provider in a practice and a physician that states the physician will be available to the physician associate for collaboration or consultation. [PL 2019, c. 627, Pt. B, §17 (NEW); PL 2025, c. 316, §3 (REV).]

G. "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 under the federal Controlled Substances Act, 21 United States Code, Section 812. [PL 2019, c. 627, Pt. B, §17 (NEW).]

[PL 2019, c. 627, Pt. B, §17 (NEW); PL 2025, c. 316, §3 (REV).]

2. Scope of practice. A physician associate may provide any medical service for which the physician associate has been prepared by education, training and experience and is competent to

perform. The scope of practice of a physician associate is determined by practice setting, including, but not limited to, a physician employer setting, physician group practice setting or independent private practice setting, or, in a health care facility setting, by a system of credentialing and granting of privileges.
[PL 2019, c. 627, Pt. B, §17 (NEW); PL 2025, c. 316, §3 (REV).]

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

A. Shall comply with all relevant federal and state laws and federal regulations and state rules; and [PL 2019, c. 627, Pt. B, §17 (NEW).]

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

(1) A pharmacy service is not reasonably available;

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

(3) An emergency exists. [PL 2019, c. 627, Pt. B, §17 (NEW).]
[PL 2019, c. 627, Pt. B, §17 (NEW); PL 2025, c. 316, §3 (REV).]

4. Consultation. A physician associate shall, 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 required 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. A physician must be accessible to the physician associate at all times for consultation. Consultation may occur electronically or through telecommunication and includes communication, task sharing and education among all members of a health care team.
[PL 2019, c. 627, Pt. B, §17 (NEW); PL 2025, c. 316, §3 (REV).]

5. 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 2 and a collaborative agreement under this subsection. Under a collaborative agreement, collaboration may occur through electronic means and does not require the physical presence of the physician at the time or place that the medical services are provided. A physician associate shall submit the collaborative agreement, or, if appropriate, the scope of practice agreement, to the board for approval and the agreement must be kept on file at the main location of the place of practice and be made available to the board or the board's representative upon request. Upon submission to the board of documentation of 4,000 hours of clinical practice, a physician associate is no longer subject to the requirements of this subsection.
[PL 2019, c. 627, Pt. B, §17 (NEW); PL 2025, c. 316, §3 (REV).]

6. Practice agreement requirements. A physician associate who has more than 4,000 hours of clinical practice may be the principal clinical provider in a practice that does not include a physician partner as long as the physician associate has a practice agreement with an active physician, and other health care professionals as necessary, that describes the physician associate's scope of practice. 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 2 and a practice agreement under this subsection. A physician associate shall submit the

practice agreement to the board for approval and the agreement must be kept on file at the main location of the physician associate's practice and be made available to the board or the board's representative upon request. Upon any change in the parties to the practice agreement or other substantive change in the practice agreement, the physician associate shall submit the revised practice agreement to the board for approval. Under a practice agreement, consultation may occur through electronic means and does not require the physical presence of the physician or other health care providers who are parties to the agreement at the time or place that the medical services are provided.
[PL 2019, c. 627, Pt. B, §17 (NEW); PL 2025, c. 316, §3 (REV).]

7. Construction. To address the need for affordable, high-quality health care services throughout the State and to expand, in a safe and responsible manner, access to health care providers such as physician associates, this section must be liberally construed to authorize physician associates to provide health care services to the full extent of their education, training and experience in accordance with their scopes of practice as determined by their practice settings.
[PL 2019, c. 627, Pt. B, §17 (NEW); PL 2025, c. 316, §3 (REV).]

SECTION HISTORY

PL 2019, c. 627, Pt. B, §17 (NEW). PL 2025, c. 316, §3 (REV).

§3270-H. Criminal history record information; fees

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

A. The criminal history record information obtained from the Maine Criminal Justice Information System must include public criminal history record information as defined in Title 16, section 703, subsection 8. [PL 2025, c. 366, §17 (NEW).]

B. The criminal history record information obtained from the Federal Bureau of Investigation must include other state and national criminal history record information. [PL 2025, c. 366, §17 (NEW).]

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. Any person who fails to transmit criminal fingerprint records to the State Bureau of Identification pursuant to this paragraph is subject to the provisions of Title 25, section 1550. [PL 2025, c. 366, §17 (NEW).]

D. The subject of a Federal Bureau of Investigation criminal history record check may obtain a copy of the criminal history record check by following the procedures outlined in 28 Code of Federal Regulations, Sections 16.32 and 16.33. The subject of a state criminal history record check may inspect and review the criminal history record information pursuant to Title 16, section 709. [PL 2025, c. 366, §17 (NEW).]

E. State and federal criminal history record information of an applicant for a physician associate license may be used by the board for the purpose of screening the applicant. State and federal criminal history record information of a licensed physician associate seeking an initial compact privilege may be used by the board for the purpose of taking disciplinary action against the licensee. A board action against an applicant for licensure or a licensee under this subsection is subject to the provisions of Title 5, chapter 341. [PL 2025, c. 366, §17 (NEW); PL 2025, c. 316, §3 (REV).]

F. Information obtained pursuant to this subsection is confidential. The results of background checks received by the board are for official use only and may not be disseminated to the Physician Assistants Licensure Compact Commission established under section 18537 or to any other person. [PL 2025, c. 366, §17 (NEW).]

G. An individual whose license has expired and who has not applied for renewal may request in writing that the Department of Public Safety, Bureau of State Police, State Bureau of Identification remove the individual's fingerprints from the bureau's fingerprint file. In response to a written request, the bureau shall remove the individual's fingerprints from the fingerprint file and provide written confirmation of that removal. [PL 2025, c. 366, §17 (NEW).]

[PL 2025, c. 366, §17 (NEW); PL 2025, c. 316, §3 (REV).]

2. Rules. The board, following consultation with the Department of Public Safety, Bureau of State Police, State Bureau of Identification, may adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A. [PL 2025, c. 366, §17 (NEW).]

SECTION HISTORY

PL 2025, c. 366, §17 (NEW). PL 2025, c. 316, §3 (REV).

§3271. Qualifications for medical licensure

Except where otherwise specified by this chapter, all applicants for licensure as a physician or surgeon in the State must satisfy the following requirements. [PL 1993, c. 600, Pt. A, §208 (AMD).]

1. Medical education. Each applicant must:

A. Graduate from a medical school designated as accredited by the Liaison Committee on Medical Education; [PL 1983, c. 741, §1 (NEW).]

B. Graduate from an unaccredited medical school, be evaluated by the Educational Commission for Foreign Medical Graduates and receive a permanent certificate from the Educational Commission for Foreign Graduates; or [PL 1989, c. 5, §1 (AMD).]

C. Graduate from an unaccredited medical school and achieve a passing score on the Visa Qualifying Examination or another comprehensive examination determined by the board to be substantially equivalent to the Visa Qualifying Examination. [PL 1993, c. 600, Pt. A, §208 (AMD).]

[PL 1993, c. 600, Pt. A, §208 (AMD).]

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 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 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 graduate educational program accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada or the Royal Colleges of England, Ireland or Scotland. 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 the 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.

The board may not require an applicant for initial licensure or license renewal as a physician under this chapter 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 a physician to engage in periodic examination, self-assessment, peer evaluation or other activities to maintain certification from a specialty medical board.
[PL 2021, c. 229, §1 (AMD).]

3. 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 examination administered by the board.
[PL 1993, c. 600, Pt. A, §208 (AMD).]

4. Fees. Each applicant shall pay a fee up to $600 plus the cost of the qualifying examination or examinations.
[PL 1999, c. 685, §7 (AMD).]

5. 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 3282-A, that may be considered grounds for disciplinary action against a licensed physician or surgeon.
[PL 1993, c. 600, Pt. A, §208 (AMD).]

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

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

(1) Be a graduate of a foreign medical school, not including a medical school in Canada or Great Britain;

(2) Be licensed in another state; and

(3) Have at least 3 years of clinical experience in the area of expertise. [PL 2005, c. 363, §1 (NEW).]

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

(1) Completion of a 3-year clinical fellowship in the United States in the area of expertise. The burden of proof as to the quality and content of the fellowship is placed on the applicant;

(2) Appointment to a clinical academic position at a licensed medical school in the United States;

(3) Publication in peer-reviewed clinical medical journals recognized by the board;

(4) The number of years in clinical practice; and

(5) Other criteria demonstrating expertise, such as awards or other recognition. [PL 2005, c. 363, §1 (NEW).]

C. The costs associated with the board's determination of licensing eligibility in regard to paragraph B must be paid by the applicant upon completion of the determination under paragraph A. The application cost must reflect and not exceed the actual cost of the final determination. [PL 2005, c. 363, §1 (NEW).]

[PL 2005, c. 363, §1 (NEW).]

7. Special license categories. The board may issue a license limited to the practice of administrative medicine, or any other special license, as defined by routine technical rule of the board adopted pursuant to Title 5, chapter 375, subchapter 2-A.

[PL 2013, c. 355, §7 (AMD).]

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1971, c. 622, §117C (AMD). PL 1975, c. 404, §3 (AMD). PL 1977, c. 388, §3 (AMD). PL 1979, c. 345, §2 (AMD). PL 1981, c. 240 (AMD). PL 1981, c. 616, §1 (AMD). PL 1983, c. 378, §47 (AMD). PL 1983, c. 741, §1 (RPR). PL 1985, c. 542 (AMD). PL 1989, c. 5, §§1-3 (AMD). PL 1991, c. 425, §14 (AMD). PL 1993, c. 600, §A208 (AMD). PL 1993, c. 659, §B16 (AMD). PL 1995, c. 462, §A60 (AMD). PL 1999, c. 685, §7 (AMD). PL 2003, c. 601, §4 (AMD). PL 2005, c. 162, §2 (AMD). PL 2005, c. 363, §1 (AMD). PL 2007, c. 380, §2 (AMD). PL 2013, c. 355, §§6, 7 (AMD). PL 2017, c. 189, §2 (AMD). PL 2021, c. 229, §1 (AMD).

§3272. Examinations

(REPEALED)

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1983, c. 741, §2 (RPR). PL 1993, c. 600, §A209 (AMD). PL 2005, c. 162, §3 (RP).

§3273. Reexamination

(REPEALED)

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1979, c. 345, §3 (AMD). PL 1983, c. 378, §48 (AMD). PL 1983, c. 741, §3 (AMD). PL 1991, c. 425, §15 (AMD). PL 2005, c. 162, §4 (RP).

§3274. Licenses

Each physician licensed under this chapter is entitled to receive a license under the seal of the board and signed by the chair and the secretary, which must be publicly displayed at the individual's principal

place of practice, as long as this individual continues the practice of medicine. [PL 1993, c. 600, Pt. A, §210 (AMD).]

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1993, c. 600, §A210 (AMD).

§3275. Licensure by reciprocity

1. Licensure without examination. The board may, at its discretion, grant licensure without written examination to a physician in good standing who otherwise meets the requirements of section 3271 and who has been:

A. Examined and certified by the National Board of Medical Examiners; [PL 1977, c. 388, §4 (RPR).]

B. Examined and licensed by a board of another state, if the examination passed by the applicant is determined by the board to be equivalent to its own examination; or [PL 1993, c. 600, Pt. A, §211 (AMD).]

C. Graduated from a nationally accredited medical school located in the United States, Canada or the British Isles and:

(1) Has been examined and certified by the Medical Council of Canada; or

(2) Has been examined and certified by the board of a Canadian province or a country in the British Isles, if the examination passed by the applicant is determined by the board to be equivalent in all essentials to its own examination. [PL 1993, c. 600, Pt. A, §211 (AMD).]

An applicant may not be licensed pursuant to this section, unless the board finds that no cause exists, as set forth in section 3282-A, that would be considered grounds for disciplinary action against a licensed physician or surgeon.
[PL 1993, c. 600, Pt. A, §211 (AMD).]

2. Fees. A physician who applies for a license pursuant to subsection 1 shall pay a fee of not more than $600.
[PL 1999, c. 685, §8 (AMD).]

3. Rules. The board may make rules as may be necessary in connection with this section.
[PL 1993, c. 600, Pt. A, §211 (AMD).]

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1975, c. 680, §2 (RPR). PL 1977, c. 388, §4 (AMD). PL 1979, c. 345, §§4,5 (AMD). PL 1983, c. 741, §4 (AMD). PL 1991, c. 425, §16 (AMD). PL 1993, c. 600, §A211 (AMD). PL 1999, c. 685, §8 (AMD).

§3275-A. Background check for expedited licensure through the 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. [PL 2017, c. 253, §6 (NEW).]

B. The criminal history record information obtained from the Federal Bureau of Investigation must include other state and national criminal history record information. [PL 2017, c. 253, §6 (NEW).]

C. An applicant shall submit to having fingerprints taken. The State Police, upon payment by the applicant, shall take or cause to be taken the applicant's fingerprints and shall forward the fingerprints to the State Bureau of Identification so that the bureau can conduct state and national criminal history record checks. Except for the portion of the payment, if any, that constitutes the processing fee charged by the Federal Bureau of Investigation, all money received by the State Police for purposes of this paragraph must be paid over to the Treasurer of State. The money must be applied to the expenses of administration incurred by the Department of Public Safety. [PL 2017, c. 253, §6 (NEW).]

D. The subject of a Federal Bureau of Investigation criminal history record check may obtain a copy of the criminal history record check by following the procedures outlined in 28 Code of Federal Regulations, Sections 16.32 and 16.33. The subject of a state criminal history record check may inspect and review the criminal history record information pursuant to Title 16, section 709. [PL 2017, c. 253, §6 (NEW).]

E. State and federal criminal history record information of an applicant may be used by the board for the purpose of screening that applicant. [PL 2017, c. 253, §6 (NEW).]

F. Information obtained pursuant to this subsection is confidential. The results of background checks received by the board are for official use only and may not be disseminated to the Interstate Medical Licensure Compact Commission, established in section 18512, or to any other person or entity. [PL 2017, c. 253, §6 (NEW).]

G. An individual whose expedited licensure through the Interstate Medical Licensure Compact under chapter 145 has expired and who has not applied for renewal may request in writing that the State Bureau of Identification remove the individual's fingerprints from the bureau's fingerprint file. In response to a written request, the bureau shall remove the individual's fingerprints from the fingerprint file and provide written confirmation of that removal. [PL 2017, c. 253, §6 (NEW).]
[PL 2017, c. 253, §6 (NEW).]

2. Rules. The board, following consultation with the State Bureau of Identification, shall adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.
[PL 2017, c. 253, §6 (NEW).]

SECTION HISTORY

PL 2017, c. 253, §6 (NEW).

§3276. Temporary licensure

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. [PL 2003, c. 601, §5 (AMD).]

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1975, c. 404, §4 (RPR). PL 1975, c. 623, §51 (RP). PL 1975, c. 770, §186 (REEN). PL 1983, c. 741, §5 (AMD). PL 1991, c. 425, §17 (AMD). PL 1993, c. 600, §A212 (AMD). PL 1999, c. 685, §9 (AMD). PL 2003, c. 601, §5 (AMD).

§3277. Youth camp physicians

A physician who is qualified under section 3275 may, at the discretion of the board, be temporarily licensed as a youth camp physician so that the physician may care for the campers in that particular youth camp licensed under Title 22, section 2495 for which the physician was hired and retained as a

youth camp physician. That physician is entitled to practice only on patients in the youth camp. The temporary license must be obtained each year. Application for this temporary license must be made in the same form and manner as for regular licensure. An examination may not be exacted from applicants for these temporary licenses. The fee for temporary licensure may not be more than $400 annually. [PL 2009, c. 211, Pt. B, §28 (AMD).]

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1975, c. 404, §5 (AMD). PL 1977, c. 388, §5 (AMD). PL 1983, c. 741, §6 (AMD). PL 1991, c. 425, §18 (AMD). PL 1993, c. 600, §A213 (AMD). PL 2005, c. 162, §5 (AMD). PL 2009, c. 211, Pt. B, §28 (AMD).

§3278. 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 the 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 be not more than $400. [PL 2005, c. 162, §6 (AMD).]

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1975, c. 404, §6 (AMD). PL 1977, c. 388, §6 (RPR). PL 1983, c. 741, §7 (AMD). PL 1991, c. 425, §19 (AMD). PL 1993, c. 600, §A214 (AMD). PL 1999, c. 685, §10 (AMD). PL 2003, c. 601, §6 (AMD). PL 2005, c. 162, §6 (AMD).

§3279. Interns; residents; visiting instructors

1. Interns.
[PL 2003, c. 601, §7 (RP).]

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 certificate to a hospital resident may be renewed every 3 years at the discretion of the board for not more than 7 years.
[PL 2003, c. 601, §8 (AMD).]

2-A. Joint-program resident. 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 subsection for a period longer than that required to obtain the M.D. 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 section 3271, subsection 2.
[PL 1995, c. 337, §2 (NEW).]

3. Conditions of certification. 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 3282-A, 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 3282-A,

or if the intern or hospital resident has violated the limitations placed upon the intern's temporary educational certificate.
[PL 1993, c. 600, Pt. A, §215 (AMD).]

4. 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 3282-A, or if the visiting medical instructor has performed medical procedures that are not a part of a course of instruction.
[PL 1993, c. 600, Pt. A, §215 (AMD).]

5. Contract students. An applicant who is qualified under section 3271, subsection 1, who received a medical education as a contract student as provided in Title 20-A, chapter 421, and who agrees to practice in a primary care or other specialized area as defined in Title 20-A, section 11803, subsection 2, or an underserved area as defined in Title 20-A, section 11802, is considered to have completed the postgraduate training requirements of section 3271, subsection 2, upon satisfactory completion of at least 12 months in a graduate educational program approved as specified in section 3271. The board may make the relicensure of an individual for 4 years after the individual's licensure under this subsection contingent on the individual's continuing to practice in an underserved area.

This subsection applies only to individuals entering into a contract under Title 20-A, chapter 421, on or before December 31, 1984.
[PL 1993, c. 600, Pt. A, §215 (AMD).]

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 $300.
[PL 2003, c. 601, §8 (AMD).]

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1975, c. 404, §7 (AMD). PL 1977, c. 564, §122 (AMD). PL 1983, c. 378, §49 (AMD). PL 1983, c. 741, §8 (RPR). PL 1987, c. 239 (AMD). PL 1991, c. 425, §§20,21 (AMD). PL 1993, c. 600, §A215 (AMD). PL 1995, c. 337, §2 (AMD). PL 2003, c. 601, §§7,8 (AMD).

§3280. Biennial reregistration; fees

(REPEALED)

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1975, c. 404, §§8,9 (AMD). PL 1975, c. 770, §187 (AMD). PL 1977, c. 388, §7 (AMD). PL 1979, c. 345, §6 (AMD). PL 1981, c. 616, §2 (AMD). PL 1983, c. 378, §50 (AMD). PL 1983, c. 378, §51 (AMD). PL 1985, c. 804, §20 (AMD). PL 1991, c. 425, §§22-24 (AMD). PL 1993, c. 526, §1 (RP). PL 1993, c. 526, §4 (AFF). PL 1993, c. 600, §A216 (AMD). PL 1995, c. 462, §A61 (RP).

§3280-A. Biennial renewal of licenses; qualification; fees; reinstatement after lapse

1. Renewal of licenses. A physician licensed pursuant to section 3271 or 3275 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 physician whose application is approved and accepted a proof of license renewal that is valid for no longer than 2 years.

A. Beginning with licenses expiring after July 1, 1994, regardless of the date of initial licensure or last license renewal, the license of every physician born in an odd-numbered year expires at midnight in 1995 on the last day of the month of the physician's birth. The license of every

physician born in an even-numbered year expires at midnight in 1996 on the last day of the month of the physician's birth. Upon expiration, a physician must renew the license issued pursuant to this section and this license must be renewed every 2 years by the last day of the month of birth of the physician seeking license renewal by means of application to the board, on forms prescribed and supplied by the board. [PL 1993, c. 526, §2 (NEW); PL 1993, c. 526, §4 (AFF).]

B. At least 60 days prior to expiration of a current license, the board shall notify each licensee of the requirement to renew the license. If an administratively complete license renewal application, as determined pursuant to subsection 3, paragraph B, 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 payment of the renewal fee and late fee. If an administratively complete renewal application is not submitted within 90 days of the date of the expiration of the license, the license immediately and automatically lapses. The board may reinstate a license that has lapsed pursuant to subsection 4. [PL 2017, c. 63, §1 (AMD).]

[PL 2017, c. 63, §1 (AMD).]

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 3282-A, including, but not limited to, a determination that an outstanding financial obligation to the board exists; and [PL 2003, c. 601, §9 (AMD).]

B. Every licensee seeking renewal of a license with the intent of conducting active medical practice 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 physician licensed pursuant to section 3271 or 3275 may not engage in the practice of medicine in this State in any degree, including advising or prescribing medication for self, friends or family with or without charge, unless the board has found the licensee qualified by continuing medical education and has marked the current license with the designation "active." [PL 1993, c. 526, §2 (NEW); PL 1993, c. 526, §4 (AFF).]

[PL 2003, c. 601, §9 (AMD).]

3. Fees. The following fees apply to licensure.

A. The board may charge a license renewal application fee of not more than $500 to all applicants for license renewal. [PL 2005, c. 162, §7 (AMD).]

B. In addition to the application processing fee, the board may require payment of a late application fee of not more than $100 from all licensees, regardless of age, from whom the board has not received an administratively complete license renewal application prior to the license expiration date. An application is not administratively complete if it is not signed and dated by the licensee or does not provide full information and responses of sufficient detail to permit board review, evaluation and decision on renewal qualification. An application received without the required license renewal application fee is considered incomplete and the applicant is subject to a late fee. [PL 1993, c. 526, §2 (NEW); PL 1993, c. 526, §4 (AFF).]

C. The board may prorate the fee for biennial relicensure for physicians who have been initially licensed within the past 12 months. The manner of proration, if done, must be explained in the board's published schedule of fees. The board may waive all or a portion of the established license renewal application fee upon receipt of a request for waiver based on hardship or other special circumstance. Any waiver request granted and the basis for the waiver must be recorded in the minutes of the board's proceedings. [PL 1993, c. 526, §2 (NEW); PL 1993, c. 526, §4 (AFF).]

D. Unless received and deposited to the board's account in error and in violation of this section or the board's rules, a license renewal application fee or late fee paid to the board is not refundable if the board or the board's staff has commenced processing the application, regardless of the board's action on the application. [PL 1993, c. 526, §2 (NEW); PL 1993, c. 526, §4 (AFF).]

[PL 2005, c. 162, §7 (AMD).]

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

A. A license that has lapsed pursuant to subsection 1, paragraph B may be reinstated upon application by the physician on forms provided by the board. A physician whose license has lapsed for more than 5 years shall apply for a new license in order to practice medicine in the State. [PL 1993, c. 526, §2 (NEW); PL 1993, c. 526, §4 (AFF).]

B. When applying for reinstatement, the licensee must state the reason why the license lapsed and pay all fees in arrears at the time of lapse plus the current license renewal application fee and a nonrefundable reinstatement application processing fee of $100. [PL 1993, c. 526, §2 (NEW); PL 1993, c. 526, §4 (AFF).]

C. The board may not reinstate a lapsed license if the board finds any cause that may be considered a ground for discipline pursuant to section 3282-A 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 physician who has not provided evidence satisfactory to the board of having actively engaged in the practice of medicine continuously for at least the past 12 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 competency by passage of written examinations or practical demonstrations as the board may from time to time prescribe for this purpose through rulemaking. [PL 1993, c. 526, §2 (NEW); PL 1993, c. 526, §4 (AFF).]

[PL 1993, c. 526, §2 (NEW); PL 1993, c. 526, §4 (AFF).]

SECTION HISTORY

PL 1993, c. 526, §2 (NEW). PL 1993, c. 526, §4 (AFF). PL 1997, c. 680, §C3 (AMD). PL 1999, c. 685, §11 (AMD). PL 2003, c. 601, §9 (AMD). PL 2005, c. 162, §7 (AMD). PL 2017, c. 63, §1 (AMD).

§3281. Withdrawal of license

The holder of a license or temporary license who notifies the board in writing of the withdrawal of the holder's license is not required to pay licensure fees or penalties beyond those due at the time of the holder's withdrawal, but after a holder gives this notice, the holder's license to practice is not valid until reinstated by the board. [PL 1993, c. 600, Pt. A, §217 (AMD).]

An applicant for reinstatement is entitled to be reinstated upon paying a reinstatement fee of $50 and satisfying the board that the applicant has paid all fees and penalties due at the time of the applicant's withdrawal, and no cause exists for revoking or suspending the applicant's license, and the applicant has applied within 5 years after the applicant's withdrawal, and was in active practice outside this State within one year prior to the filing of application for reinstatement. [PL 1993, c. 600, Pt. A, §217 (AMD).]

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1977, c. 388, §8 (AMD). PL 1993, c. 600, §A217 (AMD).

§3282. Complaints; allegations; grounds for investigation and hearing

(REPEALED)

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1977, c. 388, §9 (RPR). PL 1977, c. 694, §610 (AMD). PL 1979, c. 619, §1 (RPR). PL 1983, c. 176, §A17 (AMD). PL 1983, c. 378, §52 (RP). PL 1985, c. 506, §A69 (AMD).

§3282-A. Disciplinary sanctions

1. Disciplinary proceedings and sanctions. The board shall investigate a complaint, on its own motion or upon receipt of a written complaint filed with the board, regarding 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 to obtain the response. If the licensee's response to the complaint satisfies the board that the complaint does not merit further investigation or action, the matter may be dismissed, with notice of the dismissal to the complainant, if any.

If, in the opinion of the board, the factual basis of the complaint is or may be true and the complaint is of sufficient gravity to warrant further action, the board or a subcommittee of the board may request and conduct an informal conference with the licensee. The board shall provide the licensee with adequate notice of the conference and the issues to be discussed. The complainant may attend and may be accompanied by up to 2 individuals, including legal counsel. The conference must be conducted in executive session of the board or a subcommittee of the board, pursuant to Title 1, section 405, unless otherwise requested by the licensee. Before the board decides what action to take at the conference or as a result of the conference, the board or a subcommittee of the board shall give the complainant a reasonable opportunity to speak. Statements made at the conference may not be introduced at a subsequent formal hearing unless all parties consent. The complainant, the licensee or either of their representatives shall maintain the confidentiality of the conference.

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, the board may investigate the professional 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.

If the board finds that the factual basis of the complaint is true and is of sufficient gravity to warrant further action, it may take any of the following actions it determines appropriate.

A. With the consent of the licensee, the board may enter into a consent agreement that fixes the period and terms of probation best adapted to protect the public health and safety and rehabilitate or educate the licensee. A consent agreement may be used to terminate a complaint investigation, if entered into by the board, the licensee and the Attorney General's office. [PL 1991, c. 824, Pt. A, §68 (RPR).]

B. In consideration for acceptance of a voluntary surrender of the license, the board 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 Attorney General's office. [PL 1991, c. 824, Pt. A, §68 (RPR).]

C. If the board concludes that modification or nonrenewal of the license is in order, the board shall hold an adjudicatory hearing in accordance with Title 5, chapter 375, subchapter 4. [PL 2009, c. 28, §1 (AMD).]

D. [PL 2013, c. 355, §8 (RP).]

The board shall require a licensee to notify all patients of the licensee of a probation or stipulation under which the licensee is practicing as a result of board disciplinary action. This requirement does not apply to a physician participating in an alcohol or drug treatment program pursuant to Title 24, section 2505, a physician who retires following charges made or complaints investigated by the board or a physician under the care of a professional and whose medical practices and services are not reduced, restricted or prohibited by the disciplinary action.
[PL 2013, c. 355, §8 (AMD).]

2. Grounds for discipline. The board may suspend or revoke a license pursuant to Title 5, section 10004. The following are grounds for an action to refuse to issue, modify, restrict, suspend, revoke or refuse to renew the license of an individual licensed under this chapter:

A. The practice of fraud, deceit or misrepresentation in obtaining a license under this chapter or in connection with service rendered within the scope of the license issued; [PL 2013, c. 355, §9 (AMD).]

B. Misuse of alcohol, drugs or other substances that has resulted or may result in the licensee performing services in a manner that endangers the health or safety of patients; [PL 2013, c. 105, §7 (AMD).]

C. A professional diagnosis of a mental or physical condition that has resulted or may result in the licensee performing services in a manner that endangers the health or safety of patients; [PL 1993, c. 600, Pt. A, §218 (AMD).]

D. Aiding or abetting the practice of medicine by an individual who is not licensed under this chapter and who claims to be legally licensed; [PL 1993, c. 600, Pt. A, §218 (AMD).]

E. Incompetence in the practice for which the licensee is licensed. A licensee is considered incompetent in the practice if the licensee has:

(1) Engaged in conduct that evidences a lack of ability or fitness to discharge the duty owed by the licensee to a client or patient or the general public; or

(2) Engaged in conduct that evidences a lack of knowledge or inability to apply principles or skills to carry out the practice for which the licensee is licensed; [PL 1993, c. 600, Pt. A, §218 (AMD).]

F. Unprofessional conduct. A licensee is considered to have engaged in unprofessional conduct if the licensee violates a standard of professional behavior, including engaging in disruptive behavior, that has been established in the practice for which the licensee is licensed. For purposes of this paragraph, "disruptive behavior" means aberrant behavior that interferes with or is likely to interfere with the delivery of care; [PL 2007, c. 380, §3 (AMD).]

G. Subject to the limitations of Title 5, chapter 341, conviction of a crime that involves dishonesty or false statement or relates directly to the practice for which the licensee is licensed, or conviction of a crime for which incarceration for one year or more may be imposed; [PL 1993, c. 600, Pt. A, §218 (AMD).]

H. A violation of this chapter or a rule adopted by the board; [PL 1993, c. 600, Pt. A, §218 (AMD).]

I. Engaging in false, misleading or deceptive advertising; [PL 1983, c. 378, §53 (NEW).]

J. Prescribing narcotic or hypnotic or other drugs listed as controlled substances by the Drug Enforcement Administration for other than accepted therapeutic purposes; [PL 1989, c. 291, §4 (AMD).]

K. Failure to report to the secretary of the board a physician licensed under this chapter for addiction to alcohol or drugs or for mental illness in accordance with Title 24, section 2505, except when the impaired physician is or has been a patient of the licensee; [PL 1997, c. 680, Pt. C, §6 (AMD).]

L. Failure to comply with the requirements of Title 24, section 2905-A; [PL 2013, c. 355, §10 (AMD).]

M. Revocation, suspension or restriction of a license to practice medicine or other disciplinary action; denial of an application for a license; or surrender of a license to practice medicine following the institution of disciplinary action by another state or a territory of the United States or a foreign country if the conduct resulting in the disciplinary or other action involving the license would, if committed in this State, constitute grounds for discipline under the laws or rules of this State; [PL 2013, c. 355, §11 (AMD).]

N. Engaging in any activity requiring a license under the governing law of the board that is beyond the scope of acts authorized by the license held; [PL 2013, c. 355, §12 (NEW).]

O. Continuing to act in a capacity requiring a license under the governing law of the board after expiration, suspension or revocation of that license; [PL 2013, c. 355, §12 (NEW).]

P. Noncompliance with an order or consent agreement of the board; [PL 2013, c. 355, §12 (NEW).]

Q. Failure to produce upon request of the board any documents in the licensee's possession or under the licensee's control concerning a pending complaint or proceeding or any matter under investigation by the board, unless otherwise prohibited by state or federal law; [PL 2015, c. 488, §18 (AMD).]

R. Failure to timely respond to a complaint notification sent by the board; [PL 2019, c. 165, §13 (AMD).]

S. Failure to comply with the requirements of Title 22, section 7253; or [PL 2019, c. 165, §14 (AMD).]

T. A violation of section 3300-G. [PL 2019, c. 165, §15 (NEW).]

[PL 2019, c. 165, §13-15 (AMD).]

SECTION HISTORY

PL 1983, c. 378, §53 (NEW). PL 1989, c. 291, §§4,5 (AMD). PL 1991, c. 186 (AMD). PL 1991, c. 534, §7 (AMD). PL 1991, c. 824, §A68 (AMD). PL 1993, c. 600, §A218 (AMD). PL 1997, c. 680, §§C4-8 (AMD). PL 1999, c. 547, §B67 (AMD). PL 1999, c. 547, §B80 (AFF). PL 2007, c. 380, §3 (AMD). PL 2009, c. 28, §1 (AMD). PL 2013, c. 105, §7 (AMD). PL 2013, c. 355, §§8-12 (AMD). PL 2015, c. 488, §§18, 19 (AMD). PL 2019, c. 165, §§13-15 (AMD).

§3282-B. 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. [PL 2015, c. 235, §1 (NEW).]

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 federal 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 federal Centers for Disease Control and Prevention but presents other acute and chronic signs or symptoms of Lyme disease as determined by a patient's treating physician. [PL 2015, c. 235, §1 (NEW).]

[PL 2015, c. 235, §1 (NEW).]

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

[PL 2015, c. 235, §1 (NEW).]

SECTION HISTORY

PL 2015, c. 235, §1 (NEW).

§3283. Disciplinary action

(REPEALED)

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1977, c. 388, §10 (AMD). PL 1977, c. 694, §611 (RPR). PL 1979, c. 619, §2 (RPR). PL 1983, c. 378, §54 (RP).

§3284. Disciplinary action; notice, appeal

(REPEALED)

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1977, c. 694, §612 (RP).

§3285. Public hearings

(REPEALED)

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1977, c. 694, §613 (RP).

§3286. Emergency action

Upon its own motion or upon complaint, the board, 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, excessive use of drugs, narcotics or as a result of a mental or

physical condition interfering with the competent practice of medicine. In enforcing this paragraph, the board may compel a physician to submit to a mental or physical examination by a physician or another person designated by the board. Failure of a physician 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 physician affected under this paragraph must, at reasonable intervals, be afforded an opportunity to demonstrate that the physician can resume the competent practice of medicine with reasonable skill and safety to patients. [PL 2013, c. 355, §13 (AMD).]

For the purpose of this chapter, by practicing or by making and filing a biennial license to practice medicine in this State, every physician 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. [PL 2013, c. 355, §14 (AMD).]

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 will or 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 will or 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 the State. [PL 1993, c. 600, Pt. A, §219 (AMD).]

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1981, c. 594, §2 (AMD). PL 1993, c. 600, §A219 (AMD). PL 1997, c. 271, §11 (AMD). PL 2013, c. 355, §§13, 14 (AMD).

§3287. Reinstatement on board's own motion

(REPEALED)

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1983, c. 378, §55 (RP).

§3288. Reinstatement on application of person whose license is suspended or revoked

(REPEALED)

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1983, c. 378, §55 (RP).

§3289. Record of reinstatement

Upon the reinstatement of a license by the board, either upon its own motion or upon application, the secretary of the board shall immediately enter the order of reinstatement in the minutes and records of the board. [PL 1993, c. 600, Pt. A, §220 (AMD).]

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1993, c. 600, §A220 (AMD).

SUBCHAPTER 3

GENERAL PROVISIONS

§3290. Records of proceedings and orders of proceedings

(REPEALED)

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1983, c. 741, §9 (RP).

§3291. Immunity of licensee rendering emergency care

(REPEALED)

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1975, c. 452, §4 (RP).

§3292. 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 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" means the use of drugs or alcohol solely for their stimulant, depressant or hallucinogenic effect upon the higher functions of the central nervous system and not as a therapeutic agent recommended by a practitioner in the course of medical treatment. [PL 2019, c. 236, §11 (AMD).]

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1973, c. 145, §3 (RPR). PL 1979, c. 96, §3 (AMD). PL 1993, c. 600, §A221 (AMD). PL 1999, c. 90, §4 (AMD). PL 2017, c. 407, Pt. A, §128 (AMD). PL 2019, c. 236, §11 (AMD).

§3293. Review committee member immunity

A physician 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 respective state or county professional society or the Board of Licensure in Medicine is immune from civil liability for undertaking or failing to undertake an act within the scope of the function of the committee. [PL 1993, c. 600, Pt. A, §222 (AMD).]

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1975, c. 83, §2 (RPR). PL 1987, c. 646, §10 (RPR). PL 1993, c. 600, §A222 (AMD).

§3294. Jurisdiction

(REPEALED)

SECTION HISTORY

PL 1971, c. 591, §1 (NEW). PL 1977, c. 694, §614 (RP).

§3295. Communications between physicians and patients

(REPEALED)

SECTION HISTORY

PL 1973, c. 625, §218 (NEW). PL 1977, c. 564, §123 (RP).

§3296. 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 the State or on behalf of individual physicians, when the reviews are required by state or federal law, rule or as a condition of accreditation by the Joint Commission on Accreditation of Hospitals or the American Osteopathic Association Committee on Hospital Accreditation 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. [PL 1993, c. 600, Pt. A, §223 (AMD).]

Provision of information protected by this section to the board pursuant to Title 24, section 2506 does not waive or otherwise affect the confidentiality of the records or the exemption from discovery provided by this section for any other purpose. [PL 1997, c. 271, §12 (NEW).]

SECTION HISTORY

PL 1975, c. 137, §2 (NEW). PL 1987, c. 646, §11 (AMD). PL 1993, c. 600, §A223 (AMD). PL 1997, c. 271, §12 (AMD).

§3297. Posting of policy regarding acceptance of Medicare assignment

An allopathic physician licensed pursuant to chapter 48, an osteopathic physician licensed pursuant to chapter 36, a chiropractor licensed pursuant to chapter 9 and 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. [PL 1993, c. 600, Pt. A, §224 (AMD).]

This posting must state the policy on accepting assignment and name the individual with whom the patient should communicate regarding the policy. [PL 1993, c. 600, Pt. A, §224 (AMD).]

The Board of Licensure in Medicine, the Board of Osteopathic Licensure, 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 law. Each board may discipline a licensee under its jurisdiction for failing to comply with this section and impose a monetary penalty of not less than $100 and not more than $1,000 for each violation. [PL 1993, c. 600, Pt. A, §224 (AMD).]

SECTION HISTORY

PL 1983, c. 325 (NEW). PL 1987, c. 719 (AMD). PL 1993, c. 600, §A224 (AMD).

§3298. Establishment of protocols for operation of professional review committee

The board may 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, contacts or investigations made and the disposition of each report, provided that the committee is not required to disclose any personally identifiable information. The protocols may not prohibit an impaired physician or physician associate from seeking alternative forms of treatment. [PL 1993, c. 39, §2 (AMD); PL 2025, c. 316, §3 (REV).]

SECTION HISTORY

PL 1985, c. 185, §5 (NEW). PL 1993, c. 39, §2 (AMD). PL 2025, c. 316, §3 (REV).

§3299. Promulgation of complaint procedures

(REPEALED)

SECTION HISTORY

PL 1989, c. 462, §13 (NEW). PL 1993, c. 600, §A225 (RP).

§3299-A. Consumer information

(REPEALED)

SECTION HISTORY

PL 1993, c. 600, §A226 (NEW). PL 1995, c. 370, §4 (RP).

§3300. 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. [PL 1997, c. 117, §7 (AMD).]

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. [PL 1993, c. 600, Pt. A, §227 (AMD).]

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 Board of Commissioners of the Profession 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 forfeiture of not less than $250 nor more than $1,000 may be adjudged. [PL 1997, c. 117, §8 (AMD).]

An individual may file a complaint with the board seeking disciplinary action concerning violations of this section. The board shall investigate or cause to be investigated and shall resolve a complaint. The board shall conduct its actions in accordance with the Maine Administrative Procedure Act. [PL 1993, c. 600, Pt. A, §227 (AMD).]

SECTION HISTORY

PL 1991, c. 675, §5 (NEW). PL 1993, c. 600, §A227 (AMD). PL 1997, c. 117, §§7,8 (AMD).

§3300-A. Confidentiality of personal information of applicant or licensee

An applicant or licensee shall provide the board with a current professional address and telephone number, which will be their public contact address, and a personal residence address, telephone number and email address. An applicant's or licensee's personal residence address, telephone number and email address are confidential information and may not be disclosed except as permitted by this section or as required by law. However, if the personal residence address and telephone number have been provided as the public contact address, the personal residence address and telephone number are not confidential. Personal health information submitted as part of any application is confidential information and may not be disclosed except as permitted by this section or as required by law. The personal health information and personal residence address, telephone number and email address may be provided to other governmental licensing or disciplinary authorities or to any health care providers located within or outside this State that are concerned with granting, limiting or denying a physician's employment or privileges. [PL 2025, c. 111, §9 (AMD).]

SECTION HISTORY

PL 2001, c. 214, §2 (NEW). PL 2025, c. 111, §9 (AMD).

§3300-B. Expedited partner therapy

An individual licensed under this chapter may not be disciplined for providing expedited partner therapy in accordance with the provisions of Title 22, chapter 251, subchapter 3, article 5. [PL 2009, c. 533, §4 (NEW).]

SECTION HISTORY

PL 2009, c. 533, §4 (NEW).

§3300-C. Review of prescriptions written by physician assistant

(REPEALED)

SECTION HISTORY

PL 2011, c. 477, Pt. J, §1 (NEW). PL 2019, c. 627, Pt. B, §18 (RP).

§3300-D. Interstate practice of telehealth

1. Definition. For the purposes of this section, "telehealth" has the same meaning as in Title 24-A, section 4316, subsection 1.
[PL 2021, c. 293, Pt. B, §7 (AMD).]

2. Requirements. A physician not licensed to practice medicine in this State may provide consultative services through interstate telehealth to a patient located in this State if the physician is registered in accordance with subsection 3. A physician intending to provide consultative services in this State through interstate telehealth shall provide any information requested by the board and complete information on:

A. All states and jurisdictions in which the physician is currently licensed; [PL 2015, c. 137, §1 (NEW).]

B. All states and jurisdictions in which the physician was previously licensed; and [PL 2015, c. 137, §1 (NEW).]

C. All negative licensing actions taken previously against the physician in any state or jurisdiction. [PL 2015, c. 137, §1 (NEW).]
[PL 2021, c. 293, Pt. B, §7 (AMD).]

3. Registration. The board may register a physician to practice medicine in this State through interstate telehealth if the following conditions are met:

A. The physician is fully licensed without restriction to practice medicine in the state from which the physician provides telehealth services; [PL 2021, c. 293, Pt. B, §7 (AMD).]

B. The physician has not had a license to practice medicine revoked or restricted in any state or jurisdiction; [PL 2015, c. 137, §1 (NEW).]

C. The physician does not open an office in this State, does not meet with patients in this State, does not receive calls in this State from patients and agrees to provide only consultative services as requested by a physician, advanced practice registered nurse or physician associate licensed in this State and the physician, advanced practice registered nurse or physician associate licensed in this State retains ultimate authority over the diagnosis, care and treatment of the patient; [PL 2015, c. 137, §1 (NEW); PL 2025, c. 316, §3 (REV).]

D. The physician registers with the board every 2 years, on a form provided by the board; and [PL 2015, c. 137, §1 (NEW).]

E. The physician pays a registration fee not to exceed $500. [PL 2015, c. 137, §1 (NEW).]
[PL 2021, c. 293, Pt. B, §7 (AMD); PL 2025, c. 316, §3 (REV).]

4. Notification of restrictions. A physician registered to provide interstate telehealth services under this section shall immediately notify the board of restrictions placed on the physician's license to practice medicine in any state or jurisdiction.
[PL 2021, c. 293, Pt. B, §7 (AMD).]

5. Jurisdiction. In registering to provide interstate telehealth services to residents of this State under this section, a physician agrees to be subject to the laws and judicial system of this State and board rules with respect to providing medical services to residents of this State.
[PL 2021, c. 293, Pt. B, §7 (AMD).]

6. Notification to other states. The board shall obtain confirmation of licensure from all states and jurisdictions in which a physician applying for registration has ever been licensed prior to registering the physician pursuant to subsection 3. The board shall request notification from a state or jurisdiction if future adverse action is taken against the physician's license in that state or jurisdiction.
[PL 2015, c. 137, §1 (NEW).]

REVISOR'S NOTE: §3300-D. Issuance of prescription for ophthalmic lenses (As enacted by PL 2015, c. 173, §4 is REALLOCATED TO TITLE 32, SECTION 3300-E)

SECTION HISTORY

RR 2015, c. 1, §36 (RAL). PL 2015, c. 137, §1 (NEW). PL 2015, c. 173, §4 (NEW). PL 2021, c. 293, Pt. B, §7 (AMD). PL 2025, c. 316, §3 (REV).

§3300-E. Issuance of prescription for ophthalmic lenses

(REALLOCATED FROM TITLE 32, SECTION 3300-D)

A physician licensed pursuant to chapter 36, 48 or 145 may not issue a prescription for ophthalmic lenses, as defined in section 19101, subsection 18, solely in reliance on a measurement of the eye by a kiosk, as defined in section 19101, subsection 13, without conducting an eye examination, as defined in section 19101, subsection 11. [PL 2023, c. 580, §7 (AMD).]

SECTION HISTORY

PL 2015, c. 173, §4 (NEW). RR 2015, c. 1, §36 (RAL). PL 2023, c. 580, §7 (AMD).

§3300-F. Requirements regarding prescription of opioid medication

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

A. To a patient any combination of opioid medication in an aggregate amount in excess of 100 morphine milligram equivalents of opioid medication per day; [PL 2015, c. 488, §20 (NEW).]

B. To a patient who, on the effective date of this section, has an active prescription for opioid medication in excess of 100 morphine milligram equivalents of an opioid medication per day, an opioid medication in an amount that would cause that patient's total amount of opioid medication to exceed 300 morphine milligram equivalents of opioid medication per day; except that, on or after July 1, 2017, the aggregate amount of opioid medication prescribed may not be in excess of 100 morphine milligram equivalents of opioid medication per day; [PL 2015, c. 488, §20 (NEW).]

C. On or after January 1, 2017, within a 30-day period, more than a 30-day supply of an opioid medication to a patient under treatment for chronic pain. "Chronic pain" has the same meaning as in Title 22, section 7246, subsection 1-C; or [PL 2015, c. 488, §20 (NEW).]

D. On or after January 1, 2017, 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. "Acute pain" has the same meaning as in Title 22, section 7246, subsection 1-A. [PL 2017, c. 213, §16 (AMD).]

[PL 2017, c. 213, §16 (AMD).]

2. Exceptions. An individual licensed under this chapter 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;

(4) Medication-assisted treatment for substance use disorder; or

(5) Other circumstances determined in rule by the Department of Health and Human Services; and [PL 2025, c. 37, §8 (AMD).]

B. When directly ordering or administering a benzodiazepine or opioid medication to a person in an emergency room setting, an inpatient hospital setting, a long-term care facility or a residential care facility or in connection with a surgical procedure.

As used in this paragraph, "administer" has the same meaning as in Title 22, section 7246, subsection 1-B. [PL 2017, c. 213, §17 (AMD).]

[PL 2025, c. 37, §8 (AMD).]

3. Electronic prescribing. An individual licensed under this chapter and whose scope of practice includes prescribing opioid medication with the capability to electronically prescribe shall prescribe all opioid medication electronically by July 1, 2017. An individual who does not have the capability to electronically prescribe must request a waiver from this requirement from the Commissioner of Health and Human Services stating the reasons for the lack of capability, the availability of broadband infrastructure, and a plan for developing the ability to electronically prescribe opioid medication. The commissioner may grant a waiver including circumstances in which exceptions are appropriate, including prescribing outside of the individual's usual place of business and technological failures.

[PL 2015, c. 488, §20 (NEW).]

4. Continuing education. By December 31, 2017, an individual licensed under this chapter must successfully complete 3 hours of continuing education every 2 years on the prescription of opioid medication as a condition of prescribing opioid medication. The board shall adopt rules to implement this subsection. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

[PL 2015, c. 488, §20 (NEW).]

5. Penalties. An individual who violates this section commits a civil violation for which a fine of $250 per violation, not to exceed $5,000 per calendar year, may be adjudged. The Department of Health and Human Services is responsible for the enforcement of this section.

[PL 2015, c. 488, §20 (NEW).]

6. Opioid medication policy. No later than January 1, 2018, a health care entity that includes an individual licensed under this chapter 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 entity. The policy must include, but is not limited to, procedures and practices related to risk assessment, informed consent and counseling on the risk of opioid use. For the

purposes of this subsection, "health care entity" has the same meaning as in Title 22, section 1718-B, subsection 1, paragraph B.
[PL 2017, c. 186, §3 (NEW).]

SECTION HISTORY

PL 2015, c. 488, §20 (NEW). PL 2017, c. 186, §3 (AMD). PL 2017, c. 213, §§16, 17 (AMD). PL 2025, c. 37, §8 (AMD).

§3300-G. 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. [PL 2019, c. 165, §16 (NEW).]

REVISOR'S NOTE: §3000-G. Duty to warn and protect as enacted by PL 2019, c. 317, §2 is REALLOCATED TO TITLE 32, SECTION 3300-I

SECTION HISTORY

PL 2019, c. 165, §16 (NEW).

§3300-H. 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.
[PL 2019, c. 499, §3 (NEW).]

2. Notice and opportunity to review. 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 and that the applicant or licensee may review the redacted record before it is made available for inspection or copying. The acknowledgment to the requester must include a description of the review process provided to the applicant or licensee pursuant to this section, including the fact that all or part of the record may be withheld if the board finds that disclosure of all or part of the redacted record creates a potential risk to the applicant's or licensee's personal safety or the personal safety of any 3rd party. The applicant or licensee has 10 business days from the date the board sends the notice to request the opportunity to review the redacted record. If the applicant or licensee so requests, the board shall send a copy of the redacted record to the applicant or licensee for review. The board shall make the redacted record available to the requester for inspection or copying 10 business days after sending the redacted record to the applicant or licensee for review unless the board receives a petition from the applicant or licensee under subsection 4.
[PL 2019, c. 499, §3 (NEW).]

3. Reasonable costs. Reasonable costs related to the review of a record by the applicant or licensee are considered part of the board's costs to make the redacted record available for inspection or copying under subsection 2 and may be charged to the requester.
[PL 2019, c. 499, §3 (NEW).]

4. Action based on personal safety. An applicant or licensee may petition the board to withhold the release of all or part of a record under subsection 2 based on the potential risk to the applicant's or licensee's personal safety or the personal safety of any 3rd party if the record is disclosed to the public. The applicant or licensee must petition the board to withhold all or part of the record within 10 business days after the board sends the applicant or licensee the redacted record. The petition must include an explanation of the potential safety risks and a list of items requested to be withheld. Within 60 days of receiving the petition, the board shall notify the applicant or licensee of its decision on the petition. If the applicant or licensee disagrees with the board's decision, the applicant or licensee may file a petition in Superior Court to enjoin the release of the record under subsection 5.

[PL 2019, c. 499, §3 (NEW).]

5. Injunction based on personal safety. An applicant or licensee may bring an action in Superior Court to enjoin the board from releasing all or part of a record under subsection 2 based on the potential risk to the applicant's or licensee's personal safety or the personal safety of any 3rd party if the record is disclosed to the public. The applicant or licensee must file the action within 10 business days after the board notifies the applicant or licensee under subsection 4 that the board will release all or part of the redacted record to the requester. The applicant or licensee shall immediately provide written notice to the board that the action has been filed, and the board may not make the record available for inspection or copying until the action is resolved.
[PL 2019, c. 499, §3 (NEW).]

6. Hearing. The hearing on an action filed under subsection 5 may be advanced on the docket and receive priority over other cases when the court determines that the interests of justice so require.
[PL 2019, c. 499, §3 (NEW).]

7. Application. This section does not apply to requests for records from other governmental licensing or disciplinary authorities or from any health care providers located within or outside this State that are concerned with granting, limiting or denying an applicant's or licensee's employment or privileges.
[PL 2019, c. 499, §3 (NEW).]

SECTION HISTORY

PL 2019, c. 499, §3 (NEW).

§3300-I. Duty to warn and protect

(REALLOCATED FROM TITLE 32, SECTION 3300-G)

1. Duty. A physician licensed under this chapter has a duty to warn of or to take reasonable precautions to provide protection from a patient's violent behavior if the physician 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 physician to take any action that in the reasonable professional judgment of the physician would endanger the physician or increase the threat of danger to a potential victim.
[PL 2019, c. 317, §2 (NEW); RR 2019, c. 1, Pt. A, §45 (RAL).]

2. Discharge of duty. A physician subject to a duty to warn or provide protection under subsection 1 may discharge that duty if the physician makes reasonable efforts to communicate the threat to a potential victim, notifies a law enforcement agency or seeks involuntary hospitalization of the patient under Title 34-B, chapter 3, subchapter 4, article 3.
[PL 2019, c. 317, §2 (NEW); RR 2019, c. 1, Pt. A, §45 (RAL).]

3. Immunity. No monetary liability and no cause of action may arise concerning patient privacy or confidentiality against a physician licensed under this chapter for information disclosed to 3rd parties in an effort to discharge a duty under subsection 2.
[PL 2019, c. 317, §2 (NEW); RR 2019, c. 1, Pt. A, §45 (RAL).]

SECTION HISTORY

PL 2019, c. 317, §2 (NEW). RR 2019, c. 1, Pt. A, §45 (RAL).

SUBCHAPTER 4

TELEHEALTH SERVICES

§3300-AA. Definitions

As used in this subchapter, unless the context otherwise indicates, the following terms have the following meanings. [PL 2021, c. 291, Pt. B, §9 (NEW).]

1. Asynchronous encounter. "Asynchronous encounter" means an interaction between a patient and a person licensed under this chapter through a system that has the ability to store digital information, including, but not limited to, still images, video files, audio files, text files and other relevant data, and to transmit such information without requiring the simultaneous presence of the patient and the person licensed under this chapter.
[PL 2021, c. 291, Pt. B, §9 (NEW).]

2. Store and forward transfer. "Store and forward transfer" means the transmission of a patient's records through a secure electronic system to a person licensed under this chapter.
[PL 2021, c. 291, Pt. B, §9 (NEW).]

3. Synchronous encounter. "Synchronous encounter" means a real-time interaction conducted with an interactive audio or video connection between a patient and a person licensed under this chapter or between a person licensed under this chapter and another health care provider.
[PL 2021, c. 291, Pt. B, §9 (NEW).]

4. Telehealth services. "Telehealth services" means health care services delivered through the use of information technology and includes synchronous encounters, asynchronous encounters, store and forward transfers and telemonitoring.
[PL 2021, c. 291, Pt. B, §9 (NEW).]

5. Telemonitoring. "Telemonitoring" means the use of information technology to remotely monitor a patient's health status via electronic means, allowing the person licensed under this chapter to track the patient's health data over time. Telemonitoring may be synchronous or asynchronous.
[PL 2021, c. 291, Pt. B, §9 (NEW).]

SECTION HISTORY

PL 2021, c. 291, Pt. B, §9 (NEW).

§3300-BB. 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. [PL 2021, c. 291, Pt. B, §9 (NEW).]

SECTION HISTORY

PL 2021, c. 291, Pt. B, §9 (NEW).

§3300-CC. Confidentiality

When providing telehealth services, a person licensed under this chapter shall comply with all state and federal confidentiality and privacy laws. [PL 2021, c. 291, Pt. B, §9 (NEW).]

SECTION HISTORY

PL 2021, c. 291, Pt. B, §9 (NEW).

§3300-DD. 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 providing telehealth services. [PL 2021, c. 291, Pt. B, §9 (NEW).]

SECTION HISTORY

PL 2021, c. 291, Pt. B, §9 (NEW).

§3300-EE. 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. [PL 2021, c. 291, Pt. B, §9 (NEW).]

SECTION HISTORY

PL 2021, c. 291, Pt. B, §9 (NEW).