

July 14, 2017

Via e-mail to DENNIS.SMITH@MAINE.GOV

Dennis E. Smith, Executive Director

Board of Licensure in Medicine

State House Station 137

Augusta, Maine 04333-0137

Re: COMMENTS ON BOLIM RULE CHAPTER 1, RULES AND REGULATIONS FOR
PHYSICIAN LICENSING

Dear Dennis:

Thank you for the opportunity to provide comment on the Board's proposed repeal and replacement of Chapter 1 on behalf of the Maine Medical Association. As you know, the Association is a professional association of more than 4000 physicians, residents and medical students in Maine whose mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine citizens.

Our comments are few and I offer in no particular order.

In Section 8, REQUIREMENTS FOR RENEWAL/REINSTATEMENT/WITHDRAWAL OF LICENSE/REGISTRATION, in subsection 3. Criteria for Active License/Registration Renewal, we strongly oppose the addition to the existing requirements of item (4) which require the licensee to "affirm that the licensee has engaged in the active clinical practice of medicine for at least three (3) active months of the twelve (12) months prior to filing the required CME credits". We are concerned about the impact of this language on physicians who are ill, including physicians who may be in recovery through the Medical Professionals Health Program. As an example, if a physician in active practice were to be diagnosed with cancer during the two-year licensure term and because of the disease and the treatment regimen was unable to work for few months, how would that physicians ever again qualify for renewal? Several physicians in the last few years have been ill but continued

with the CME and met all other conditions of licensure. To deny them renewal because they could physically work only two months in the previous twelve is patently discriminatory and grossly unfair. The same would be true of several individuals in the Medical Professions Health Program.

The language appears to set up a vicious circle in which one would never practice again in Maine as they won't qualify for a license, despite being healthy at the time of filing the application and meeting all other licensure renewal requirements. The only hope would be to go to another state without such a requirement and practice at least three months and then apply for a Maine license.

The same language also appears on page 8 in Section 3 REQUIREMENTS FOR A MEDICAL LICENSE, subsection 6 Active Clinical Practice (page 8). The only difference in the language is that for initial licensure the three months must include clinical practice in another state or in Canada. Our same objection applies.

We recognize that physicians who have been out of practice for years should have to meet additional standards before getting back into practice. But we believe that the standard of three months clinical practice in the previous 12 months is way too restrictive. Perhaps an alternative would be to allow the Board to put restrictions on an active license in situations where the qualification is not met. This could include appropriate monitoring or supervision.

Our only other comments involve Section 10 regarding Continuing Medical Education. We support the significant changes from the existing Rule in eliminating the category 2 credits. We also note that the requirement for the three hours of CME on opioid prescribing required by state law Chapter 488 is limited to physicians who continue to prescribe opioid medication. This requirement is consistent with the statute and we appreciate that there has been no intent to broaden the requirement to all licensees, as there was in the recent drafts of the Chapter 21 joint rules.

Thank you for the opportunity to submit these comments on behalf of the Association and its members.

Gordon H. Smith, Esq.

Executive Vice President

Maine Medical Association