



March 29<sup>th</sup>, 2023

Re: LD 94 “An Act Regarding the Use of Medical Cannabis by Minors”.

Senator Hickman, Representative Supica and distinguished members of the Committee,

Thank you for the opportunity to speak today at the Veteran’s and Legal Affairs committee public hearing on LD 94. My name is Kimberly Caldwell MPAS, PA-C, I have been practicing in Lewiston and resident of Auburn for over 16 years. As the Vice President of the Maine Association of Physician Assistants (MEAPA), I speak today on their behalf in strong opposition to the elimination of Physician Assistants (PA) as practitioners eligible to certify medical necessity for cannabis use as outlined in section 5.4.c of the sponsor’s amendment Bill LD 94 “An Act Regarding the Use of Medical Cannabis by Minors”.

**PA History:**

The PA profession originated in the 1960’s, at a time when the US was experiencing a progressive shortage of physicians, particularly in primary care. Duke University’s, first program graduated 4 students in 1967, these students were chosen from Naval Corpsmen due to their prior medical sciences training and experience. The program was physician led and based on the World War II fast track physician training model. The goal, rapidly train and deploy safe and competent clinicians. Throughout the years the prevalence of PA’s and the need have continued to grow.

Please see the American Academy of Physician Associates (AAPA) (formerly American Academy of Physician Assistants) [infographic](#) which summarizes The training, practice and progression of the profession nicely. AAPA also has a [demographic sheet](#) on PA’s in Maine.



### **PA Training:**

PA's are highly trained medical providers practicing in all clinical areas and specialties. Since the 1990's, the PA profession has considered a master's degree as the point of entry degree, though some PA's continue on to earn a PhD. Others are pursuing more specialized training in certain specialties via certificates of additional qualifications(CAQ's), or through fellowship programs (ex. Surgical fellowship). At this point in time, the majority of PA's continue to perfect their skills through on the job training and through independent learning.

Depending on the individual's undergraduate degree, experience and prerequisites, the Master's program typically takes 2-3 years to complete and includes a minimum of 2,000 hours of direct clinical patient care. The first year or two comprised of didactic training in the classroom, on complex topics by body system, and others focused on pharmacology, anatomy and physiology, and pathophysiology. While the final year is dedicated to clinical rotations, where PA students are imbedded within a variety of practice settings for 1:1 patient interactions. For example these practice areas include pediatrics, surgery, psychiatry, geriatrics, primary care to name just a few. In my program we did 8 separate clinical rotations, spending 6 full time weeks in each location, familiarizing ourselves with the various nuances and challenges of each setting.

PA's are different from our physician and NP colleagues because we are considered "generalist trained", meaning a graduating PA has demonstrated competency in a wide assortment of conditions, clinical specialties and patient populations. Where physicians specialize in their post graduate residency, then practice within that specialty for the remainder of their career, PA's are able to flex from practicing in one specialty to another. By contrast NP's enter training programs based on the



patient population they hope to treat in the future. Ex. Acute care nurse practitioner (ACNP) for those desiring hospital-based practice, family nurse practitioner (FNP) for those wishing to treat all ages, psychiatric-mental health nurse practitioner (PMHNP) etc. Because of PA's generalist training and flexibility of clinical practice, being a life long learner is engrained in our training and reinforced by national certification and state based licensure requirements. PA's are required to complete a minimum of 100 hours of continuing medical education (CME) every 2 years. While no restriction exists on what you can learn, there is significant restrictions in what qualifies as learning for licensure and certification maintenance, much like our physician and NP colleagues.

### **PA Certification, Licensure and scope:**

PA's are nationally certified by the National Commission on Certification of Physician Assistants (NCCPA) after completing an accredited PA program and passing a comprehensive competency examination. PA's are then Licensed by the state, in Maine this is accomplished through either the Maine State Board of Licensure in Medicine or the Maine Osteopathic Board of Licensure.

In the Fall of 2019, just as the pandemic closed the Maine State House and the 129<sup>th</sup> Legislative session, LD 1660, "An Act to improve Access to Physician Assistant Care" was passed by both houses. This bill eliminated the physician supervisory relationship of PA's, replacing it with an optimal team practice, collaborative model. It also set the scope of PA practice at the practice level. There are many other elements to LD 1660, please see [original text](#) for greater detail.

### **LD 94 Opposition:**

Our rigorous training in all the areas outlined above, coupled with our ongoing clinical medical educational requirement provides a more than adequate understanding of the medicinal substance addressed in this bill.



Including, when to appropriately recommend it as an adjunct to skilled medical care.

We feel the proposed changes to section 5 and 8 miss the mark, by not taking into account those minors (and adults as this section amends all certification, not just those of minors) who are currently under the care of PA's, who depend on this substance as part of their complex treatment plan for conditions this bill outlines in section 8 and others such as cancer care (including but not limited to the management of chemotherapy induced nausea and vomiting), autism spectrum disorder and refractory epilepsy. Some clinical evidence suggests a beneficial use in a variety of other treatment areas, most notably for anorexia nervosa, complex motor disorders, anxiety and sleep disturbances, though in these cases clinical research is ongoing.

After additional review of the sponsor's bill and after discussion with our affected constituency, I have a few additional points of contention, which were not previously spoken about.

- Also in section 5. 4-C new language now limits physician practice to only those "licensed by the Osteopathic Board of Licensure", making no mention of the "Board of Licensure in Medicine". Osteopathic board licenses doctors of osteopathy (DO's), while Medicine board licenses medical doctors (MD's). Both boards also license PA's.
- Section 1. Medicinal Cannabis should include high potency formulations/concentrates as this is primarily used in medicinal settings. If we are going to limit this use, perhaps it is most appropriate to limit this on the recreational side of the issue.
- Section 1. Hemp products are widely available, with demonstrated safety and were legal long before cannabis in Maine. To limit them at this point is highly counterintuitive.



In summary, we at the Maine Association of Physician Assistants speak/write today in opposition to the proposed changes in section 5, which have the effect of eliminating both PA medicinal cannabis certification in Maine, which would directly affect access to care and limit appropriate clinical utilization of this medicinal substance for Maine adults and select Maine youth. We take issue with additional proposed language in sections 1, 5, as poorly considered and incomplete.

Thank you for your time and consideration. MEAPA would be open to participating in workgroup sessions in the coming weeks/months.

Sincerely,

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**Links:**

AAPA PA Infographic

<https://www.aapa.org/download/80021/>

AAPA Maine PA Demographics

<https://www.aapa.org/download/61399/>

LD 1660 from 129<sup>th</sup> Legislative session.

[http://www.mainelegislature.org/legis/bills/display\\_ps.asp?ld=1660&PID=1456&snum=129](http://www.mainelegislature.org/legis/bills/display_ps.asp?ld=1660&PID=1456&snum=129)

Maine Association of Physician Assistants Website

<https://mainepa.mypanetwork.com/>