

Testimony of Coralie Giles, RN  
President, Maine State Nurses Association  
Vice-President, National Nurses United

**IN OPPOSITION to LD 742**

**“An Act to Permit Telehealth Services Across State Lines Following Referral from a  
Primary Care Provider Based in the State”**

Before the Joint Standing Committee on Health Coverage, Insurance, and Financial  
Services

Hearing: March 11, 2025 at 1:00 p.m.

Dear Chair Bailey, Chair Mathieson, and distinguished members of the Committee on  
Health Coverage, Insurance and Financial Services,

On behalf of more than 4,000 registered nurses and health care professionals providing  
patient care in our state, the **Maine State Nurses Association/National Nurses  
Organizing Committee/National Nurses United (MSNA) urges the Committee to  
reject LD 742, “An Act to Permit Telehealth Services Across State Lines Following  
Referral from a Primary Care Provider Based in the State.”**

**LD 742 would undermine Maine’s health care professional licensing system by  
allowing professionals licensed anywhere to treat patients in Maine, without any  
oversight.** Maine has its own laws and systems governing quality of care that depend  
on licensure under Maine law. Neither referrals from a primary care provider nor  
patient consent can substitute for the oversight of professional licensing boards.

**Telehealth is not a safe substitute for in-person care by licensed Maine health care  
professionals.** Substituting telehealth for care provided in person increases the risks of  
medical error for reasons including the inability to perform physical exams and nursing

assessments,<sup>1</sup> reduction in vital sign monitoring and laboratory screenings,<sup>2</sup> increased dependence on unlicensed caregivers and patient self-care,<sup>3</sup> and barriers to effective communication.<sup>4</sup> Telehealth and telemonitoring can also increase the burden on patients and their family members.

**The Nurse Licensure Compact makes LD 742 unnecessary for registered nurses in most states, and the bill may violate the compact.** Maine is a member of the Nurse Licensure Compact, a reciprocal agreement with other states that is codified in the law of each member state in identical terms. The compact allows nurses from other compact states to practice in Maine and outlines a system of oversight. While this system does not require out-of-state nurses to meet Maine’s licensure requirements, it does have some oversight mechanisms, unlike LD 742. It is also intended to be the final word on how member states handle interstate licensure for registered nurses, so LD 742 may be subject to legal challenge related to the compact.

**We strongly urge the Committee to reject LD 742.**

Sincerely,



Coralie (Cokie) Giles, RN  
President, Maine State Nurses Association  
Vice-President, National Nurses United

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<sup>1</sup> Valdes W, Utter G. Mar 31, 2021. “Delayed Diagnosis in the Setting of Virtual Care: Remembering the Physical Examination.” *WebM&M: Case Studies*. <https://psnet.ahrq.gov/web-mm/delayed-diagnosis-setting-virtual-care-remembering-physical-examination>.

<sup>2</sup> Alexander G et al. “Use and Content of Primary Care Office-Based vs Telemedicine Care Visits During the COVID-19 Pandemic in the US.” *JAMA Netw Open*. 2020. 3(10):e2021476. doi:10.1001/jamanetworkopen.2020.21476.

<sup>3</sup> Wade R et al. 2012. “Factors Affecting Provision of Successful Monitoring in Home Telehealth.” *Gerontology*. 58(4):371-7. doi: 10.1159/.

<sup>4</sup> Henry B et al. 2017. “Clinician Behaviors in Telehealth Care Delivery: A Systematic Review. *Adv in Health Sci Educ*. 22:869–888. [doi:10.1007/s10459-016-9717-2](https://doi.org/10.1007/s10459-016-9717-2).