

Date: April 15, 2025

Bill number: ME LD 961 HP 0620

Dear Senate Chair Bailey, House Chair Mathieson, and all distinguished members of the Health Coverage, Insurance, and Financial Services Committee:

I appreciate the opportunity to comment on this bill. My name is Kihwan Bae, Ph.D., and I am a Research Associate at the Knee Regulatory Research Center at West Virginia University. This comment is not submitted on behalf of any party or interest group.

My studies examine state-level policies to address healthcare shortages by reducing entry barriers to qualified workers. There is accumulating evidence that expanding the role of advanced practice registered nurses (APRNs) in healthcare improves access to care while not causing a decline in service quality. One of my studies also suggests that this effect may increase over time as more nurses enter education programs for APRNs.

Maine is one of 27 states that has allowed APRNs to practice and prescribe independently from physicians. This bill would expand the policy by removing a two-year supervision requirement for certified nurse practitioners (NPs) to obtain the autonomy. With the bill, newly certified NPs could instantly work as independent practitioners for primary care and mitigate healthcare shortages in the Green Mountain State.

A potential concern on the bill would be an entry of unscrupulous practitioners threatening public health and safety. However, certified NPs are required to complete 500 supervised clinical hours and obtain national certification in their specialty area after finishing a Master or Doctor degree in accredited NP programs. Also, there is no evidence of an increase in malpractices by NPs without physician oversight.<sup>1</sup>

Taken together, research suggests that removing the two-year supervision requirement for certified NPs is a way to increase access to primary care with little harm to public health and safety.

Sincerely,



Dr. Kihwan Bae, Research Associate,  
Knee Regulatory Research Center, West Virginia University  
Reynolds Hall 6305, 83 Beechurst Ave, Morgantown, WV 26505  
Email: kihwan.bae@mail.wvu.edu

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<sup>1</sup> Markowitz, S., & Smith, A. J. (2024). Nurse practitioner scope of practice and patient harm: Evidence from medical malpractice payouts and adverse action reports. *Journal of Policy Analysis and Management*, 43(2), 420-445.