Written Testimony in Opposition to LD 961
"An Act to Address Maine's Health Care Workforce Shortage and Improve Access to Care"
Sponsored by Representative Kristi Mathieson
Submitted by Melissa Hackett, BS, RN, MSN, FNP
Date: 4/13/2025

Dear Chairpersons and Members of the Committee,

Thank you for the opportunity to submit testimony opposing LD 961, a bill that seeks to eliminate the two-year supervision requirement for newly graduated Nurse Practitioners (NPs) in Maine.

While I appreciate the intent of this bill—to increase access to care during a healthcare workforce shortage—I believe that eliminating this essential period of supervised practice jeopardizes patient safety and clinician development. Supervision is not a barrier; it is a crucial element in ensuring readiness for independent practice.

1. **Transition to Practice Requires Support**

Nurse Practitioners are vital to delivering primary care, making up 25% of primary care clinicians for rural and underserved communities (Barnes et al., 2018). The transition from graduate education to autonomous clinical practice is complex. In the current healthcare environment, newly graduated NPs often lack the real-world experience to manage patients' complexity and acuity independently.

Nurse Practitioners graduate from master's and doctoral programs that include both didactic learning and a minimum requirement of 500 supervised direct patient care clinical hours (National Organization of Nurse Practitioner Faculties [NONPF], 2016). However, the quality and setting of these clinical hours can vary significantly, often depending on the availability of preceptors rather than on structured, standardized training. While these hours are crucial, they do not match the volume or intensity of training necessary for fully autonomous care—especially in complex or rural primary care environments. The variability in clinical experience highlights the need for structured, standardized post-graduate supervision or residency-style support to promote safe and competent independent practice (Poje & Galbraith, 2021).

In contrast, physicians complete residency programs that last at least three years, accumulating over 10,000 hours of hands-on clinical experience before practicing independently. Expecting NPs to take on full autonomy after only a fraction of that exposure is not only unrealistic but also unsafe, especially in the high-stakes environment of primary care.

The Benner Novice to Expert model (Benner, 1984), *foundational to nursing practice*, reinforces that clinical expertise develops over time through structured, mentored experience. New NPs enter the workforce as novices, requiring substantial supervision and guidance to deliver safe, competent, and efficient care.

2. **Patient Safety and Quality of Care**

Numerous studies demonstrate that structured transition-to-practice programs decrease clinical errors, boost clinician confidence, and improve care outcomes. In the absence of support, new NPs experience heightened stress, role confusion, and an increased risk of misdiagnosis (Barnes, 2015; Hart & Bowen, 2016).

Eliminating the supervision requirement would remove a crucial safety net for patients and newly graduated NPs managing complex conditions in underserved or rural areas. Supervised practice helps prevent errors, fosters better outcomes, and ensures that patients receive safe, evidence-based care from a qualified clinician.

3. **Residency-Style Programs Offer a Proven Alternative**

Instead of removing the supervision requirement for new graduate NPs, Maine could better serve the population by investing in formal post-graduate residency and fellowship programs for NPs. States such as Oregon, Connecticut, and California have pioneered these programs with notable success in both urban and rural health settings.

These programs:

- Improve retention and job satisfaction among new NPs (Faraz, 2017),
- Build clinical judgment and diagnostic acumen (Flinter et al., 2017),
- Promote interprofessional collaboration and readiness for autonomy (Martsolf et al., 2015).

Eliminating supervision requirements could disincentivize the development of such programs in Maine.

4. **Workforce Shortages Demand Smart Solutions—Not Lower Standards**

While I fully acknowledge Maine's primary care shortage, we cannot afford to compromise patient safety and clinical quality for short-term workforce gains. Instead of eliminating supervision, the legislature should focus on:

- Funding NP residency and fellowship programs statewide,
- Incentivizing clinical preceptors in rural and underserved areas,
- Encouraging academic-clinical partnerships to improve training pipeline efficiency.

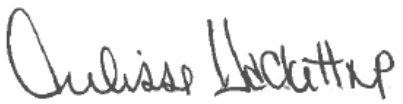
Below is a brief overview of the New Clinician Development Program that HealthReach is currently implementing for all new graduate Advanced Practice Practitioners (APPs). Our enhanced APP support structure aims to improve the experience of new graduates, foster a culture of continuous learning, encourage engagement within the organization, and boost clinician retention. The plan includes comprehensive chart review, regular clinician-supervisor meetings (scheduled during practice hours to maintain work-life balance), New Clinician Learning Cohort sessions covering various relevant topics (including opportunities to earn continuing education credits for participation), and routine check-in meetings with the CEO, Medical Director, and Assistant Medical Director all held over a 24-month period.

We can address the workforce shortage while upholding the standards that protect our patients and support our clinicians.

In conclusion, I respectfully urge this Committee to vote against LD 961. Maine's healthcare system deserves Nurse Practitioners who are well-educated and supported during their transition to independent practice. Eliminating the supervision requirement does not close the care gap; instead, it risks widening it by promoting rushed, unsupported clinical autonomy.

Thank you for your time and thoughtful consideration.

Sincerely,



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HealthReach New Graduate APP Supervision Model

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Please see the attached file.