

Monday, April 15th, 2025

Senator Bailey, Representative Mathieson, and Members of the Committee on Health Coverage, Insurance, and Financial Services:

I am writing to oppose LD961, "An Act to Address Maine's Healthcare Workforce Shortage to Improve Access to Care."

In 2021, I submitted testimony with 14 other physicians to oppose LD 295: "An Act To Repeal Restrictions That Prohibit Certain Advanced Practice Registered Nurses from Providing Essential Health Care Service." This bill – LD961- also seeks to reduce educational requirements for NPs before they are permitted to be independently responsible for patients' treatment and welfare.

This bill supposes that 24 months of post-graduate supervision by an experienced physician or NP is a barrier to patient care and that this legislation is necessary to expand access to care. Doing so simply increases patient exposure to unqualified clinicians.

Allowing important educational requirements for healthcare practitioners to be eliminated with promises of 'improved access' is a dangerous substitute for simply creating the training that is necessary to train qualified practitioners. A good example of lowering standards can be found in physician training: the oft-repeated 'physician shortage' is simply the result of Congress refusing to fund the number of residency positions needed to train the number of physicians our population needs. Rather than properly train the number of doctors America needs right now, a decision has been made to suffer through a physician shortage and fill those spots with other practitioners with less education. I hope and pray that our state government in the form of the members of this committee shows a willingness to give the citizens of Maine the competent nurse practitioners we need by ensuring adequate training for them, rather than cutting corners to allow less qualified practitioners take care of us all.

NP clinical experience in school is highly variable, as it can be completed at sites that have no formal training program at all. The clinical experiences offered in NP programs are not regulated or standardized. NPs may only watch clinical care being provided without actually participating themselves, which is called 'shadowing.' Additionally, the clinical experiences in school may be unrelated to the clinical area in which the NP works after school, leaving them entirely unprepared for unsupervised practice. NPs need only pass one 135 question exam to be fully licensed and do not need to demonstrate hands-on, clinical competency to be licensed.

Putting new NPs into the workforce without a transition period is also not considered best practice even within the NP community. The review article, "Nurse Practitioner Post-Graduate Residency Program: Best Practice" published in The Journal for Nurse Practitioners in 2020 recommended an NP residency program following NP school. We do not have that in Maine, but we do have had a 24-month collaboration period to function as a clinical training period for NPss and as a safeguard for patients.

Not all NPs have hands-on clinical nursing experience prior to becoming a nurse practitioner. This is true both for master's level NPs and doctorate level NPs. One of many programs that produce NPs in this category is the UCSF School of Nursing "Master's Entry Program in Nursing," where someone *with a bachelor's degree in English and no healthcare experience* can become a family practice nurse

practitioner in 3 years. We need safeguards in the law to prevent such inexperienced clinicians from taking care of Maine patients with no safeguards **LD961 removes the only safeguard patients have against this dangerous situation.**

Even medical students, who have many more years of education and hands-on clinical training than NPs, are legally required to engage in post-graduate apprenticeship. **This period is essential to translate book knowledge and student experiences into safe patient care.** Newly-graduated NPs, just like newly-graduated medical students, are a danger to the public if allowed to immediately assume independent responsibility for patient care. Mainers deserve better than allowing LD961 to strip from us common-sense protections from novice NPs. LD961 presents serious risks to patient safety in an already broken healthcare system.

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THREE PERCENT - "At the point of certification, a new nurse practitioner has acquired between 500 and 1,500 hours of clinical training, fewer than a third-year medical student. A new family physician has acquired more than 15,000 hours of clinical training." [Graduate Medical Students may not practice medicine without even more training.] Math $500 \div 15000 = 0.033 = \sim 3\%$

SOURCE: www.taftp.org/Media/Default/Downloads/advocacy/scope-education.pdf



■ NP Minimum Required Clinical Training Hours = $\sim 3\%$ of Family Medicine Physician Minimum Required Clinical Training Hours

meta-chart.com