



Senator Bailey, Representative Mathieson, and members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services Committee, my name is Lisa Margulies, I serve as Vice President of Public Affairs, Maine, for Planned Parenthood of Northern New England, and I am pleased to submit testimony in support of LD 961.

Planned Parenthood of Northern New England provides comprehensive reproductive and sexual health care in approximately 10,000 visits per year in Maine at four health centers located in Biddeford, Portland, Sanford, and Topsham, as well as online via telehealth. People turn to us for affordable, high-quality care including wellness exams, birth control, disease testing and treatment, cancer screenings, abortion care, gender-affirming care, as well as a variety of primary care services.

As a mission driven health care provider, we fundamentally believe everyone should be able to access affordable, high quality sexual and reproductive health care in their communities, no matter where they live or how much money they make, and we advocate for policies that help make this vision a reality. All people deserve to access comprehensive reproductive health care, including abortion and gender affirming care, free from shame, stigma, and intimidation. We see everyone who comes to us regardless of ability to pay, and in a typical year, we provide more than \$1.2 million in free and discounted care to our communities in Maine. For many, we are their only access to the health care system.

As you know, Maine is facing a dangerous shortage of health care professionals, with patients—especially those living in rural areas and those who are low income—struggling to access basic services that keep us healthy and productive. In fact, thirteen of Maine’s sixteen counties are seeing health professional shortages.¹ This shortage compounds already difficult financial situations for many health care providers like Planned Parenthood of New England, as providers struggle to keep afloat with costs to rehire and train staff, stagnant reimbursement rates from insurance companies, and inflation. Recent hospital mergers and closures across the state underline the seriousness and urgency of this situation and the need to protect Maine’s precarious health care infrastructure.

LD 961 would reduce barriers to practice for nurse practitioners (NPs) by lifting supervisory requirements, thereby creating a larger pool of candidates to fill critical clinician roles that are often hard to hire. In practice, our clinicians have reported that these supervisory restrictions do not result in meaningful supervision; instead, they

serve as administrative hurdles that consist of completing paperwork and making payments. At PPNNE, formal—and effective—supervision teaching, coaching, and monitoring of clinicians who join our team is implemented as part of our robust institutional policies and practice, as it is for many other providers. It is worth noting that supervisory restrictions were already once lifted for NPs during the COVID pandemic, and this bill would reinstitute that policy.

PPNNE has also faced a specific hurdle resulting from the administrative regulations associated with these requirements. Board of Nursing regulations require the supervisor to be a “licensed physician or nurse practitioner practicing in the same practice category.”ⁱⁱⁱ As a result, highly qualified and experienced clinicians are unable to supervise anyone outside of their practice areas. For example, a Medical Doctor specializing in OB-GYN or Women’s Health Nurse Practitioner is ineligible to supervise a Family Nurse Practitioner under current regulations. As a result, *PPNNE is currently unable to hire any Family Nurse Practitioners* because we do not have a clinician within that practice category. By contrast, PPNNE also employs Nurse Midwives, for whom there is *no similar state-mandated supervision requirement*.

Maine desperately needs to bolster its fragile health care infrastructure by attracting clinicians to our state. LD 961 would do just that by removing barriers to recruiting and hiring qualified health care professionals. I urge you to vote OTP on LD 961.

ⁱ Pendharkar, Eesha, *Amid critical practitioner shortage, UMaine to explore opening public medical school*, Maine Morning Star, August 20, 2024, <https://mainemorningstar.com/briefs/amid-critical-practitioner-shortage-umaine-to-explore-opening-public-medical-school/#:~:text=Thirteen%20of%20Maine's%2016%20counties,2019%20to%2041%2C110%20in%202022>

ⁱⁱ 02-380 C.M.R., ch. 8, §2, <https://www.maine.gov/boardofnursing/docs/Chapter%208%20Regulations%20Relating%20Advanced%20Practice%20Registered%20Nursing%20final%20rule.pdf>