

Linda Schumacher-Feero, M.D.

LD 961

15 April 2025

Dear Senator Bailey, Representative Mathieson and members of the Committee on Health Coverage, Insurance and Financial Services,

I am an ophthalmologist who has practiced eye surgery in Augusta since 1999. I do not practice with any nurse practitioners (NPs) directly but often interact with NPs who provide primary care to the patients I see. I am speaking on my own behalf today. In the interest of patient safety, LD 961 should be voted OUGHT NOT TO PASS.

Legislation removing the requirement that an NP must, for at least 24 months, practice under the supervision of a physician or supervising nurse practitioner or be employed by a clinic or hospital that has a licensed physician medical director was last attempted in 2021. The language of the current bill is nearly identical. The education criteria for NPs has remained the same since that time. Removing the supervisory role of physicians for new NPs is a vote that suggests that an NP is equally trained and competent to care for patients as a physician, which is clearly untrue.

NPs were first trained beginning in 1965 and only became accredited in 1988. In under a year, more than 300 hundred schools were approved. That number has grown to more than 400 schools now. For some of these, the entry criteria are not strict, with every applicant being accepted.<sup>1</sup> More than 10% of the NP schools are entirely online. The COVID pandemic temporarily moved pre-clinical medical school training online. Analysis of training during this time showed an astounding decrease in the students who felt they were adequately prepared to diagnose, treat, and promptly refer patients and assess cost-benefit and risk-benefit care. There are no online medical schools post-COVID.

Among NP schools, many do not arrange clinical rotations for students, screen precepting physicians or assess students after their rotations. What does it mean for patient safety when the quality of the NP education system is questionable? NP education today is where physician training was more than a century ago. At that time, medical education had few standards resulting in poorly trained physicians. The Flexner Report in 1910 resulted in the closure of many medical schools amid the adoption of rigorous accreditation standards that remain in place today. NP schools need increased regulation and scrutiny, but this is not where we find ourselves in 2025.

Beyond serious admission and training concerns, NPs have a fraction of the training of physicians in number of hours as well as the depth and breadth of learning. Accreditation standards for medical schools require every school to guarantee that each student can accurately diagnose patients, identify and repair knowledge gaps, and teach students to recognize the limits of their own knowledge and skill. The medical school must be able to prove that its students can diagnose patients accurately to safely practice medicine.

Accreditation standards for NP schools are not this clear or specific. There is no guarantee that every student can formulate a diagnosis, nor that the school will identify and remedy gaps in knowledge. There is no guarantee that students recognize the limits of their knowledge and skill, and there are few things more dangerous than a person with authority who does not know what they don't know. The lack of accreditation standards means the accrediting body cannot hold NP schools and by extension their students accountable for what is true for every physician.

Encouragingly, the National Task Force on Quality Nurse Practitioner Education has recognized the need for more rigorous standards. Their most recent standards were released in 2022 with plans for a gradual transition to competency-based education that is consistent across all programs.<sup>2</sup> The most recent standards call for an increase in direct patient care hours from 500 to 750 (A family practice resident must have a minimum of 1,000 hours, for comparison). However, they decreased the recommendation of a 1:6 faculty to student ratio to 1:8, which was what the actual ratio was across institutions. Importantly, there is a new requirement for students to be assessed with a basic set of core competencies prior to beginning direct patient care. Schools are expected to come into compliance with these new requirements between 2025 and 2027.

The Risk Management Foundation of Harvard published an examination of malpractice cases arising from NP care in 2019.<sup>3</sup> NPs were more likely than physicians to be sued for malpractice due to missed diagnoses and for high severity illnesses beyond their capacity to manage. A physician-led team for a new NP's first two years of practice is a safety net that protects patients and allows the NP to acquire hands-on experience in a structured setting that resembles an apprenticeship. It permits the NP the opportunity to fill gaps in their knowledge base and to recognize their limits and to hand the patient over to the care of a physician when those limits are reached. Advocating to eliminate the current post-graduate training structure for NPs removes the guard rails that place a fully trained physician at the head of the medical care team and threatens quality of care and patient safety. What is perceived as a burden by a minority of NPs is viewed as a safe and protective relationship by the rest of the members of the house of medicine. LD 961 would remove a critical safety net for the people of Maine, leaving them vulnerable to sub-standard care.

I urge you to preserve the health and safety of the people of Maine and vote OUGHT NOT TO PASS on LD 961. Thank you for considering my testimony. Your work on behalf of the citizens of Maine is very much appreciated.

#### References

1. Kerr E. Nursing master's programs with 100% admit rates, US News and World Report. <https://www.usnews.com/education/best-graduate-schools/the-short-list-grad-school/articles/nursing-masters-programs-with-the-highest-acceptance-rates>. 9 June 2020.
2. National Task Force on Quality Nurse Practitioner Education. 2022 Standards for Quality Nurse Practitioner Education, 6<sup>th</sup> Edition.

3. Hoffman J, Wang F. MPL Risks Associated with NPs. Risk Management Foundation of the Harvard Medical Institutions. 31 Dec 2019.