

Joint Committee on Health Coverage, Insurance and Financial Services
Maine State Legislature
100 State House Station
Augusta ME, 04333

April 15, 2025

Re: L.D. 961

Dear members of the Joint Committee on Health Coverage, Insurance and Financial Services,

The American Association of Nurse Practitioners® (AANP) appreciates the opportunity to submit written comments in support of L.D. 961 as introduced before the Committee on Health Coverage, Insurance and Financial Services in the public hearing on Tuesday, April 15, 2025. On behalf of our Maine nurse practitioner (NP) members, AANP supports L.D. 961.

Maine is struggling to meet the growing need for access to timely, high-quality care. Simultaneously, the state faces persistent health care workforce shortages and rising health care costs. Exacerbating those challenges is an outdated law that limits the NP workforce and makes it harder for the state to recruit and retain nurse practitioners.

L.D. 961 is a no-cost, no-delay solution to help grow Maine's health care workforce. By retiring unnecessary regulations, this legislation would make an immediate and beneficial difference for communities that need improved access to quality, affordable health care. There is compelling evidence to support this legislation without amendments.

NPs are Qualified Providers with a Track Record of Meeting Needs

As you may know, NPs have been providing primary, acute, mental and specialty care to millions of patients across the lifespan for more than half a century. NPs evaluate patients, diagnose, write prescriptions and provide whole-person care to patients in nearly one billion patient visits per year. They complete six years of undergraduate and graduate education that includes embedded hands-on supervised clinical rotations. NPs are additionally required to complete continuing education requirements and maintain national board certification for licensure.

Mainers have grown to appreciate and rely on NP care. Nurse practitioners provide a substantial portion of the high-quality¹, cost-effective² care that our communities require. NPs the largest and fastest growing Medicare designated provider specialty.³ Approximately 42% of Medicare patients receive billable services from a nurse practitioner⁴, and approximately 80% of NPs are seeing Medicare and Medicaid patients.⁵ NPs also provide a substantial portion of health care in rural areas and areas of lower socioeconomic and health status.^{6, 7, 8} They are also “significantly more likely than primary care physicians to care for vulnerable populations. Nonwhites, women, American Indians, the poor and uninsured, people on Medicaid, those living in rural areas, Americans who qualify for Medicare because of a disability, and dual-eligibles are all more likely to receive primary care from NPs than from physicians.”⁹

Maine is at a competitive disadvantage and falling behind other states

Nineteen jurisdictions—16 states, DC, and two territories—have already retired laws mandating post-licensure supervision of nurse practitioners. Many of these jurisdictions have had this regulatory model in place for several decades and lead the nation in advancing patient-centered health care and innovative systems of care delivery.

Importantly, no state that has adopted legislation like L.D. 961 has ever returned to a more restrictive model, and these states have a competitive advantage in recruiting and retaining nurse practitioners. In fact, some states have specifically noted that maintaining beneficial licensure laws is a successful strategy for recruiting NPs into their workforce from more restrictive states.¹⁰

¹ <https://www.aanp.org/images/documents/publications/qualityofpractice.pdf>.

² <https://www.aanp.org/images/documents/publications/costeffectiveness.pdf>.

³ data.cms.gov MDCR Providers 6 Calendar Years 2017-2021.

⁴ *Ibid.*

⁵ https://storage.aanp.org/www/documents/NP_Infographic_111122.pdf

⁶ Davis, M. A., Anthopolos, R., Tootoo, J., Titler, M., Bynum, J. P. W., & Shipman, S. A. (2018). Supply of Healthcare Providers in Relation to County Socioeconomic and Health Status. *Journal of General Internal Medicine*, 4–6. <https://doi.org/10.1007/s11606-017-4287-4>.

⁷ Xue, Y., Smith, J. A., & Spetz, J. (2019). Primary Care Nurse Practitioners and Physicians in Low-Income and Rural Areas, 2010-2016. *Journal of the American Medical Association*, 321(1), 102–105.

⁸ Andrilla, C. H. A., Patterson, D. G., Moore, T. E., Coulthard, C., & Larson, E. H. (2018).

Projected Contributions of Nurse Practitioners and Physicians Assistants to Buprenorphine Treatment Services for Opioid Use Disorder in Rural Areas. *Medical Care Research and Review*, Epub ahead. <https://doi.org/10.1177/1077558718793070>

⁹ Buerhaus, P. (2018). *Nurse Practitioners: A Solution to America's Primary Care Crisis*. American Enterprise Institute. Retrieved April 11, 2025 from <https://www.aei.org/research-products/report/nurse-practitioners-a-solution-to-americas-primary-care-crisis/>

¹⁰ Tabor J.A., Jennings N., Kohler L, Degan B, Derksen D, Eng HJ, Campos-Outcalt D, Derksen D. AzCRH 2015 Supply and Demand Study of Arizona Health Practitioners and Professionals. Arizona Area Health Education Centers and Center for Rural Health, University of Arizona, Tucson, 2016; https://crh.arizona.edu/sites/default/files/2022-04/022616_AzCRH_Supply_and_Demand_Report.pdf

Evidence Supports Retiring Outdated Law

There is no evidence that these mandated contract periods are necessary or beneficial for patients or providers. There is a growing body of research on health care quality and cost outcomes in states that have retired government-mandated post-licensure supervision requirements. These studies found that states without this barrier have maintained quality health care outcomes, have lower hospital admissions rates, perform better on some key health care measures, and have lower health care costs than in those that have not yet modernized their laws. Additionally, a recently published peer-reviewed analysis of adverse action reports and malpractice payments rates found no statistical difference between states with requirements like Maine's and states that had retired them.¹¹

Notably, **Maine has already successfully test driven the changes in L.D. 961.** During the COVID-19 public health emergency the state fully waived the 24-month requirement for supervision. This real-world experience adds to the evidence that the existing law is outdated and unnecessary, and demonstrates the safety and value in adopting L.D. 961.

On behalf of the American Association of Nurse Practitioners and our Maine membership, we urge support of L.D. 961.

Sincerely,



Stephen A. Ferrara, DNP, FNP, FAANP, FAAN
President

¹¹ Dillon D. Do transition to practice hour requirements make a difference in adverse action and medical malpractice payment reports: An analysis from the National Practitioner Data Bank. (2024) JAANP DOI: 10.1097/JXX. 0000000001091