April 15, 2025
Senator Donna Bailey
Representative Lori Gramlich
Members of the Health Coverage, Insurance and Financial Services Committee
Room 220
Cross State Office Building, Augusta, Maine 04330

Dear Chairman Bailey, Chairman Gramlich and Members of the Committee:

I am submitting this testimony in strong support of LD961, An Act to Address Maine's Health Care Workforce Shortage and Improve Access to Care.

I regret I am unable to attend the hearing today. I am a nurse practitioner practicing in geriatrics in Central Maine. I am writing to encourage you to pass LD 961. I wish I were able to be there in person, but I'm sure you are aware of the precarious state of healthcare in Maine, and thus, I was unable to take time away from patient care to attend in person.

Nurse practitioners, like certified nurse midwives, certified registered nurse anesthetists, and clinical nurse specialists are educated, trained and pass national certification boards and apply to the state board of licensing before beginning practice. However, only nurse practitioners are subject to a transition to practice period requirement. This is an unnecessary barrier to practice for nurse practitioners and an unnecessary barrier to access to a provider for Mainers.

During the pandemic this barrier was eliminated. There were no changes in outcomes, no negative effects or negative patient outcomes occurred because of the elimination of the transition to practice supervisory period. In other states with no transition to practice requirement, patients remain safe and have access to quality, competent care with no barriers and no compromise in safety and competency.

You may hear from our physician colleagues that our education is insufficient to enter practice without a supervisory period. Nursing education and medical education cannot be compared one to one. A Nurse practitioner has completed a Bachelor's degree in nursing before ever being admitted to a graduate program; then purses a master's or doctorate degree to become a nurse practitioner. Nurse practitioners are trained for a specific role in a specific patient population, hence the varied nurse practitioner roles and initials after our names. For example, I am a Family Nurse Practitioner, I was trained to do primary care for all ages in the community. Contrasted with an Acute Care Nurse Practitioner who is educated and trained to manage acute issues requiring hospitalization. We complete specialized education and training within our clinical and population focus and thus are prepared for our national certifying board exams and licensure when completing our specific education and clinical training track.

I Regret I am unable to attend in person, and hope to be able to arrange patient care to attend any future work sessions. I remain available for any questions you may have.

Thank you,
Susan Folk, FNP-C
Rockland, Maine
207-596-3257
Maine Nurse Practitioner Association Legislative Committee Member

Susan Folk Rockland LD 961

April 15, 2025

Senator Donna Bailey

Representative Lori Gramlich

Members of the Health Coverage, Insurance and Financial Services Committee Room 220

Cross State Office Building, Augusta, Maine 04330

Dear Chairman Bailey, Chairman Gramlich and Members of the Committee: I am submitting this testimony in strong support of LD961, An Act to Address Maine's

Health Care Workforce Shortage and Improve Access to Care.

I regret I am unable to attend the hearing today. I am a nurse practitioner practicing in geriatrics in Central Maine. I am writing to encourage you to pass LD 961. I wish I were able to be there in person, but I'm sure you are aware of the precarious state of healthcare in Maine, and thus, I was unable to take time away from patient care to attend in person.

Nurse practitioners, like certified nurse midwives, certified registered nurse anesthetists, and clinical nurse specialists are educated, trained and pass national certification boards and apply to the state board of licensing before beginning practice. However, only nurse practitioners are subject to a transition to practice period requirement. This is an unnecessary barrier to practice for nurse practitioners and an unnecessary barrier to access to a provider for Mainers.

During the pandemic this barrier was eliminated. There were no changes in outcomes, no negative effects or negative patient outcomes occurred because of the elimination of the transition to practice supervisory period. In other states with no transition to practice requirement, patients remain safe and have access to quality, competent care with no barriers and no compromise in safety and competency.

You may hear from our physician colleagues that our education is insufficient to enter practice without a supervisory period. Nursing education and medical education cannot be compared one to one. A Nurse practitioner has completed a Bachelor's degree in nursing before ever being admitted to a graduate program; then purses a master's or doctorate degree to become a nurse practitioner. Nurse practitioners are trained for a specific role in a specific patient population, hence the varied nurse practitioner roles and initials after our names. For example, I am a Family Nurse Practitioner, I was trained to do primary care for all ages in the community. Contrasted with an Acute Care Nurse Practitioner who is educated and trained to manage acute issues requiring hospitalization. We complete specialized education and training within our clinical and population focus and thus are prepared for our national certifying board exams and licensure when completing our specific education and clinical training track.

I Regret I am unable to attend in person, and hope to be able to arrange patient care to attend any future work sessions. I remain available for any questions you may have.

Thank you, Susan Folk, FNP-C Rockland, Maine 207-596-3257

Maine Nurse Practitioner Association Legislative Committee Member