

Testimony in Opposition to LD 961, An Act to Address Maine's Health Care Workforce Shortage and Improve Access to Care

To: Joint Standing Committee on Health Coverage, Insurance & Financial Services

Dear Senator Bailey, Representative Mathieson and members of the Joint Standing Committee on Health Coverage, Insurance & Financial Services. I am writing today to urge the committee to oppose LD 961, An Act to Address Maine's Health Care Workforce Shortage and Improve Access to Care. While I appreciate the intent of this bill, the elimination of a supervisory period for newly-minted health care practitioners is not a viable solution to the complex problem of healthcare access in Maine.

As a family physician practicing in a rural health care organization offering integrated primary care services to over 26,000 people in central and western Maine, I am proud to call many excellent nurse practitioners my colleagues. Indeed, nurse practitioners comprise the bulk of the primary care workforce in my organization. We hire newly graduated nurse practitioners routinely. We offer clinical rotations for nurse practitioner students. Over my 17 years in practice, I have supervised innumerable new nurse practitioners. *Notably, each of those new nurse practitioners is responsible for their own panel of patients, so they are in fact providing increased primary care access even while under supervision.*

Despite the truly excellent programs for nurse practitioner training in Maine, they cannot adequately prepare nurse practitioners for independent practice upon graduation. There is good reason why physicians undergo at least 3 years of supervised practice (residency program) and why physician associates undergo 2 years of collaborative practice after graduation from their respective education programs. The work of caring for people – particularly in Maine with its older, rural population, lack of specialists, and socioeconomic drivers of health – is complicated and challenging. The most effective path to providing high quality care is solid didactic and clinical education followed by first-hand experience of delivering care under the guidance of a trusted mentor.

Instead of eliminating a formative element of training, and to address some of the concerns that supervision is performative rather than critical to clinical development, there are several ways in which changes in current regulations and targeted funding could improve upon the development of well-trained nurse practitioners:

1. **Improve the supervisory period.** Currently, there is no other requirement for structuring the supervisory period for nurse practitioners than to report that it is occurring. This stands in stark contrast to the requirements of physician training, which is highly regulated by the Accreditation Council for Graduate Medical Education (ACGME). Physician Associates in Maine must submit a detailed plan of collaborative practice for approval by the Board of Licensure in Medicine. If our goal is well-trained clinicians filling the healthcare access gap in Maine, we should provide the framework for what is considered effective supervision. The state should also provide funding to incentivize quality supervision programs as an investment in its healthcare workforce.

Our organization has recognized that effective supervision improves the quality of care delivered to patients and the confidence and competence of new nurse practitioners. Beyond that, we believe it increases retention of nurse practitioners in primary care. As an example of what a structured supervisory period could look like, I have attached our supervision program to this testimony.

2. **Increase the number of experienced nurse practitioners who can supervise.** Currently, regulations state that supervisors must either be a physician practicing in the same field as the nurse practitioner or a nurse practitioner who has *practiced for a minimum of 5 years in the same specialty, worked in a clinical health care field for a minimum of 10 years, and is approved by the Board of Nursing.* Reducing these restrictions to allow an increased number of experienced nurse practitioners to act as supervisors would seem to be low-hanging fruit. This could easily increase access to experienced supervising clinicians who understand the gap between school-based knowledge and what is needed for clinical practice.

In summary, Maine has a strong nurse practitioner workforce that is providing the bulk of primary care services throughout the state, rising to meet the demand of our aging and increasingly complex population. Eliminating a critical portion of training will not improve healthcare or healthcare access in Maine, which is why the committee must oppose LD 961. We instead need to invest more into training our nurse practitioners and increase the resources that target the growth and development of this vital component of our healthcare workforce.

Thank you for considering my testimony on this important topic.

A handwritten signature in black ink that reads "Amy K. Madden". The signature is written in a cursive, flowing style.

Amy Madden, MD

Rome



HEALTHREACH
COMMUNITY HEALTH CENTERS

New Clinician Development Program

As an organization, we are working to improve the experience new clinicians have when entering practice. Our mission is to make training and education more meaningful and deliberate for clinicians who are new to practice. With an enhanced support structure for new graduate clinicians, we endeavor to improve the new graduate experience for Advance Practice Practitioners, support an environment of continuous learning, encourage engagement in the organization and to realize all the benefits of improved clinician retention.

Changes to the supervision model include increased frequency of supervisor-supervisee meetings, chart review and the development of the New Clinician Learning Cohort.



HealthReach New Graduate APP Supervision Model



Chart Review

Month 1-2: All Notes Reviewed
 Months 3-6: 5 per week.
 Months 7-12: 15 per month.
 Months 13-24: 15 per month.

- Includes problem-focused review for standard of care.

New Clinician Cohort Learning Session

Occurring bimonthly with rolling admission. Every new Advance Practice Practitioner (APP) under supervision or collaborative practice participates in 7 sessions in their first 12 months with HealthReach.

Meeting with Clinical Supervisor

Month 1-2: Weekly, 1 hour
 Months 3-6: Bi-weekly, 1 hour
 Months 7-12: Monthly, 1 hour.
 Months 13-24: Monthly, 1 hour.

“Check-In” Meetings

Meetings are scheduled with the CEO, Medical Director and Asst Medical Director at 1, 3,5,8 and 18 months after entrance to practice. A 1st year professionalism evaluation is completed after the first 12 months of practice.

Chart Review

Each supervising / collaborating clinician - supervisee group will be assigned to a TEAMS folder under the “Clinical Supervision” group. This is where records pertaining to chart review will be located.

When a chart is signed off via the EHR, the encounter number will appear on a spreadsheet in that folder. For encounters that are not signed off via the EHR, a Word document is provided for written review. For months 3 through 24 the chart review will include five problem-focused visits to review for standard of care.

Meeting with the Clinical Supervisor

Meetings will occur on the schedule posted above, scheduled by the Practice Manager. Meeting invitations can be sent via Outlook as a reminder to the clinician and their supervisor that the meeting is taking place.

New Clinician Learning Cohort

We have developed a series of instructional peer support sessions to help train and support cohorts of new clinicians. New clinicians are invited to join the cohort on a rolling basis with the opportunity to participate in all seven (7) sessions in a 12-month period.

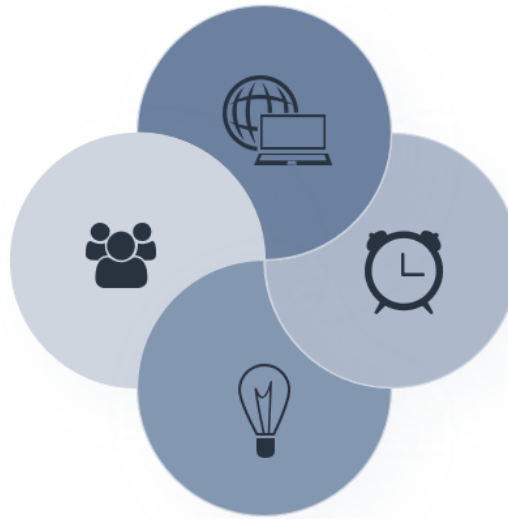
● Held Virtually via TEAMS



Sessions are recorded and posted to the TEAMS folder.

● Invitees / Participants

All Nurse Practitioners and Physician Assistants new to practice (under supervision or collaborative practice) within the previous 24 months. Newly hired clinicians are enrolled on a rolling basis.



● Quarterly Sessions

Occurring on the third Thursday of the month for one hour from 1:00 – 2:00 p.m. Exception is the live session for simple procedures, occurring prior to the fall All-Clinician Meeting.

● Topic Presentations

Sessions are facilitated by Melissa Hackett, NP (Asst Med Director). Each session also includes presentation / discussion with HealthReach employees or clinicians with expertise on the topic being explored.

Proposed 2026 Learning Session Schedule:



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| 1/15/2026 | Who is on my team? |
| 3/19/2026 | How We Think About Quality |
| 5/21/2026 | NextGen Shortcuts & PAQ Management |
| 7/16/2026 | Admin Tasks: How the Industry Impacts Your Practice |
| 9/17/2026 | Leadership, Navigating Challenging Interactions & Personal Boundaries in the Workplace |
| October RPM | Procedures, Live! |
| 12/10/2026 | Peer Support Network |

Instructional Peer Support

Learning Topics

01

Who is On My Team?

Referrals, Care Managers, Connectors, BHC, PMHNP, Indexing, etc.

What do they do; and how does their work support my work?

02

How We Think About Quality

How quality measures impact patient care.
How we compare to other FQHCs.

Quality measures, how / why they're selected and how to achieve them.

03

NextGen Shortcuts & PAQ Management

Tips and Tricks for optimizing utilization of the EHR. To include review of IMO, HCC codes, filtering lab results, *My Phrases*, letter templates, etc.

04

Admin Tasks; How the Industry Impacts Your Practice

WKC, FMLA, STD/LTD, Letters of Medical Necessity, Peer-to-Peer, Insurance forms.

05

Leadership, Navigating Challenging Interactions & Personal Boundaries In the Workplace.

Delegation, CS prescribing / legacy patients, transitioning patients to new clinicians, etc.

06

Simple Procedures, LIVE!

Workshop held prior to the fall All-Clinician Meeting. Minor, in-office procedures may include suturing, biopsies, joint injections, etc.

07

Peer Support Network

Leaning on the expertise of colleagues. Specialties within our own organization. Examples of thorough documentation.



Sessions are evaluated using a Survey Monkey evaluation tool which also serves as the post-activity evaluation for continuing education credit.