



**Maine Medical
Association**



**TESTIMONY OF THE MAINE MEDICAL ASSOCIATION
THE MAINE OSTEOPATHIC ASSOCIATION, MAINE CHAPTER, AMERICAN ACADEMY OF
PEDIATRICIANS, MAINE ACADEMY OF PHYSICIAN ASSOCIATES**

In Opposition to

**LD 961- An Act to Address Maine's Health Care Workforce Shortage and Improve
Access to Care**

Joint Standing Committee on Health Coverage, Insurance, and Financial Services
Room 220, Cross Building, Augusta, Maine
Tuesday, April 15, 2025

Good Afternoon, Senator Bailey, Representative Mathieson, and Members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services. My name is Joe Anderson, DO, and I am a hospital-based pediatrician in Lewiston. I am submitting this testimony in opposition to LD 961- An Act to Address Maine's Health Care Workforce Shortage and Improve Access to Care on behalf of the Maine Medical Association, the Maine Osteopathic Association, the Maine Chapter of the American Academy of Pediatrics (Maine AAP), and the Maine Academy of Physician Associates (MEAPA).

The Maine Medical Association (MMA) is a professional organization representing over 4,000 physicians, residents, and medical students in Maine. MMA's mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine people. The Maine Osteopathic Association (MOA) is a professional organization representing more than 1,200 osteopathic physicians, residents, and medical students in Maine whose mission is to serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, advocacy, and member services to ensure the availability of quality osteopathic health care to the people of this State. The Maine Chapter of the American Academy of Pediatrics (Maine AAP) is a professional organization of 300 pediatricians and subspecialists across the state dedicated to improving the health and lives of children and adolescents in Maine. The Maine Academy of Physician Associates (MEAPA) is a non-profit organization representing over 1,000 PAs practicing in Maine and the patients we care for.

The MMA, MOA, Maine AAP, and MEAPA's legislative committees have joined to advocate with one voice in opposition to LD 961. Nurse practitioners are critical to the advanced

practice provider network and provide valuable medical services. Their care is essential to the health of our community, but we do not believe removing safety nets benefits anyone.

Although our organizations are aligned in addressing Maine's healthcare workforce shortages and increasing access to care, we are concerned about this bill's approach. Eliminating the 24-month supervision requirement for certified nurse practitioners would introduce unintended consequences for patient safety, quality of care, and the integrity of Maine's healthcare system. We strongly believe it would decrease access to healthcare.

The supervision requirement that is currently in place ensures that newly licensed NPs have necessary oversight, through a physician or other nurse practitioner, during their transition to independent practice. Removing supervision would expose patients to avoidable risks, particularly in complex cases where experience in patient care is essential. Even now, with the two-year supervision period in place, we have heard that certain medical facilities have found that NP's need additional training, especially those graduating from an online program, before transitioning to independent practice and have developed a robust internal program or even using a program called ThriveAP to help deliver this extra training.¹ Programs like this ensure that NPs get additional training and confidence which, for example, helps to not over order diagnostic tests or referring unnecessarily because this adds pressure to the already strained health care system.

This does not mean that graduating NPs do not have essential skills to offer patients; it just means that training and collaboration with an experienced colleague or peer after school—like MDs, DOs, and PAs do—is critical to ensure that newly graduated nurse practitioners are the best clinician they can be for the people of Maine. Physicians must complete 36 months of accredited post-graduate training, with many specialties being much longer. Physician Associates, with less than 4000 documented clinical practice hours, must work under a collaboration agreement with an active physician for two years. All of these safety nets make for better clinicians.

Requiring additional training after an education program is not punitive or superfluous; it protects lives.

We have heard that some changes to the regulations may be in order and that those changes would help increase patient access. First, as you know, the law is as follows:

A certified nurse practitioner who qualifies as an advanced practice registered nurse must practice, for at least 24 months, **under the supervision of a licensed physician or a supervising nurse practitioner** or must be employed by a clinic or hospital that has a medical director who is a licensed physician. The certified nurse

¹https://www.thriveap.com/?utm_term=nurse%20practitioner&utm_campaign=Search+Traffic+-+Employers&utm_source=adwords&utm_medium=ppc&hsa_acc=9304257585&hsa_cam=21427609188&hsa_grp=167189132867&hsa_ad=704564561739&hsa_src=g&hsa_tgt=kwd-10301446&hsa_kw=nurse%20practitioner&hsa_mt=b&hsa_net=adwords&hsa_ver=3&gad_source=1&gclid=CjwKCAjwtdi_BhACEiwA97y8BGk3Phk3SYojMyat2nfMW-L-00bMsCiXZDBBxIEyF10ydYkDrfZwURoCFi8QAvD_BwE

practitioner shall submit written evidence to the board upon completion of the required clinical experience.²

However, the regulations state that the supervision must be by a licensed physician or nurse practitioner practicing “**in the same practice category.**”³ We have heard that this has been used to prevent a physician from supervising a family nurse practitioner simply because the physician practices as an OBGYN. Physicians require an extensive education and residencies that would more than qualify them to work with any nurse practitioner. We think the rules should reflect the statute and not add stricter requirements.

Second, we also do not believe that experienced NPs from out of state should be held to the same standard as a recent graduate, and we would be happy to work on those rules to ensure a good balance between recruiting out-of-state clinicians and protecting patient safety.

Finally, we have heard that because the statute does not dictate specific supervision requirements, some supervision relationships are in name only. We would be open to adding specifics to ensure a more robust collaboration between the new NP and the experienced mentor.

We want to emphasize that our Associations representing Physicians and Physician Associates value the contributions of Nurse Practitioners because they are essential members of the health care team. We appreciate their skills, expertise, and dedication in providing quality care. Our opposition to this proposed bill is not about diminishing their role but maintaining an effective system for safe, accessible, high-quality care for all Maine residents. The supervision requirement fosters mentorship, ensures appropriate referrals, and maintains continuity of care. Collaboration between clinicians, not eliminating safeguards, is the best way forward.

Thank you for considering the thoughts of Maine’s physicians about LD 961. We urge you to oppose this bill.

Thank you,

Joe Anderson, DO, FAAP
Pediatric Hospitalist
Co-Chair, Advocacy Committee, Maine Chapter of the American Academy of Pediatrics
Member of Maine Medical Association and Maine Osteopathic Association

² <https://legislature.maine.gov/statutes/32/title32sec2102.html>

³

<https://www.maine.gov/boardofnursing/laws-rules/Chapter%208%20Regulations%20Relating%20Advanced%20Practice%20%20Registered%20Nursing%20final%20rule.pdf>.