



April 24, 2025

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

My name is Dr. Leigh Forbush. I own and operate the Osteopathic Center for Family Medicine in Hampden, ME, and I have been a practicing physician, providing full-spectrum care to patients of all ages, for the past 20 years. I am here to speak in opposition to **LD 961, An Act to Address Maine's Health Care Workforce Shortage and Improve Access to Care**

I bring a unique perspective to this discussion as I was previously a Registered Nurse who carefully considered pursuing a Nurse Practitioner program but ultimately chose to attend medical school. This firsthand experience with both nursing and medicine gives me valuable insight into the distinct training pathways and scope of practice considerations we're discussing today.

While I appreciate the goal of addressing healthcare workforce shortages, I have serious concerns about expanding independent practice for Nurse Practitioners. I believe this approach may compromise patient safety and quality of care without effectively addressing the fundamental issues of healthcare access.

Nurse Practitioners are valuable members of physician-led healthcare teams, but they lack the necessary training and experience to practice independently, particularly in areas like prescribing medications and managing complex cases. Physicians complete between 10,000-16,000 hours of clinical training, compared to just 500-720 hours for many Nurse Practitioners.¹ This significant disparity in training raises serious concerns about patient safety when Nurse Practitioners practice without physician oversight.

Research suggests that without physician supervision, Nurse Practitioners tend to order more diagnostic imaging tests than physicians, potentially exposing patients to unnecessary radiation and increasing healthcare costs. Additionally, studies indicate that independent NP practice may lead to higher overall healthcare costs due to increased diagnostic testing, potential overprescribing, and higher utilization of emergency services.²

Of particular concern is the proliferation of direct-entry Nurse Practitioner programs that do not require any prior nursing background or healthcare experience. These programs further dilute the clinical preparation of practitioners who would be granted independent practice authority under this legislation.

Contrary to the argument that expanding Nurse Practitioner scope of practice will address physician shortages in rural or underserved areas, evidence suggests that Nurse Practitioners tend to concentrate in the same geographic areas as physicians.² This means the proposed legislation may not effectively improve access for our most vulnerable populations.

I believe we must explore alternative solutions to address healthcare workforce shortages that maintain the highest standards of patient care while improving access. These could include expanding physician residency programs, creating incentives for physicians to practice in underserved areas, and strengthening collaborative care models that leverage the strengths of all healthcare professionals while ensuring appropriate supervision.

I urge this committee to reject LD 961 and instead pursue more effective and patient-centered approaches to addressing Maine's healthcare workforce challenges. Thank you for your consideration.



Leigh Forbush, DO

References:

1. [https://pmc.ncbi.nlm.nih.gov/articles/PMC6139780/#:~:text=The%20American%20Medical%20Association%20\(AMA,to%20care%20for%20all%20patients.](https://pmc.ncbi.nlm.nih.gov/articles/PMC6139780/#:~:text=The%20American%20Medical%20Association%20(AMA,to%20care%20for%20all%20patients.)
2. <https://www.ama-assn.org/practice-management/scope-practice/amid-doctor-shortage-nps-and-pas-seemed-fix-data-s-nope>

Additional references:

1. <https://www.ama-assn.org/practice-management/scope-practice/3-big-reasons-why->

[letting-nps-practice-independently-bad-idea#:~:text=Related%20Coverage&text=It%20will%20raise%20health%20care,16%2C000%20hours%20that%20physicians%20receive.](#)

2. [https://www.ama-assn.org/practice-management/scope-practice/why-expanding-aprn-scope-practice-bad-idea#:~:text=Related%20Coverage&text=could%20worsen%20overuse-,Dr.,patients%20and%20on%20their%20families."](#)
3. [https://www.ama-assn.org/practice-management/scope-practice/3-big-reasons-why-letting-nps-practice-independently-bad-idea#:~:text=Related%20Coverage&text=It%20will%20raise%20health%20care,16%2C000%20hours%20that%20physicians%20receive.](#)
4. [https://www.ama-assn.org/practice-management/scope-practice/effort-end-doctor-supervision-nurse-practitioners-fails#:~:text=Costs%20rise%20when%20nurse%20practitioners,to%20care%20that%20physicians%20provided.](#)
5. [https://www.physiciansforpatientprotection.org/nurse-practitioner-independence-and-american-healthcare/#:~:text=This%20extensive%20training%20allows%20them,nation%20hangs%20in%20the%20balance.](#)