

Testimony in Support:

LD 2088 "An Act to Increase Access to Primary Care Provided by Physician Associates."

Health Coverage, Insurance, and Financial Service Committee

January 13, 2026

Senator Bailey, Representative Mathieson, and members of the Health Coverage, Insurance and Financial Services Committee, my name is Karen Roberts. I am a Maine resident and a physician. I went to medical school in Maine, did my family practice residency in Maine, and received a National Health Service Corps Scholarship that brought me to work in the underserved areas of Fort Kent and Eagle Lake in 2004. Then in 2011, I established a specialty practice in Neuromusculoskeletal Medicine in Falmouth, ME. When I was up north, I worked closely with two physician associates who I highly respect and who helped me to better understand the similarities and differences between nurse practitioners (NPs) and physician associates (PAs). I am submitting testimony in support of LD 2088 "An Act to Increase Access to Primary Care Provided by Physician Associates."


As a physician who has worked closely with physician associates, continues to collaborate with PAs, and understands the value of care they provide, especially in the rural areas of our state, I support the elimination of the practice agreement requirement for PAs working in a non-physician owned practice. If it is unknown to the voting parties, please be aware that when one compares the medical and clinical training of NPs, who already benefit from a larger degree of autonomy, with PAs, it's clear that a PA's exposure to medical information is broader and more likened to my medical training as a physician; the number of required clinical hours of training is more than four times as great for PAs as it is for NPs; and the number of required continuing medical education credits are the same between NPs and PAs except that PAs need to fulfill that requirement every two years (a condensed amount of time) instead of every five years which is the length of time required for NPs. Thus, you can see that right after graduating from their respective programs, PAs have a broader range of medical exposure and more clinical experience than NPs; and PAs have an ongoing higher baseline responsibility to educate themselves over their ongoing years of practice which lends them to more likely be current with medical advances. Yet, it is the less educated and less experienced group that has been granted more autonomy. This needs to be rectified.

However, you may not find my colleagues supporting this bill. If I may speak for some of them who are surprised at my writing my support, it seems there are multiple layers to the divisions between NPs, PAs and physicians. Some physicians would prefer PAs to have autonomy and remove that option from NPs, given NPs suboptimal training and sometimes performance. Perhaps what I hear as much is their fear that PAs would be granted equity to physicians if they are granted autonomy. My colleagues have gone through intense training (much more than PAs and NPs), have (had) high payments for that training (very much more than PAs and NPs) and as part of the package, have been awarded autonomy that they fear PAs not only will share with them, as some do now, but will share their reimbursement level which they want to prevent. I understand that's not the focus of this bill but it's important to me to acknowledge physicians' resistance as much as to declare my support. If we focus on scarcity, a burning issue is that we need more health providers, more than ever, and this bill may pave the way for that and provide equity amongst "mid-level" providers, which I greatly support.

This bill keeps intact the requirement for physician collaboration with PAs practicing with less than 4,000 hours of clinical practice while also allowing PAs to practice to their fullest potential regardless of clinical setting. Additionally, particularly in our state, LD 2088's proposed changes promote greater parity with nurse practitioners who under Maine law in effect since 1995, can practice independent of a physician regardless of the practice setting, after a two-year supervision period. I'd like to believe that physicians, PAs and NPs will remain deeply dedicated to revolutionizing healthcare in our nation through collaborative, patient-focused medical care. The collaborative nature of our healthcare system would not change with this new law. This bill allows for more opportunities for PAs to increase access to care for patients while also providing them/PAs the option to practice similarly to NPs, with more autonomy, in this state.

I remain united with our healthcare colleagues in a shared mission to provide safe and effective care to all patients through a patient-centered and team-based approach while continuing to be thoughtful in how we approach solutions to access to care which is why I urge you to vote "ought to pass" on LD 2088.

Thank you,

A handwritten signature in black ink, appearing to read "K. L. Roberts, D.O.", written in a cursive, flowing style.

Karen L. Roberts, D.O., Windham, Maine