

Testimony in Support:

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

Health Coverage, Insurance and Financial Services Committee

February 2nd, 2026

Senator Bailey, Representative Mathieson, and members of the Health Coverage, Insurance and Financial Services Committee, my name is Kimberly Caldwell, PA-C. I am an Auburn resident, and I practice medicine at ConvenientMD Urgent Care, where I serve as the Maine District Medical Director. I am submitting personal testimony in support of LD 2088 “An Act to Increase Access to Primary Care Provided by Physician Associates.”

I support the elimination of a practice agreement, which requires PAs who own their own practice or who work for Nurse Practitioner(NP) owned practices to have a written Practice Agreement with a physician in order to practice. The Practice Agreement doesn't ensure PAs have regular oversight, conversations regarding care delivery or even regular outreach with the signing physician. While well intentioned, this regulation has fostered the creation of a niche nationwide market, where physicians are supplementing or even replacing their patient care income by charging individual PAs \$600 - \$2,000+/month for their signature (average of \$942/month, per PA). There are out of state/ national agencies who employ physicians just for this purpose offering nothing more than a signature and thus regulatory compliance. In turn, this overhead serves as a financial disincentive, in many cases preventing PAs from opening their own practices and meeting the increasing healthcare needs.

Currently, NPs with their own practices are unable to hire PAs to work alongside them, due to the high cost of obtaining the Physician Agreement. It is worth pointing out that we are merely asking to play by the same rules that NPs have been held to for decades. NPs have had the ability to practice independently and “hang their own shingle” since 1995. More than 30 years later, it's time for PAs to join in this important mission to expand access to care.

It is worth noting, that with this proposed law, PAs would still be beholden to the requirement for collaborative practice with a physician for the first 4,000 hrs of their career. This law would not change that. These hours serve as our de facto residency and are important to ensure each PA has a solid clinical foundation, with strong skills and sound clinical decision making before more independence is warranted. NPs currently only require 2 years or 2,000 hrs to reach this degree

of independence, and the quality and safety of their independent care has rarely been questioned.

Legislators may recall the PA profession was created in the 1960s by Dr. Stead, in response to physician shortages. Dr. Stead designed the profession to rapidly train and launch physician extenders to provide a more immediate solution to the building healthcare shortages. In the years since, PA training, responsibilities and skills have grown greatly, but so too has the need. In the last 50 years, the PA profession has seen significant increases in educational requirements, training programs that started as certificate programs shifted first to Associate, then Bachelors and since the early 2000's now require an entry-level Masters Degree. With the additional training came additional skills and knowledge; the ability to write prescriptions, to order and interpret testing and ultimately a shift toward recognizing the high quality care PAs consistently deliver.

Some PAs programs, like Maine's own University of New England's PA program are poised to rapidly answer the increasing needs of Mainers, with rural community tracts and focus on fulfilling our professions initial purpose; to expand access to Primary Care.

In short, this unnecessary regulation isn't making Maine patients safer, it's just placing PAs at a significant financial disadvantage compared with our NP colleagues and limiting our ability to meet the growing access-to-care needs. I urge you to vote "**ought to pass**" on LD 2088.

Thank you,

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