



February 2, 2026

Re: Support LD 2088: An Act to Increase Access to Primary Care Provided by Physician Associates

Dear Chairwoman Bailey, Chairwoman Mathieson, and members of the Committee on Health Coverage, Insurance, and Financial Services:

On behalf of the American Academy of Physician Associates (AAPA), I write to express AAPA's support for LD 2088, which eliminates the requirement for a physician associate who is a principal clinical provider in a practice to have a practice agreement with a physician. AAPA is the national professional organization for physician associates (PAs) representing more than 190,000 PAs across all medical and surgical specialties. In addition, AAPA has an affiliate structure with 125 PA constituent organizations, which includes state chapters, federal service chapters, specialty organizations caucuses, and special interest groups.

PAs are licensed clinicians who practice medicine in every specialty and setting. PAs are dedicated to expanding access to care and transforming health and wellness through patient-centered, team-based medical practice. Often serving as the patient's main healthcare provider, PAs diagnose and treat illnesses, order and interpret lab tests, prescribe medications, perform medical procedures and examinations, and perform key components in surgery.

PAs are rigorously educated medical professionals who earn a master's degree. Incoming PA students must have a bachelor's degree and have typically completed prerequisite coursework in basic and behavioral sciences and upwards of 3,000 hours of direct patient contact. PA education programs provide classroom training in anatomy, physiology, pharmacology, physical diagnosis, behavioral sciences, and medical ethics. This is followed by at least 2,000 hours of clinical practice rotations in medical and surgical disciplines such as family medicine, internal medicine, general surgery, pediatrics, obstetrics and gynecology, emergency medicine, and psychiatry.

PAs play a critical role in the delivery of healthcare. This bill will ensure that patients in Maine have increased access to care, particularly in underserved and rural communities. The rigorous and comprehensive nature of PA education allows PAs to be extremely versatile providers. This versatility allows the PA profession to respond to provider shortages and provide care often where it is needed most. However, major impediments to this versatility exist in current Maine laws.

As you may know, we made great strides in the PA practice in the state of Maine by moving away from "supervision" to describe the nature of the PA relationship with physicians and replace it with "collaboration" as well as allowing for instances where a PA does not need a practice agreement with a physician. While we appreciate the legislature's work to ensure greater access to care, the requirement for a physician to sign a practice agreement with a PA in specific instances still remains an unnecessary administrative barrier that can delay or even prevent a PA from practicing.

LD 2088 is a part of the solution to bring greater flexibility to the healthcare system by allowing PAs to deliver care where they're needed without unnecessary administrative burdens mandated by the state. This is about expanding access to care and ensuring the state fully leverages the education, training, and experience of its PA workforce.

While this legislation removes the requirement for practice agreements between physicians and PAs, it still requires the PA to collaborate, consult, and/or refer to the appropriate member of the healthcare team, as indicated by the patient's condition, the education, experience, and competencies of the PA and the standards of care. Research has shown that PAs delivered the same or better care outcomes as physicians with the same or less cost of care.¹

Most importantly, these changes would improve access to care for patients. As one of the fastest growing medical professions, PAs are positioned to make a positive and lasting impact on patient care. Public opinion research, conducted by The Harris Poll, found that patients overwhelmingly support PAs as part of the solution to address the shortage of healthcare providers (91%). They recognize that PAs increase access to care and make medical appointments easier to obtain (90%).²

Maine would not be alone in making these changes. In recent years, seven states (Iowa, Montana, New Hampshire, North Dakota, South Dakota, Utah, and Wyoming) have passed legislation to eliminate the requirements for a PA to practice with a specific provider, while maintaining team-based collaborative practice where appropriate, with many more, including nearby Massachusetts and Rhode Island considering this as well. Furthermore, a new study "Medical Malpractice Payment Reports of Physician Assistants/Associates Related to State Practice Laws and Regulation" published in the Journal of Medical Regulation examined 10 years of medical malpractice payment reports compared to the laws and regulations of states for the same time period and found that states with more permissive practice environments compared to restrictive states had no increased risk of PA medical malpractice payment reports. The research also determined that almost all PA practice reforms (such as allowing PAs to practice in collaboration or without a formal relationship without a physician) lead to a reduction in medical malpractice payment reports for PAs and physicians.³

Further, as you know, the Rural Health Transformation (RHT) program, a federal investment designed to strengthen the rural health workforce, expand access to care, and modernize service delivery models through evidence-based, community-driven strategies, includes incentives for states to improve PA practice environments. LD 2088, if enacted, would bring the state from an "advanced" practice environment to an "optimal" practice environment. LD 2088 directly aligns with RHT workforce goals and will increase the state's federal scoring methodology tied to ongoing funding.

AAPA is committed to improving patient access to care. Removing barriers to PA practice and improving the regulatory environment in Maine is an essential component of that. We appreciate the opportunity to provide input on this legislation and look forward to addressing access issues in Maine. If you have any

¹ Van den Brink, GTWJ; Hooker, R.S.; Van Vught, A.J.; Vermeulen, H.; Laurant, M. G.H. (2021). The Cost-effectiveness of physician assistants/associates: A systemic review of international evidence. PLoS ONE 16(11): e0259183. <https://doi.org/10.1371/journal.pone.0259183>

² The Harris Poll (2023). The Patient Experience: Perspectives on Today's Healthcare. <https://www.aapa.org/download/113513/?tmstv=1684243672>

³ DePalma, S.; DePalma, A; Kolhoff, S; Smith, N. (2024). Medical Malpractice Payment Reports of Physician Assistants/Associates related to State Practice Laws and Regulations. Journal of Medical Regulation, 109 (4), 27-37.

questions, please feel free to contact Meghan Pudeler, AAPA's Director of State Advocacy & Outreach, at mpudeler@aapa.org

Sincerely,

A handwritten signature in black ink that reads "Todd Pickard". The signature is fluid and cursive, with "Todd" on the top line and "Pickard" on the bottom line.

Todd Pickard, DMSc, PA-C, DFAAPA, FASCO
President and Chair of the Board, American Academy of Physician Associates (AAPA)