



5/2/2023

Testimony In Support:

LD 1797 “An Act to Expand Maine’s Health Care Workforce by Expanding Educational Opportunities and Providing Tax Credits”
Joint Standing Committee on Innovation, Development, Economic Advancements and Business

Senator Curry, Representative Roberts and honorable members of the Committee on Innovation, Development, Economic Advancements and Business. My name is Laura Harper, I’m Senior Associate at Moose Ridge Associates and I live in Hallowell. I am testifying on behalf of my client, the Maine Association of Physician Assistants or MEAPA, in Support of LD 1797, with addendums for your consideration.

Physician Assistants (PAs) along with our physician and nursing colleagues, recognize and feel the healthcare workforce shortages particularly in our rural communities. In 2020, LD 1660, An Act to Increase Access to Physician Assistant Care, was signed into law to increase access to care throughout Maine where PAs frequently serve as primary care and emergency care providers in rural areas. This law ensures Maine PAs can practice at the height of their training, experience, and expertise, with optimal team practice. This law eliminates burdensome physician oversight and restrictions on collaboration with PAs.

PAs at minimum are Master’s degree educated, generalist trained medical practitioners, providing care in all areas of healthcare, from primary care settings, urgent care/emergency departments to medical and surgical specialties. In Maine, 45% of PAs are hospital based, while 40% are outpatient/clinic based.

PAs complete at least 24 months of combined didactic and clinical training with over 2000 hours of clinical rotations. Exclusion of PAs from this bill will adversely affect the ability to provide clinical training for a significant portion of our healthcare workforce in Maine and create inequity and inadvertent competition amongst training programs and clinical experiences of interprofessional colleagues. UNE, Maine’s only PA Program focused on rural primary care, graduates approximately 50 students per year with 70% of them remaining in Maine to practice. Clinical rotations are a major recruiting tool for practices, particularly in rural areas.

On a federal level, the PA workforce is growing exponentially; US News and World Report consistently list the PA profession in the top 5 professions, with projected 28% profession expansion by the year 2031. The intensity and efficiency of the PA training allows for a more rapid deployment, streamlining access to care issues.

With this in mind we propose the following language,

Chapter 279, section 3. We recommend adding subsection,

“F. Expanding rural primary care clinical rotations for graduate Physician Assistant students to support long-term professional practice in the rural parts of the state”.

Additionally, in the summary we propose adding the following language,

Section 3.

“It establishes the Maine Health Care Education Training and Medical Residency Fund and appropriates \$4,885,000 annually to the fund to establish clinical training opportunities for 3rd and 4th year medical students **and Physician Assistant Students** in rural parts of the state. “

Thank you for your time and interest in solving this important issue facing rural Mainers, I’d be happy to answer any questions you may have.

Sources and additional Reading:

1. ME LD 1660
<https://trackbill.com/bill/maine-legislative-document-1660-an-act-to-improve-access-to-physician-assistant-care/1743820/>
2. US News and World Report PA Profession Rating
<https://money.usnews.com/careers/best-jobs/physician-assistant>
3. Peterson Center on Healthcare and Stanford Medicine Clinical Excellence Research Center. (2016).
Uncovering America's most valuable care: executive summary. This study looked at the best primary care practices in the country and put together a list of what makes them so good. Those practices that work closely with their PAs and ensured that PAs were able to work to the full extent of their education and experience ranked the highest.
<http://petersonhealthcare.org/identification-uncovering-americas-most-valuable-care/executive-summary>
4. Jackson, G. L., et al. (2018). Intermediate Diabetes Outcomes in Patients Managed by Physicians, Nurse Practitioners, or Physician Assistants: A Cohort Study. *Annals of Internal Medicine*, 169(12): 825- 835.
This study found that patients with diabetes who received primary care services at VA facilities from a physician, an NP, or a PA over a two-year period saw no significant variation in health outcomes. Authors conclude that “similar chronic illness outcomes may be achieved by physicians, NPs, and PAs.”
<https://www.acpjournals.org/doi/10.7326/M17-1987>