

Testimony neither for nor against:

LD 1639, "An Act to Address Unsafe Staffing of Nurses and Improve Patient Care"

Joint Standing Committee on Labor and Housing

May 4, 2023

Senator Tipping, Representative Roeder, and the members of the Joint Standing Committee on Labor and Housing, my name is Laura Harper, I live in Hallowell and I'm Senior Associate at Moose Ridge Associates. I'm testifying before you today on behalf of my client, the Maine Association of Physician Associates or MEAPA.

In 1977, MEAPA was incorporated as a nonprofit organization to represent physician assistants employed within the State of Maine. The physician assistant or PA profession originated in the 1960's, at a time when the US was experiencing a progressive shortage of physicians, particularly in primary care. The goal was to rapidly train and deploy safe and competent clinicians, to help address physician shortages and increase access to quality healthcare. Today, 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. There are between 600 and 700 licensed PAs practicing in Maine. PAs in Maine and across the country continue to fill the physician shortage gap to this day and function alongside our physician colleagues as leaders in the interdisciplinary healthcare team.

First and foremost, PAs regard nurses as irreplaceable teammates, patient advocates, and critical members of the healthcare team. We value their input and bedside skills in all specialties of medicine.

As we deliberated on this bill we struggled with our position. Our support for our nursing colleagues is deep and unshakable but the specific proposals in LD 1639 give us great concern. As PAs, our primary concern is the safety and wellbeing of the patients that we serve. This one size fits all approach to nursing related staffing decisions fails to recognize the flexibility that is needed within healthcare environments. Healthcare settings are dynamic in nature and require creative approaches to taking care of patients in the best way possible. Staffing a unit is a collaborative process and requires fluidity. Boxing in nurses by limiting their autonomy and flexibility with an arbitrary ratio will only lead to harm of the healthcare workforce in whole, harm to our patients, and will also have unintended negative consequences to the nursing profession. Therefore, we are neither for nor against but wish to share our perspective on the key elements of the bill.

- While this bill seeks to protect nurses and patient ratios, it does not plan for the future care for our aging population in Maine, many of which have more than one chronic health condition. The

bill's precise language lacks flexibility and therefore, does not provide for technological innovation that may make a nurse's job easier. In addition, the strict ratio will no longer allow nurses the autonomy to take care of patients the way that they were trained. Specifically, nurses would not be able to leave the unit for breaks or to be able to meet with a family of a patient during a time of need. Putting this language into law, will remove the heart of bedside nursing and will deter future generations from wanting to go into the profession.

- PAs, physicians, and Nurse Practitioners rely on the critical thinking nurses regularly employ for our patients. The ebb and flow of the acuity and census of different departments (ex: Emergency, Surgical, ICU), depend on the critical skill and training nurses have to safely triage patients to move them to the next level of care.
 - Since the Covid pandemic, complete medical teams are in short supply. There are gaps in coverage everywhere, which may be the new normal. We have shortages of physicians, PAs, CNAs, Respiratory Therapists, Laboratory Techs, and others, and those who we work with have been asked to do more with less. We have worked through these demanding times as a team and have not asked to do less when our communities are in need.
- We are concerned that the nursing to patient ratio expressed in the bill could end up being harmful to the patients. If labor shortages persist, these strict ratios could limit access to care through bed closures due to a lack of required nurses. In short, it would lead to poor outcomes for our patients.
- We are apprehensive about the unintended costs the proposed ratios could incur. Adherence to these ratios will undoubtedly cause a demand for more nurses. We have yet to see statistics regarding recent nursing graduates who can fill these positions, but as we have seen with the current nursing shortage, Locum, or travel nurses who readily fill these positions are in great demand, and expensive to keep. The demand for nurses and salaries, which have not been calculated in this bill, could be offset by fewer ancillary colleagues who are directly related to patient care. For example: fewer CNAs to take care of toileting, dressing, and assisting with transfers, fewer or no transport staff members to bring patients to imaging studies while the nurses chart, evaluate or medicate their patients, fewer secretaries to field calls from family members, fewer discharge planners to discharge and move new patients from admissions to the inpatient floors, fewer dietary technicians to provide timely meals to diabetic patients who need insulin to contribute to healing, fewer lab techs to run stat labs on decompensating patients, etc.

Our nursing colleagues are deserving of a safe working environment where their training and expertise is used to heal patients, they have the ability to work at the top of their training, and have the opportunity for professional growth. MEAPA is committed to working with our nursing colleagues, and other members of the healthcare team to provide for nursing protocols that are forward thinking and cost effective.

Thank you for your consideration and I'm happy to try and answer any questions you may have.



MEAPA

MAINE ASSOCIATION OF PHYSICIAN ASSISTANTS

- ❖ The Maine Association of Physician Assistants (MEAPA) was incorporated as a nonprofit organization in 1977.
- ❖ MEAPA is a constituent organization of the American Academy of Physician Associates (AAPA), meaning we adhere to all provisions of AAPA's bylaws, policies, and upholds the principles, purposes, and philosophy for which AAPA was founded.
- ❖ MEAPA represents Physician Assistants (PAs) employed within the state of Maine.

MEAPA's Mission

- ✓ To establish and maintain a program of continuing education for PAs.
- ✓ To educate the public and other health care workers regarding the role of the PA.
- ✓ To propose and further legislation which affects the evolution of the PA as a health care provider.
- ✓ To provide a forum where PAs can meet and share experiences, concerns, and plan for the future.

Contact Us

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Maine Association of Physician Assistants
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MainePA.com

MEAPA's Board of Directors are:

- ❖ Clinically practicing PAs from across Maine
- ❖ Active members of AAPA
- ❖ Invested in the future of the PA profession as educators of future PAs and through leadership roles in their healthcare systems
- ❖ Practice in a variety of settings including primary care, urgent/emergency departments, and inpatient medical and surgical environments

Follow Us!



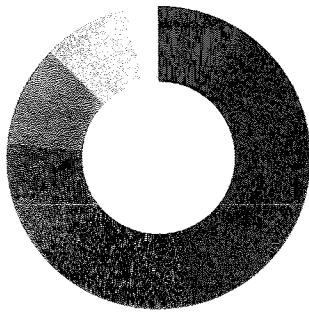
MAINE PA PRACTICE PROFILE

Number of PAs in Maine:
900+

Number of PAs in the U.S.:
159,000

Source: NCCPA

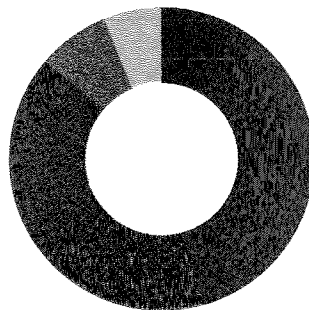
Percent of PAs by Specialty in Maine



- 24.2% Family Medicine
- 21.2% Surgical Subspecialties
- 16.7% Emergency Medicine
- 12.1% All Other Specialties
- 10.6% Urgent Care
- 9.1% Internal Medicine Subspecialties
- 3% General Peds, General Internal Med

27.3% of PAs specialize in Primary Care

Percent of PAs by Setting in Maine



- 45.5% Hospital Settings
- 40.9% Physician Office or Clinic
- 7.6% Urgent Care Center
- 6.1% Other Settings

24.2% of PAs are employed by a Physician Group or Solo Practice

In Maine

- ☐ 35.5% of PAs serve in rural areas
- ☐ A typical PA completes 51 patient visits per week
- ☐ A typical PA is on call 48 hours per month



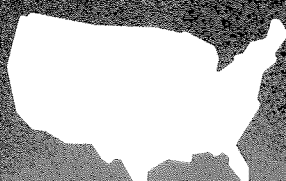
What is a PA?

PAs (physician associates/physician assistants) are licensed clinicians who practice medicine in every specialty and setting. Trusted, rigorously educated and trained healthcare professionals, PAs are dedicated to expanding access to care and transforming health and wellness through patient-centered, team-based medical practice.

AT A GLANCE

PA profession established in

1967 



More than
168,300

PA's in the U.S.

NCCPA, 2023

PAs have more than

500
MILLION



patient interactions per year

NCCPA, 2022.
All data based on clinically practicing PAs in the U.S.

EDUCATION BY THE NUMBERS



303 PA Programs in the U.S.

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), 2023



Programs are **27 months or 3 academic years** (bachelor's degree is required for acceptance)



2,000 hours of clinical rotations



Educated at
MASTER'S DEGREE level

To obtain a license, PAs must:



Graduate from an **accredited PA program**



Pass a **certification exam**

To maintain their certification, PAs must complete:



100 hours of continuing medical education (CME after every two years)

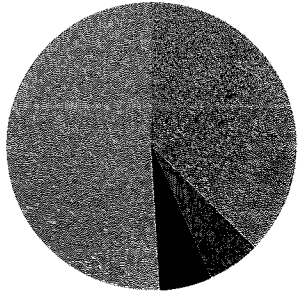


A **recertification exam** every 10 years

CERTIFICATION & LICENSING



PAs practice in every work setting



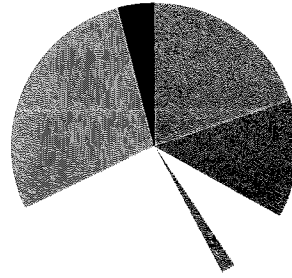
- 50.9% – Outpatient Office or Clinic
- 37.5% – Hospital
- 5.9% – Urgent Care Center
- 13.33% – Other

2022 AAPA Salary Survey,
All data based on clinically practicing PAs in the U.S.

*Other refers to a variety of work settings including but not limited to schools/universities, rehabilitation facilities, nursing homes and correctional facilities.



PAs practice medicine in all specialties

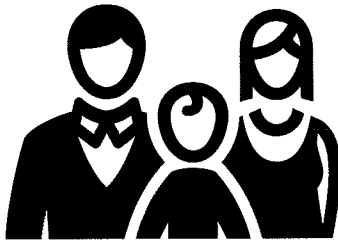


- 28.05% – Surgical Subspecialties
- 25.65% – Other*
- 19.83% – Primary Care
- 13.33% – Internal Medicine Subspecialties
- 7.45% – Emergency Medicine
- 4.04% – No Specialty
- 1.65% – Pediatric Subspecialties

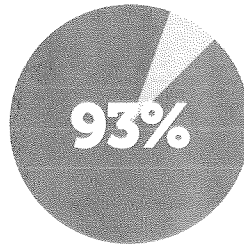
2022 AAPA Salary Survey,
All data based on clinically practicing PAs in the U.S.

*Other refers to a variety of healthcare settings including but not limited to psychiatry, hospice and palliative care, obstetrics and gynecology, addiction medicine, pain management, public health and dermatology.

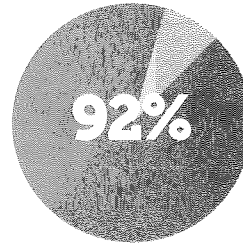
What Patients Say About PAs



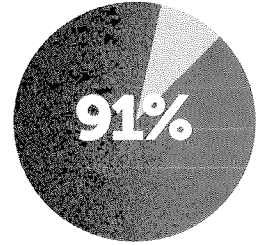
2014 Harris Poll*



PAs are trusted healthcare providers



Having a PA makes it easier to get medical appointments



PAs improve the quality of healthcare

PA Profession in the News

#4

Best 100 Jobs List

U.S. News & World Report 2023

#2

Best Healthcare Jobs List

U.S. News & World Report 2023

#4

Best STEM Jobs List

U.S. News & World Report 2023



American Academy of Physician Associates

aapa.org

**Attitudes Toward PAs: A 2014 Survey by the American Academy of PAs." The Harris online survey was conducted September 15–22, 2014 among 1,544 adults age 18 and older living in the US, including an oversample of 680 adults who have seen a PA and/or have accompanied a loved one to see a PA in the past 12 months. For full methodology visit aapa.org/media.