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*Testimony of Representative Kristi Mathieson presenting*  
**LD 961, An Act to Address Maine's Health Care Workforce  
Shortage and Improve Access to Care**

*Before the Joint Standing Committee on Health Coverage, Insurance and Financial Services*

Good afternoon, Senator Bailey and esteemed colleagues on the Health Coverage, Insurance and Financial Services Committee. I am Kristi Mathieson representing House District 151, which is Kittery. Thank you for your time today. It is my honor to present to you **LD 961, An Act to Address Maine's Health Care Workforce Shortage and Improve Access to Care**.

LD 961 would repeal the provision in the law from 1995 that requires 24 months of supervision of a nurse practitioner by a physician, supervising nurse practitioner, or for a nurse practitioner to be employed by a hospital or clinic that has a physician medical director. This supervisory restriction was lifted in March 2020 by the Governor's Emergency Executive Order. Currently, there are over 2,300 nurse practitioners critical to the delivery of essential health care to our Maine population. This legislation before you is an essential step in ensuring that nurse practitioners practice to the full extent of their education and training, while ensuring optimal safety for patients, and removing outdated barriers that limit access to care for Maine residents.

Maine has a confusing approach to the Advanced Practice Registered Nurse (APRN) regulations. APRN roles include: nurse practitioners, which can independently prescribe and require a two-year transition to practice (TTP); nurse midwives, which prescribe and practice independently upon licensure; clinical nurse specialists, which have no prescribing privileges, but can practice independently upon licensure; nurse anesthetists, which have limited prescribing and practice independently upon licensure if they work in a town of 10,000 persons or less, but a dependent practice if they work in a town of 10,000 persons or more - this is neither a professional nor a practical requirement.

No study establishes a basis for requiring physicians to supervise nurse practitioners. There is no evidence that nurse practitioners' care is better in states with more restrictive physician oversight. There is no evidence that additional time spent after licensure with the 24 month supervisory restrictions improves patient safety, nurse practitioner readiness, or ends with increased disciplinary issues. The majority of states with full practice authority have no transitional

supervision requirement (AANP, 2020-1).<sup>1</sup> The Institute of Medicine report recommends that advanced practice nurses should practice to the full extent of their training & education and that states should **remove** barriers, such as Maines supervision law (Kowalski, 2012).<sup>2</sup>

There **is** evidence to support the following:

- 1) Longer timeframes to licensure will be detrimental to improving access, especially in rural and underserved areas.<sup>3</sup>
- 2) Clinicians of all health disciplines are more likely to work in rural and underserved areas if they **start working** in these areas earlier in their careers.
- 3) Requiring any transition period—especially longer ones—means that many new nurse practitioners will elect to practice in higher provider-density areas in order to more easily secure the required supervisory agreement.
- 4) Clinicians are less likely to leave an established practice after building a personal/family community and move to underserved areas after the supervisory or practice timeframe expires.<sup>4</sup>

Removing this restriction on nurse practitioner practice will improve access to care for Maine people, encourage nurse practitioners to stay in Maine to practice, as well as promote care in underserved and rural areas. Let's work together today to benefit our healthcare workforce and support LD 961. Thank you for your time.

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<sup>1</sup> American Academy of Nurse Practitioners. (2020). Discussion Paper: Quality of Nurse Practitioner Practice. <https://storage.aanp.org/www/documents/advocacy/position-papers/ClinicalOutcomesYardstick.pdf>

<sup>2</sup> Kowalski, K. (2012). Recommendations of the Future of Nursing Report. *Journal of Continuing Education in Nursing*, 43(2), 57-58. Doi: 10.3928/00220124-201201

<sup>3</sup> American Academy of Nurse Practitioners. (2017). Position Paper: Clinical Outcomes: Yardstick of Educational Effectiveness. <https://storage.aanp.org/www/documents/advocacy/positionpapers/ClinicalOutcomesYardstick.pdf>

<sup>4</sup> American Academy of Nurse Practitioners. (2013). Position Paper: Cost-effectiveness. <https://www.aanp.org/advocacy/advocacy-resource/position-statements/nurse-practitioner-cost-effectiveness>