Testimony of Lani Graham, MD, MPH
Opposition to LD 961: An Act to Address Maine's Health Care Workforce Shortage and Improve Access to Care

Presented by Representative Mathieson

Before the Health Coverage, Insurance and Financial Services, April 15 2025

Senator Bailey, Representative Mathieson, and Members of the Committee on Health Coverage, Insurance, and Financial Services, My name is Lani Graham, and I am a physician from Freeport and the former Chief Public Health officer for Maine. I apologize for not being able to join you today. I am writing to express my opposition to LD 961. While I recognize that the proposal is well-intentioned, it is likely to result in significant and unintended adverse consequences regarding access to care, especially in rural areas where improved healthcare access is most needed.

I strongly support improving access to health care, which seems to worsen each day, so I understand the urgency behind this bill. Improving access to health care should be one of the top public health priorities. I also support Nurse Practitioners working independently after acquiring appropriate clinical experience. This action has meant a lot to the people of Maine. However, I don't believe this bill, unless substantially altered, leads us down the right path. We all know that Maine's rural areas, where there is very limited access to hospitals or other health professionals, are where help is needed. Yet, we want that help to be well prepared. **This bill could result in the least prepared clinicians serving the neediest populations in the most isolated areas, leading to tragic outcomes for both the patients and the Nurse Practitioners.**

My training for clinical practice involved significantly more hours than the minimum standards required for a Nurse Practitioner in Advanced practice, especially if he or she did not undergo those additional two years of supervision. I completed multiple college courses during my four undergraduate years that were related to the practice of medicine. Subsequently, I went through four years of medical school, where the last two years were spent working under the guidance of more experienced physicians and nurses.

At that time, I thought I was prepared to work with underserved populations in rural areas where I hoped to practice. But, because of the requirements to become a physician, I spent an additional three years in a Family Practice Residency. During this time, I dedicated many hours to being directed and observed by others.

For example, I helped deliver hundreds of babies under the watchful eye of obstetricians. While I felt adequately prepared, I soon learned that being the sole physician in an isolated area differed greatly from what I experienced during my training. **As such, I would like to share a personal story of my own experience providing clinical care, which has shaped my view of this bill.**

During my first year of clinical practice, I served on the Rosebud reservation in South Dakota. We were many miles from the nearest hospital. A Native American woman entered the health center, where I was the only clinician in early labor. After observing the labor, I believed it was normal. I was confident I could deliver the child in the clinic, which was common practice there.

The delivery turned out to be far from normal. The baby had multiple problems and required every ounce of my prior training to keep him alive. Additionally, the mother was hemorrhaging. I relied on all the skills I had learned, including the guidance of experienced physicians during my residency, to ensure the survival of both mother and baby. The baby had to be transferred to a distant hospital, where he sadly passed away several days later. The mother survived but was devastated by the loss of her baby boy.

I have never forgotten that delivery, and I constantly second-guess my care of the baby. If I had been better prepared, could I have saved him? I don't know, but what I do know is that I was grateful to share my many previous experiences under supervision with that mother. I know I was thankful for the three years of residency, during which I delivered hundreds of babies under the guidance of experienced clinicians, which helped to alleviate the trauma and helped me continue my work as a physician, where I went on to deliver many more children.

Whatever you call it – supervision, collaboration, residency – it helps patients but also helps clinicians gain confidence to eventually handle the hard cases alone.

If Nurse Practitioners are not having positive experiences with physicians or are struggling to obtain the necessary supervision, this situation should change, and perhaps this bill can serve as a vehicle for that. However, I hope you will oppose it as it currently stands. Thank you for your attention.