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Testimony of Rep. Michelle Boyer introducing

LD 2088, An Act to Increase Access to Primary Care from Physician Associates

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

Good afternoon, Senator Baily, Representative Mathieson and members of the Health Coverage, Insurance and Financial Services Committee, my name is Michelle Boyer, and I represent District 123, part of Cape Elizabeth. It is an honor to come before you today to introduce **LD 2088, An Act to Increase Access to Primary Care from Physician Associates**.

We all know that Maine currently faces a health care staffing crisis. As of now, more than 85,500 Mainers live in areas with a shortage of health professionals. LD 2088 provides this committee and this Legislature an opportunity to be part of the solution; to create more job opportunities within the health field so that Mainers can access the care they need, when and where they need it.

First let me give you a little background on physician associates, better known as PAs. These medical professionals are nationally certified and state-licensed. They diagnose, treat and prescribe across a variety of specialties and settings and are always patient facing. They are rigorously educated and trained effectively to deliver high-quality care. When PAs are able to practice at the top of their licensure, it provides patients the ability to access timely care, reduces avoidable delays and helps to stabilize health systems across the state. PAs are qualified to provide comprehensive primary care, disease management and behavioral health services, particularly in underserved areas. However, when PAs are only permitted to deliver care per a "practice agreement with a physician," we limit their ability to practice at the top of their licensure.

LD 2088 would update Maine's PA law to remove restrictions on PAs practicing in specific settings where a physician is not a partner. Current law requires a legal relationship with a physician called a "practice agreement" whenever a PA practices in this one, specific setting. In a hospital or other health care system, or in a practice where a physician is already on staff, a practice agreement is not required by law. With hospitals and health centers closing access to medical care is becoming more of a challenge, especially in the most rural parts of Maine. PAs are valuable clinicians ready to meet the medical needs of impacted communities. They should

be able to do so, just as nurse practitioners already can, without additional barriers like having to find a physician willing to sign-on to a practice agreement.

Maine law has allowed nurse practitioners, also known as NPs, to practice independently of a physician, regardless of setting for over 30 years so why don't we create parity in our workforce and allow PAs the same? When we create more opportunities for PA's to practice, we create more job opportunities and that has the potential to attract more talent to the state and anything we can do to encourage healthcare providers to stay in Maine, or move to Maine, is well worth this Legislature's efforts.

Briefly, let me walk you through the bill.

LD 2088 begins with an emergency preamble; if there is consensus from the committee, I think it best to allow these changes to become effective immediately. However, if we perceive a risk to the bill's successful enactment, I'm comfortable with the preamble being removed.

The first four sections of the bill make changes to Title 32 governing osteopathic medicine. You'll see that sections five through eight mirror these changes in the laws governing allopathic medicine.

Sections one and two both remove reference to, and the definition of, the PA practice agreement. Section three makes the necessary changes to the existing PA consultation requirements to avoid a conflict in the absence of the practice agreement requirement. I want to stress here that collaboration is intrinsic to the PA practice of medicine. These changes make clear that PAs will continue to consult, when necessary, based on their education and training and the practice setting or the system of credentialing and granting of privileges of the health care facility. Finally, section four removes the practice agreement requirement itself.

As I noted, sections five through eight make these same changes in the allopathic section of the law.

Lastly, I want to stress, this bill maintains the requirement for physician collaboration with new graduates who have fewer than 4,000 hours of clinical practice. Nothing changes these first two years of close collaboration with physicians and other clinicians for PAs fresh out of school.

Thank you for your time and I am happy to answer any questions.