



# West Virginia University®

JOHN CHAMBERS COLLEGE OF  
BUSINESS AND ECONOMICS  
KNEE REGULATORY RESEARCH CENTER

February 3, 2026

## **Testimony on LD 2088**

*An Act To Increase Access To Primary Care Provided By Physician Associates*

### ***Neither For Nor Against***

Chair Bailey, Chair Mathieson, and members of the Committee on Health Coverage, Insurance and Financial Services,

My name is Liam Sigaud. I'm a research analyst at the Knee Regulatory Research Center at West Virginia University. Thank you for this opportunity to testify on LD 2088. My comments are not made on behalf of any party or interest group.

Physician associates play a vital role in Maine's health care system. More than 1,300 physician associates are actively working in Maine. And in contrast to the dwindling supply of primary care physicians, the number of physician associates is rapidly growing. Each year, the physician associate workforce in Maine grows by about 100 providers.

And this surge isn't just benefiting coastal and southern communities. Franklin County has seen a 57% increase in physician associates in the last five years, Somerset County a 27% increase, and Washington County a 40% increase. (The distribution of physician associates across Maine's counties is shown in the attached table; data for primary care physicians and nurse practitioners is included too.)

To provide the best care to patients, Maine's physician associates need a regulatory framework that makes sense. Across the country, states are addressing health care shortages by removing legal obstacles that prevent medical providers from practicing to the full extent of their training, skills, and experience.

Maine has been a leader in this effort, becoming one of the first states to grant nurse practitioners full practice authority several decades ago. Today, more than 2,300 nurse practitioners provide care to patients all over the state.



More recently, Maine has allowed experienced physician associates the ability to operate their own practices, provided that they enter into a practice agreement with an active physician. The law also requires that a physician always be available for consultation. Repealing these restrictions would give physician associates more flexibility, expand access to health care, and make Maine a more attractive destination for physician associates around the country. Five states have already moved in this direction, dropping requirements that physician associates be supervised by or collaborate with a physician.<sup>1</sup>

Critics of these reforms have argued that physician oversight is essential to protect patient safety. This concern has prompted extensive research.<sup>2</sup> Across many quality measures, including preventable hospitalizations, mortality, malpractice suits, and others, most studies have found that broadening scope of practice for advanced health care providers does not harm patients.<sup>3,4,5</sup>

I know this committee wants to make health care more widely accessible, while protecting patients from harm. The available evidence suggests that the reforms proposed in this bill would move Maine closer to that goal.

Thank you for listening to my testimony, and I would be happy to answer the committee's questions.

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<sup>1</sup> National Conference of State Legislatures, <https://www.ncsl.org/scope-of-practice-policy/practitioners/physician-assistants/physician-assistant-practice-and-prescriptive-authority>

<sup>2</sup> Waxman, S., & Dechene, J. (2024). Expanding the Scope of Practice for Nurse Practitioners and Physician Assistants to Enhance Healthcare. *Annals Health L. & Life Sciences*, 33, 101.

<sup>3</sup> Markowitz, S., & Smith, A. J. (2023). Nurse practitioner scope of practice and patient harm: Evidence from medical malpractice cases and adverse action reports (No. w31109). National Bureau of Economic Research.

<sup>4</sup> Barnett, M., Balkissoon, C., & Sandhu, J. (2022). The level of quality care nurse practitioners provide compared with their physician colleagues in the primary care setting: A systematic review. *Journal of the American Association of Nurse Practitioners*, 34(3), 457-464.

<sup>5</sup> Jiao, S., Murimi, I. B., Stafford, R. S., Mojtabai, R., & Alexander, G. C. (2018). Quality of prescribing by physicians, nurse practitioners, and physician assistants in the United States. *Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy*, 38(4), 417-427.



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**Table 1. Number of Health Care Practitioners in Maine, by County**

County	Number of physician associates	Number of primary care physicians	Number of nurse practitioners
Androscoggin	91	93	220
Aroostook	38	68	116
Cumberland	469	514	737
Franklin	22	32	31
Hancock	39	53	61
Kennebec	147	141	254
Knox	24	41	52
Lincoln	30	39	35
Oxford	17	35	46
Penobscot	215	194	394
Piscataquis	10	14	17
Sagadahoc	8	22	20
Somerset	28	32	37
Waldo	26	37	42
Washington	14	14	44
York	131	140	218
<b>STATE TOTAL</b>	<b>1,309</b>	<b>1,469</b>	<b>2,324</b>

Notes: The latest available data (as of January 2026) is shown: 2024 for physician associates and nurse practitioners and 2023 for primary care physicians.

Source: Health Resources and Services Administration (HRSA), Area Health Resources Files.