

Testimony of Elizabeth Getchell, PA-C
In Support of LD 2088,
“An Act to Increase Access to
Primary Care Provided by Physician
Associates”

Senator Bailey, Representative Mathieson, and members of the Health Coverage, Insurance and Financial Services Committee:

My name is Elizabeth Getchell. I am a resident of Carmel, Maine, and a physician associate (PA) practicing cardiology in this state. I am submitting this testimony in strong support of LD 2088.

I have spent years practicing cardiology and managing patients with complex cardiovascular disease, hypertension, hyperlipidemia, diabetes, and other chronic conditions that require ongoing, relationship-based care. Over time, PAs develop deep clinical judgment within their specialty. Yet under current law, even experienced PAs are required to maintain a practice agreement with a physician regardless of years of practice, demonstrated competence, or the actual needs of the patients we serve.

This requirement is not based on experience, education, or specialty; it is simply whether or not a clinical setting includes a physician partner. In reality, this requirement does not improve patient safety. Instead, it creates a significant and unnecessary barrier to care. Finding a collaborating physician who is available, trusted, and aligned is often difficult, particularly in Maine, where many physicians are overextended or do not reside in the communities they serve. When an agreement is secured, it often comes with substantial monthly costs. In my case, this requirement adds approximately eight hundred dollars per month in fixed overhead solely to satisfy a regulatory requirement—not to enhance patient care.

Those resources could instead be used to expand access, reduce patient costs, and support preventive and longitudinal care. In cardiology especially, early intervention and risk reduction can prevent hospitalizations and save lives.

LD 2088 would allow experienced PAs to practice to the full extent of their education and training while remaining fully accountable through licensure, scope of practice laws, and professional standards. Eliminating mandatory practice agreements would remove an outdated barrier, help retain skilled providers in Maine, and improve access to care, particularly in underserved and rural communities.

As I work to open a preventive cardiology practice in my own community, the requirement to secure a collaborating physician has been the most significant barrier to moving forward. This process is not about patient safety or clinical oversight, but about finding a physician willing to enter into a formal agreement—often with little involvement in day-to-day care.

Despite years of experience, this requirement delays practice launch, adds unnecessary fixed costs, and limits access to timely care. Eliminating mandatory practice agreements would allow experienced PAs to serve patients sooner, reduce barriers to care, and practice responsibly in alignment with the needs of Maine communities.

I respectfully urge you to support LD 2088.

Elizabeth Getchell, PA-C
Carmel, Maine
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