

Testimony of Amy Caldwell, PA-C, MSCP

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 Amy Caldwell. I am a board certified Physician Associate. I am an Oakland resident, and I practice medicine in Hallowell and Skowhegan. Today, I am testifying in support of LD 2088 “An Act to Increase Access to Primary Care Provided by Physician Associates”.

For the past 15 years I have been practicing medicine as a Physician Associate (PA) here in Maine. I devoted my first 12 years to emergency medicine and expanded upon this strong foundation of knowledge when transitioning into hospital medicine three years ago. More recently with my desire to treat root causes of medical problems, I began to look into independent practice. I considered a blend of conventional medicine and a functional approach as a primary care provider. When explored further, I realized my limitations as a PA in becoming “independent.” As a result, I decided to focus my area of medicine with the assumption I would be more successful in finding a doctor willing to sign my practice agreement.

It wasn’t easy. I had to ask several doctors before I found one willing to sign the necessary paperwork. The physicians I approached knew me very well, were familiar with my fund of knowledge, my detailed note taking, and my thorough medical decision making. Those who declined explained that it wasn’t clear that they would be protected from potential litigation based on my actions even though LD 1660, a bill that passed in March of 2020, states PAs assume their own liability for their patients. I am licensed and insured for this coverage. I have met the criteria for hours and experience to work independently. Despite this, a practice agreement states that the doctor will be available at all times for consultation. This is impractical and something that most physicians don’t feel comfortable with.

Furthermore, the scope of practice requirements in the practice agreement limit my ability to practice to the full scope of my education and training, as well as address the evolving needs of my patients. I am ready to expand what I offer to my patients.

Patients present with overlapping problems (and many are without PCPs) that I feel comfortable to address, but I must consider whether this is moving outside of my approved scope of practice per my practice agreement. I know I can update my scope and request further privileges, but I am not sure that the doctor who agreed to sign my practice agreement would be comfortable with this expansion, again because of the concern for additional potential liability.

In addition, when I was setting up my practice I was not able to establish an account with a lab (Quest Labs) because they were insistent that I could not practice independently. Even after I cited LD 1660 (as discussed above) and the agent on the phone agreed, the head of Quest Labs refused my account request. They only allowed me to open an account using my colleague's Nurse Practitioner NPI, despite the fact that I have been practicing longer, have more experience, and had a license without any supervising physician since 2020.

Lastly, what happens if my practice agreement physician suddenly dies, moves out of state, or decides to retire? Is my crucial work in closing the perimenopause/menopause treatment gap going to come to an end? What if I cannot find another physician to take over? It is unreasonable that the care I have been providing independently would now come to an end as a result of what happens to a physician signing my practice agreement?

It is frustrating that while I face these limitations to, and challenges in my practice, my Nurse Practitioner colleagues are able to start their own independent practices and open lab accounts without direct oversight. This contributes to the gap in care between two advanced practice providers, despite the fact that PAs are trained under the medical model. If this law passes, I will expand my practice to assist patients in achieving metabolic health (which in turn prevents many of the chronic illnesses the US faces regularly) while at the same time assisting them with basic primary care problems.

Thank you for your time.

Amy Caldwell, PA-C, MSCP