

Senator Bailey, Representative Mathieson, and members of the Health Coverage, Insurance and Financial Services Committee, my name is David Wade. I am a resident of Hampden, Maine, I practice emergency medicine, and I am the founder and operator of Pine Tree Urgent Care, a startup urgent care practice currently in development in Bangor. I am here today in strong support of LD 2088, “An Act to Increase Access to Primary Care Provided by Physician Associates.”

Bangor and the surrounding region are facing serious gaps in both primary and acute care. In recent years, five local walk-in care practices have closed. Most primary care offices are not accepting new patients, or patients face wait-times of eight to twelve months. Working in emergency medicine, I see the direct consequences every shift. Patients who could be treated in primary care or urgent care instead come to the emergency department, creating crowding, delaying care for true emergencies, and increasing unnecessary costs for patients and government payers.

I started Pine Tree Urgent Care with a few clear goals: to provide timely, lower-cost care, reduce inappropriate emergency department utilization, and bridge gaps in care while patients wait to establish with primary care. One of the biggest barriers to expanding that care through Physician Associates is the current regulatory burden.

Under current law, PAs with more than 4,000 hours of clinical experience are required to maintain a practice agreement with an active physician when practicing in a non-physician led clinical setting. These practice agreements typically cost between \$750 and \$1,250 per PA per month, regardless of whether any actual collaboration occurs. Nurse Practitioners do not face this requirement, which creates a clear disincentive to hire PAs despite their training and capability. These costs further strain already thin margins, particularly in the context of stagnant or contracting CMS reimbursement rates and rising inflation.

It's also important to note that in many hospitals and for-profit urgent care centers, there is no physician physically onsite. When additional consultation is needed, it is often done through specialty services rather than a supervising physician. This reflects how team-based care is already delivered safely in real-world practice.

Practice agreement approval by the Board can also add one to two months to an already lengthy credentialing process, which typically takes three to four months. In a region with severe access shortages, these delays further limit our ability to bring providers online when patients need care.

As a startup, Pine Tree Urgent Care plans to employ about ten health care professionals. Our ability to operate depends entirely on stable practice agreements. If a physician

discontinues an agreement for any reason, it would not affect just one provider—it would end our entire ability to practice. Patient care would stop, and those jobs would be at risk.

LD 2088 removes unnecessary administrative and financial barriers, allows PAs to practice to the full extent of their training, expands access to care in communities like Bangor, reduces strain on emergency departments, and lowers overall health care costs.

Thank you for your time and consideration.

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