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**TESTIMONY OF TIMOTHY TERRANOVA  
EXECUTIVE DIRECTOR  
BOARD OF LICENSURE IN MEDICINE  
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION  
L.D. 2088**

**An Act to Increase Access to Primary Care Provided by Physician Associates  
Presented by Representative Boyer  
Before the Committee on Health Coverage, Insurance and Financial Services**

**February 3, 2026**

Senator Bailey, Representative Mathieson, and members of the Health Coverage, Insurance and Financial Services Committee, I am Tim Terranova, Executive Director of the Maine Board of Licensure in Medicine ("BOLIM"). I am here today to testify neither for nor against LD 2088.

BOLIM licenses and regulates allopathic physicians and physician associates in Maine. BOLIM is composed of 11 members: 6 physicians who actively practice medicine; 2 physician associates who actively render medical services; and 3 public members. BOLIM's primary mission is to protect the public health and welfare of Maine by ensuring that those that are licensed to practice medicine or render medical services are ethical, professional and competent. It fulfills this mission by licensing, regulating, and educating physicians and physician associates.

LD 1660, An Act To Improve Access to Physician Assistant Care, was passed as an emergency bill in March 2020 and the rule implementing the changes was finalized in December 2020. The bill allowed physician associates with more than 4,000 clinical hours to practice without a physician partner as long as they maintained contact with a collaborating physician and had a practice agreement approved by BOLIM or the Board of Osteopathic Licensure (BOL). Based on this implementation, Maine has the second highest rating of "Advanced" for physician associate practice in the nation, as defined by the American Academy of Physician Associates (AAPA).

The testimony in favor of LD1660 indicated that the bill would allow physician associates to expand access to safe, cost effective and high-quality medical care in rural, underserved areas of Maine.

Between February 2021 and June 2025 BOLIM has approved 55 practice agreements. As you can see on the attached map and table, 17 of those agreements have been for aesthetic practices, 17 provide insurance exams (not treatment or diagnosis) and 21 have medical practices, although 5 of those only provide short-term seasonal coverage on Monhegan Island. With the exception of two aesthetic practices, there are no practices east or

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north of Bangor. LD 1660 has not had the intended impact of expanding access to patient healthcare in rural, underserved areas of Maine.

LD 2880 asks the Legislature to remove a level of oversight that was already recently reduced for the same reasons offered in LD 1660. When considering this bill, the legislature should consider if the previous change had the expected results and if the requested change would impact those results. If passed, BOLIM would not be able to track the impact as there is no notice or reporting requirement included in the bill.

In addition, the Legislature should consider if the changes, as a result of LD 1660, caused harm to patients. Based on the limited data available (55 practice agreements) the answer is no. There have been no quality-of-care complaints among those 55.

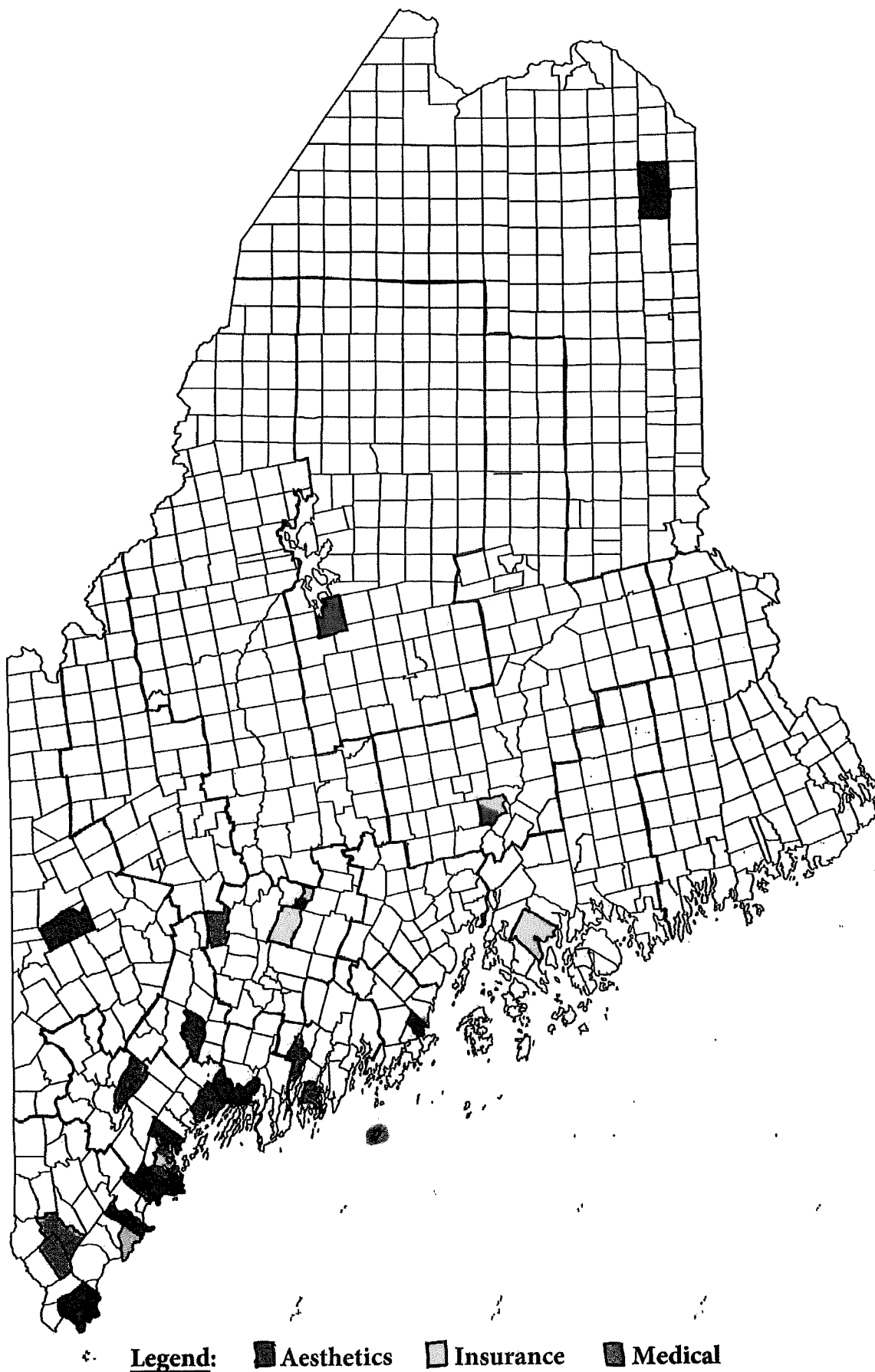
As the Legislature considers reducing regulation for physician associates BOLIM urges the committee to consider what impact deregulation may have on access and patient safety.

Thank you for the opportunity to provide these comments regarding LD 2088. I would be happy to answer questions now or at the work session.

## Practice Agreements From February 2021 - June 2025

<u>Counties</u>	<u>Cities</u>	<u>Types</u>		
		<u>Aesthetics</u>	<u>Insurance</u>	<u>Medical</u>
<b>Androscoggin</b>				
	Lewiston	1		1
<b>Aroostook</b>				
	Caribou	1		
<b>Cumberland</b>				
	Brunswick	2		
	Cape Elizabeth	1		
	Falmouth	1		
	Freeport			1
	Portland		1	3
	Raymond			2
	Scarborough	3		
	South Portland			1
<b>Hancock</b>				
	Blue Hill		1	
<b>Kennebec</b>				
	Fayette			1
	Sidney		1	
	Waterville	1	6	
<b>Knox</b>				
	Rockland	1		1
<b>Lincoln</b>				
	Boothbay Harbor			1
	Monhegan			5
	Wiscasset			1
<b>Oxford</b>				
	Bethel	1		
<b>Penobscot</b>				
	Bangor	1	1	
<b>Piscataquis</b>				
	Greenville	2		
<b>York</b>				
	Biddeford	1		
	(York, Town of)Cape Neddick	1		
	Kennebunkport		1	
	Sanford/North Berwick Nursing Homes			1
<b>Out of State</b>			6	3
<b>Totals</b>		17	17	21

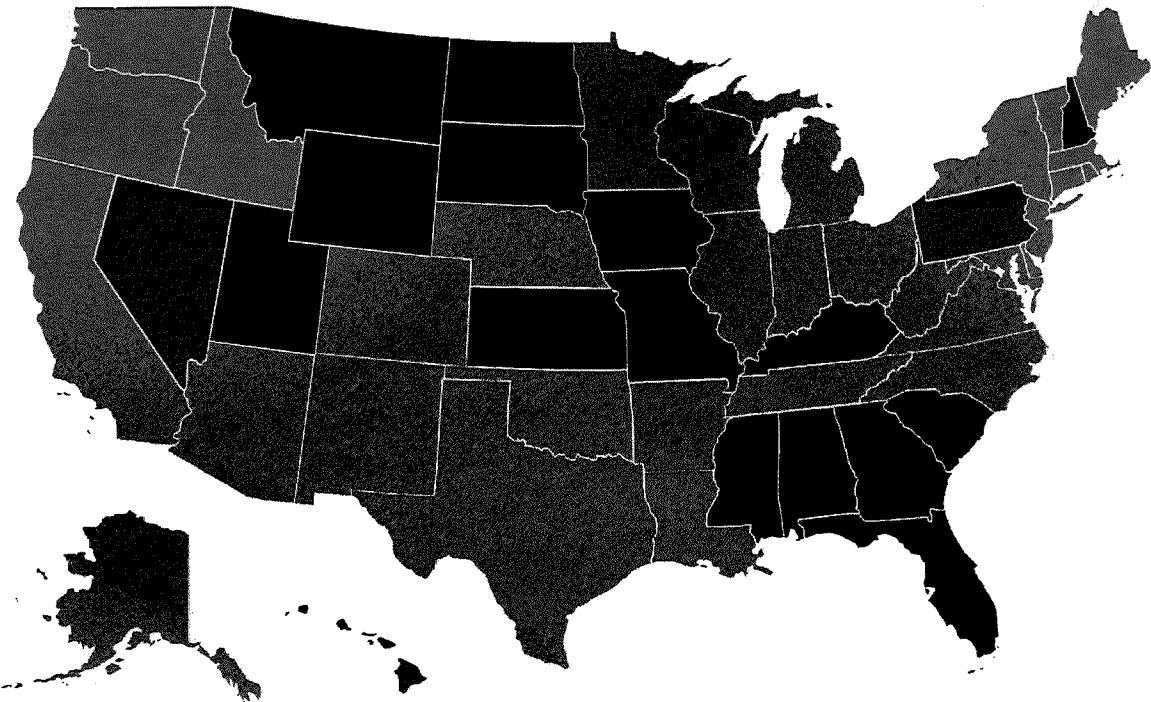
## Practice Agreements From February 2021 - June 2025





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■ Reduced ■ Moderate ■ Advanced ■ Optimal

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## PA Practice Modernization

Patients deserve modern, integrated healthcare delivery led by healthcare providers who are all practicing to the top of their scope of practice.

Modernizing PA practice laws unlocks the full potential of the PA profession and can help to ensure patients in all communities have access to timely, affordable, and high-quality care.

AAPA advocates for updates to state laws and regulations that are essential to achieving an optimal PA practice environment.

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## PA State Practice Environment Map

**Current as of July 2025**

This map provides a snapshot of the current practice environment for PAs across the country. States are assigned a category as determined by their enactment of laws and/or adoption of regulations that support PA Practice Modernization.

More information is available to AAPA members. [Log in here](#).



- Reduced
- Moderate
- Advanced
- Optimal

## **Key Laws and Regulations that Support PA Practice Modernization**

### **Optimal Modernization Criteria**

- Elimination of the legal requirement for a specific relationship between a PA and a physician or any other healthcare provider.
- A separate PA regulatory board or one or more full PA voting member(s) on the medical/healing arts board.
- Direct pay to PAs (as opposed to practice/employer).

### **Foundational Modernization Criteria**

- PA Scope of practice is determined at the practice level.
- Adaptable proximity requirements (including onsite, in-person, and time/distance requirements).
- Chart co-signature requirements are determined at the practice level
- Number of PAs a physician may collaborate with is determined at the practice level.

### **Collaboration** (as opposed to “supervision”)

## **Practice Categories**

### **Optimal**

- All 3 Optimal Modernization Criteria

### **Advanced**

- All 4 Foundational Modernization Criteria

**OR**

- 3 Foundational Modernization Criteria + Collaboration

**Moderate**

- 3 Foundational Modernization Criteria

**OR**

- 2 Foundational Modernization Criteria + Collaboration

**Reduced**

- 2 or fewer of the Foundational Modernization Criteria

**OR**

- 1 Foundational Modernization Criterion + Collaboration

Contact [advocacy@aapa.org](mailto:advocacy@aapa.org) for more information.