

To: Members of the Maine State Joint Health Coverage, Insurance and Financial Services Committee

From: Lesley M. Fernow MD, FACP, retired physician, Fernow Medical Associates, Mayo Regional Hospital (now Northern Light Health-Mayo), Dover-Foxcroft

Regarding: LD 295: An Act to Repeal Restrictions the Prohibit Certain Advanced Practice Nurses from Providing Essential Health Care Services

Date: March 1, 2021

I am a semi-retired internist who has practiced primary care in Piscataquis county for over 40 years. I am writing to strongly encourage the committee to reject LD 295 which will remove restrictions on supervision for Advanced Practice Nurses.

I understand that the context of this proposed bill is the declining primary care workforce and the urgent need for increasing the access of Mainers to appropriate and adequate primary care. Furthermore, I know that for many years our community has relied on the excellent and capable care of APRNs and PA's to provide primary care services in regional practices and clinics. In fact my own primary care provider is an APRN. I am someone with, thankfully, no medical problems. I have no quarrel with the value of these services, and have great respect for these providers. I should note, however, that they have all practiced with the supervision and mentorship of physicians.

I also know, as you all do, that the training and knowledge of a physician is greater than the 2 years provided to APRN and PA's, and that there are times when that knowledge is needed and even life-saving. In truth, sometimes the awareness of the need for that knowledge is unappreciated until things are missed.

I also feel strongly that medicine is truly best learned as an apprenticeship. The most important parts of my training were the thousands of hours I spent during my 3 year residency under the watchful mentorship of experienced clinicians, learning the subtleties of medical presentation, the many "faces" of clinical syndromes that masquerade as something else, and the intricacies of differential diagnosis. It is that experience that allowed me to suspect that what looked like a simple migraine was really a brain aneurysm or when back pain was not just a pulled muscle, or to know that I did not have time to waste getting a person treatment for a swollen lymph gland that was likely a lymphoma.

I have had the great fortune of mentoring allopathic and osteopathic medical students and APRN and PA students in my years of practice. All of them, at each level, despite excellent preparation and "book knowledge" demonstrated clinical knowledge limitations that required actual clinical experience to be revealed. The current requirement for 2 years of supervised practice after graduation from APRN training seems to me to be a minimum and very basic public safety requirement. Physicians are required to have further supervised experience after

4 years of medical school, which we call residency. We should expect no less from other medical providers.

Finally, I believe this has the potential to become an equity issue in rural Maine. It is no secret that increasingly rural medical care is being provided by non-physician providers. Large medical employers are employing many PAs and APRNs to provide primary care in their clinics because of both availability and cost considerations. Often primary care physicians are preferring to practice in larger communities with more specialty availability, leaving rural clinics to serve their communities with a majority of mid-level practitioners. If this law is changed, I have concerns that rural residents in Maine will be served potentially solely by APRNs who have had no supervision or training beyond their classroom/clerkship training while residents of cities and wealthier communities will still be able to access physicians for care if needed. While this care from mid-level providers is likely adequate for the majority of medical care issues such as yearly checkups, screening for chronic diseases and management of common problems, for those unfortunate patients with unusual problems, diagnostic dilemmas or complex needs (such as the elderly) this provision of care may be inadequate.

Where you live in Maine should not determine the quality of primary care you can receive.

While I recognize the goal, I strongly urge you to reject this bill.

Thank you for your attention.

Lesley M. Fernow, MD, FACP  
Dover-Foxcroft, ME