

March 15, 2021

The Honorable Heather Sanborn  
Chair  
Health Coverage, Insurance and Financial Services  
Maine State Legislature  
82 Frost Hill Road  
Portland, ME 04103

The Honorable Denise Tepler  
Chair  
Health Coverage, Insurance and Financial Services  
Maine State Legislature  
13 Homeplace  
Topsham, ME 04086

Dear Chairs Sanborn and Tepler and Members of the Health Coverage, Insurance and Financial Services Committee:

On behalf of the American Medical Association (AMA) and our physician and student members, I am writing to express our **strong opposition to Legislative Document (L.D.) 295**, which would allow advanced practice registered nurses (APRNs) the ability to provide medical care without any physician involvement, including newly graduated APRNs. The AMA is concerned L.D. 295 will threaten the health and safety of patients in Maine by creating an arbitrary shortcut for one profession to provide autonomous medical care to patients, while maintaining the time-tested standardizations for physicians which includes thousands of hours and years of clinical training. We encourage you to put patients first and oppose L.D. 295.

First, the AMA is concerned L.D. 295 threatens the health and safety of patients in Maine by allowing **all** APRNs the ability to provide medical care without the supervision of experienced health care professionals, including physicians. Post-graduate training is essential to attain competency in the provision of health care. It takes years to bridge the knowing-doing gap to refine one's ability to safely evaluate, diagnose, treat, and manage a patient's full range of medical conditions and needs. This is why physicians complete four years of medical school plus a three-to-seven-year residency program, including 10,000-16,000 hours of clinical training. During medical school, students receive a comprehensive education in the classroom and in laboratories, where they study the biological, chemical, pharmacological, and behavioral aspects of the human condition. This period of intense study is supplemented by two years of patient care rotations through different specialties, during which medical students assist licensed physicians in the care of patients. During clinical rotations, medical students continue to develop their clinical judgment and medical decision-making skills through direct experience managing patients in all aspects of medicine. Following graduation, students must then pass a series of examinations to assess a physician's readiness for licensure.

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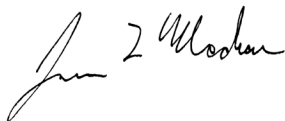
At this point, medical students “match” into a three-to-seven-year residency program during which they provide care in a select surgical or medical specialty under the supervision of experienced physician faculty. As resident physicians gain experience and demonstrate growth in their ability to care for patients, they are given greater responsibility and independence. This standardized education and training is critical to physicians achieving the competence necessary to become a fully licensed MD or DO.

By contrast, nurse practitioners (NPs), the largest group of APRNs, complete only two to three years of education, have no residency requirement, and complete only 500-720 hours of clinical training. Moreover, there is a widening gap in the level of experience of recent NP graduates compared to former graduates. In 2008, a registered nurse (RN) typically had 8.2 years of experience before entering a NP program. Today, NP programs enroll RNs more quickly after completing their RN training, with many programs transitioning students straight from an RN to NP degree.<sup>1</sup> This widening gap in experiential training prior to entering a NP program is further exacerbated by an increase in the number of partial or fully online-only NP programs, as well as the lack of standardization in clinical training, with many programs requiring students to find their own site and preceptor to complete their clinical training.

Simply put, NP programs, in addition to other APRN programs, do not have the time-tested standardizations nor length of training compared to physicians - critical steps necessary to gain the experience and competence to provide the full spectrum of health care to patients. Yet, L.D. 295 removes any supervision or training requirements for newly licensed APRNs while maintaining these requirements for licensed physicians. Not only is this dangerous for patients but it creates an arbitrary shortcut for one profession.

**For all the reasons above, we strongly encourage you to protect the health and safety of patients in Maine and oppose L.D. 295.** Thank you for the opportunity to provide these comments. If you have any questions, please contact Kimberly Horvath, JD, Senior Legislative Attorney, AMA Advocacy Resource Center, at [kimberly.horvath@ama-assn.org](mailto:kimberly.horvath@ama-assn.org).

Sincerely,



James L. Madara, MD

cc: Maine Medical Association

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<sup>1</sup> Auerbach, Buerhaus, and Staiger, Health Affairs