

To:

The Honorable Heather Sanborn, Chair

The Honorable Denise Tepler, Chair

Members, Joint Committee on Health Coverage, Insurance and Financial Services:

Subject: LD 295, testimony in opposition

Thank you for considering my comments regarding LD 295, An Act to Repeal Restrictions That Prohibit Certain Advanced Practice Registered Nurses from Providing Essential Health Care Services. I am writing to respectfully ask you to oppose LD 295, which would remove from statute post-graduate training and supervisory requirements for nurse practitioners.

I am a practicing primary care physician as well as medical director for multiple primary care practices located in central and western Maine. Over my past 13 years of practice, I have had the opportunity to supervise many new clinicians, including new nurse practitioners (APRNs) and new physician assistants. I currently work in a practice with 2 independently-practicing nurse practitioner colleagues. I am offering that experience as background to why I strongly oppose LD 295, which removes from statute any supervision and training requirements for newly licensed advanced practice registered nurses (APRN) and leaves the development of scope and standards of practice entirely under the purview of the Maine State Board of Nursing.

As you may be aware, the training for nurse practitioners and physician assistants differs significantly from that of physicians, but all 3 share a requirement for a supervisory period after graduation from a formal didactic and clinical program. For physicians, after 4 years of college and 4 years of medical school, they attend residency for several years (typically 3-5) of direct supervision prior to being able to practice independently. After changes to Maine law last year regarding the licensure of physician assistants, new PAs must now complete 4000 hours (approximately 2 years) of collaborative practice with direct oversight before being able to practice in what is called a "consultation" model with physicians or other health care teams. Nurse practitioners in Maine also have 24 months of direct supervision after graduation, where their direct oversight is provided either by experienced nurse practitioners or by physicians. It is this requirement LD 295 seeks to eliminate.

Passing LD 295 would lower the threshold and qualifications for licensure and allow APRNs to practice independently from day one after graduating from an accredited nurse practitioner education program. In some cases, graduates may have been long-term registered nurses who go back to school and come to their supervisory period with extensive clinical experience. As a supervising physician, what I find to be my role in those cases is transitioning the new graduate's mindset from one of carrying out a medical plan made by others, into being the one responsible for diagnosis and management of a person's health conditions. However, it is not uncommon that many new grads from APRN programs have had no other clinical experience than the brief time they spend doing clinical rotations while in school – time that barely prepares one for nursing, let alone to become an advanced independent practitioner.

These post-graduate periods of direct observation of clinical development are not barriers for new clinicians. These exist to provide the ongoing assessment, education, feedback, and space for clinical growth of new clinicians. There is no benefit to anyone – most importantly our population and communities – in eliminating this. Having been the supervisor of multiple new clinicians, it is astounding how much remains to be learned when they leave school. The practice of nursing or medicine is not meant to be based on book knowledge or classroom courses – it can only really be learned in practice, with appropriate support and oversight as a clinician continues to develop the necessary skills to care for people. Lowering the standard for what is considered clinically appropriate preparation for the important and difficult work of caring for people is a disservice to new clinicians and our communities. Maintaining 32 MRSA §2102, sub-§2-A is critical to ensuring only appropriately prepared and clinically qualified APRNs are licensed in Maine.

I am happy to discuss my concerns further at any time.

Thank you for your time.

Amy Madden, MD (Rome)

amadden2046@gmail.com