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Testimony of Rep. Anne Perry Introducing LD 295, "An Act To Repeal Restrictions That Prohibit Certain Advanced Practice Registered Nurses from Providing Essential Health Care Services"

February 18, 2021

Good morning Senator Sanborn, Representative Tepler and members of the Committee on Health Coverage, Insurance and Financial Services. I am Rep. Anne Perry and I represent nine communities in Washington County. I am here to introduce LD 295, "An Act To Repeal Restrictions That Prohibit Certain Advanced Practice Registered Nurses from Providing Essential Health Care Services."

I will start by saying that after 28 years in nursing I obtained my Masters in Nursing Family Practice. Since then I have practiced in Calais and have served as Vice Chair of the Calais Regional Hospital Medical Staff and have served as President of the Maine Nurse Practitioner Association.

Currently as the rule is written:

- A. A nurse practitioner must practice for a minimum of 24 months under the supervision of a licensed physician, or a supervising nurse practitioner, or must be employed by a clinic or hospital that has a medical director who is a licensed physician.
- B. The applicant shall identify a supervisory relationship with a licensed physician or nurse practitioner practicing in the same practice category who will provide oversight for the nurse practitioner.
- C. The applicant's documentation of the supervisory relationship must reflect that the applicant will be working within his or her scope of practice, which is defined by educational preparation, certification in a specialty area of practice and the type of licensure.

*Nurse Practitioner Supervisors: The Nurse Practitioner must submit documentation to the Board of the following:

- A. Completed 24 months of supervised practice,
- B. Practiced as an Advanced Practice Registered Nurse for minimum of 5 years in the same,

specialty; and

C. Worked in a clinical health care field for a minimum of 10 years.

This limits access to primary care especially in rural areas.

In 2012, The National Governors Association, looking at the increasing demand for primary care, undertook a review of the literature and state rules governing NPs' scope of practice:

“Research suggests that NPs can perform many primary care services as well as physicians do and achieve equal or higher patient satisfaction rates among their patients. The review of state laws and regulations governing NPs reveals wide variation among the states with respect to rules governing NPs' scope of practice, including the extent to which states allow NPs to pre- scribe drugs, to practice independently of physician oversight, and to bill insurers and Medicaid under their own provider identifier. Sixteen states and the District of Columbia allow NPs to practice completely independently of a physician and to the full extent of their training - the remaining 34 states require NPs to have some level of involvement with a physician, but the degree and type of involvement varies considerably by state. To better meet the nation's current and growing need for primary care providers, states may want to consider easing their scope of practice restrictions”

Most States do not have any state-mandated time-limited practice requirement as a condition of state licensure and practice.

- There is **no evidence** to support that additional time in practice requirements as a pre- requisite for licensure and practice make patients safer or clinicians more prepared.
- There is **no evidence** that new NPs are more likely to have disciplinary or safety issues

There is evidence to support that longer timeframes to licensure will be detrimental to improving access, especially in rural and underserved areas:

- Clinicians of all health disciplines are more likely to work in rural and underserved areas if they start working in these areas earlier in their careers.
- Requiring any transition period—especially longer ones—means that many new NPs may elect to practice in higher provider-density areas in order to more easily secure the required supervisory agreement.
- Clinicians are less likely to leave an established a practice and after building a personal/family community to move to underserved areas even once a Transition to Practice timeframe expires.

Maine is a rural state and we are facing a shortage of primary care providers especially in our more rural areas of the State. I ask you to consider this change and vote ought to pass.