



# Maine Medical Association

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January 22, 2020

The Honorable Heather Sanborn, Senate Chair  
The Honorable Denise Tepler, House Chair  
Joint Standing Committee on Health Coverage, Insurance & Financial Services  
Cross State Office Building, Room 220  
Augusta, Maine 04330

**RE: L.D. 1660, AN ACT TO IMPROVE ACCESS TO PHYSICIAN ASSISTANT  
CARE/DRAFT COMMITTEE AMENDMENT DATED 1/9/20**

Dear Senator Sanborn, Representative Tepler, and Members of the Joint Standing Committee on Health Coverage, Insurance & Financial Services:

The MMA Board of Directors has reviewed and carefully considered the proposed sponsor's amendment dated January 9, 2020 and the majority of our 28-member board cannot support it. We appreciate the efforts to find areas of agreement by Senator Linda Sanborn, M.D., the leadership of the Maine Association of Physician Assistants (MEAPA), and other participants in the stakeholder process, and we believe that the process has identified some common ground. Still, several areas of substantial disagreement remain.

We have had the lead roles in negotiating on behalf of MMA and, indeed, the draft reflects much of our input. We have briefed the MMA Board at key milestones in the process and Board members have been very much engaged in this important policy debate. As we expressed in testimony at the public hearing on May 8, 2019, MMA is sensitive to MEAPA's concerns about the current licensing and regulatory framework for physician assistants in Maine and we are willing to continue a dialogue about updating that framework.

We believe that a consensus among stakeholders is developing on some key concepts. Public safety requires a different level of oversight for new graduates and licensees, and this is the reason for the 4000-hour distinction in the draft. This is analogous to the period of supervision required of new APRN licensees, but the period of supervised training for both is substantially shorter than the 4-7 years of residency and often fellowship training required of physicians today.

Additionally, the direct 1:1 (physician/physician assistant) supervisory relationship probably should be replaced with a collaboration model in which a physician assistant would provide services as part of a physician-led health care team composed of clinicians at various levels of licensure. The key

elements of that collaborative relationship have; however, remained elusive through the stakeholder process and APA rulemaking at the physician licensing boards may be the best way to develop those key elements.

We concur that it is appropriate to have a different regulatory approach for physician assistants in an organized health care delivery setting such as a hospital, hospital system, or large physician group practice where a formal credentialing/quality improvement plan will define the collaborative relationship and ensure appropriate oversight. Establishing an appropriate level of regulatory oversight is very different for a physician assistant who is a sole practitioner or is in a small, independent practice. We have concerns that the draft would require a “practice agreement” for a physician assistant with more than 4000 hours of experience *only* when the physician assistant is the sole practitioner, rather than any small, independent practice. In our view, the “practice agreement” would be the equivalent of the credentialing/quality improvement plan in a larger, more complex health care organization. Many of our Board members see physician assistants in sole practitioner or small practice settings without a “practice agreement” as practicing independently.

The draft is a significant improvement on previous drafts in that it does not attempt to define a scope of practice for physician assistants by statute, but we still have concerns about the practical meaning of defining a scope of practice “at the practice level.”

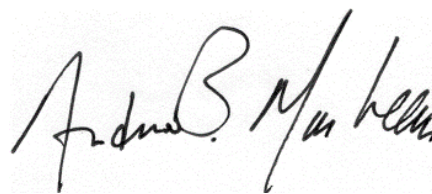
Finally, while our focus has been on the proposed licensing and regulatory approach in the bill, Board members also expressed concern about any implication in the insurance code section of the bill (Section 2) that parity in reimbursement rates for services provided by physicians and physician assistants is appropriate under any new approach to licensing and regulation the legislature may consider.

Thank you for considering the MMA’s views on the proposed amendment to L.D. 1660. We will continue participating in the Committee’s work sessions on the bill and in any further stakeholder process the Committee directs.

Sincerely,



Amy Madden, M.D.



Andrew B. MacLean

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