

Arguments In Support of LD 1660

An Act To Improve Access to Physician Assistant Care

- Expands patient access to quality health care services by modernizing PA licensing requirements. Expands access to health care for rural and underserved populations. Removes delays in care due to outdated, bureaucratic, and inhibitory paperwork.
- Decreases the regulatory burden placed on physicians. Eliminates current administrative burdens that are unrelated to patient safety. Eliminates language that implies physician liability for PA care.
- Improves PA competitiveness in the job market.
- Aligns PA clinical practice laws with current practice by creating collaborative agreements with physicians by updating physician-PA relationship from “supervision” to “collaboration.”
- Improves the PA-physician board ratio by adding a second PA to each board of licensure. Expands the PA role in the governance of their profession. Updates the efficacy and credibility of Maine’s Board of Licensure in Medicine and Board of Osteopathic Medicine by increasing the number of PAs on each board to two.
- Improves Maine-based job opportunities for UNE PA program graduates.
- Ensures sustainability of the physician-PA relationship.
- Allows scope of practice to be determined at the practice level by a PA’s individual education, training, and experience.
- Ensures team-based health care through a collaborative PA/physician practice agreement.
- Ensures PA ability to practice to the extent of their education and training.
- Ensures PA competency through existing institutional practice guidelines and credentialing processes.
- Authorizes PAs to participate in disaster/volunteer activities within a PA’s scope of practice. Maximizes Maine’s use of health care providers in disaster/volunteer settings. Encourages community development, public service, and volunteerism.
- Authorizes direct payment by third party payers and Medicare. Allows for accurate collection of PA quality metrics tied to patient care outcomes. Establishes equitable payment practices. Aligns payment practices with all other health care professions.

FRAMEWORK FOR TESTIMONY:

Good afternoon, Sen _____ & Rep _____(Committee Chairs) and Members of the Health Coverage Insurance and Financial Services Committee. My name is _____ and I am

here to testify in support of LD 1660, An Act To Improve Access to Physician Assistant Care.
[Provide a little background info on yourself and your organization, if you are testifying on their behalf]

Move into your arguments: KEEP ENTIRE TESTIMONY TO NO MORE THAN THREE MINUTES!

Helpful Information:

“Will I be asked questions if I provide testimony in person?”

Questions from the committee can run the gamut but generally with members of the public, committee members are extremely friendly and do not ask difficult questions. And, if you do get a question you don't know the answer to, that is absolutely fine. Just say "thank you for the question. I don't have an answer for you right now but I'll be sure to get you that information for the work session." Moose Ridge Associates, our lobbying firm, will be with us in the public hearing and will be taking notes and keeping track of all the questions we can't answer so that we can put together a memo or whatever necessary to get the committee the info they need for the work session.

“Can I submit written testimony?”

Yes - people can submit written testimony who can't be there. We can have some people read that testimony before the committee on their behalf but the committee does get impatient at times if you do this too much. So I'd recommend you do this at the most twice in the public hearing.

“Can one person testify on behalf of an institution and have multiple people indicate their support?”

Yes - you can either do this in writing, mentioning the other people in the oral testimony or sometimes a group will stand up and together behind the podium and have just one person read the testimony. This can be quite powerful visually.