

# MAINE STATE LEGISLATURE

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SAK  
R O F S

L.D. 2088

Date: 3/17/26 Minority

(Filing No. H-860)

**HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES**

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**STATE OF MAINE  
HOUSE OF REPRESENTATIVES  
132ND LEGISLATURE  
SECOND REGULAR SESSION**

COMMITTEE AMENDMENT "A" to H.P. 1403, L.D. 2088, "An Act to Increase Access to Primary Care Provided by Physician Associates"

Amend the bill by striking out all of section 4 and inserting the following:

'Sec. 4. 32 MRSA §2594-F, sub-§6, as enacted by PL 2019, c. 627, Pt. B, §13 and amended by PL 2025, c. 316, §3, is further amended to read:

**6. ~~Practice agreement~~ Principal clinical provider requirements.** A physician associate who has more than 4,000 hours of clinical practice may be the principal clinical provider in a practice that does not include a physician partner as long as the physician associate ~~has a practice agreement with an active physician, and other health care professionals as necessary,~~ submits documentation to the board that describes the physician associate's scope of practice as determined by the independent practice setting, including information about the location of the physician associate's independent practice and how the physician associate will consult with or collaborate with an appropriate physician or other health care professional as indicated by a patient's condition or refer a patient to a physician or other health care professional. A physician associate is legally responsible and assumes legal liability for any medical service provided by the physician associate in accordance with the physician associate's scope of practice under subsection 2 and a ~~practice agreement under this subsection.~~ A physician associate shall submit the ~~practice agreement~~ documentation required by this subsection to the board for ~~approval in a satisfactory manner,~~ and the ~~agreement~~ documentation must be kept on file at the main location of the physician associate's practice and be made available to the board or the board's representative upon request. Upon any change in the ~~parties to the practice agreement or other substantive change in the practice agreement~~ physician associate's scope of practice, the physician associate shall submit the ~~revised practice agreement documentation reflecting that change~~ to the board for approval. ~~Under a practice agreement, consultation may occur through electronic means and does not require the physical presence of the physician or other health care providers who are parties to the agreement at the time or place that the medical services are provided.'~~

Amend the bill by striking out all of section 8 and inserting the following:

**COMMITTEE AMENDMENT**

R.O.F.S

'Sec. 8. 32 MRSA §3270-G, sub-§6, as enacted by PL 2019, c. 627, Pt. B, §17 and amended by PL 2025, c. 316, §3, is further amended to read:

6. ~~Practice agreement~~ Principal clinical provider requirements. A physician associate who has more than 4,000 hours of clinical practice may be the principal clinical provider in a practice that does not include a physician partner as long as the physician associate ~~has a practice agreement with an active physician, and other health care professionals as necessary,~~ submits documentation to the board that describes the physician associate's scope of practice as determined by the independent practice setting, including information about the location of the physician associate's independent practice and how the physician associate will consult with or collaborate with an appropriate physician or other health care professional as indicated by a patient's condition or refer a patient to a physician or other health care professional. A physician associate is legally responsible and assumes legal liability for any medical service provided by the physician associate in accordance with the physician associate's scope of practice under subsection 2 and a ~~practice agreement under~~ this subsection. A physician associate shall submit the ~~practice agreement~~ documentation required by this subsection to the board ~~for approval in a satisfactory manner,~~ and the documentation must be kept on file at the main location of the physician associate's practice and be made available to the board or the board's representative upon request. Upon any change in the ~~parties to the practice agreement or other substantive change in the practice agreement~~ physician associate's scope of practice, the physician associate shall submit the revised ~~practice agreement~~ documentation reflecting that change to the board ~~for approval.~~ Under a practice agreement, consultation may occur through electronic means and does not require the physical presence of the physician or other health care providers who are parties to the agreement at the time or place that the medical services are provided.'

Amend the bill by relettering or renumbering any nonconsecutive Part letter or section number to read consecutively.

**SUMMARY**

This amendment is the minority report of the committee. Like the bill, the amendment removes from current law the requirement that a physician associate with more than 4,000 hours of clinical practice must have a signed practice agreement with a physician in order to be the principal clinical provider in a practice that does not include a physician partner. While the bill does not provide a replacement to this requirement, the amendment, instead of a practice agreement, requires a physician associate to file documentation with the appropriate licensing board that describes the physician associate's scope of practice as determined by the independent practice setting, including information about the location of the physician associate's independent practice and how the physician associate will consult with or collaborate with an appropriate physician or other health care professional as indicated by a patient's condition or refer a patient to a physician or other health care professional.

**FISCAL NOTE REQUIRED**

(See attached)



# 132nd MAINE LEGISLATURE

LD 2088

LR 2828(02)

**An Act to Increase Access to Primary Care Provided by Physician Associates**

**Fiscal Note for Bill as Amended by Committee Amendment A" (H-860)**  
**Committee: Health Coverage, Insurance and Financial Services**

**Fiscal Note Required: Yes**

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## Fiscal Note

Minor cost increase - Other Special Revenue Funds

### Fiscal Detail and Notes

Any additional administrative costs to the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation associated with review and maintenance of physician associate scope of practice documentation can be absorbed within existing budgeted resources.