

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from electronic originals
(may include minor formatting differences from printed original)



132nd MAINE LEGISLATURE

SECOND REGULAR SESSION-2026

Legislative Document

No. 2088

H.P. 1403

House of Representatives, January 7, 2026

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

(EMERGENCY)

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 203.

Reference to the Committee on Health Coverage, Insurance and Financial Services suggested and ordered printed.

R. B. Hunt
ROBERT B. HUNT
Clerk

Presented by Representative BOYER of Cape Elizabeth.

Cosponsored by Representative: MATHIESON of Kittery, Senator: BAILEY of York.

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, there is a shortage of medical providers in the State, particularly in rural areas, and this legislation will increase the number of physician associates who are able to practice in primary care, which will provide more health care opportunities throughout the State and has the potential to make the State eligible for funds from federal rural health care grants; and

Whereas, this legislation needs to take effect immediately in order to remedy the shortage of medical providers and funding as soon as possible; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 32 MRSA §2594-E, sub-§5, ¶E, as amended by PL 2019, c. 627, Pt. B, §12, is further amended to read:

E. Requirements for collaborative agreements and ~~practice agreements~~ under section 2594-F, including uniform standards and forms;

Sec. 2. 32 MRSA §2594-F, sub-§1, ¶F, as enacted by PL 2019, c. 627, Pt. B, §13 and amended by PL 2025, c. 316, §3, is repealed.

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

4. Consultation. A physician associate shall may, as indicated by a patient's condition, the education, competencies and experience of the physician associate and the standards of care, consult with, collaborate with or refer the patient to an appropriate physician or other health care professional. The level of consultation required under this subsection is determined by the practice setting, including a physician employer, physician group practice or private practice, or by the system of credentialing and granting of privileges of a health care facility. A physician must be accessible to the physician associate at all times for consultation. Consultation may occur electronically or through telecommunication and includes communication, task sharing and education among all members of a health care team.

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 repealed.

Sec. 5. 32 MRSA §3270-E, sub-§5, ¶E, as amended by PL 2019, c. 627, Pt. B, §16, is further amended to read:

E. Requirements for collaborative agreements and practice agreements under section 3270-G, including uniform standards and forms;

Sec. 6. 32 MRSA §3270-G, sub-§1, ¶F, as enacted by PL 2019, c. 627, Pt. B, §17 and amended by PL 2025, c. 316, §3, is repealed.

Sec. 7. 32 MRSA §3270-G, sub-§4, as enacted by PL 2019, c. 627, Pt. B, §17 and amended by PL 2025, c. 316, §3, is further amended to read:

4. Consultation. A physician associate shall may, as indicated by a patient's condition, the education, competencies and experience of the physician associate and the standards of care, consult with, collaborate with or refer the patient to an appropriate physician or other health care professional. The level of consultation required under this subsection is determined by the practice setting, including a physician employer, physician group practice, or private practice, or by the system of credentialing and granting of privileges of a health care facility. ~~A physician must be accessible to the physician associate at all times for consultation.~~ Consultation may occur electronically or through telecommunication and includes communication, task sharing and education among all members of a health care team.

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 repealed.

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.

SUMMARY

This bill removes the requirement for a practice agreement with an active physician for a physician associate who is the principal clinical provider in a practice that does not include a physician. The bill also makes optional consultations between a physician associate and a physician or other health care professional and removes the requirement that a physician be accessible at all times for purposes of consultation.