

# MAINE STATE LEGISLATURE

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# 132nd MAINE LEGISLATURE

## SECOND REGULAR SESSION-2026

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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)

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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.

A handwritten signature in cursive script that reads "Robert B. Hunt".

ROBERT B. HUNT  
Clerk

Presented by Representative BOYER of Cape Elizabeth.

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

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

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

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

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

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

15       **Sec. 1. 32 MRSA §2594-E, sub-§5, ¶E,** as amended by PL 2019, c. 627, Pt. B,  
16 §12, is further amended to read:

17       E. Requirements for collaborative agreements ~~and practice agreements~~ under section  
18 2594-F, including uniform standards and forms;

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20 and amended by PL 2025, c. 316, §3, is repealed.

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

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

33       **Sec. 4. 32 MRSA §2594-F, sub-§6,** as enacted by PL 2019, c. 627, Pt. B, §13 and  
34 amended by PL 2025, c. 316, §3, is repealed.

35       **Sec. 5. 32 MRSA §3270-E, sub-§5, ¶E,** as amended by PL 2019, c. 627, Pt. B,  
36 §16, is further amended to read:

37       E. Requirements for collaborative agreements ~~and practice agreements~~ under section  
38 3270-G, including uniform standards and forms;

39       **Sec. 6. 32 MRSA §3270-G, sub-§1, ¶F,** as enacted by PL 2019, c. 627, Pt. B, §17  
40 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.