



March 10, 2025

To Whom It May Concern,

This letter is written on behalf of the Northern New England Poison Center in support of LD 689. By way of background and context, I am one of the founders of LifeFlight of Maine, and serve as one of its Medical Directors. I also serve as the Medical Director for the Northern Light Health Integrated Transfer Center, which we founded in 2009. Previously, I served as the Chief, Department of Emergency Medicine of NL-Eastern Maine Medical Center from 1988 until 2006. I am a Board Certified emergency medicine and internal medicine physician. While in Denver, Colorado from 1972-1988, I was the medical director for the Denver Health and Hospitals Paramedic Division. I had the honor of implementing a grant for the Rocky Mountain Poison Center during that time under the direction of Dr. Barry Rumack. This gifted physician developed the first commercially available information system, known as Poisindex in 1973, to guide the public and physicians in the management of toxic exposures. It is considered one of the most widely used contemporary practice standards, world-wide. Dr. Rumack is a mentor, friend and colleague.

As a result of my practice as an emergency medicine physician and in my professional positions, I have personally experienced and witnessed the pivotal role played by poison information centers. As you are aware from the testimony of others, the information and management guidance of these centers, such as that of the Northern New England Poison Center, is provided both directly to the public as well as to medical professionals. While statistics for Maine indicate that 33% of exposures occur in children under 5 years of age, the need for information and management guidance to treat patients of all ages is well established. Physicians rely upon such guidance to manage both unintended and intentional exposures. Though patients with a toxicologic emergency are a small fraction of the patients managed in any one emergency department or transported by LifeFlight of Maine, their acuity and gravity when so encountered,

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is often particularly significant and consequential. So is the need for immediate subject matter expertise as provided by the Northern New England Poison Center. The guided application of the clinical wisdom and experience of poison information specialists and toxicologists from this center is often critical to enabling the survival of desperately ill patients. From a clinical perspective, the administration of identified and available physiologic antagonists to a variety of patients with toxic syndromes needs to be tailored to the context of the patient's over-all presentation, the immediately available resources and the distance from tertiary care centers with advanced treatment modalities, such as dialysis. The guidance from the center as to the deployment of resources, such as those of LifeFlight and the requirement for acute interventions provided by emergency medicine physicians, is often determinative of health care outcome. Likewise, and as guided by the personnel of the center, if the acuity and gravity of the exposure and the patient's condition is deemed less critical, resources such as those of pharmacologic reversal agents, whose side-effects are potentially problematic, and transport across significant distances can be more measured, or avoided altogether. Thus, both the information provided to physicians and our critical care team, as well as the patient-specific, focused management guidance, enables the safest and effective care of a patient while facilitating the propriety of resource utilization. Knowing when to apply aggressive clinical interventions and transport and when to avoid them, are critical decisions for health care providers, and upon which we depend on the expertise and timeliness of response from the NNEPC, whose intimate knowledge of the state is unparalleled. Coupled with the guidance provided to parents of children who are inadvertently exposed to toxic substances to initiate immediate life-saving treatment, or to calm the most anxious care-giver, the staff is unequalled. I cannot think of a more deliberate, thoughtful investment of our limited health care dollars to achieve these individual and societal benefits than to adequately support this time-tested organization. Your support of LD 689 is wise beyond measure and honors your meticulous oversight of expenditures for our health care.

Respectfully,

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