Re: LD 969 - Request for Testimony

To: Members of the Health Care, Insurance and Financial Services Committee of the Maine Legislature

Dear Members of the Committee,

I am writing as the Medical Director of the Harpswell Neck Fire and Rescue Department to provide context regarding the proposed LD 969 act, which aims to increase training opportunities for emergency medical services (EMS) providers.

I write to you as an emergency physician with deep experience in EMS. I formerly served as the State Medical Director for New Mexico, where I oversaw EMS care across the state. Prior to that, I was a professor and the Director of the University of New Mexico Emergency Medical Services Academy—the state-designated training agency that supports much of the rural EMS training across New Mexico. Before that, I served as an EMS command physician in the City of Pittsburgh, a physician with STAT MedEvac in Pittsburgh, and earlier still, a volunteer EMT and firefighter.

EMS in Maine is currently in crisis. At our small department, four EMTs carry the pager 24/7 and respond to every call for help. Community members are willing to serve as EMS volunteers, but becoming an EMT is a challenge—especially due to the travel time required for volunteers to attend courses.

There are several potential solutions to improve access to provider training. Certainly, online classes and virtual coursework can play a critical role. Much of the didactic content can be delivered in this way, and this approach may also help address the national shortage of qualified EMS instructors. I recommend that significant attention be paid to studying best practices in delivering online clinical education, drawing on models from nursing and medicine. There are many impressive examples worth investigating, and this might merit a formal report to the committee.

Hands-on skills training also does not need to be centralized at locations like community colleges. Since its inception in 1972, the University of New Mexico EMS Academy has delivered courses in rural and frontier firehouses, EMS garages, and schoolhouses, serving a population of 1.9 million

people across an area of over 121,000 square miles. They provide affordable EMS education and are currently the state's largest provider of prehospital education, with more than 150 instructors deployed throughout New Mexico.

New Mexico is rural and the sixth most sparsely populated state in the U.S. Access to health care remains a serious issue. EMS Academy instructors regularly teach First Responder, EMT Basic, and EMT Intermediate courses across the state. Didactic and training materials are delivered from the EMS Academy in Albuquerque using a dedicated fleet of trucks and trailers, which bring training equipment and instructors on regular circuits to rural fire departments—locations convenient to volunteers.

There are significant questions about the long-term viability of volunteer-delivered rural EMS care. While those broader issues must be addressed through future legislation and budgeting, the immediate issue of workforce access to training must not be delayed. Municipalities must be empowered to improve access to training. Courses should be free, locally available, and designed with respect for the time constraints of volunteers. We must bring training to the students—students should not be expected to travel long distances to reach training.

I appreciate the committee's efforts to expand access to emergency services and would be pleased to answer any questions that arise.

Sincerely,

Marc-David Munk, MD

Medical Director, Harpswell Neck Fire and Rescue

Harpswell, Maine