

Testimony in support of LD 841: Resolve, to Study the Delivery of Emergency Medical Services to and Ferry Service Effects on Island Communities in the State by Jonnathan Busko MD. April 2, 2025

Dear Senator Bebee-Center, Representative Hasenfus, and esteemed members of the Criminal Justice and Public Safety Committee,

My name is Jonnathan Busko and I live in Bangor. I am testifying today to urge you to support LD 841. With almost 20 years of working with island communities regarding health services access, I see this resolve as finally bringing the issue of access to emergency services to a level at which a comprehensive and sustainable solution can be identified.

I am an EMS and emergency physician. Over the last 2 decades, I've worked intermittently with several island communities regarding access to healthcare services. I was the Maine EMS Region 4 medical director for 11 years. In that role, I participated in workgroups of island EMS services, all of whom identify staffing and transportation barriers to care. From 2019-2022, I was the medical director for Boothbay Region Ambulance Service, a shore-based EMS service that worked in conjunction with the US Coast Guard to provide EMS services to Monhegan Island until January 2024. I've been the medical advisor for Monhegan First Aid since its inception in 2020, supporting the community to provide first aid services throughout the summer season. Over the past 18 years I've participated in workgroups to discuss shared transport services amongst the islands, such as an ambulance boat.

These days much of my job is to work with rural and frontier communities in Maine to help them identify their top priority health services access needs and then develop solutions to those needs. In the last 2 years I've conducted assessments on Monhegan Island, Vinalhaven Island, Isle au Haut, and Swan's Island. Access to emergency care / EMS, whether by establishing new EMS services or stabilizing or enhancing existing services is consistently in the top 5 priorities in these communities.

I believe that the study proposed by LD 841 offers a meaningful opportunity to identify the challenges faced by island communities to access EMS services as well as to develop a shared, efficient, and sustainable model for delivering these services. However, both through my experience from the community surveys as well as my current participation on a Maine Seacoast Mission advisory committee on telehealth services, I've seen that island communities are struggling with health services access in general. I led a Maine EMS approved Pilot Project called the Critical Access Physician Extender program in Jackman in which enhanced EMS services were provided in the community. During the 29-month pilot period, the Critical Access Integrated Paramedics provided 383 paramedic EMS responses in partnership with Jackman Moose River Fire Rescue. However, they also provided non-emergency care services, performing 96 community paramedicine visits and 145 facilitated tele-urgent care visits, saving patients almost 20,000 miles of travel. While I'm not advocating for this specific model, I am saying that EMS agencies are the touchstone of healthcare in every community, they are able to provide vital non-emergency services in their communities, and many island communities are hurting for access to any health services. Given this, I would encourage you to consider the following modifications to the charge to the committee and to the committee membership.

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1. Modify the charge for the workgroup as follows: "...shall convene a working group to study the delivery of emergency medical services to and ferry service effects on island communities in the State, to include consideration of the sustainability of EMS services and their potential role in delivering non-emergency healthcare services to island communities."
2. Add a member identified as "A representative of an island community that is currently not served by a community-based EMS service." There are several islands that do not currently have licensed EMS services and care is often provided on an ad hoc basis by community members who have some level of first aid or medical training. The needs of these island communities are different than those of island communities with EMS services.
3. Add a member identified as "A representative of an island community that has a community-based health care facility staffed by licensed independent practitioners (e.g. physicians, physician assistants, or nurse practitioners)." The needs of these communities are also potentially significantly different from those of a community with only an EMS service or no medical services. For example, on Vinalhaven Island, Islands Community Medical Services has historically been identified by Maine EMS as one of two non-hospital receiving facilities in Maine for EMS transports; that is, Vinalhaven EMS may transport appropriate patients to the on-island clinic rather than having to transport them to mainland hospitals. Additionally, on some islands where there are clinics, the provider staff respond on EMS calls, resulting in provider level care which decreases the need for transport for some patients.

Finally, I would suggest deciding if you intend to have this work group focus on all island communities, or only the unbridged island communities. While I recognize that with more extreme weather events even bridged island communities are finding themselves intermittently isolated from the mainland, this problem is primarily one for unbridged, year-round communities and I would suggest that language (unbridged year-round) should be added to the resolve where appropriate.

I appreciate your consideration of this important issue.

Jonnathan Busko MD MPH MBA