

LD 507 An Act to Authorize a General Fund Bond Issue to Fund LifeFlight of Maine

Testimony in Support April 15, 2025

Senator Rotundo, Representative Gattine and members of the Committee on Appropriations and Financial Affairs, this testimony is offered in support of LD 507. My name is Norm Dinerman, M.D. I am a founding physician member of LifeFlight of Maine and continue to serve as its Medical Director. I also serve as the founding Medical Director of the Northern Light Health Integrated Transfer Center. In my previous position, I was the Chief, Emergency Medicine Service, Eastern Maine Medical Center, from 1988 until 2006. My area of intense focus is that of patient flow, logistics and hospital resource optimization.

Since founding LifeFlight more than 25 years ago, we have sought to answer a fundamental question: “If geography is destiny, must it be determinative of health care outcome?” Our answer to this question became our mission- How do we mitigate the adverse influence of geography on health care outcome? Upon the inauguration of LifeFlight, Governor King succinctly stated: “Maine just got smaller”. Beyond the ability of LifeFlight to traverse vast distances within and beyond the bucolic beauty of the state however, is not only a ‘promise’ to our patients, but a promise to our physicians as well. This promise is to partner with every hospital, every physician, every nurse and every administrator to tether the totality of their talent, gifts of affection and expertise to that of one another. In so doing, to leverage the creativity (and resources) of the entire health care system on behalf of the patient.

We consider every transfer and transport of a patient from one hospital to another as a “physician prescriptive event”. As such, LifeFlight is a physician directed ‘therapeutic intervention’ on behalf of the most critically ill and injured patient. Fully 92% of LifeFlight transports are between hospitals. In this regard, LifeFlight is called upon to continue the life-saving interventions, frequently initiated by

EMS pre-hospital personnel, through those applied by hospital physicians and nurses, as patients are transported to tertiary care hospitals within the state, and beyond, to those institutions providing quaternary care, as needed. The manner in which LifeFlight accomplishes this is the foundation of our partnership with the entire health care system, as follows:

- LifeFlight provides on-site, shoulder to shoulder bedside support to the physician and nurse team caring for the patient at the referring hospital- Whether this be intubation of the patient, assisting with placement of chest tubes, measurement of critical laboratory values or providing an extra-set of hands to manage one or more critical patients at the same time, LifeFlight Flight Medics and Flight Nurses work side by side with hospital team members to 'stabilize' a critically ill or injured patient to ready them for transport
- Enroute patient management and transport- LifeFlight team members continue the interventions undertaken at the referring hospital to maintain and advance the 'stabilization' of the patient. As needed, they assertively and aggressively respond to any deterioration of the patient, should that occur

Each of the above actions by the LifeFlight team, that of on-site support and enroute management and transport, taken as a whole, provide for the 'continuity of care', so desperately needed by the most vulnerable patients. It is this continuity which is as determinative of health care outcome as is the speed of transport itself and for which physicians and nurses spend their careers perfecting their practice. Without this reliable continuity of care by and between members of the health care team, the most arduous, adroit, and admirable expertise of any one physician and hospital staff is not likely to achieve the success we have experienced in this state, and certainly not over time.

This proposed bond issue placed before you speaks to the need for our state to sustain, strengthen and continue the evolution of LifeFlight. In the last analysis, we enable the gifts of our physicians,

nurses and administrative colleagues to be applied at the bedside and in the air or by ground, on behalf of the patient, from neonate to elderly adult. This partnership enables the most contemporary practice of medicine to extend to the farthest reaches of Maine and in politically ecumenical fashion. In so doing, we are mitigating the 'adverse influence' of the distance between hospital team members, to provide another chance at patient survival and productivity.

The question we ask of ourselves at the end of each day, and patient by patient, is: "Were we worthy of the trust". This question extends not only to our patients and the medical professionals who entrust them to our care, but also to the larger society of Maine citizens and their legislative representatives who have allocated scarce financial resources to build our system. In this regard, we remain ever-mindful of the need to optimize a 'return on investment'. Each resource acquisition of LifeFlight, be it for personnel, training equipment, transport assets or infrastructure, is pursued with deliberate regard for this concept and tested against its affordability in the context of acknowledged economic constraints. This bond issue for which this testimony is a part reflects the fiduciary duty to which we hold ourselves, no less than to you, our legislative colleagues.

I do hope that this physician perspective will take its place beside additional testimony offered to you, in enthusiastic support of LifeFlight's request for funding by way of LD 507. We fully appreciate the complex, intense and daunting task which lawmakers face in apportioning precious funds. We hope that LifeFlight remains worthy of your trust and stand before you in trust of your judgement as to the value and 'return on investment' of this fiscal request.

Respectfully,

Norm Dinerman, M.D. FACEP

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