



LD507: 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 distinguished members of our Appropriations and Financial Affairs Committee:

My name is Pete Tilney and I live in Kennbunkport Maine. I have been working in healthcare in Maine since the mid-1990's. Initially, I began my career as an Emergency Medical Technician in Kennebunkport and Lewiston and then continued my career as a flight paramedic at LifeFlight of Maine. Eventually, I attended medical school at the University of New England and for the last 15 years have been working as an emergency physician in the hospitals of Western Maine including practicing in the communities of Lewiston, Bridgton, and Rumford among others. Additionally, I work as a medical director for LifeFlight and the medical director of the CONNECT patient transfer center at CMMC.

In the thirty years of working in rural healthcare in the state of Maine, I have worked with many critically ill patients and their respective families in these rural areas who require emergent care and treatment that cannot be attained in these local communities. Before the inception of LifeFlight, many of these patients were transferred by local EMS services. The care that these patients required during the transfer between our community hospitals and larger tertiary centers in Maine and new England far exceeded the training and credentialing that the ambulance teams could provide. With that dilemma facing many of the communities in which I practiced as well as other parts of the state, the LifeFlight Air Medical Transport service was developed.

For the last 25 years, the teams at LifeFlight have been able to treat and transport many of the most critically ill and injured patients from not only remote parts of the state, but also from local communities where highly sophisticated treatments and specialists do not exist to those systems where these therapies and providers are readily available. In my time as an emergency physician, I have seen rapid changes in the healthcare landscape. It is even more evident in the last few years since the Covid 19 epidemic. It is now typical that I care for patients who for a variety of factors are not able to access ongoing medical care on a relative routine basis. Thus, I am seeing a generally higher number of patients with significantly worse morbidity. Essentially, the patients are sicker and there are more patients than our local community healthcare systems as a whole can manage.

To this end, this is where our partners in medical transport can help bridge the gap. LifeFlight plays a key role in many arenas in patient transport around our state. The topic to which I want to address specifically is how we can support our aging healthcare infrastructure. I work clinically predominantly as a what we call an "emergency nocturnist." Essentially, I work the night shift to ensure that our patients have access to emergency non-scheduled emergency care. In my realm, I take care of heart attacks, strokes, and trauma victims to name a few at times when there may not be other routine services available. After I identify the nature of their illness or injuries, I rely on the teams at LifeFlight to transport my most critically ill and injured patients to larger hospitals where these patients can access specialty care beyond the initial stabilizing techniques that I begin in our community emergency departments.

With the increased utilization of the services for which LifeFlight provides, the supporting infrastructure that I rely upon daily are starting to show the ongoing use. As a practicing physician, I am hoping that the passage of the LD 507 will help revitalize and restore the infrastructure of these helipads and supporting aviation requirements so that I can continue providing initial emergent therapies imbedded in our local communities and then being able to have our patients transferred in a timely fashion to larger tertiary and quaternary centers in Maine and New England for definitive care.

I am happy to answer questions and attend the work session if requested to provide more technical information.