

Good Afternoon, Senator Nangle, Representative Crafts, and Members of the Joint Standing Committee on Transportation. I am Jeff Sedlack, and I am from Falmouth.

I am a surgeon with 30 years of experience, including at Waldo County in Belfast. I also have 10 years of experience as the Maine Medical Director for Harvard Pilgrim Insurance. For the last 1 1/2 years, I have been a Master's student in service logistics, at Northeastern. I am grateful for the opportunity to speak with you today about health care travel and Non-Emergency Health Transportation (NEHT).

The logistics of healthcare - how we deliver healthcare - depends on three factors: providers, transportation, and hospitality. We adapt healthcare delivery when one or more of the factors are limited. As an example, the "small Critical Access rural network," was a response to developing healthcare methods that could be delivered safely when transportation was difficult.

However, we are now in an era where all providers cannot provide new sophisticated medical care. This list is expanding to now include childbirth, with our labor and delivery centers closing across our state.

Which brings us back to recognizing the importance of each of the three factors in the logistics of healthcare - to know what we need to work on to restore equilibrium to ensure the people of Maine can have access to a robust healthcare system.

Our current need lies with transportation development.

We have done a wonderful job developing advanced, modern medical care here in Maine, but we do not have equity and access to that health care. I have watched this become a critical issue in my years here - a newly developing imbalance among the three factors. This is something we all need to work on.

NEHT and its other tools work on transportation for medical care. It was passed federally in 2016, and we have been adopting it since then for Medicaid and now for Medicare, the VA, and others.

We have not communicated NEHT to healthcare providers, though, and. this eliminates a good section of the care delivery system. It imbalances the factors.

A second area of concern is the limitation to government insurance instead of making transportation to care an essential issue for all of healthcare in Maine.

In short, we need to educate everyone about NEHT, support it for everyone, including those with private insurance, and make it a significant part of the logistics of healthcare delivery that all of us benefit from - balance and communication among the factors.

I urge this committee to pass LD 1451 to establish the Maine Coordinating Council on Access and Mobility Management to ensure all have access to healthcare.

Thank you, and I would be happy to answer any questions.

Jeffrey D. Sedlack, MD, MBA