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Testimony of Dr. Bryan Morse, MaineHealth
LD 2132, “An Act to Amend the Maine Emergency Medical Services Act of 1982 to Require Compliance with the Statewide Trauma-incidence Registry and Make Certain Technical and Other Changes”
February 11, 2025

Senator Beebe-Center, Representative Hasenfus, and distinguished members of the Joint Standing Committee on Criminal Justice and Public Safety, my name is Dr. Bryan Morse, Trauma Medical Director at MaineHealth Maine Medical Center and a member of the Trauma Advisory Council. Thank you for the opportunity to testify today.

Before I begin, I would like to express our gratitude to the sponsor and to Maine EMS for their willingness to listen to stakeholder concerns and engage in thoughtful discussions on this issue. While we remain opposed to LD 2132 as currently drafted, we are supportive of the sponsor’s amendment and believe it reflects meaningful progress toward a more workable and collaborative path forward.

MaineHealth is an integrated non-profit health care system that provides a continuum of health care services to communities throughout Maine and New Hampshire. Every day, our over 24,000 care team members support our vision of “Working Together so Our Communities are the Healthiest in America” by providing a range of services from primary and specialty physician services to a continuum of behavioral health care services, community and tertiary hospital care, home health care, laboratory services, retail and specialty pharmacy services, and, importantly, the highest level of trauma care at Maine’s only Level 1 verified trauma center – Maine Medical Center.

We share the goal of advancing high-quality trauma care across Maine and strengthening our statewide trauma system. We are hopeful that continued collaboration among stakeholders – as proposed in the sponsor’s amendment – will allow us to reach solutions that improve care delivery while avoiding significant administrative and financial burdens on trauma centers, system hospitals, physicians, and health care systems.

As we work toward that shared goal, I would like to address our specific concerns with the original legislation. Broadly, many of the elements outlined in the bill mirror components that are already in place as part of the American College of Surgeons’ Trauma Center verification processes, including the requirement for trauma centers to report quality data through the Trauma Quality Improvement Program (TQIP). The additional reporting requirements proposed in LD 2132 would create unnecessary redundancy rather than added value.

Based on our conversations with Maine EMS, it is our understanding that this legislation was brought forward because of longstanding lack of compliance with existing trauma-related regulations. Rather than layering on new, costly, and potentially onerous mandates, we would

respectfully encourage consideration of repealing or modernizing outdated requirements. Addressing the root issue directly would likely be a more effective approach than advancing legislation that further complicates the regulatory landscape.

The original legislation also introduces requirements that are impractical and potentially unworkable. For example, the proposed 30-day post-discharge reporting mandate would be extremely difficult—if not impossible—for hospitals to reliably meet. This requirement is considerably more aggressive than expectations under American College of Surgeons verification standards and does not reflect the realities of hospital data availability.

In addition, the legislation lacks a clear definition of what constitutes “trauma” for purposes of reporting and compliance. Without consistent parameters, hospitals—particularly non-trauma center hospitals—would face significant uncertainty and operational burden in determining which patients and encounters fall within scope. This ambiguity increases the risk of inconsistent interpretation and application across the state.

The bill also does not address the cybersecurity safeguards necessary for hospitals to feel confident in reporting sensitive trauma data. Hospitals in Maine have experienced notable cybersecurity breaches in recent years that disrupted operations and interrupted patient care, underscoring vulnerabilities faced by healthcare organizations across the state. Expanding reporting requirements without clearly defined protections introduces unnecessary risk.

We are further concerned that the bill would place substantial new obligations not only on designated trauma centers but on all hospitals that participate in Maine’s trauma system. These added requirements come at a time when many hospitals across the state are reporting significant financial strain, considering reducing or consolidating essential services, and—in at least one recent instance—a trauma center choosing to discontinue verification in part due to financial pressures. Adding further unfunded mandates risks exacerbating existing capacity challenges and may unintentionally undermine access to care for injured patients.

We believe that directing Maine EMS and the Trauma Advisory Council to convene would allow stakeholders to collectively evaluate the needs of Maine’s trauma system and to develop, recommend, or endorse evidence-informed next steps. This approach—already common in many other states—leverages existing infrastructure, aligns with national best practices, and avoids the creation of costly, inefficient, or duplicative reporting mechanisms. Although Maine hospitals continue to face significant challenges, including cybersecurity threats, financial strain, and capacity limitations, the collaborative revisions now proposed better reflect these realities. The amendment also positions the bill to advance systemwide improvements without imposing unfunded mandates.

For these reasons, we remain opposed to LD 2132 as drafted. However, we are encouraged by and supportive of the sponsor’s amendment, which moves the conversation in a more collaborative and workable direction.

Thank you for your time and consideration, and I would be happy to answer any questions you may have.