

Testimony in Opposition to LD 2196
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Maine's Only ACS-Designated Level I Trauma Center

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Senator Ingwersen, Representative Meyer, and Distinguished Members of the Committee:

My name is Julianne Ontengco. I am a nurse practitioner and the Trauma Program Director at MaineHealth, Maine Medical Center in Portland — **Maine's only ACS-designated Level I Trauma Center**. I am here in strong opposition to LD 2196. The cuts proposed in this legislation would threaten our ongoing trauma designation and potentially cripple this state's ability to deliver life-sustaining, time-sensitive trauma care — frankly, it would risk costing Maine people their lives.

As you know, Maine's population is among the oldest in the nation — and age alone carries risk. Our elders fall. They fall down the stairs, they slip in the tub, and they fall on the ice. And when they do, the consequences are devastating: traumatic brain injuries, rib fractures that compromise every breath, pelvic fractures that bleed extensively. These are not minor injuries in this demographic — they are life-threatening emergencies that demand the resources of a Trauma Center.

Beyond our elders, Maine's working people face unique hazards. A lobsterman's arm caught in a hauling winch — an amputation, miles offshore. A logger pinned beneath a falling tree. A tractor-trailer driver whose rig leaves the road on a remote stretch of I-95. A family whose vehicle collides with a moose in northern Maine. I want this committee to understand what that means: these injuries are complex, they cannot be managed just anywhere in Maine, they are resource-intensive and require highly trained clinicians with specialized resources. Without ongoing preparedness, the outcomes are catastrophic.

Then there are the recreationalists who make Maine home — skiers, snowmobilers, ATV enthusiasts, hikers, boaters — all of whom sustain high-impact, high-acuity injuries that require immediate surgical intervention.

And let us not forget the tragic events of October 25, 2023. The shootings in Lewiston remind all of us that disasters and mass casualty events are here, and we need to be prepared to handle them. We need the sustained infrastructure to respond — to mobilize surgeons, operating rooms, and large quantities of blood products immediately. That capacity is not something to take for

granted. It requires discipline, practice, and commitment. And all of it is predicated on sustained investment — **investment that this legislation directly threatens.**

Being a Level I Trauma Center means we are ready 24/7/365, without exception. Trauma surgeons and their teams are physically present in this hospital — not on-call from home, but in the building, ready to aid those in need. Neurosurgeons, orthopedic traumatologists, anesthesiologists, interventionalists, and intensivists are available immediately — it is necessary, it is a requirement. Our operating rooms are staffed and ready to receive patients immediately — without notice. Our blood bank is stocked — ready to support not only our patients, but those of other community hospitals. We do not divert patients. We do not say no, even when we are full. As a Trauma Center, we understand that in many of these situations, we are it. At the same time, maintaining this level of care comes at a great cost — a great cost that could not be sustained if LD 2196 were to pass.

Our responsibility, our commitment, extends well beyond clinical readiness. We train rural providers of this state through Advanced Trauma Life Support (ATLS) and the Rural Trauma Team Development Courses (RTTDC). We teach Stop the Bleed courses for local businesses, schools, and communities across Maine — and that work saves lives in ways that are hard to quantify.

At a community Stop the Bleed class in Southern Maine, we had the opportunity to provide a few tourniquets as door prizes. Months later, we learned that one of those tourniquets had been in a glove box of a pick-up truck on I-95 somewhere near the Biddeford exit when a serious accident occurred. A bystander — trained in that class — gained the skill and confidence to apply that very tourniquet and effectively stop the life-threatening hemorrhage. That Maine citizen is alive today because of the very program this legislation would eliminate.

To put it in perspective: if MH cannot sustain its Level I designation, the nearest alternatives for injured Mainers would be Boston, Lebanon, New Hampshire, or Burlington, Vermont. For a patient with a traumatic brain injury or uncontrolled hemorrhage, that trip — whether by air or by ground — is simply too far. It carries a very real risk of death, loss of limb, and permanent disability. These are not hypothetical patients. They are your family members and your neighbors — the lobsterman, the trucker, the logger, the skier, the motorcyclist, your grandmother, your grandchild. They are Maine people, and they need continued access to lifesaving trauma care.

Trauma care is not an optional service. It is life-sustaining infrastructure — its essential. Passing LD 2196 puts every person in Maine at greater risk. **I respectfully urge this committee to oppose it.**

Thank you for the opportunity to testify. I welcome your questions.

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