Jonnathan Busko Testimony On LD1290, and Act to Amend the Statement of Purpose of the Maine Emergency Medical Services Act of 1982 5/7/2021

Dear Committee Members,

I'm Jonnathan Busko, an Emergency Physician and ED Medical Director at St. Joseph Hospital in Bangor. I'm an EMS physician who responds to 911 calls, am the medical director for several EMS agencies, and was the Regional Medical Director for Maine EMS Region 4 for over a decade. Over the last 20 years, it has become clear that there are many citizens for whom the US healthcare system fails to deliver best outcomes. We can see this every day when we talk to our friends and family members about their health care experiences. For a number of reasons, more patients are choosing to defer needed primary and preventive care and instead depend on Emergency Medical Services (EMS) agencies and emergency departments to meet their medical needs. This worsens their health outcomes, taxes strained EMS agencies, and ends up costing society more overall to deliver their care.

EMS agencies are the touchstone of care in every community; it is the exceptionally rare community that does not have a local EMS agency, be it a first responder service or a full paramedic ambulance. Some of you may volunteer or work for your local EMS agency and if so, you know that if you live in a health care access desert, you are often the first person friends and families turn to when they have a health related question. Sometimes they do this informally, sometimes they call 911. I know this because I started my career in medicine as an EMT 30 years ago at a volunteer agency in rural Ohio and was always one of those "go to EMS people" for health questions.

There have been a number of initiatives across the country to capitalize on the fact that all EMS is local. EMS is one of the few of healthcare services that still make house calls for urgent care needs. But the EMS system was fundamentally designed for one purpose. Put bluntly, "you call, we haul, that's all." Rarely do EMS clinicians assess and treat a patient and then discharge them from care without transporting them to an emergency department. Why is this? First, EMS clinicians have not been trained to make complex disposition decisions about discharging patients. Second, until recently, no one paid for the care of patients who weren't transported. In fact, in the Maine EMS run reporting system, the only two dispositions for patients are transported and "Against Medical Advice."

Recognizing this, programs have sprung up across the US to allow EMS agencies to provide patients with care on scene and discharge them for outpatient treatment. Perhaps the best known is the Houston Emergency Telehealth and Navigation, or ETHAN, program. Launched in 2014, when Houston Fire paramedics respond to a 911 call and determine that the patient is unlikely to need emergency department care, they connect the patient directly to an emergency physician via telemedicine. This telemedicine visit results in in-place care with discharge to outpatient care.

At the national level, the Center for Medicare and Medicaid Innovation has launched its Emergency Triage, Treatment, and Transport (ET3) program that, for Medicare beneficiaries, essentially performs the same processes as the ETHAN program. ET3 went live in a soft rollout starting January 1, 2021, and two Maine EMS agencies are participating although they are going live later this year.

Maine EMS approved the ET3 pilot, but in a discussion with Medical Direction and Practice Board members about another similar EMS treat and discharge program, there was concern expressed about the limits of MEMS authority to oversee such programs. This concern stems from the current Statement of Purpose of the Maine Emergency Medical Services Act of 1982 which seems to limit the authority of Maine EMS to "…the safe handling and transportation of the sick and injured…" and therefore any treat and

discharge program that did not result in transport, even when EMS based, would not fall under MEMS oversight.

While I do not believe that this statement of purpose was ever intended to restrict MEMS in this way, I certainly understand this interpretation and believe that the simple addition of the proposed clarifying statement proposed by LD 1290 would resolve any question about Maine EMS authority in this realm.

I believe that having that clear authority rest with MEMS is critical for two reasons. First, if there is any questions about MEMS' authority to oversee EMS based treat and discharge programs, we as a state will be very limited to participate in or develop innovative EMS based strategies to improve health care access while reducing costs. Additionally, it will be much harder for EMS agencies to advocate to payers for reimbursement for this care if it's not clear that providing this care falls in the scope of their licensure.

Secondly, there has been a dramatic increase in Maine of EMS clinicians being hired by urgent cares, emergency departments, and other non-mobile health agencies with their care being provided through physician delegated practice. This has exacerbated the EMS workforce shortage. By offering EMS clinicians other more satisfying career options within the current EMS structure, we should be able to reduce that stress on an already stressed critical workforce and improve EMS agency staffing.

It is important to note that this is different from the excellent community paramedicine work already being done in Maine. Although some other states would classify this type of care as community paramedicine, Maine has taken a different approach and community paramedicine here does not include providing this type of treat and discharge care as part of an encounter that starts as a request for emergency services.

I appreciate your consideration of LD 1290. As I look at what my EMS colleagues are doing across the country to allow EMS to help fill the gaps in the healthcare system, I see so many ways that EMS agencies in Maine could similarly improve Maine citizens' health outcomes. My hope is that this clarification of the Statement of Purpose will enable and encourage Maine EMS to explore treat and discharge EMS care.

Respectfully,

Jonnathan Busko MD MPH FACEP