



Brad Farrin
Senator, District 3

130th MAINE SENATE

3 State House Station
Augusta, ME 04333

Testimony of Senator Brad Farrin
Presenting L.D. 1290, An Act To Amend the Statement of Purpose of the Maine Emergency
Medical Services Act of 1982 To Include Emergency Responses That Do Not Require
Transportation
Before the Joint Standing Committee on Criminal Justice and Public Safety
May 7, 2021

Senator Deschambault, Representative Warren and members of the Joint Standing Committee on Criminal Justice and Public Safety: I am Senator Brad Farrin and I have the honor of representing the people of District 3, which includes most of Somerset County and one town in Kennebec. I before you today to present testimony on L.D. 1290, An Act To Amend the Statement of Purpose of the Maine Emergency Medical Services Act of 1982 To Include Emergency Responses That Do Not Require Transportation.

The Moose River Valley, located in the greater Jackman area, has seen significant decreases in access to healthcare over the decades. The loss of access to after-hours urgent and emergency care poses an immediate threat to the health of the citizens of this region. The cost of staffing physicians and advanced practice providers has become prohibitive and requiring 24-hour a day emergency call makes it almost impossible to recruit new providers. This isn't just a problem in the Moose River Valley or other parts of Maine; several states face this same issue and have successfully implemented EMS-based models where specially trained paramedics work in conjunction with physician telemedicine collaboration to treat and discharge some patients rather than transport them all to a hospital or emergency department.

I am pleased to be presenting the legislation before you, which was developed by a well-known local physician, Dr. Jonnathan Busko, MD. He is a board certified Emergency Physician and ED Medical Director who formerly served as the Medical Director for Atlantic Partners EMS and Maine EMS Region 4.

The Maine Emergency Medical Services Act of 1982's Statement of Purpose is currently written in a way that limits the authority of Maine Emergency Medical Services (EMS) to the "safe handling and transportation of the sick and injured." I was told by Dr. Busko that LD 1290 is necessary to give statutory authority allowing the EMS Board to develop appropriate guidelines and standards for a pilot Critical Access Physician Extender program. The intent is to allow the training of a group of paramedics as Critical Access Integrated Paramedics. These CAIPs, working in a telemedicine model, will provide patients with expanded urgent and emergency care - and when appropriate will discharge patients rather than requiring them to be transported

up to two hours to a hospital. Although the need is most acute in the Moose River Valley, this model of EMS based treat and discharge care could be effective in many regions of Maine. To that end, explicitly empowering Maine EMS to regulate this practice is critical.

The concept uses the existing background screening and skills of a paramedic. The intent is to have the EMS Board, through its Medical Direction & Practices Board, develop and approve a clear and well identified set of about a dozen procedures and medical conditions common to Jackman that would be added to paramedic training in that geographic area and credential them to provide those emergency skills. The goal is for every potential after-hours patient to get a telemedicine visit if needed. To be clear, a remote emergency room clinician would guide all of the care – the ‘Clinical Access Integrated Paramedics’ would only serve as the hands, not make medical judgments or be the medical decision maker. Paramedics would simply carry out the procedure that they have been trained and credentialed to do on the order of a physician.

Again, such a program would not allow them to make independent medical decisions or take independent medical actions. Instead, the program would be built similar to a community health practitioner model, something those speaking after me can describe in greater detail. Passing this bill would allow Moose River Valley residents who don’t need an emergency room visit at a faraway location to be treated locally in an urgent care type visit. These incidents have always been handled locally. It is also worth noting that these services would be less costly to patients since they wouldn’t be charged for the full facility fee that occurs when someone is transported and seen in an emergency department.

I hope you will support L.D. 1290 as it will allow local health care leaders to work with Maine’s EMS Board to keep patients care near their home.