

**From:** [57harley@myfairpoint.net](mailto:57harley@myfairpoint.net)  
**To:** [a.drinkwater](#); [Stephen Smith](#); [Nate Allen](#); [Laura Downing](#); [Giberson, Brandon](#); [Andrew Turcotte](#); [Cyr, Bill](#); [Chris Whytock](#); [Brent J. Libby](#); [Judith Gerrish](#); [Maine.EMS](#); [Zimmek1](#); [O'Neal, Wil](#); [Roberts, Anthony H](#)  
**Subject:** Jackman Pilot Program  
**Date:** Wednesday, August 28, 2024 7:13:13 AM

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EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Allow me to introduce myself. My name is Clarence Begin, a basic EMT in Jackman, where I've had the opportunity to work with the paramedics since the inception of the pilot program. When this program started, I had visions of the Paramedics not only helping out in the Doctors office but also help the community members who had a hospital stay and may need follow up, help them with medication should they have questions. Perhaps educating family members and students about diabetes, CPR, etc. was another idea I had in my head.

As a basic EMT of 40 years, I have had the pleasure of working with the pilot program and see how beneficial it is to the residents and community of Jackman and the surrounding areas. I have seen the Paramedics start IV's, IO's, and defibrillate patients in both the field and clinic, which is something that we as basic EMT cannot do and was crucial to the patients.

I have always thought that this program could and would be of great benefit not only to rural Maine, but to any rural area in the country where Emergency Rooms or Doctors are not close by. As you may know, Jackman is 50 miles to the nearest hospital so having Paramedics that can provide advanced life support is crucial for the patient.

On the other side of the coin, I know of some patients who were seen in the ER on weekends and were able to get stitches, medications, or other care and saved themselves a 50-mile drive (one way) for the same results as they were seen by St. Joseph hospital physicians via teleconference.

As with any new program, slow progress is being made and much more needs to be done, I hope that you can also support this vision.

Thank you for your time. Stay safe

Clarence Begin  
P O Box 53  
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09207

**From:** [Anne DuPlessis](#)  
**To:** [Stephen Smith](#); [a.drinkwater](#); [Nateallen58@hotmail.com](#); [ldowing@sagadahoccountyme.gov](#); [Giberson, Brandon](#); [Andrew Turcotte](#); [Cyr, Bill](#); [Chris Whytock](#); [Brent J. Libby](#); [Judith Gerrish](#); [Maine.EMS](#); [Zimmek1](#); [O'Neal, Wil](#); [Roberts, Anthony H](#)  
**Cc:** [alan.duplessis](#)  
**Subject:** The Jackman Pilot Program of Paramedicine  
**Date:** Sunday, September 1, 2024 10:37:38 AM

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**EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.**

My name is Alan DuPlessis. I am vice-chair of the Jackman Select Board and have been on the Jackman Health Care Board for over 30 years. The Jackman Pilot Program of Community Paramedicine is the best thing that has ever happened to our community.

This program is the best fit for us knowing that we are 50 miles from Greenville's Hospital Emergency Room and 73 miles to Skowhegan's Redington Fairview Hospital, which is the most used facility because of US Route 201.

Jackman EMS and Medical Providers cover an area larger than the state of Rhode Island. Most of our calls come on the weekends when our P.C.H.C. clinic is closed. The clinic is open Monday through Thursday, 8am to 5pm. That's when our Paramedicine Program takes over the medical coverage that the Jackman area receives. If you talk to the locals, they would say this is the best coverage for after-hours care that we've had since Maine General left Jackman. There have been no complaints from the Jackman community concerning coverage.

I'm asking you to approve our program or allow an extension so we can continue to offer medical coverage to this small, remote area of Maine.

Thanks,  
Alan DuPlessis



# JACKMAN – MOOSE RIVER FIRE & RESCUE DEPARTMENT

PO Box 911, JACKMAN, ME 04945  
FIRE STATION - 610 MAIN ST — AMBULANCE BASE - 376 MAIN ST



September 2, 2024

## MAINE EMS:

Director Will O'Neal, Assistant Director Anthony Roberts

Medical Director Matt Sholl, Assistant Medical Director Kate Zimmerman

Board Chair Amy Drinkwater

Board Members: Nate Allen, Bill Cyr, Laura Downing, Judy Gerrish, Brandon Giberson, Brent Libby, Steve Smith, Andy Turcotte, Chris Whytock

RE: Request to extend the Jackman Pilot Program - JACKMAN REGION COMMUNITY ACCESS INTEGRATED PARAMEDIC PROGRAM - for one year

As will be explained further in this letter, as the Chief of the Jackman – Moose River Fire & Rescue Department (JMRF&RD), I have found that the Jackman Pilot Program is very important to the health and safety of the residents and visitors in the Jackman region. And I know that at the September 4<sup>th</sup> Maine EMS Board meeting that the Board is expected to take up the request to extend the Jackman Pilot Program for one year while an ongoing review continues to determine if the program will receive a permanent status. In support of the approval for a one-year extension (as well as in support of receiving permanent status), I offer the following.

## Background Information:

The Jackman Region consists of the Towns of Jackman and Moose River, Dennistown Plantation, and 18.5 unorganized townships; an area over 700 square miles in size. From the Jackman Community Health Center, in the approximate center of the region, it is 48 miles to Northern Light CA Dean Hospital in Greenville, and 73 miles to Redington-Fairview General Hospital in Skowhegan.

Over 25 years ago the Maine Department of Education first used the term "landlocked island" to describe the isolated, rural nature of the Jackman region. This term aptly describes the region, and has been used on a regular basis since.

The JMRF&RD has a fire protection division ("Jackman Fire"), and an ambulance service division ("Jackman Ambulance"). Jackman Ambulance consists of two ambulances, seven EMTs (Basic), and three firefighters who are licensed Ambulance Operators.

When Maine General Medical Center informed the Jackman Community in May 2017 that on September 1<sup>st</sup> of that year that they would be closing the nursing home, closing the ambulance service, and discontinuing their support of after-hours medical care (which was provided in conjunction with medical professionals from PCHC's Jackman Community Health Center), it set in motion the need for the community to find another way to provide after-hours medical care.

NEMHS paramedics started in the early spring of 2020 assisting PCHC medical professionals with after-hours medical care at the local health center. Since the spring of 2022, the paramedics have been providing after-hours medical care alone at the health center with supervision via telehealth from physicians in the Emergency Department at St. Joseph's Hospital in Bangor.

# **JACKMAN – MOOSE RIVER FIRE & RESCUE DEPARTMENT**

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Here are the BENEFITS to the Jackman region community from the Jackman Pilot Program:

- (1) The community has after-hours medical care at all levels from minor issues such as a fish hook in a finger, to serious issues such as cardiac failure. There are many people in our community with stories from the last couple of years about bringing family members to the health center after hours who are having serious medical issues, and the paramedics were able to provide needed care for those patients, in some cases saving their lives.
- (2) Our local ambulance service is a BLS service and cannot provide ALS, but the paramedics can. The on-duty paramedic frequently rides in our ambulance with a patient who needs ALS care as the patient is transported to a hospital. In fact, of the 107 patient transports that our ambulance service did in 2022, we had a paramedic on board for 78 of those 107 patient transports – 73% of the time. Of the 154 patient transports that our ambulance service did in 2023, we had a paramedic on board 103 of those 154 patient transports – 67% of the time.

The paramedics have certainly saved many of the ALS patients that they have tended to on our ambulance since the paramedics arrived in the region over four years ago.

- (3) The paramedics respond in their fly-car with our ambulance to calls involving patients suffering trauma in accidents, patients with chest pain, patients who are unconscious, and so on. In many cases the paramedics can provide medical treatment to these patients to stabilize them and/or reduce their pain before they are transported in the ambulance. Medical treatment that our EMTs cannot provide. Medical treatment that may save the life of the patient.
- (4) The paramedics have also established a Community Paramedicine program in the Jackman region where they can make home visits for wellness checks, post-surgery checks (including removing sutures), immunizations, medical evaluations, and so on, all while collaborating with the patient's doctor via telehealth when appropriate.

It is so much better for our residents who are seriously ill or recovering from an injury or surgery to have a paramedic come and tend to the patients in their homes as opposed to the residents having to travel a long distance to see a doctor.

- (5) The paramedics provide training needed by our EMTs. As you know, our EMTs need an ever-increasing number of Continuing Education Hours (CEHs) to remain licensed, and although some of the training is available online, and some we can provide in-house, some of the training is difficult for us to obtain due to our remote location. The paramedics have provided, and will continue to provide, needed training to our EMTs so that they can remain licensed.
- (6) The paramedics provide CPR & Basic First Aid classes to community members, a valuable service in our remote location.

If the community loses after-hours care, our ambulance service will be adversely affected. Not only will there be more 911 calls for our ambulance service to transport patients who would not otherwise need transport if after-hours care were available, but we will lose patients by not having the ALS capabilities that the paramedics are currently providing. People will needlessly die.

And without the paramedics providing the after-hours care, we are almost certainly going to lose EMTs. We already do not have enough EMTs now, and we struggle at times to get a crew together. But a couple of the EMTs have told me that the first time a patient dies on board the ambulance while being transported to a hospital – a patient who might have

# JACKMAN – MOOSE RIVER FIRE & RESCUE DEPARTMENT

survived had there been a paramedic providing ALS care – those EMTs may quit. And already being short-staffed, the last thing that our ambulance service needs is for any EMT to quit.

There is no doubt that having after-hours care is expensive, and most of the cost is funded by property tax payers. But the people in the Jackman Community know how valuable it is to have the paramedics here providing after-hours medical care and assisting our local ambulance service, so while the cost is high, and other costs in our community have skyrocketed, particularly the cost to run the school, the community believes that having the paramedics here is of utmost importance, and thus are willing to bear the cost.

Over the last several years I have seen multiple news articles about health centers and small hospitals in rural areas across the country closing, forcing residents of those regions to travel long distances for both regular and emergency medical care. I certainly do not want our region to lose the Jackman Pilot Program forcing both residents and visitors to travel long distances for needed medical care.

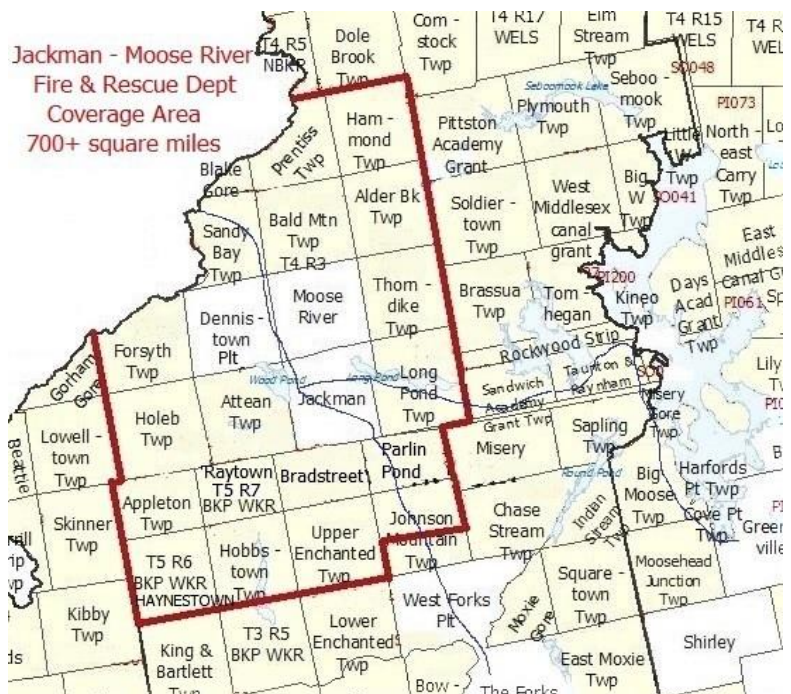
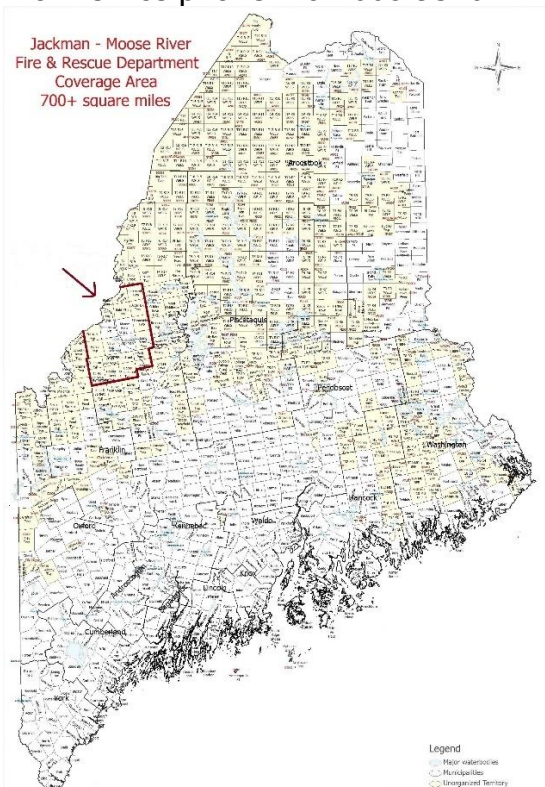
The Jackman Pilot Program is vital to the health and safety of our isolated community. I cannot imagine living here without this service. As I am quickly approaching retirement age, I am not sure if I would live here in the future without this service.

Sincerely,



William R. Jarvis, Chief  
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**Office of the President & CEO**

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September 4, 2024

**VIA E-MAIL**

Maine Board of Emergency Medical Services  
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Dear Director O'Neal, Members of the Board of Emergency Medical Services, and Chair Drinkwater:

I write in anticipation of the Maine Board of EMS' September 4 meeting and to express PCHC's ongoing support of and investment in the paramedic project Penobscot Community Health Care (PCHC), North East Mobile Health Services (NEMHS), the Town of Jackman, St. Joseph Hospital (SJH), Eastern Maine Community College (EMCC), and Somerset Public Health have been working on since 2019. Specifically, PCHC urges the Board to convert this 3-year pilot program to permanent status, thereby ensuring that the healthcare needs of rural Mainers are attended to and staffed sustainably well into the future.

As the Board is aware, after being awarded a \$1.2M federal grant from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) in 2020, in 2022, PCHC, NEMHS, the Town of Jackman, and SJH, launched a model of care that ensures Mainers living more than an hour's drive from the closest hospital have access to urgent and acute care 24 hours a day, 7 days a week.<sup>1</sup> While the project is complex and supported by multiple partners, in a nutshell the project is as follows: during the day, PCHC's Jackman clinic functions as a primary care clinic. After-hours, trained paramedics work on-call to assess, treat and release people who need acute assistance, using telehealth support from physicians located at SJH in Bangor to meet urgent needs.

Given Maine's rurality, this model of care makes good sense and is an effective and efficient use of taxpayer dollars. It reflects the need to transform the care delivery system not only in rural Maine, but in rural locations across the nation. The reality is that rural communities can no longer hire their way out of provider and physician shortages, so the model itself needs to change. This model is the right solution to the thorny challenge of ensuring that Mainers living in rural locations have access to timely and effective health care when they need it most—often at night and on the weekends—without having to travel to an emergency room more than an hour away—while also solving for provider recruitment challenges in small Maine communities, providing paramedics with an attractive career path, and providing paramedics with ongoing access to important education, just as they are in this case with access to curricula designed by Dr. Jonnathan Busko and supported by EMCC.

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<sup>1</sup> The pre-implementation phases of the project required significant and intensive planning and coordination among many partners. Between 2021 and early 2022, the parties had numerous clinical, operational, and legal matters to address including professional licensing considerations, clinical scope of practice and delegation matters, telehealth and related regulatory matters, payer reimbursement considerations, space use agreements, additional funding commitments, staffing considerations, and processes to ensure patient privacy, among other matters.



**Penobscot Community  
Health Care**

Not only has Maine's federal delegation been supportive of this project, but this project has received broad interest, as reported by the Bangor Daily News (BDN), Mainebiz, the Rural Health Information Hub, and News Center Maine. This program also received the Community Stars award from the State of Maine Rural Health and Primary Care Program in November 2023.

Having now seen the partnership in Jackman function for several years, we know that Maine communities can use paramedics in new and expanded ways, which are safe, increase access, and promote health and wellbeing. We know this model works. As Rick Petrie noted in a July 2022 BDN article, "In the first month [of the project] 54 percent of the time we were able to treat a patient and send them home without transporting them to a hospital." See: <https://www.bangordailynews.com/2022/07/11/news/emergency-care-approach-jackman-joam40zk0w/> (last accessed September 3, 2024). These results continue into 2024. The model saves unnecessary cost to the system, preserves access to acute care services where it is required, staffs healthcare services in rural locations in a smart way, and, most importantly, ensures that we all can access the right kind of care at the right time, and in a cost-effective way.

This project requires ongoing support from local, state and national partners to ensure its viability. PCHC encourages Maine EMS to continue to innovate and find creative solutions in support of this project. PCHC specifically urges the Board to convert this 3-year pilot program to permanent status.

Thank you for your consideration. I would be very happy to make myself available to the extent the Board has questions about this project and PCHC's ongoing to commitment to it.

Sincerely,

*/s/ Lori L. Dwyer*

Lori L. Dwyer, Esq.  
President & CEO

cc: Rick Petrie, CEO, NEMHS