MaineHealth

Testimony of Sarah F. Thompson MSN, RN, CPN
The Barbara Bush Children’s Hospital at Maine Medical Center
In Support of LD 915
“An Act To Provide Adequate Reimbursement under MaineCare for Ambulance and Neonatal Transport Services”
Wednesday, March 20, 2019

Senator Gratwick, Representative Hymanson and distinguished members of the Joint Standing Committee on Health and Human Services, I am Sarah Thompson, Nursing Director of the Neonatal Intensive Care Unit (NICU) and the Continuing Care Nursery (CCN) at The Barbara Bush Children’s Hospital (BBCH) at Maine Medical Center (MMC), and I am here to testify in support of LD 915, “An Act To Provide Adequate Reimbursement under MaineCare for Ambulance and Neonatal Transport Services.”

The physicians and nurses of The Barbara Bush Children’s Hospital (BBCH) serve children and families from every corner of the state, regardless of insurance or financial status.

While routine deliveries occur most often close to home in community hospitals that provide critical access to care, unanticipated preterm deliveries along with delivery complications can occur at any time. In those instances, the neonatal transport program at The BBCH brings a mobile intensive care unit via our Angel One and Two Ambulances to the community hospitals throughout Maine when infants need our help. We then bring them back to the Neonatal Intensive Care Unit (NICU) at The BBCH, the largest intensive care unit in the state of Maine, where they continue to receive state of the art neonatal care.

The BBCH transports about 275 newborns per year from 15 of Maine’s 26 birthing hospitals to the NICU and approximately 38% of those newborns are covered by MaineCare. Given the highly specialized care provided during these transports, each transport costs approximately $2,000, but MaineCare currently only reimburses about $300 plus mileage for each transport (~$587.40 for a 60 mile transport).

The patients we transport are extremely fragile, and may weigh as little as 1 pound at 23 weeks gestation, to full term infants needing specialized care, such as therapeutic hypothermia treatment. Many of these treatments need to be initiated as soon as possible for the best possible outcome.

Since 2008, the NICU at The BBCH has championed therapeutic hypothermia to treat infants who were deprived of oxygen during birth and are at risk of brain damage. During therapeutic hypothermia, an infant’s body temperature is reduced to 93 degrees Fahrenheit for 72 hours. If at-risk newborns are correctly identified and treatment is initiated within the first 6 hours of life, therapeutic hypothermia can greatly reduce the development of debilitating lifelong conditions, including cerebral palsy and epilepsy.
I would like to share one such success story with the Committee. Aaron was born at a regional hospital and during delivery, had a prolapsed umbilical cord, cutting off his supply of oxygen. This required an emergency C-section, his pulse was around 30 beats per minute upon delivery falling far below the rate required for adequate perfusion, and chest compressions were initiated. Shortly after delivery, Angel One transported him to the NICU at The BBCH, where he began therapeutic hypothermia treatment. Thanks to early intervention, today, Aaron has met all of his developmental milestones, walked at an earlier age than his two older brothers, and is a babbling, happy, silly, smart, loving, little boy.

Lastly, I would also mention that increasing the reimbursement rate for ambulance transports is critically important throughout the MaineHealth system, not just for neonatal transport.

Maine is a rural state that needs transport services like these to support our community birthing facilities and emergency departments and, for that reason, I urge the Committee to vote Ought to Pass on LD 915, “An Act To Provide Adequate Reimbursement under MaineCare for Ambulance and Neonatal Transport Services.” Thank you and I would be happy to answer any questions you may have.