Senator Dow, representative Tipping and distinguished members of the Joint Standing Committee on Taxation, my name is Jennifer Sargent Desmond and I have practiced as a Family Nurse Practitioner at Islands Community Medical Services (ICMS) in Vinalhaven for over ten years. I am sorry that I am unable to joint you today, but please accept my written testimony in strong support of LD 1287.

While I have not always lived on Vinalhaven and will always be considered from “away” I have come to consider Vinalhaven my home. I am thankful for to the Legislature for helping me continue to serve the Islanders that I love.

I grew up in Lowell, Massachusetts and from a very early age was taught the value of public service. My father has been an English teacher in the public school system for over forty years and when my mother was not home raising her seven children she ran a program in Lowell for children with Downs syndrome. My paternal grandfather was a war hero who won a purple heart for his service and sacrifice. I was lucky to spend much of my childhood with both my maternal and paternal grandparents who taught me that caring for those less fortunate was a priority. I strongly believe that it is because of my upbringing that I began my career working with the homeless population. I spent years running homeless shelters in Philadelphia and Boston, and later decided to pursue my FNP degree. I graduated from The Johns Hopkins University and began my practice over $100,000.00 in debt. It has been a struggle to pay my loans and continue on in a life of service.

When I saw the opening for an FNP on Vinalhaven over ten years ago I was intrigued. I honestly had no idea what island medicine was, and was amazed to learn about a different kind of poverty than what I was used to. I was immediately struck by the poverty of some of the Islanders—a sharp contrast from the multi-millionaires that make Vinalhaven their summer home. Many of the lobster fishermen and their families lack health insurance. ICMS provides them with high quality, affordable health care 24/7. The closest hospital is Pen Bay Medical Center—an hour and a half ferry boat ride across the bay, weather permitting. Because of our remote location we not only provider primary care but also all of the emergency care as well. We have a small ambulance service and the medical provider on call responds to all of the 911 calls on the Island as we have no paramedic level of care. I am also lucky enough to go on house calls all of the time and because of this I can say I truly get to know my patients and their families. I am reminded every day that being a mission driven organization is not a goal, but a necessity.

Five years ago my husband and I had a baby girl and have been struggling to decide whether to stay on Island or return to Massachusetts to be closer to family It certainly would be easier for me to pay off my student loans going into a specialty practice, or by living in a place where I could take on a part time job. But I love Island medicine. I even have my own lobster license. My daughter, Elsea Lorraine, is a true Island girl and is more at home on a boat than most children her age. I’ve worked hard to build a hospice program on the Island and this is my passion. Without our hospice care, my patients (many of whom never wanted to leave the island) would be forced into mainland nursing home or hospice facilities.

Fortunately, the decision to remain on Vinalhaven became easier because of the bill the Legislature passed which created a State income tax credit for Primary care professionals who practice in rural an medically underserved areas. I was one of those fortunate enough to have been awarded one of the five slots. This has made it possible for me to remain on Vinalhaven and to continue to serve my patients.
It is important to note that it takes some CHC’s as long as two years to recruit a primary care physician or Nurse Practitioner...so retaining clinicians is just as important as recruiting new providers to a practice. Such efforts also directly correlate to the ability of a CHC to provide increased access to care for more patients at a lower cost, not to mention the ways in which they contribute to the overall financial health of the CHC and local economy.

The early date proves that the State Income Tax Credit for Primary Care Professionals is working. I am a prime example of that fact. However, unless the program is made permanent and expanded to ten slots, some of your communities may lose their cherished physicians, nurse practitioners, and physician assistants. That is why I hope you will support LD 1287 because it accomplishes these goals and helps communities retain their medical providers.

I am grateful for the support you have given me through this benefit and feel that my patients and my community would want to thank you also. Thank you for your consideration.