



HOUSE OF REPRESENTATIVES

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February 9, 2022

Testimony of Assistant House Majority Leader Rachel Talbot Ross introducing

LD 1693, An Act To Advance Health Equity, Improve the Well-Being of All Maine People, and Establish a Health Trust

Before the Joint Standing Committee on Health and Human Services

Senator Claxton, Representative Meyer and distinguished members of the Joint Standing Committee on Health and Human Services, my name is Rachel Talbot Ross. I represent House District 40, which includes the Portland neighborhoods of Parkside, Bayside, East Bayside, Oakdale and the University of Southern Maine campus. It is my honor to introduce **LD 1693, An Act To Advance Health Equity, Improve the Well-Being of All Maine People, and Establish a Health Trust**. Please accept my heartfelt apologies that I cannot be with you in person today due to a family emergency.

I want to start by reiterating my thanks to this committee for all the time and effort you have put into doing the vitally important work of public health policy at this most critical moment. The relentless impacts of the COVID pandemic, which have been exacerbated by pre-existing weaknesses in the systems and structures that are intended to support good health and well-being, are putting tremendous stress on our communities, our economy and our humanity.

I am honored to be working with all of you to pursue tangible actions toward measurable progress in tackling the most egregious problems that perpetuate health disparities and generational poverty in Maine. Together, I hope we can build a new and integrated framework for good health, through an equity lens, prioritizing our shared resources to create new opportunities for all people in Maine.

When I talk about health equity, I am talking about making life better for every person, in every town, in every corner of Maine. I'm so pleased to be talking with you today about LD 1693, a bill which I believe offers us a unique opportunity to recognize and rebuild the underpinnings of Maine's public health framework that have directly and indirectly contributed to health disparities in our communities.

In recent years, threats to our health and productivity have been unrelenting. In addition to COVID, serious trends include youth vaping and nicotine addiction, opioid misuse and other substance use disorders, trauma and toxic stress, diabetes, hunger and homelessness. Maine children are more at risk for a lifetime of poor health while our employers struggle daily to maintain a healthy workforce.

At the center of LD 1693 is tobacco, and appropriately so, because tobacco use is at the root of so many health disparities. The tobacco industry has a long history of creating and feeding disparities through their targeting of youth and young adults in marginalized communities. This ruthless industry uses predatory marketing campaigns, cheaper prices, product promotions and countless other methods to create not just cultures of tobacco use but generation after generation of young people addicted to nicotine. The subsequent health impacts are devastating to Maine families, communities and our economy.

But LD 1693 goes beyond tobacco to build a more comprehensive policy framework for achieving health equity. There are five major components to LD 1693:

First, LD 1693 restructures and secures the tobacco settlement. LD 1693 resolves the looming \$20 million per year structural deficit in the Fund for a Healthy Maine and secures the tobacco settlement for Maine kids and communities by stabilizing medical care and child care in the General Fund, then establishing the Trust for a Healthy Maine. This new public health trust will assure that tobacco settlement monies are used as intended – to reduce tobacco addiction and improve the health of Maine youth and young adults. To this end, the Trust will be required to fully fund a best practice tobacco program, make annual investments in the systems and structures that will advance health equity, and align their remaining allocations with Maine’s state health plan. This is the same policy and language you are considering in LD 1523, sponsored by Rebecca Millett, as is the statutory language required to make the revenue-neutral financial restructuring, which is included in my prepared amendment.

Second, LD 1693 builds a best practice policy framework for tobacco prevention and treatment. Specifically, LD 1693 ensures and automates full funding for Maine’s tobacco prevention and treatment program at the level recommended by the U.S. Centers for Disease Control through the creation of the Trust for a Healthy Maine. LD 1693 ends the sale of all flavored tobacco products that the tobacco industry uses so effectively to lure and hook our kids. And LD 1693 reduces nicotine addiction among youth, who are particularly sensitive to price, by significantly increasing Maine’s cigarette excise tax by \$2 per pack.

Third, LD 1693 begins to rebuild Maine’s obesity program. LD 1693 responds to the concerning trend of obesity and the medical conditions associated with obesity by funding an obesity prevention programming and one staff person at the Maine CDC. The bill aligns Maine’s early care and K-12 nutrition and physical activity standards with national standards,

and with my proposed amendment, also establishes an Obesity Advisory Council to support the Maine CDC obesity prevention program.

Fourth, LD 1693 adds important definitions to statute. Naming the components of an equity-centered system is the first step in building and sustaining that system. LD 1693 adds definitions for “community health worker,” “community resilience,” “social determinants of health,” “social group,” “structural inequity” and “systemic racism”.

Fifth, LD 1693 builds the scaffolding for achieving health equity in Maine. LD 1693 establishes the Office of Population Health Equity in statute, allocates funds for Maine’s public health district improvement plans and, through the creation of the Trust for a Healthy Maine, creates an annual funding stream for health equity and health improvement.

It would be difficult to overstate the importance of this final piece of the puzzle. The new Trust for a Healthy Maine would guarantee an annual investment in the systems and community-based infrastructure necessary to achieve health equity, no matter who you are or where you live in Maine, including data collection, planning, community-led partnerships, workforce development, training and technical assistance.

Communities need the capacity to act, the relationships to be successful, and they need to be empowered to determine their own futures. LD 1693 tackles the essential restructuring and modernizing of the tobacco settlement and creates a sustainable investment in this foundational community capacity.

I want to call your attention to the work of the Permanent Commission on the Status of Racial, Indigenous, and Tribal Populations. In the Commission’s recommendations to the Maine Legislature, dated September 2020, future legislators are advised to 1) make direct, ongoing investments into communities – both to build infrastructure and allow for self-determination; 2) allocate resources and establish systems necessary to address health disparities; 3) target the opioid crisis to address strain on tribal communities; 4) take a bolder approach to criminal justice reform; and 5) institutionalize a process to view legislation through a racial equity lens.

LD 1961, a bill left unfinished in the 129th Legislature, laid out a first effort at resolving the structural deficit in the Fund for a Healthy Maine. LD 1961 established a tobacco settlement trust, which we considered carefully and improved significantly before COVID upended our work. LD 1961 was specifically highlighted in the Permanent Commission’s 2020 report for its alignment with recommendations #1 and #2. The Commission wrote, “As amended, LD 1961 would provide a stable and ongoing funding stream to reduce structural racism and structural inequity and improve public health systems and infrastructure. The tobacco settlement is a particularly appropriate funding source, given the tobacco industry’s historic and ongoing targeting of African Americans in their product marketing campaigns – particularly menthol-flavored products.”

Passing LD 1693 will restructure systems, strengthen programs and ensure sustained investments to advance health equity and improve the well-being of all people in Maine.

I ask for your vote in support of LD 1693 – a comprehensive and transformational restructuring of our public health policies. Thank you for your time today and for your dedicated service to the people of Maine. I will be available for work session and am happy to answer any questions you may have for me at that time.

Committee: HHS
Drafter: LRL\SAS
File Name: LD 1693 sponsor amendment
New Title?: No
Add Emergency?: No
Date: January 28, 2022

Amendment Offered by Representative Talbot Ross to LD 1693, An Act To Advance Health Equity, Improve the Well-being of All Maine People and Create a Health Trust

1. Amend **Sec. A-1**. Re-number **5 MRSA, §12004-G, sub-§14-J** as **5 MRSA, §12004-G, sub-§14-K**

2. Insert new section. **5 MRSA § 93** is established to read:

93.

Human Services Obesity Advisory Council Expenses/Legislative Per Diem for Nonsalaried Employee Members 22 MRSA §1696-J

3. Amend **Sec. A-4. 22 MRSA §1515, sub-§3, ¶B, sub-¶2** as follows:

(2) A person who is an employer with experience recruiting, employing, developing, and retaining a healthy workforce; and

4. Amend **Sec. A-4. 22 MRSA §1515, sub-§3, ¶C, sub-¶1, div-a** as follows:

(a) A person who has clinical expertise or public health experience, or both, in rural primary care, including oral health care, selected from recommendations provided by a statewide organization that represents community health centers in the State; and

5. Amend **Sec. A-4. 22 MRSA §1515, sub-§11**, as follows:

11. Expenses; reimbursement. Trustees are not entitled to compensation for service on the board, except that, in accordance with Title 5, section 12004-G, subsection ~~14-J~~ ~~14-K~~, the trust may reimburse travel and other board-related expenses.

6. Amend **Sec. A-4. 22 MRSA §1517, sub-§3** as follows:

3. Funding disbursement plans. The funding disbursement plan approved by the board pursuant to subsection 1 for fiscal year 2023-24 must disburse an amount equal to 0.30 of the settlement funds projected to be received in fiscal year 2023-24 for the purpose of providing medical care. The funding disbursement plan approved by the board for fiscal year ~~2024-25~~ 2023-24 and subsequent years may not disburse funds for the purpose of providing medical care. When approving other elements of the funding disbursement plans, the board shall consider funding levels in the most recent fiscal year and disburse funding in amounts that minimize disruption of existing programs and ensure smooth and efficient transitions to the funding levels required under subsection 4.

7. Amend Sec. A-4. 22 MRSA §1517, sub-§4, ¶B, sub-¶1 as follows:

(1) Beginning in fiscal year 2023-24, an amount equal to ~~0.005~~ 0.006 of the settlement funds; and

8. Amend Sec. A-4. 22 MRSA §1517, sub-§4, ¶C, sub-¶1 as follows:

(1) Beginning in fiscal year 2023-24, an amount equal to ~~0.003~~ 0.006; and

9. Amend Sec. A-4. 22 MRSA §1517, sub-§5, ¶A, sub-¶4 as follows:

(4) Supporting the ~~development~~, expansion, recruitment, retention, and presence of the public health workforce at local, district and state levels, including supporting a robust network of community health workers and government employees in the State dedicated to addressing systemic racism and structural inequity; and

10. Amend Sec. B-1. 22 MRSA §414 as follows:

§414. Office of ~~Population~~ Health Equity

1. Office established. The Office of ~~Population~~ Health Equity is established within the department. The office is staffed by at least one full-time employee.

2. Purpose. The Office of ~~Population~~ Health Equity shall:

A. Upon request, advise the commissioner, the Governor's Office of Policy Innovation and the Future and other state agencies, the Legislature and the Governor on health systems, policies and practices, including intradepartmental and interdepartmental training;

B. Provide recommendations to the public and State Government and private and philanthropic partners to advance health equity, as defined in section 1514, subsection 8, in all sectors and settings;

C. Produce and update a state health equity plan to:

- (1) Create systems, policies and practices to achieve health equity, as defined in section 1514, subsection 8, in all policies across State Government, including robust surveillance and evaluation; and
- (2) Establish policies to ensure all state contractors and vendors have a health equity plan in place as a criteria for funding; and
- D. Produce an annual report, known as the Maine Health Equity Report Card, which includes health programs and services, outcomes and social determinants of health equity, as defined in section 1514.

11. Insert new section **C-1. 22 MRSA Subchapter 5** is established to read:

Subchapter 5: OBESITY ADVISORY COUNCIL

§1696-J. Obesity Advisory Council

1. Obesity Advisory Council established. The Obesity Advisory Council is established under Title 5, section 12004-I, subsection 93 to review programming relating to the reduction of unhealthy weight and obesity. The advisory council shall provide advice to the department in carrying out its duties under this section and ensure coordination of the program with relevant nonprofit and community agencies and the Department of Education, and other relevant state agencies.

2. Membership. The advisory council consists of 9 members, appointed as follows:

A. Two public health officials, appointed by the Governor;

B. Two representatives of nonprofit organizations involved in seeking to reduce unhealthy weight and obesity, with one representative appointed by the President of the Senate and one representative appointed by the Speaker of the House of Representatives;

C. A person who designs and implements issue-oriented public health media campaigns, appointed by the Governor;

D. Two persons involved in designing and implementing community-based education programs for the prevention of unhealthy weight and obesity, one to focus on adults, appointed by the President of the Senate, and one to focus on youth, appointed by the Speaker of the House of Representatives; and

E. Two members of the public, appointed jointly by the President of the Senate and the Speaker of the House of Representatives in consultation with the leaders of the minority political party.

3. **Appointments.** Initial appointments to the advisory council must be made by October 1, 2022. When the appointment of all members is complete, the Governor or the Governor's designee shall convene the first meeting of the advisory council no later than November 1, 2022. Members serve for 3-year terms and may be reappointed. The appointing authority shall fill a vacancy on the advisory council for the remainder of the vacant term.

4. **Chair.** The advisory council shall choose a chair from among its members and establish its procedure for reaching decisions.

5. **Staff assistance.** The department shall provide staff assistance to the advisory council.

6. **Compensation** Each member who is not a salaried employee is entitled to compensation as provided in Title 5, section 12004-I, subsection 93 following approval of expenses by the Commissioner of Health and Human Services.

12. Renumber Part C sections

13. Delete Sec. C-2(3), page 14, lines 36-39.

14. Insert the following Section:

Sec. X. Transfer; Fund for a Healthy Maine; General Fund. Notwithstanding any other provision of law, the State Controller shall transfer \$37,860,191 from the Fund for a Healthy Maine to the General Fund unappropriated surplus no later than June 30, 2023.

15. Strike and replace **Section E-6 Appropriations and Allocations** as follows:

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

Head Start 0545

Initiative: On-going deallocation of Fund for a Healthy Maine funds from the Head Start program.

FUND FOR A HEALTHY MAINE		2021-22	2022-23
	All Other	\$0	(\$1,354,580)
FUND FOR A HEALTHY MAINE TOTAL		<u>\$0</u>	<u>(\$1,354,580)</u>

Head Start 0545

Initiative: On-going appropriation to retain State funding for the Head Start program.

GENERAL FUND		2021-22	2022-23
	All Other	\$0	\$1,354,580
GENERAL FUND TOTAL		<u>\$0</u>	<u>\$1,354,580</u>

Low-cost Drugs To Maine's Elderly 0202

Initiative: On-going deallocation of Fund for a Healthy Maine funds from the Low-cost Drugs to Maine's Elderly program.

FUND FOR A HEALTHY MAINE		2021-22	2022-23
	All Other	\$0	(\$3,669,038)
FUND FOR A HEALTHY MAINE TOTAL		<u>\$0</u>	<u>(\$3,669,038)</u>

Low-cost Drugs To Maine's Elderly 0202

Initiative: On-going appropriation to retain State funding for the Low-cost Drugs to Maine's Elderly program.

GENERAL FUND		2021-22	2022-23
	All Other	\$0	\$3,669,038
GENERAL FUND TOTAL		<u>\$0</u>	<u>\$3,669,038</u>

Maine Center for Disease Control and Prevention 0143

Initiative: Appropriates funds for one Comprehensive Health Planner II position to act as the Obesity Care Coordinator in the Maine Center for Disease Control and Prevention.

GENERAL FUND		2021-22	2022-23
	POSITIONS - LEGISLATIVE COUNT	0.000	1.000
	Personal Services	\$0	\$92,480
	All Other	\$0	\$6,398

GENERAL FUND TOTAL	\$0	\$98,878
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Maine Center for Disease Control and Prevention 0143

Initiative: Appropriates funds to implement evidence-based programming relating to the reduction of unhealthy weight and obesity.

GENERAL FUND		2021-22	2022-23
	All Other	\$0	\$151,000
GENERAL FUND TOTAL		\$0	\$151,000

Maine Center for Disease Control and Prevention 0143

Initiative: Appropriates funds for Public Health District, District Improvement Plans.

GENERAL FUND		2021-22	2022-23
	All Other	\$0	\$900,000
GENERAL FUND TOTAL		\$0	\$900,000

Maine Center for Disease Control and Prevention 0143

Initiative: Appropriates funds to implement data collection and reporting in the Office of Population Health Equity.

GENERAL FUND		2021-22	2022-23
	All Other	\$0	\$151,000
GENERAL FUND TOTAL		\$0	\$151,000

Medical Care - Payments to Providers 0147

Initiative: On-going deallocation of Fund for a Healthy Maine funds from the Medical Care - Payments to Providers program.

FUND FOR A HEALTHY MAINE		2021-22	2022-23
	All Other	\$0	(\$30,865,455)
FUND FOR A HEALTHY MAINE TOTAL		\$0	(\$30,865,455)

Medical Care - Payments to Providers 0147

Initiative: On-going appropriation to retain State funding for the Medical Care - Payments to Providers program.

GENERAL FUND		2021-22	2022-23
	All Other	\$0	\$30,865,455
GENERAL FUND TOTAL		<u>\$0</u>	<u>\$30,865,455</u>

Purchased Social Services 0228

Initiative: On-going deallocation of Fund for a Healthy Maine funds from the Purchased Social Services program.

FUND FOR A HEALTHY MAINE		2021-22	2022-23
	All Other	\$0	(\$1,971,118)
FUND FOR A HEALTHY MAINE TOTAL		<u>\$0</u>	<u>(\$1,971,118)</u>

Purchased Social Services 0228

Initiative: On-going appropriation to retain State funding for the Purchased Social Services program.

GENERAL FUND		2021-22	2022-23
	All Other	\$0	\$1,971,118
GENERAL FUND TOTAL		<u>\$0</u>	<u>\$1,971,118</u>

HEALTH AND HUMAN SERVICES, DEPARTMENT OF DEPARTMENT TOTALS

		2021-22	2022-23
	GENERAL FUND	\$0	\$39,161,069
	FUND FOR A HEALTHY MAINE	\$0	(\$37,860,191)
DEPARTMENT TOTAL - ALL FUNDS		<u>\$0</u>	<u>\$1,300,878</u>

SUMMARY

This amendment:

1. Removes the requirement that one of the council members be an employer, and replaces that with a requirement that the person have experience recruiting, employing, developing, and retaining a healthy workforce;

2. Adds experience in oral healthcare to the allowable background requirements for one of the council members;
3. Changes to percentage of funds dedicated to administration in the first year from .003 to .006 percent;
4. Changes to percentage of funds dedicated to the Attorney General's Office in the first year from .003 to .006 percent;
5. Adds development of the public health workforce to the allowable uses of the funds in the health equity and health improvement account;
6. Changes the name of the Office of Health Equity to the Office of Population Health Equity;
7. Removes the language stating that contingent upon state funding, the department shall make all students, regardless of household income, eligible to receive a breakfast and lunch at the public school free of charge;
8. Adds language creating an Obesity Advisory Council within the Department of Health and Human Services;
9. Deallocates funding for Head Start, Low-cost Drugs to Maine's Elderly, MaineCare provider payments, and Purchased Social Services from the Fund for a Healthy Maine and adds on-going appropriations to the General Fund to maintain these programs;
10. Removes the 2021-22 appropriations.