

STATE OF MAINE

IN THE YEAR OF OUR LORD

TWO THOUSAND TWENTY-THREE

S.P. 685 - L.D. 1722

**Resolve, to Establish the Blue Ribbon Commission to Design a Plan for Sustained Investment in Preventing Disease and Improving the Health of Maine Communities**

**Emergency preamble.** Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

**Whereas,** this resolve establishes the Blue Ribbon Commission to Design a Plan for Sustained Investment in Preventing Disease and Improving the Health of Maine Communities; and

**Whereas,** tobacco users are switching to electronic cigarettes, which are not included in the tobacco Master Settlement Agreement pursuant to the lawsuit *State of Maine v. Philip Morris, et al.*, Kennebec County Superior Court, Docket No. CV-97-134; and

**Whereas,** the switch to electronic cigarettes has diminished the payments to the tobacco Master Settlement Agreement and therefore reduced the funds received by the Fund for a Healthy Maine without reducing the harm to public health from tobacco; and

**Whereas,** more funds are allocated through the Fund for a Healthy Maine baseline budget than the State receives from the tobacco Master Settlement Agreement, resulting in an unsustainable structural deficit in the Fund for a Healthy Maine; and

**Whereas,** Fund for a Healthy Maine funds are essential for funding tobacco prevention and treatment, other chronic disease prevention initiatives and health promotion efforts in the State, particularly for the benefit of children and families in the State; and

**Whereas,** public health problems are seldom solved and health and economic benefits are rarely measurable within a 2-year state budget cycle; and

**Whereas,** the structural limitations of the State's 2-year budget cycle result in an ongoing loss of opportunities to plan and invest in long-term, evidence-informed primary and secondary chronic disease prevention initiatives; and

**Whereas,** the State receives funds from multiple legal settlements with manufacturers and excise taxes on products that affect public health and well-being but lacks the system

and structure necessary to maximize benefit through coordinated planning and sustained investment in preventing disease and improving the health of communities in the State; and

**Whereas,** the work of the Blue Ribbon Commission to Design a Plan for Sustained Investment in Preventing Disease and Improving the Health of Maine Communities must be initiated before the 90-day period expires in order that the commission's work may be completed and a report submitted in time for submission to the next legislative session; and

**Whereas,** in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore, be it

**Sec. 1. Commission established. Resolved:** That the Blue Ribbon Commission to Design a Plan for Sustained Investment in Preventing Disease and Improving the Health of Maine Communities, referred to in this resolve as "the commission," is established.

**Sec. 2. Commission membership. Resolved:** That, notwithstanding Joint Rule 553, the commission consists of 15 members as follows:

1. Six members appointed by the President of the Senate as follows:

A. One member of the Senate from the party holding the largest number of seats in the Legislature who is currently serving on the Joint Standing Committee on Appropriations and Financial Affairs;

B. One member of the Senate from the party holding the 2nd largest number of seats in the Legislature who is currently serving on the Joint Standing Committee on Appropriations and Financial Affairs or the Joint Standing Committee on Health and Human Services;

C. One member with policy expertise or experience in state budgeting and funding improved access to health care for low-income individuals and other populations experiencing inequitable access to health care;

D. One member who has a minimum of 8 years of experience leading a community health coalition and experience working with rural populations;

E. One member who manages a public health endowment for a health system in the State and has experience developing statewide plans for improving health and prosperity; and

F. One member who is currently or was formerly employed as senior staff or faculty for a university in the State with expertise in public health, rural health and health equity financing models;

2. Seven members appointed by the Speaker of the House of Representatives as follows:

A. One member of the House of Representatives from the party holding the largest number of seats in the Legislature who is currently serving on the Joint Standing Committee on Appropriations and Financial Affairs or the Joint Standing Committee on Health and Human Services;

B. One member of the House of Representatives from the party holding the 2nd largest number of seats in the Legislature who is currently serving on the Joint Standing Committee on Appropriations and Financial Affairs;

- C. One member who represents a statewide association of public health professionals that works to improve and sustain the health and well-being of all people in the State through health promotion, disease prevention and the advancement of health equity;
  - D. One member who has a minimum of 8 years of experience serving in the Legislature, including service on both the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Health and Human Services;
  - E. One member who is employed by a philanthropic organization in the State with experience or expertise funding initiatives in public health and primary prevention that advance racial health equity or reduce health disparities;
  - F. One member who represents a community development financial institution that advances health and economic equity for people and communities in the State through the integration of finance, business expertise and policy solutions; and
  - G. One member who serves as senior staff for a municipal or county health department;
3. The Director of the Office of Policy Innovation and the Future or the director's designee; and
  4. The Attorney General or the attorney general's designee.

**Sec. 3. Chairs. Resolved:** That the first-named Senate member is the Senate chair of the commission and the first-named House of Representatives member is the House chair of the commission.

**Sec. 4. Appointments; convening of commission. Resolved:** That all appointments must be made no later than 30 days following the effective date of this resolve. The appointing authorities shall notify the Executive Director of the Legislative Council once all appointments have been completed. After appointment of all members, the chairs shall call and convene the first meeting of the commission. If 30 days or more after the effective date of this resolve a majority of but not all appointments have been made, the chairs may request authority and the Legislative Council may grant authority for the commission to meet and conduct its business.

**Sec. 5. Duties. Resolved:** That the commission shall evaluate funding models and structures that allow for the sustained investment in the health and prosperity of youth and families in the State and make recommendations for further legislative action. The commission shall prioritize research and recommendations that:

1. Resolve the structural deficit in the Fund for a Healthy Maine;
2. Identify sources of sustained funding for reducing tobacco use, improving public health, preventing chronic illness, reducing health disparities across demographic and geographic populations and improving the community conditions that support good health and wellness;
3. Identify strategies and structural changes that resolve structural inequities and allow funding and investment plans to extend beyond the Legislature's 2-year budget cycle when doing so is necessary for accomplishing their intents and purposes;
4. Advance the long-term goals established by the Legislature for funds received from legal settlements with manufacturers and excise taxes on products that affect public health and well-being;

5. Identify policy and funding models that maximize alignment between the purpose and intent of public health funding sources and the investments in public health and prevention initiatives those funds support;

6. Identify how funding from various public health-related sources could be blended or pooled to achieve common aims in preventing chronic disease, reducing health disparities among historically disenfranchised and vulnerable populations and improving the community conditions that support the health and resilience of youth in the State; and

7. Identify strategies and system changes that would allow for the calculation of return on investment of all proposed public health and prevention measures over a period of time using the projected health and productivity benefits of those investments.

**Sec. 6. Staff assistance. Resolved:** That, notwithstanding Joint Rule 353, the Legislative Council shall provide necessary staffing services to the commission except that Legislative Council staff support is not authorized when the Legislature is in regular or special session.

**Sec. 7. Report. Resolved:** That, no later than December 6, 2023, the commission shall submit a report that includes its findings and recommendations, including suggested legislation, to the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Health and Human Services. After receipt and review of the report, one or both of the joint standing committees may submit legislation relating to the subject matter of the report to any regular or special session of the 131st Legislature.

**Sec. 8. Outside funding. Resolved:** That the commission may seek funding contributions to fully or partially fund the costs of the study. All funding is subject to approval by the Legislative Council in accordance with its policies.

**Emergency clause.** In view of the emergency cited in the preamble, this legislation takes effect when approved.