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

(Resolve 2023, c. 100)

Monday November 20, 2023
10:00 am

State House, Room 228 (AFA Committee Room)
Hybrid Meeting (In-person and Remote Participation Available)

AGENDA

I. **Welcome – Chairs Senator Peggy Rotundo and Representative Anne Graham**

II. **Introductions**

III. **Review of first meeting and agenda**
- Chairs

IV. **Orientation to materials**
- Samuel Senft and Anne Davison, OPLA

V. **Presentation by Office of the Attorney General**
- AAG Reardon

VI. **Presentation by Efficiency Maine (tentative)**
- Michael Stoddard

VII. **Discussion and Next Steps (see discussion guide, duties 1-4)**

VIII. **Wrap up and next steps**

PLEASE READ

This meeting will be held in the State House, Room 228, the Committee on Appropriations and Financial Affairs Room. However, remote participation will be available for commission members and speakers over Zoom. Members of the public can attend the meeting either in-person or view the meeting over the Legislature's streaming platform at this link.

Questions and Discussion Guide – 11.20 Meeting

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;**
   (This duty aims to identify mechanism to bring the FHM into balance)

   - Here, consider:
     - How can we mitigate for a future structural deficit? What options exist?
     - Are there programmatic or administrative changes that would provide greater long-term stability? (Please provide specific examples if so.)

   See: FHM allocations and revenue forecasting documents; 50 state survey

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;**
   (This duty is an inventory of what is and what could be sources of funding)

   - What are some ideas for new sources of revenue (e.g. existing state funds; other special revenue accounts; investments; bonds; shifted revenue; outside funds)?

   See: FHM allocations and revenue forecasting documents; alternate sources of revenue document

3. **Identify strategies and structural changes that resolve structural inequalities 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;**
   (This duty This asks for any new or modified structures to receive and host health-related funding)

   - Here, options could include:
     - A constitutional amendment;
     - An oversight board or quasi-governmental entity that would provide advice to the Legislature and oversight of the Fund for a Healthy Maine;
     - A reporting requirement to ensure that the Legislature receives a report (e.g. annually);
     - A long-term plan tied to the State Health Improvement Plan (or similar).

   See: FHM studies and legislation documents; 50 state survey; quasi-gov entity document

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;**
   (This duty is about accountability)

   - Here, options could include:
     - Additional litigation related to vaping (NOTE: Some cases are still being litigated, e.g. vape products);
     - Increasing taxes on tobacco products.

   See: FHM studies and legislation documents; 50 state survey

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;**
   (This duty related to assurance of alignment)

   - Here, options could include:
     - Establishing an oversight board or entity;
     - Making changes to the authorizing statute or a constitutional amendment.

   See: FHM authorizing legislation; FHM studies and legislation documents; 50 state survey; quasi-gov entity document

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**
   (This duty asks for any new or modified structures to maximize public/private funding partnerships)

   - What are some ideas for new sources of revenue (e.g. existing state funds; other special revenue accounts; investments; bonds; shifted revenue; outside funds)?
   - Also consider:
     - Are there other matching funds that could be identified?
     - Are FHM-funded programs considered alongside programs funded with other funds?

   See: FHM authorizing legislation; FHM studies and legislation documents; agency fund documents; alternate sources of revenue document

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.**
   (This duty asks for new tools for Maine legislators to assess long-term investments)

   - How can matching funds be maximized?
   - Are public health programs that are funded the best use of funds from a public health perspective?

   See: FHM studies and legislation documents; agency fund documents; 50 state survey

Studies and Reviews of the Fund for a Healthy Maine

Joint Standing Committee on Health and Human Services, *Review of the Fund for a Healthy Maine* (2008)

- P.L. 2007, Chapter 629, Part H directed the HHS committee to consider the structure, accountability and level of legislative and independent oversight of the Fund for a Healthy Maine (FHM). The committee met twice in fall of 2008.
- The committee issued a report including the following recommendations:
  1. That the HHS committee request that the Government Oversight Committee authorize the Office of Program Evaluation and Government Accountability to conduct a review of the efficacy, efficiency and accountability of the FHM. *This was completed. See 2009 OPEGA study.*
  2. That the HHS and AFA committees establish a subcommittee to jointly discuss all budget proposals and other proposals that affect the FHM. *This does not appear to have occurred, though the record is unclear.*
  3. That a joint rule be established requiring that any proposed FHM allocation or deallocation or change to FHM statute be reviewed by HHS. *This was done through a Joint Order in the 124th Legislature; see Joint Rule 317.*

Office of Program Evaluation and Government Accountability, *Fund for a Healthy Maine Programs-Frameworks Adequate for Ensuring Cost-Effective Activities but Fund Allocations Should be Reassessed; Cost Data and Transparency Can Be Improved* (2009)

- OPEGA reviewed the FHM at the direction of the GOC.
- OPEGA sought to determine if the existing managerial and oversight systems were adequate to help ensure that activities supported by the FHM were cost effective and carried out in an efficient and economical manner and whether they have sufficient transparency and accountability for results and expenditures.
- OPEGA issued a report that concluded that there did not appear to be a process in place to periodically reassess FHM allocations to assure that the fund was advancing the State's goals in the most cost-effective manner. It identified the following challenges:
  1. A reluctance to deviate from original allowable uses of funding and funding levels;
  2. Lack of clarity as to which State entity is formally responsible for assuring the Fund as a whole is cost-effectively supporting State health goals and strategies;
  3. Incomplete financial and performance data;
  4. General, vague and sometimes inaccurate descriptions of budgetary programs in budget documents submitted by the Governor to the Legislature; and
  5. Poor alignment of financial and performance information between budgetary programs, the key activities within them and the administrative functions that support them.
- The report offered the following recommendations:
  1. That the Legislature:
     a. Assess whether the existing FHM allocations still make sense;
     b. Formally assign responsibility for periodically reassessing the Fund allocations to specific State entity or entities;

    c. Improve the alignment of budgetary programs and cost information with the State's health goals, efforts and related performance information; and
    d. Require agencies to provide certain desired information within the program descriptions that are submitted with the Governor's Budget.
2. That the executive branch:
    a. Develop and implement policies and procedures necessary to ensure budgetary program descriptions are as current, complete, specific and accurate as is practical; and
    b. Use the State's accounting system to track costs for the major activities associated with budgetary programs.

Maine State Legislature, *Commission to Study Allocations of the Fund for a Healthy Maine* (December 2011)

- The Commission was authorized by Resolve 2011, chapter 112, in response to the 2008 OPEGA study. The Commission was directed to review the alignment of allocations from the FHM and report findings and recommendations, including suggested legislation, to the HHS and AFA committees.
- The Commission issued a report and made the following recommendations:
    1. To change the FHM from a group of programs within Other Special Revenue Funds to a separate fund. *This was done; see P.L. 2011, c. 701.*
    2. To amend that FHM authorizing legislation to broaden application from “health-related purpose” to “prevention and health promotion purposes” and to add overweight and obesity prevention, education and treatment activities to the list of allowable uses. *This was done; see P.L. 2011 c. 617.*
    3. Require separate accounts and annual reporting by contractors, vendors and state agencies about the use of the FHM and require the Commissioner of DAFS to compile these reports and submit them to the legislature. *This was done; see P.L. 2011, c. 701.*
    4. Require HHS committee review of all legislative proposals that affect the FHM that have majority support in the committee from which the legislation was referred. The committee acknowledged that this recommendation mirrored the recent change to Rule 317.
    5. Require study commission review of the FHM allocations every four years. *This was not implemented.*
    6. Direct DAFS to review program structure for the programs of the FHM and to recommend a new program structure, beginning in SFY 14-15. *It is not clear if this implemented.*
    7. Include a statement of support for continued funding for the OAG to enable master settlement enforcement. *Funding for this work has continued.*
    8. Issue a statement of support for investments in public health and prevention and for the original intent of the funding.

Maine State Legislature, Joint Standing Committee on Health and Human Services, Study of Allocations of the Fund for a Healthy Maine (2015)

- Resolve 2015, chapter 47 authorized the HHS committee to study allocations of the GM through the passage of Resolve 2015, c. 47.
- The HHS Committee was directed to gather information to:

1. Identify or review the State’s current public health care and preventative health priorities and goals;
2. Identify or review strategies for addressing priorities and goals and potential effectiveness of those strategies;
3. Assess the level of resources needed to pursue the above strategies;
4. Make recommendations for allocation of FHM funds to most effectively support health and preventative health priorities, goals and strategies; and
5. Make recommendations for processes to be used to ensure that FHM allocations stay aligned with the state’s health priorities and goals.

- The Committee devoted four meetings to this task.
- The Committee issued a report with the following recommendations:

1. No recommendations made to change FHM allocations;
2. That DHHS submit an annuual report regarding the FHM, including detailed expenditure information, progress DHHS has made towards health priorities included in the Maine State Health Improvement Plan 2013-2017, information regarding audits by DHHS or DAFS and data submitted to DAFS pursuant to P.L. 2011 c. 701;
3. Support OPEGA’s plan to study DHHS audit functions;
4. Fully implement 2011 study recommendations;
5. Issue a statement of support for the principles of the FHM statute; and
6. Request regular updates from DHHS on pending RFPs for Healthy Maine Partnership contracts.

Highlights of FHM Legislation

119th

- P.L. 1999, c. 401: This public law, which enacted a supplemental budget, included language in Part V that established the Fund for a Healthy Maine in statute. This followed consideration by the Legislature of a number of bills that sought to manage the funds received by the state as a result of tobacco manufacturer litigation.

120th

- P.L. 2001, c. 559: This public law, which enacted a supplemental budget, added language to the FHM establishing statute that provided that any unencumbered balance remaining at the end of any fiscal year lapse back into the FHM account.
- P.L. 2001, c. 714: This public law, which enacted an additional supplemental budget, added language to the FHM establishing statute that provided that beginning July 1, 2003, the State Controller was authorized to advance up to 37.5 million annually from the General Fund to the FHM, which the FHM would then return.

121st

- P.L. 2003, I.B. 1: This public law established slot machine use in Maine. It provided that 10% of the total gross slot machine income must be credited to the FHM.
- P.L. 2003, c. 687, sec. A-9: This public law authorized the State Controller to establish separate accounts within the FHM in order to segregate money received by the fund from any public or private source that requires as a condition of the contribution to the fund that the use of the money contributed be restricted to one or more of the allowable uses of the fund. The law also required that money credited to a restricted account may be applied only to the purposes for which the account is restricted.
- LD 1612, Resolution, Proposing an Amendment to the Constitution of Maine to Preserve the Fund for a Healthy Maine: This bill proposed an amendment to the constitution of Maine to preserve the FHM and ensure that the fund be used for health-related purposes only. It died on adjournment.

123rd

- P.L. 2007, c. 539, sec. III-3: This public law, which enacted a supplemental budget, added school nutrition programs to the list of allowable uses of the FHM.

124th

- P.L. 2009, c. 1: This public law, which enacted a supplemental budget, added language to the FHM establishing statute that provided that for state fiscal years beginning on or after July 1, 2009, the State Budget Officer is authorized to adjust allocations is actual revenue collections for the fiscal year are less than the approved legislative allocation.

125th

- Resolve 2011, c, 112: This resolve established the Commission to Study Allocation of the Fund for a Healthy Maine.
- P.L. 2011, c. 617: This public law amended the FHM authorizing legislation to broaden its application from "health-related purpose" to "prevention and health promotion purposes" and to add overweight and obesity prevention, education and treatment activities to the list of allowable uses.
- P.L. 2011, c. 701: This public law established the FHM as a separate account, apart from the Other Special Revenue Fund; required annual reporting by DAFS regarding use of allocated funds, and required legislative committee review of all legislation affecting the FHM.

126th

- LD 180, An Act Concerning the Use of Tobacco Settlement Funds for Children's Health Care: This bill proposed to amend current FHM law to require that children's health care funding not be reduced in order to address a budget deficit. The bill received an ONTP vote out of committee.
- LD 1232, Act To Maintain the Integrity of the Fund for a Healthy Maine: This bill proposed to remove the provision of current law that allows the Legislature to approve transfers of funds from the FHM to the General Fund. The bill was vetoed by the Governor, and the veto was sustained by the Legislature.

127th

- Resolve 2015, c, 47: This resolve directed the HHS committee to study the alignment of allocations from the FHM with the State's current public health care and preventive health priorities and goals.

129th

- LD 1961, An Act To Establish the Trust for a Healthy Maine**:** This bill proposed to establish the Trust for a Healthy Maine to receive money paid to the State pursuant to the tobacco settlement and from other sources and to distribute that money to state agencies or designated agents of the State to fund tobacco use prevention and control, ensure adequate resources for other disease prevention efforts, promote public health, plan and deliver public health and prevention programs and services, support accreditation of the Department of Health and Human Services, Maine Center for Disease Control and Prevention and support public health workforce development. The trust was to be governed by a board of trustees appointed by the Governor and legislative leaders. The bill received an ONTP/OTPA vote out of committee. It died on adjournment.

130th

- LD 1523, An Act To Establish the Trust for a Healthy Maine: This bill proposed to establish the Trust for a Healthy Maine to receive money paid to the State pursuant to the tobacco settlement and from other sources and to distribute that money to state agencies or designated agents of the

State to fund tobacco use prevention and control, ensure adequate resources for other disease prevention efforts, promote public health, plan and deliver public health and prevention programs and services, support accreditation of the Department of Health and Human Services, Maine Center for Disease Control and Prevention and support public health workforce development. The trust was to be governed by a 15-member board of trustees composed of the Director of the Maine Center for Disease Control and Prevention and 14 members appointed by the Governor. The bill received an OTPA/ONTP vote out of committee. It died on adjournment.

- LD 1693, An Act To Advance Health Equity, Improve the Well-being of All Maine People and Create a Health Trust: This bill proposed to establish the Trust for a Healthy Maine to receive money paid to the State pursuant to the tobacco settlement and from other sources and to distribute that money to state agencies or designated agents of the State to fund tobacco use prevention and control, ensure adequate resources for other disease prevention efforts, promote public health, plan and deliver public health and prevention programs and services, support accreditation of the Department of Health and Human Services, Maine Center for Disease Control and Prevention and support public health workforce development. The trust was to be governed by a 15-member board of trustees composed of the Director of the Maine Center for Disease Control and Prevention and 14 members appointed by the Governor. Part B proposed to establish the Office of Health Equity within the Department of Health and Human Services. The office was tasked with providing advice to the Commissioner of Health and Human Services, 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; providing recommendations to advance health equity in all sectors and settings; producing and updating a state health equity plan; and producing an annual Maine Health Equity Report Card. Part C proposed to require the Department of Education to revise its nutrition, physical activity, screen time and sugary drink standards to increase obesity prevention in early care and education and to revise its school nutrition and physical activity standards to increase obesity prevention in public schools and requires those standards to match those specified by various national organizations and federal agencies. Part D proposed to prohibit the sale and distribution of flavored tobacco products, including flavored cigars and electronic smoking devices. Part E proposed to increase the tax on cigarettes from 100 mills to 200 mills per cigarette effective November 1, 2021, and eliminate the provision that allows the sale of cigarette stamps to licensed distributors at a discount. The amount of increased revenue from the cigarette tax would be credited to the Fund for a Healthy Maine. Part E also proposed to provide funding for the health initiatives in the bill. The bill received an OTPA/ONTP vote out of committee. It died on adjournment.

State Survey - Management of Tobacco Settlement Funds

STATE	DESCRIPTION	STATUTES/ REGS	LINKS
Alabama	Alabama established the *21st Century Trust Fund* to receive settlement money. Fund appropriations are controlled by the Legislature. $13 million is used for debt service on economic development bonds. Remaining dollars are split between the *Children First Trust Fund*, Medicaid and several smaller initiatives.	• Children First Trust Fund: Ala. Code § 41-15B-2.2	• Alabama Department of Early Childhood Education. *About the Children First Trust Fund*. https://children.alabama.gov/for-advocates/children-first-trust-fund/ • Alabama Children's Policy Council. Children First Trust Fund Annual Reports. http://www.alcpc.org/childrenfirsttrustfund/
Alaska	Alaska established the *Northern Tobacco Securitization Corporation* in 2000 with the goal of securitizing a portion of MSA funds to direct to public housing. The Corporation is a nonprofit public corporation authorized to issue bonds on behalf of the state. State law also established the *Tobacco Use Education and Cessation Fund,* a non dedicated special account in the general fund into which 20% of settlement money is to be deposited for the purpose of tobacco education and prevention.	• Tobacco Use Education and Cessation Fund: AS 37.05.580	• Alaska Housing Finance Corporation. *Northern Tobacco Securitization Corporation*. https://www.ahfc.us/about-us/subsidiaries/ntsc
Arizona	In 2000, Arizona voters passed Proposition 204, which requires all MSA payments to be directed to the Arizona Health Care Cost Containment System, the state's Medicaid agency.	• Prop 204 resulting statutes: Ariz. Rev. Stat. § 36-2901.01 and .02	• Arizona Attorney General. *Master Settlement Agreement.* https://www.azag.gov/consumer/tobacco/msa • Arizona Attorney General. *Proposition 204.* https://www.azag.gov/opinions/i01-008-r00-072.

Arkansas	Arkansas's MSA funds are deposited into the *Tobacco Settlement Program Fund*, overseen by the Arkansas *Tobacco Settlement Commission*. Seven programs receive funding to provide various services, including services for older adults, public health workforce development, healthcare outreach, biomedical research, tobacco cessation and prevention, Medicaid, and minority health.	• Tobacco Settlement Program Fund: Ark. Code § 19-12-108	• Arkansas Department of Health. *Arkansas Tobacco Settlement Commission*. https://www.healthy.arkansas.gov/programs-services/topics/arkansas-tobacco-settlement-commission • Arkansas Attorney General. *Tobacco.* https://arkansasag.gov/arkansass-lawyer/public-protection-department/tobacco
California	California established the *Golden State Tobacco Securitization Corporation*, a not for profit trust of the state. The Corporation purchases California's rights to future MSA revenues and issues bonds for the purchase of tobacco assets from the state.	• Tobacco Settlement State Securitization: California Government Code §§ 63049 - 63049.55	• Golden State Securitization Corporation http://goldenstatetsc.org/ • California Attorney General. *Tobacco Master Settlement Agreement Summary*. https://oag.ca.gov/tobacco/resources/msasumm#:~:text=The%20Settlement%3A%20Requires%20the%20industry%20each%20year%20for,the%20prevention%20of%20diseases%20associated%20with%20tobacco%20use.
Colorado	Colorado deposits its MSA payments into its *Tobacco Litigation Settlement Cash Fund*, from which funds are distributed by the legislature to various programs, including for children's health, nursing services, youth services, HIV and AIDS services and prevention, health care workforce education, immunizations, state employee insurance costs and veterans' services.	• Tobacco Litigation Settlement Cash Fund: C.R.S. 24-22-115	• Colorado Legislative Council memorandum. *2023 Tobacco Master Settlement Agreement Payment Forecast.* March 3, 2023. https://leg.colorado.gov/sites/default/files/r22-1074_2023_tobacco_msa_forecast.pdf
Connecticut	Connecticut established the *Tobacco Settlement Fund* and the *Tobacco Health and Trust Fund* in 1999. All MSA payments are deposited into the Tobacco Settlement Fund. The Tobacco Health and Trust Fund	• Tobacco Settlement Fund: Conn. Gen. Stat. § 4-28e • Tobacco Health and Trust Fund: Conn. Gen. Stat. § 4-28f	• State of Connecticut Office of Policy and Management. Tobacco and Health Trust Fund Board. https://portal.ct.gov/OPM/PDPD-HHS/Tobacco-and-Health-Trust-Fund-Board

	receives a small portion of MSA funds for tobacco cessation and prevention. The large majority of MSA funds are directed to the General Fund. The Trust Fund ceased to receive MSA funds in 2016 but resumed in 2022.		
Delaware	Delaware established the *Delaware Health Fund* in 1999 to receive MSA funds and the *Delaware Health Fund Advisory Committee* was established to make recommendations for the appropriation of MSA funds from the Delaware Health Fund.	• Delaware Health Fund: 16 Del C. §137	• Delaware Department of Health and Human Services. Delaware Health Fund Advisory Committee. https://www.dhss.delaware.gov/dhss/healthfund/
Florida	Florida settled with tobacco manufacturers prior to the settlement in which the majority of states participated. In 2006, a state constitutional amendment was passed to create a tobacco education and prevention program with a portion of the settlement money. *Tobacco Free Florida* was established as a result.	• Article X, Section 27, Florida Constitution. Comprehensive Statewide Tobacco Education and Prevention Program.	• Tobacco Free Florida. https://tobaccofreeflorida.com/about-us/
Georgia	Georgia directs its MSA payments to the state treasury and funds are allocated by the legislature.		• Office of the Attorney General. *Tobacco.* https://law.georgia.gov/tobacco
Hawaiʻi	Hawaiʻi established the *Hawaiʻi Tobacco Prevention and Control Trust Fund* to receive MSA funds and contracts with the *Hawaiʻi Community Foundation* to administer the fund.	• Hawaiʻi Tobacco Prevention and Control Trust Fund: Haw. Rev. Stat. § 328L-5	• Hawaiʻi Community Foundation. Hawaiʻl Tobacco Prevention and Control Trust Fund. https://www.hawaiicommunityfoundation.org/strengthening/hawaii-tobacco-prevention-and-control-trust-fund
Idaho	Most MSA payments are deposited into Idaho's millennium Fund. A portion is used for anti smoking education and outreach.		• Office of the Attorney General State of Idaho. *Tobacco.* https://www.ag.idaho.gov/consumer-protection/tobacco-settlement/

Illinois	Illinois established the *Railsplitter Tobacco Settlement Authority*, a special purpose corporation and body politic of the state, to oversee the use of MSA funds.	• Railsplitter Tobacco Settlement Authority: 30 ILCS 105/6z-43	• State of Illinois Capital Markets. Railsplitter Tobacco Settlement Authority. https://capitalmarkets.illinois.gov/railsplitter-tobacco-settlement-authority.html
Indiana	Indiana created the *Indiana Tobacco Prevention and Cessation Agency* to receive settlement funds. This independent state agency was eliminated in 2011 and funds were diverted to the Indiana State Department of Health.		• Jay SJ, Torabi MR, Spitznagle MH. A decade of sustaining best practices for tobacco control: Indiana's story. Prev Chronic Dis 2012;9:110144. https://www.cdc.gov/pcd/issues/2012/11_0144.htm
Iowa	In 2001, the *Tobacco Settlement Authority* purchased all of Iowa's MSA payments as well as the state's rights to receive payments pursuant to the MSA. Funds were deposited into the *Tobacco Settlement Trust Fund*. The Authority issued bonds and distributed net proceeds to the state. The unpledged portion of revenues are paid directly to the state.	• Tobacco Settlement Authority: Iowa Code 12E • Tobacco Settlement Trust Fund: Iowa Code 12E.12	• Summary of Iowa's Tobacco Settlement, Iowa Legislature. 2011. https://www.legis.iowa.gov/docs/publications/SD/14467.pdf#:~:text=Iowa%20receives%20annual%20payments%20from%20the%20tobacco%20industry,payments%20range%20from%20%2439.0%20million%20to%20%2462.0%20million. • Tobacco Settlement Authority Financial Report. June 30, 2022. https://www.legis.iowa.gov/docs/publications/DF/1313168.pdf • Iowa Torch. Iowa receives $53.2 million tobacco payment. April 20, 2022. https://iowatorch.com/2022/04/20/iowa-receives-53-2-million-tobacco-payment/
Kansas	Kansas established the *Kansas Endowment for Youth* to receive MSA payments in 1999. The state also established the *Children's Initiatives Fund,* to receive money from the Endowment, and the *Children's Cabinet* to advise the governor and legislature on the best use of funds.	• Kansas Endowment for Youth Fund: K.S.A. 38-2101 and 2103-5 • Children's Initiatives Fund: K.S.A. 38-2102	• Tobacco Settlement Update. Kansas Legislative research Document. Nov. 17. 2020. https://www.kslegresearch.org/KLRD-web/Publications/HealthCare/Tobaccosettlement_Nov2020.pdf

Kentucky	Kentucky created the *Tobacco Settlement Agreement Fund Oversight Committee*, a committee of the Kentucky legislature, to oversee the use of MSA money.		• Kentucky General Assembly. Statutory Committee Tobacco Settlement Agreement Fund Oversight Committee. https://apps.legislature.ky.gov/CommitteeDocuments/166/ • Kentucky Attorney General. Tobacco Master Settlement Agreement. https://www.ag.ky.gov/about/Office-Divisions/OCEL/Pages/Tobacco-Master-Settlement-Agreement.aspx
Louisiana	Louisiana established the *Millennium Trust,* the *Louisiana Fund* and the *Millennium Leverage Fund* to receive a MSA funds. Some funds are invested and other allocated for various state programs.	• The Millennium Trust: CONST 7 10.8 • The Louisiana Fund: CONST 7 10.9 • The Millennium Leverage Fund: CONST 7 10.10	• Louisiana Attorney General. Tobacco Enforcement. http://www.ag.state.la.us/Tobacco
Maryland	Maryland created *the Cigarette Restitution Fund* in 2001 to receive MSA funds. Funds are allocated to support the tobacco use prevention and cessation; cancer screening, education and treatment; Medicaid services; and other public health initiatives.	• Cigarette Restitution Fund: Md Code. State Finance and Procurement §7–317	• Maryland Attorney General. *Frequently Asked Questions About the Tobacco Settlement*. https://www.marylandattorneygeneral.gov/Pages/Tobacco/FAQ.aspx#q10
Massachusetts	Maryland appears to direct most of its MSA funds to the general fund, but information is scant.		• Massachusetts Office of the Attorney General. The Tobacco Master Settlement Agreement. https://www.mass.gov/info-details/the-tobacco-master-settlement-agreement
Michigan	In 2005, a portion of MSA funds were securitized to fund the *21st Century Jobs Fund* and in 2017 additional funds were securitized to balance the state budget. As a result, a portion of annual MSA funds are used in debt service. A portion of funds are also	• Michigan Tobacco Settlement Finance Authority Act: MCL 12.194 • 21st Century Jobs Fund: MCL 12.257	• House Fiscal Agency. Memorandum Re. Tobacco Settlement Funds. December 11, 2013. https://www.house.mi.gov/hfa/PDF/Tobacco_Settlement_Funds.pdf

	deposited in the *Merit Award Trust Fund*. The Tobacco Settlement Finance Authority is a public body corporate and politic within the treasury and authorized to issue bonds.	• Michigan Merit Award Trust Fund: MCL 12.259 • Michigan Tobacco Settlement Finance Authority: MCL 129.264	
Minnesota	Minnesota settled with manufacturers prior to the MSA. The state created the *Tobacco Securitization Authority* to manage the funds and issue bonds.	• Tobacco Securitization Authority: Minn. Stat. 16A.98	
Mississippi	Mississippi settled with manufacturers prior to the MSA. In 1999, a trust fund was created to distribute funds for tobacco prevention, but funds were gradually used for other purposes and the trust eventually repealed.		• Harrison, Bobby. Mississippi Today. Landmark tobacco lawsuit settled 25 years ago — what happened to money? June 26, 2022. https://mississippitoday.org/2022/06/26/landmark-tobacco-lawsuit-settled-25-years-ago-what-happened-to-money/
Missouri	The state created the *Tobacco Settlement Financing Authority*, a body corporate and politic, to implement and administer the securitization of MSA funds.	• Tobacco Settlement Financing Authority Act: Mo. Rev. Stat Sections 8.500 to 8.565	• Missouri Foundation for Health. *Tobacco master Settlement Agreement Factsheet: Current Impact on Missouri*. 2016. https://mffh.org/wp-content/uploads/2016/04/Tobacco-Master-Settlement-Agreement-Factsheet2016.pdf
Montana	Montana passed a constitutional amendment in 2000 dedicating a minimum of 40% of tobacco settlement funds to a permanent income producing *Tobacco Trust Fund*. 90 percent of the fund's interest must be used for health care benefits, services, education programs and tobacco disease prevention. Subsequent initiatives and legislative changes have altered the distribution of MSA funds so that 40% is	• Constitution of Montana -- Article XII • Montana Tobacco Settlement Trust Fund: Mont. Code Ann.§ 17-6	• Montana Attorney General. *Tobacco Sales and Directory and Tobacco Settlement.* https://dojmt.gov/consumer/tobacco-sales-and-directory-tobacco-settlement/

	deposited in the Tobacco Trust Fund, 32% spent on tobacco prevention and cessation activities, 17% on Medicaid and 11% to the general fund.		
Nebraska	Nebraska created the *Nebraska Tobacco Settlement Trust Fund* in 1998 to receive and hold MSA funds. Money from the Nebraska Tobacco Settlement Trust Fund is transferred to the *Nebraska Health Care Cash Fund* in accordance with state law. Remaining funds may be invested.	• Nebraska Tobacco Settlement Trust Fund: Neb. Rev. State. §71-7608. • Nebraska Health Care Cash Fund: Neb. Rev. Stat. §71-7611	• Nebraska Legislative Fiscal Office. *Nebraska Health Care Cash Fund and Related Funds*. 2022. https://www.nebraskalegislature.gov/pdf/reports/committee/health/nhccf_2022.pdf
Nevada	Nevada passed legislation in 1999 directing that 60% of Nevada's annual MSA payment goes towards the *Fund for a Healthy Nevada* and 40% funds Nevada's *Millennium Scholarship Program*	• Administration of Certain Proceeds from Manufacturers of Tobacco Products: NRS 439.600	• Nevada Department of Health and Human Services. Fund for a Healthy Nevad . https://dhhs.nv.gov/Programs/Grants/Funding/FHN/
New Hampshire	New Hampshire sends the first 40 million in MSA payments to the *Education Trust Fund*, which funds public schools. Any excess funds are sent to the general fund.	• Education Trust Fund: N.H. Rev. Stat. Ann. §193.39	• American Lung Association. 20th Annual 'State of Tobacco Control' Report Reveals New Hampshire Still Lags Behind on Policies to Reduce Tobacco Use, January 25, 2922. https://www.lung.org/media/press-releases/state-of-tobacco-control-report-2022-nh
New Jersey	New Jersey established the *New Jersey Tobacco Settlement Financing Corporation* to sell issued tobacco bonds beginning in 2002; the state has experienced difficulty paying back bondholders.	• Tobacco Settlement Financing Corporation: N.J.R.S.A. § 52:18B-3	• New Jersey Attorney General. Tobacco Manufacturers Directory. https://www.njoag.gov/resources/tobacco-manufacturers-directory/
New Mexico	New Mexico created the *Tobacco Settlement Permanent Fund* in 2000. While the fund originally received about half of the annual MSA payments, in recent years, nearly all funds have been otherwise appropriated.	• Tobacco Settlement Permanent Fund: NMSA 6-4-9	• New Mexico State Investment Council. *Tobacco Settlement Permanent Fund.* https://www.sic.state.nm.us/investments/permanent-funds/tobacco-settlement-permanent-fund/

New York	New York established the *Tobacco Settlement Financing Corporation* as a public benefit corporation of the state to purchase all or a portion of MSA funds, which are deposited into the *Tobacco Settlement Fund*.	• Tobacco Settlement Fund: N.Y. STF § 92-x	• Tobacco Settlement Financing Corporation https://hcr.ny.gov/tobacco-settlement-financing-corporation-tsfc
North Carolina	North Carolina established the *Settlement Reserve Fund* to receive MSA payments. The state previously deposited 25% its tobacco settlement money into the *Health and Wellness Trust Fund*, which funded the state's tobacco prevention and cessation program. However, in 2011 the Trust was dissolved and in 2013 the program was totally defunded.	• Settlement Reserve Fund; N.C.G.S. § 143C-9-3	• Website of the Health and Wellness Trust Fund http://www.hwtfc.org/ • North Carolina Health and Wellness Trust Fund. Brief Overview of the Tobacco Settlement in N. Carolina. http://www.hwtfc.org/pdffiles/hwOverviewTobaccoSettlement.pdf • Schofield, Rob. NC Newsline. Report: North Carolina ranks 45th in protecting kids from tobacco. Dec. 10, 2013. https://ncnewsline.com/briefs/report-north-carolina-ranks-45th-in-protecting-kids-from-tobacco/
North Dakota	North Dakota created the *Tobacco Settlement Trust Fund* to receive MSA payments. Statute provides that moneys in the fund must be transferred to a community health trust fund within 30 days of receipt and may be appropriated for community-based public health programs and other public health programs	• Tobacco Settlement Trust Fund: NDCC 54-27-25	• North Dakota legislative Council. Budget Committee on Health Care. *Analysis of the Tobacco Settlement Trust Fund for the 1999-2001 biennium.* https://www.ndlegis.gov/sites/default/files/resource/committee-memorandum/1925101_0.pdf#:~:text=North%20Dakota%20Century%20Code%20Section%20%28NDCC%29%2054-27-25%2C%20created,45%20percent%20to%20the%20water%20development%20trust%20fund.
Ohio	Ohio established several funds to receive MSA payments. One of those funds, the *Tobacco Use Prevention and Cessation Trust Fund* was governed by a 20 member Board of Trustees. In 2008, funds were diverted to the state's general revenue fund. A new fund, the *Tobacco use prevention fund*, was created to receive MSA funds. Statute provides	• Tobacco use prevention fund: Ohio Rev. Code § 3701.841	• Slenkovich, Ken. The Center for Community Solutions. Ohio's Tobacco Master Settlement Agreement; History, Lessons Learned, and Considerations /. October 15, 2020. https://www.communitysolutions.com/research/ohios-tobacco-master-settlement-agreement-history-lessons-learned-considerations-ohio/

	that moneys in the fund shall be used to pay outstanding expenses of the former tobacco use prevention and control foundation		
Oklahoma	Oklahoma established the *Tobacco Use Reduction Fund* to receive settlement funds and the *Oklahoma Tobacco Settlement Endowment Trust* to manage funds and award grants.	• Tobacco Use Reduction Fund Okla. State. Ann. Tit. 63-1-229.3.	• Forman, Carmen. The Oklahoman. *Watchdog report questions TSET spending, Oklahoma's tobacco cessation efforts*. June 22, 2001. https://www.oklahoman.com/story/news/2021/06/22/oklahoma-legislative-watchdog-office-questions-tobacco-settlement-endowment-spending/7770584002/ • Tobacco Settlement Endowment Trust. https://oklahoma.gov/tset.html
Oregon	Oregon deposits its MSA funds into its *Tobacco Settlements Funds Account*. has in recent years allocated much of its settlement funds towards its Medicaid program.		• Gray, Chris. The Lund Report. *Oregon Putting All Its Declining Tobacco Settlement Funds into Health Expenses*. July 3, 2015. https://www.thelundreport.org/content/oregon-putting-all-its-declining-tobacco-settlement-funds-health-expenses#:~:text=The%20bulk%20of%20the%20funds%20will%20be%20geared,grants%20for%20physical%20education%20programs%20at%20Oregon%20schools. • Oregon Legislative Fiscal Office. *Fiscal Impact of Proposed Legislation.* Measure HB 2128-C. https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureAnalysisDocument/80974#:~:text=Under%20current%20law%2C%20the%20Tobacco%20Settlement%20Funds%20Account,into%20the%20OHAF%20for%20expenses%20of%20the%20OHP.
Pennsylvania	Pennsylvania created the *Tobacco Settlement Fund* to receive MSA payments. In 2017 bonds were issued using MSA funds in order to balance the state budget, and revenues are now used to pay debt service on those bonds. The *Tobacco Revenue Bond Debt Service Account* was created to	• Tobacco Revenue Bond Debt Service Account 72 Pa Cons. Stat.. § 9805.	• Pennsylvania Alliance to Control Tobacco. *PACT Recommendation: Maintain level state funding for fiscal year 2024 and seek to increase funding for comprehensive tobacco prevention and control programs*. https://pactonline.org/program-funding/ • The Tobacco Settlement Annual report to the General Assembly. July 1, 2020- June 30, 2021. https://www.dhs.pa.gov/docs/Publications/Documents/

	receive MSA funds certified by the secretary for the payment of principal and interest for bonds		Highlighted%20Reports/DHS%20Tobacco%20Settlement%20Report%20FY20-21%20Final.pdf • Tobacco Settlements Fund Primer. House Appropriations Committee. Dec. 16, 2013. Tobacco Settlement Fund Primer (pahouse.com)
Rhode Island	Rhode Island established the *Tobacco Settlement Financing Corporation*, a public corporation of the State of Rhode Island, to finance the acquisition from the State of the State's interest in the moneys due under the Master Settlement. The corporation has issued bonds on multiple occasions	• Tobacco Settlement Financing Act R.I. Gen. Laws § 42-133-2	• Rhode Island Tobacco Settlement Financing Corporation https://tsfc.ri.gov/
South Carolina	South Carolina established the *Tobacco Settlement Revenue Management Authority*, a public body corporate and politic and an instrumentality of the State, to receive MSS payments and issue bonds	• Tobacco Revenue Management Authority Act S.C. Code Ann § 11-49	• Tobacco Settlement Revenue Management Authority Financial Statements. June 30, 2021. https://www.osa.sc.gov/wp-content/uploads/2021/10/Final-Audit-TSRMA.pdf
South Dakota	South Dakota established the *Health Care Trust Fund* in the state constitution to receive tobacco settlement funds. The constitution directs the South Dakota Investment Council to invest the trust fund in stocks, bonds, mutual funds and other financial instruments as provided by law.	• Health Care Trust Fund Article 12, §5	• South Dakota Investment council 2022 Annual Report https://sdic.sd.gov/docs/Annual%20Report%202022.pdf
Tennessee	Tennessee deposits its tobacco settlement funds into the General Fund. At least some funds have been allocated for anti smoking activities by the Tennessee Tobacco Settlement Program		• Tennessee Department of Health. *Tennessee Tobacco Settlement Program History*. https://www.tn.gov/health/health-program-areas/tennessee-tobacco-settlement-program.html

Texas	Texas settled with manufacturers prior to the MSA. Texas established the *Tobacco Settlement Permanent Trust Account* as a cooperative project between the Texas Department of Health and the State Comptroller of Public Accounts to provide local health departments and hospital districts a portion of the payments from the state's tobacco settlement. The *Tobacco Settlement Permanent Trust Account Investment Advisory Committee* provides advice to the comptroller regarding fund management	• Tobacco Settlement Permanent Trust Account Tex. Exec. Branch Code Ann. §. 403.1041 • Tobacco Settlement Permanent Trust Account Investment Advisory Committee Tex. Exec. Branch Code Ann § 403.1042	• Tobacco Settlement Distribution Program https://www.dshs.texas.gov/tobacco/tobacco-settlement-distribution-program
Utah	Utah amended its constitution to establish the *Permanent State Trust Fund* to receive MSA payments. Until July 2007, a portion of MSA funds were deposited into the trust fund. After July 2007, current law requires that 40% of MSA funds be deposited into the General Fund. The state also created the *Tobacco Settlement Restricted Account*, into which the remaining 60% of MSA funds are deposited.	• Tobacco Settlement Funds and Endowment UC § 51-9	
Vermont	Vermont established the Tobacco Litigation Settlement Fund in 1999 to receive tobacco settlement funds. The law reserves $19.2 million of the fund for the sole purpose of long-term sustainable tobacco education, prevention, cessation and control programs.	• Tobacco Litigation Settlement Fund 32 Vt. Stat. Ann § 435a	• Vermont Office of the Attorney General. *Tobacco Litigation*. https://ago.vermont.gov/divisions/consumer-protection/consumer-resources/health-and-product-safety/tobacco/tobacco-litigation. • Tobacco control Program. *2014 Community Prevention Summary* https://www.healthvermont.gov/sites/default/files/documents/pdf/hpdp_CommunityPrevention16.pdf

Virginia	Virginia established the *Tobacco Settlement Fund* to receive MSA payments and the *Tobacco Settlement Financing Corporation* to purchase Virginia's interests in MSA payments and to issue bond secured with Corporation funds.	• Virginia Tobacco Settlement Fund Va. Code Ann. § 32.1-360	• Tobacco Settlement Financing Corporation https://trs.virginia.gov/Boards-Authorities/Tobacco-Settlement-Financing-Corporation
Washington	Washington established the *Tobacco Settlement Account* to receive MSA funds and the *Tobacco Settlement Authority* to issue revenue bonds backed by not more than 30% of the state's allocable share of the MSA revenue	• Tobacco Settlement authority Wash. Rev. Code § 43.340.030	• Washington State Tobacco Settlement Authority https://tsa-wa.org/ • Washington State Office of the Attorney General. *Master Settlement Agreement.* https://www.atg.wa.gov/master-settlement-agreement
West Virginia	West Virginia established two funds in 1999 to receive tobacco settlement funds—the *West Virginia Tobacco Settlement Medical Trust Fund* and the *West Virginia Tobacco Settlement Fund*, each of which receive 50% of the MSA funds. The Legislature also established the *Tobacco Settlement Finance Authority*, governed by a five-member board of directors, to issue bonds. The law also authorizes the Authority to purchase from the state the state's share of MSA funds upon executive order of the Governor. It is unclear if this sale has actually taken place.	• West Virginia Tobacco Settlement Medical Trust Fund W. Va. Code §4-11A-2 • West Virginia Tobacco Settlement Fund W. Va. Code §4-11A-3. • Tobacco Settlement Finance Authority W. Va. Code §4-11A-6	• Casemen, Kelli and Davidson, Diana. West Virginia Watch. *Up in smoke: WV squandered tobacco settlement funding. Now's the time to bring it back.* https://westvirginiawatch.com/2023/09/21/up-in-smoke-west-virginia-squandered-tobacco-settlement-funding-nows-the-time-to-bring-it-back/
Wisconsin	Through calendar year 2003, settlement payments were generally deposited to the general fund as general fund revenues. Beginning with calendar year 2004, unrestricted settlement payments owed to	• Sale of state's rights to tobacco settlement agreement payments Wis. Stat. Ann. § 16.63	• Wisconsin Legislative Fiscal Bureau. *Tobacco Settlement and Securitization and Repurchase Transactions*. January 2019. https://docs.legis.wisconsin.gov/misc/lfb/informational_papers/january_2019/0079_tobacco_settleme

	Wisconsin under the MSA were primarily being utilized to make payments to bond holders under the state's initial tobacco securitization transactions. Under the 2007 Act 226 repurchase transaction, beginning in the 2009-11 biennium, $50 million annually in unrestricted MSA settlement payments is deposited to the permanent endowment fund for transfer to the medical assistance trust fund. The remaining amount of unrestricted MSA settlement payments is deposited to the general fund.		nt_and_securitization_and_repurchase_transactions_informational_paper_79.pdf
Wyoming	Wyoming established the *Tobacco settlement Trust Fund* for receipt of MSA funds / revenues are to be used to fund tobacco prevention and cessation efforts and for programs to combat substance abuse.	• Tobacco Settlement Funds Wyo. Stat. Ann. 9-4-1211	• Wyoming Attorney General Tobacco Settlement Unit https://ag.wyo.gov/law-office-division/consumer-protection-and-antitrust-unit/tobacco-settlement-unit • Wyoming Office of the State Treasurer memo re Tobacco Settlement Accounts. Nov 1, 2015 https://www.wyoleg.gov/InterimCommittee/2015/SCF1102AppendixH.pdf

PUBLIC POLICY CONSIDERATIONS RELATED TO THE CREATION OF PUBLIC INSTRUMENTALITIES:[1]

I. *Reasons for Creating a Public Instrumentality*

A. What problems, issues or public policy objectives is the creation of a public instrumentality intended to address?
   1. What other methods, if any, might address those problems or issues?
   2. What would be the public instrumentality's overall purpose/mission?
      a. How would the entity's independence or autonomy service its intended purpose?
      b. How would the entity's interaction with the Executive/Legislative branches serve its intended purpose?

B. What benefits might the entity realize as a result of its status as a public instrumentality?
   1. Who are the beneficiaries of the services provided by the public instrumentality?

C. What challenges might result as a result of the entity's status as a public instrumentality?

D. How should the entity be funded?

II. *Powers and Duties of the Public Instrumentality*

A. What are the powers and duties of the public instrumentality?
   1. How do those powers and duties support the entity's purpose?
   2. Are those powers and duties sufficiently clear to guide the entity?

B. Should the entity have rulemaking authority?

C. Is the entity providing "essential government services"?

D. To what extent will the entity be awarding contracts for good, services, construction or other projects?
   1. What are the advantages of requiring a competitive bid process for major contracts awarded by this entity?
   2. What are the disadvantages of requiring a competitive bid process for major contracts awarded by this entity?

E. Should the entity have purchasing power?

III. *Executive Oversight of the Public Instrumentality*

A. What proportion of the entity's budget will come from State funds?

B. Are there any federal or state statutory limits on the ability of the entity to spend funds it receives?
   1. Do the statutory limits provide sufficient guidance to the entity?

C. What types of public policies might be important in considering requirements for accountability? For example:
   1. Public accountability?
   2. Ensuring the fiscally responsible use of State funds?

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[1] This section is not intended to provide an exhaustive list of potential public policy considerations.

3. Eliminating or reducing the potential for corruption?
4. Eliminating or reducing the potential for political patronage?

D. What level of accountability would be necessary to achieve those public policies?
   1. What time and effort will be involved by the entity to provide accountability?
   2. Should the entity be audited?
      a. How frequently should an audit be conducted?
      b. Is the State Auditor's audit frequent enough?
      c. Should there be a requirement for an independent audit?
   3. Should the entity be required to report on activities and expenditures?
      a. How frequently should there be reporting?
      b. What information should be included in the report?
   4. Should the entity receive expenditures of state funds restricted by line category (*e.g.* personal services or capital v. all other)
   5. Should the entity be required to justify its request for the appropriation or allocation of State funds to the Budget Office?
   6. Should there be provisions relating to conflict of interest?

IV. *Legislative Oversight of the Public Instrumentality*

A. Has the entity been delegated any governmental functions?
B. What level of detail should be required in the budget relating to the public instrumentality?
   1. Should the Legislature review the entity's budget? How frequently?
C. Should the entity be subject to a review under the Government Evaluation Act (GEA)?

V. *Other Considerations*

A. What should be the application of the Administrative Procedures Act (APA) to the entity?
B. What should be the application of the Freedom of Access Act (FOAA) to the entity?
C. What should be the application of the Maine Tort Claims Act (MTCA) to the entity?
D. What is the status of any employees of the entity?
   1. Will employees be eligible for participation in the Maine State Retirement System (MePERS)?
   2. Will employees be eligible for participation in the Employee Health Insurance Benefit?
   3. Will employees be protected from discrimination?
   4. Will employees be subject to civil service laws?
   5. Will employees be allowed collective bargaining rights?
D. Should the public instrumentality be authorized to receive insurance services provided by the Risk Management Division of DAFS or independently?

Should there be provisions regarding debts or obligations of the public instrumentality and whether they are debts or obligations of the State?

Maine Dental Loan and Loan Repayment Programs

The Maine Dental Loan and Loan Repayment Programs, established by the Legislature in 1999-2000 following the state's tobacco settlement and the creation of the Fund for a Healthy Maine (FHM), were designed to provide forgivable loans to Maine residents who are pursuing postgraduate degrees in dentistry and plan to work in Maine upon graduation, as well as loan repayments for practicing dentists.

The programs receive a total of $237,740 per year from the FHM to support up to three loans or loan repayment agreements per year for qualifying dentists.

Under both programs, the dentist must provide dental services to Mainers living in underserved population areas without regard to their ability to pay. An education loan and/or loan repayment recipient with a new agreement signed January 1, 2020 and later can receive up to $25,000 for four years. An education loan and/or loan repayment recipient with an agreement signed before January 1, 2020 can receive up to $20,000. A commitment in these programs is four years for both students receiving loans and for dentists receiving loan repayments.

During the First Session of the 131st Legislature, Representative Mastraccio successfully sponsored a bill, LD 1256, *An Act to Increase Access to Oral Health Care by Expanding the Maine Dental Education Loan Program (now P.L. 2023, ch. 130),* that expands eligibility for the programs to include dental hygienists, dental therapists, expanded function dental assistants, and dental assistants. As a result, FAME may (funds permitting) continue to award up to three loans or loan repayment agreements annually for dentists and also award up to six loans or loan repayment agreements annually for dental hygienists, dental therapists, expanded function dental assistants, or dental assistants, and may award additional loans or loan repayment agreements annually as funds permit.

The programs do not have a "match" component. Northeast Delta Dental has provided funding in the past (see attached spreadsheet) for a dentist not quite meeting all of the Dental Loan Repayment Program eligibility requirements. Also, FAME supplements the $237,740 received annually from the FHM by recycling any payments we receive from past recipients.

FHM DENTAL LOAN & LOAN REPAYMENT PROGRAM

	FY23	FY22	FY21	FY20
Loans Disbursed	$265,000	$285,000	$415,000	$340,000
Grants Disbursed - Loan Repayments	$157,500	$127,500	$145,000	$80,000
Forgiveness Given	$155,833	$94,792	$95,133	$73,542
Principal Repayments	$68,709	$120,447	$75,332	$194,667
Number of Students Awarded Loans	11	13	20	17
Number of Dentists Awarded Loan Repayments	9	9	7	8
Number of Borrowers Granted Forgiveness	9	6	9	7

NEDD DENTAL LOAN REPAYMENT FUNDING

	FY23	FY22	FY21	FY20
Grants Disbursed - Loan Repayments	$47,500	$57,500	$35,000	$20,000

Maine AHEC Network
Healthcare Workforce Recruitment and Retention

UNE UNIVERSITY OF NEW ENGLAND

Maine Area Health Education Center (AHEC) Network
Report to the State of Maine

July 1, 2022 - June 30, 2023

Overview

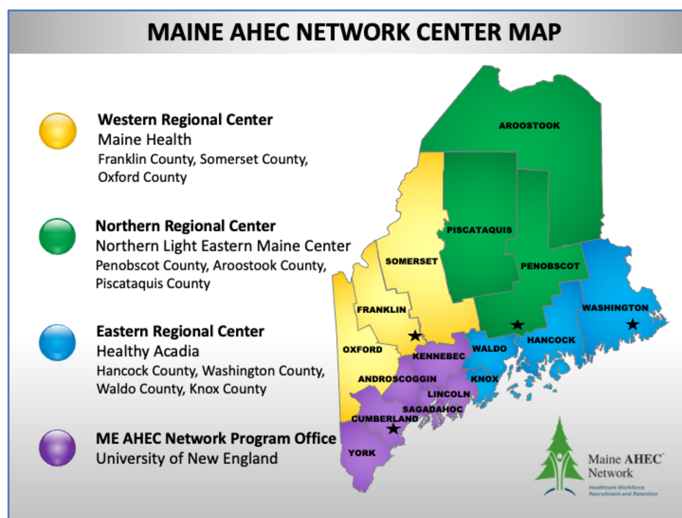
Purpose

Based in the University of New England's Center for Excellence in Public Health, the Maine AHEC Network has provided a crucial resource for health professions students and professionals in Maine's rural and medically underserved communities since 1994. Our mission is ***to enhance health equity and reduce health disparities among underserved populations through team and community based experiential education and strategic partnerships***. The Maine AHEC Network:

- Provides rural, interprofessional, community-based clinical training experiences for health professions students,
- Encourages Maine youth and mid-career professionals to pursue health careers,
- Supports practicing health professionals with continuing education, and
- Promotes population and public health approaches to addressing current and emerging health issues.

The Maine AHEC Network consists of the following entities:

- *Eastern Maine AHEC,* at Health Acadia in Ellsworth serving Washington, Waldo, Knox and Hancock Counties
- *Northern Maine AHEC,* at Northern Light/Eastern Maine Medical Center in Bangor serving Aroostook, Penobscot, and Piscataquis Counties
- *Western Maine AHEC,* at Franklin Memorial Hospital, Farmington serving Androscoggin, Franklin, Oxford, and Somerset Counties
- *AHEC Program Office,* at the Center for Excellence in Public Health, University of New England, Portland (statewide focus and provides administrative oversight, coordination, program development and evaluation)



Program Funding

In FY2022-23, the Maine AHEC Network received funding from the following funding sources:

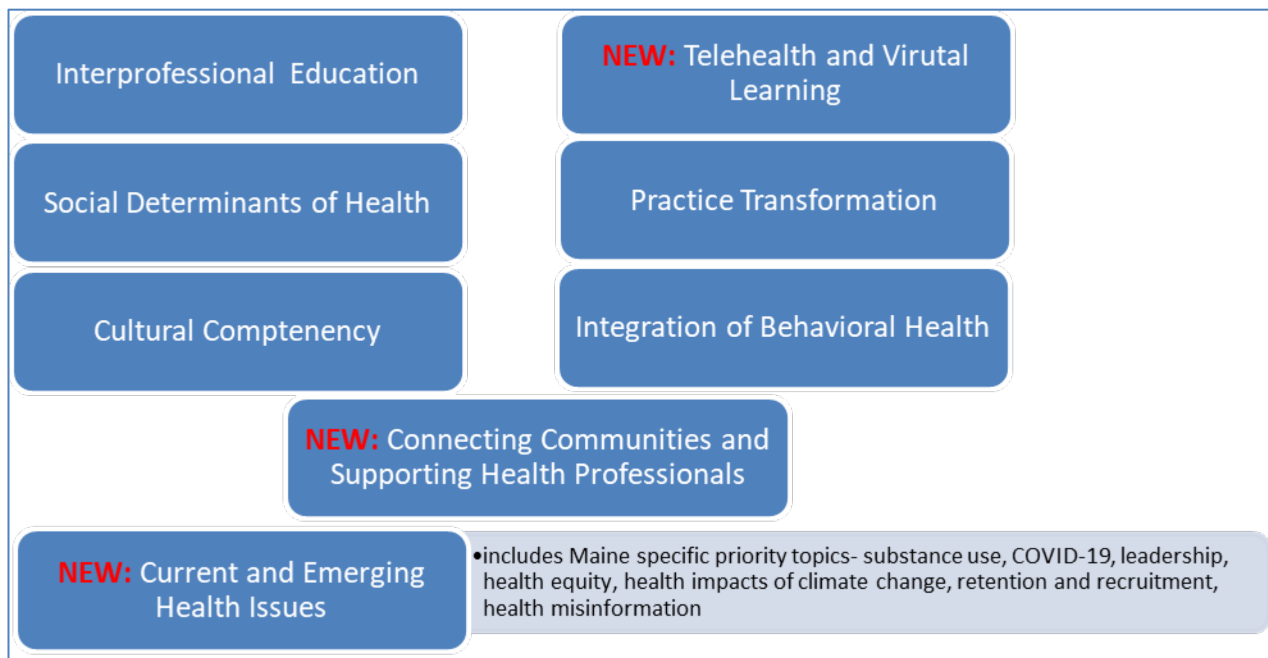
- **Health Resources and Services Administration (HRSA):** The Network's HRSA funding was $516,568 (including carry-forward from FY22). All HRSA funding requires a 1-1 match for these funds.
- **Fund for A Healthy Maine (FHM):** The Maine AHEC Network received $188,111 (including FY22 carry-forward) in FY23 from the Fund for A Healthy Maine administered by the Finance Authority of Maine (FAME).
- **University of New England (UNE):** UNE contributed the remaining matching funds.
- **Maine Health Access Foundation** Maine AHEC Network received $100,000 for health career pipeline activities with New Mainer high school students.
- **Martin's Point Health Care:** In partnership with UNE Office of Advancement, Maine AHEC was awarded a gift of $20,000 from Martin's Point Health Care to support the health care professions summer camp for high school students from rural and underserved communities in Maine.
- **National AHEC Organization (NAO):** Maine AHEC Network is receiving $9,000 to coordinate and host a learning event focused on health disparities related to maternal mortality.

Use of Funds/Accountability

HRSA mandates a 1-1 match as part of the cooperative agreement. Therefore, matching funds must follow the same rules for allowable expenses as the HRSA funds and costs must meet the HRSA-approved work plan for the Maine AHEC Network.

HRSA Core Topic Areas

HRSA has identified core topic areas as the foundation of AHEC's activities. Competencies were developed for each core topic. The core topic areas and competencies are applied to CUP AHEC Scholar Program curriculum, clinical placement activities, and continuing education learning outcomes. Core topic areas include the following:



Maine AHEC Network Advisory Committee
The Maine AHEC Network has an active Advisory Committee that reviews program plans, provides input on programmatic decisions and helps guide the work of the Program Office and three Centers. The Committee meets quarterly.

The FY23 Advisory Committee Members:

Name	Title	Organization
Kris Hall, MFA	Program Manager	Center for Excellence in Collaborative Education, UNE
John Kazilionis, DO, MSMEd, FACOFP, FMGS	AHEC Medical Director	College of Medicine, UNE
Cadeau Assoumani	Wellness Coordinator	Gateway Services Maine
Joan Kaijala	Community Member	Community
Sarah Dyment	Director, Northern Maine AHEC	Northern Light Health
James Jarvis, MD	Director, Medical Education	Northern Light Health
Emily Ferry, MSW	Director of Workforce Initiatives	Maine Primary Care Association
Christopher J. Pezzullo, DO	Chief Clinical Officer	Maine Primary Care Association
Nicole Breton	Director	Office of Rural Health and Primary Care
Merica Tripp	Planning and Research Associate	Office of Rural Health and Primary Care
Jolene Luce	Director, Western Maine AHEC	Franklin Memorial Hospital
Victoria Hayes, MD	Faculty, Tufts Medical School and MMC Family Medicine Residency Program,	Maine Medical Center
Kathryn Brandt, DO	Chair Primary Care	College of Medicine, UNE
Joy Gould	Manager, Healthcare Workforce	Maine DHHS
Al May	Downeast District Public Health Liaison	Maine CDC
Monika Bissell, DBA	President	Maine College of Health Professions
Gail Cohen	Chief Human Resources Officer	MaineGeneral Health
Kini-Ana Tinkham	Executive Director	Maine Resilience Building Network
Betsy Libby, Ed.L.D	President	Central Maine Community College
Kathryn Robinson, Ph.D	Faculty	Nursing Program, University of Maine
Laura Bennett	Program Lead- Workforce	MaineHealth
Daniel Mickool, RPh, MS, EdD	Associate Professor and Director of Interprofessional Education	School of Pharmacy, Husson University
Julian Kuffler, MD, MPH	Director of Medical Education	Mt. Desert Hospital
Elsie Fleming	Director	Healthy Acadia
Maria Donahue	Eastern Maine AHEC Director	Healthy Acadia
Kathy Simmonds	Roux Institute	Roux Institute
Adina Bercowicz	CUP AHEC Scholar	University of New England

AHEC Staff: Olivia Briggs, MPH, Research Associate; Micaela Maynard, MS, Maine CUP AHEC Scholar Program Manager; Kira Rodriguez, MHS, Program Evaluator; Zoe Hull, MPH, Program Manager, Kathryn Norgang, BSN, Clinical Educator for Public Health Practice, Jennifer Gunderman, MPH, Maine AHEC Network Director, Adina Bercowicz, BA & Iris Teta, BS, Program Assistant

Program Highlights

Care for the Underserved Pathway (CUP) AHEC Scholars	• Enrolled 53 health profession students and 52 retained students this year. Retained 43 students from previous year. Totaling 98 students in the program for FY23. (Exceeding HRSA requirement of 90 students.) • Graduated 41 students from the program. • Completed the second Maine AHEC Case Competition. This case competition focused on pediatric oral health challenges in rural Midcoast Maine.
Health Career Pipeline (9-12th Grade students and Displaced Workers)	• Coordinated a 3-day in person overnight health careers exploration camp in June 2023 with 30 Maine high school student participants. Participants included 20 students from the New Mainer community in Lewiston and Portland, as well as 10 students from rural communities in Maine. More information in report. • Coordinated and supported 22 discrete health career exposure activities that served 399 high schoolers and displaced workers in Maine. Activities including career panels, job shadowing, career fairs, tours of health care facilities, and others. • Delivered 2 additional Scrub Club day-camps to total 3 camps for three days in western Maine. • Supported students from Maine tribes' participation in an Indigenous Public Health Professionals Panel hosted by Wabanaki Public Health and Wellness. • Implemented multi-day health and public health career exposure activities such as camps and volunteer programs with 612 participants.
Community Based Experiential Learning	• Piloted the Reproductive Health Leadership Program at UNE. 32 health profession students completed in-person sessions and a service learning project. • Piloted hearing screening at the Fisherman's Forum in March 2023.
Clinical Placements	• Placed 161 students in traditional clinical rotations across the state. • Coordinated 31 Enhanced Clinical Rotations that included more in-depth community based and interprofessional experiences for students.
Continuing Education	• Presented 41 continuing education offerings to 1,371 health care providers and health profession students on at least one of the HRSA Core Topic areas. • Supported Maine Primary Care Association's HRSA WIN grant by providing training to FQHC paraprofessionals on cultural awareness.
Other Accomplishments	• Received additional funding from Martin's Point to support health care exploration camp and Maine Health Access Foundation to support high school pipeline programming for New Mainers. • Recognized at the NAO conference with a poster presentation about collaboration between pipeline and CUP AHEC Scholar activities.

Care for the Underserved AHEC Scholars Program (CUP AHEC Scholars)

During FY23, the CUP AHEC Scholars Program entered its fifth year. The **honors distinction program** provides opportunities for health professions students to increase leadership skills, gain competencies in interprofessional education and team-based practice, understand and address health disparities and the social determinants of health in rural and underserved communities, and understand the role of practice transformation in addressing significant health and public health issues.

Participation

The overall goal of the CUP AHEC Scholars Program is to **increase the number of health professions students who practice in rural and underserved communities** upon completion of their health professions training. Per HRSA guidelines, Maine AHEC Network is required to enroll 45 health professions students each year. During this reporting period, Maine AHEC Network's Program Office in conjunction with the three AHEC Centers continued to grow the Care for the Underserved Pathway AHEC Scholars Program (CUP AHEC Scholars Program). In FY23, 53 health profession students enrolled in the program and 52 were retained. In addition, 43 students were retained from previous year. This totaled 98 students in the program for FY23. (Exceeding HRSA requirement of 90 students.)

As part of Maine AHEC's focus on Health Equity as an overarching program goal, we have begun to more explicitly measure the diversity of Scholars recruited using the health disparity impact framework. In FY2023 Maine AHEC met our objectives for Scholar diversity recruitment as shown in the table at left.

ME AHEC Scholars	FY2023 Actual	FY2023 Projected
SEX		
Male	12	NA
Female	41	NA
GENDER		
Man	11	10
Woman	41	34
Non-Binary	1	1
LGBTQ+		
LGBTQ+	5	4
RACE/ETHNICITY		
Underrepresented Minority	6	6
RURAL		
Rural Hometown	30	22
DISADVANTAGED		
Disadvantaged	30	25
TOTAL	53	45

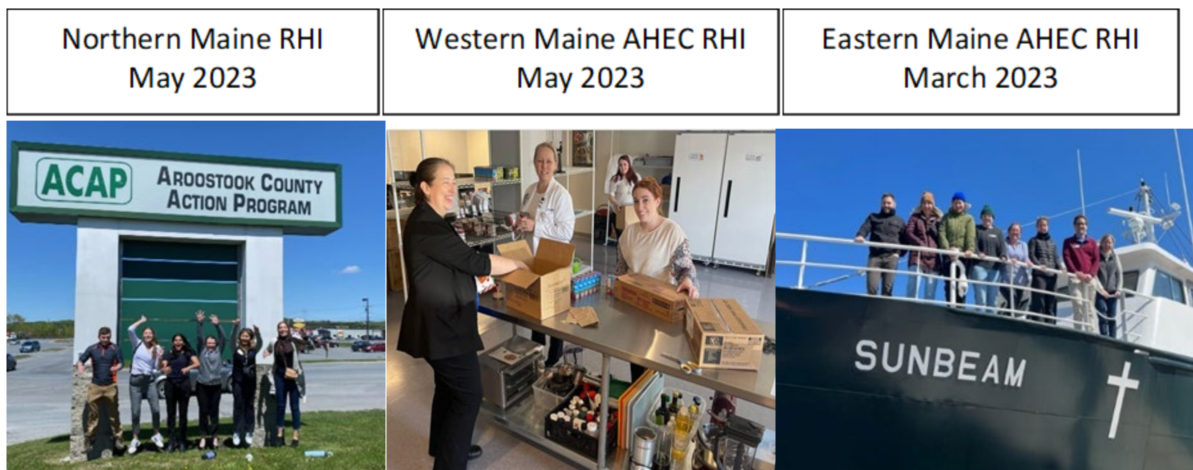
Programming

In order to receive the CUP AHEC Scholars Honors Distinction, each year students must complete:

- 40 hours of community-based experiential training including participation in at least one rural health immersion (RHI) each year (described below) and enhanced clerkship.
- 40 hours of didactic education. The didactic education occurs through a combination of 3 meetings per semester with all CUP AHEC Scholars, online modules, interprofessional campus-based events, and didactic preparation for community-based experiences. Both community-based experiential training and didactic education focus on the six HRSA core topic areas.

Rural Health Immersion: Another requirement of CUP AHEC Scholars is the Rural Health Immersion (RHI**).** RHIs are an important opportunity to provide health profession students with meaningful community-based experiences in rural and underserved communities. RHIs take place over 3–5 days in rural or underserved areas across the state, focusing on the unique public health and health care challenges of those communities. This learning opportunity combines in-class sessions with rural immersion opportunities, including interprofessional service learning, integrated clinical health experiences, and community-building efforts. Each CUP AHEC Scholar is required to complete at least one RHI. During all rural health immersions students: meet with local health care leaders; tour hospitals and community health centers; participate in community activities; experience the unique and beautiful natural setting in each site.

During FY23, eight rural health immersions took place throughout the state. Locations included: Bangor, Millinocket, Presque Isle, Farmington, and Hancock County islands.



To learn more about RHIs please view the video of the Washington County Rural Health Immersion: https://youtu.be/RptKsq0i7PU

Maine AHEC Network Case Competition: During FY21, Maine AHEC developed and launched a case competition focused on a rural Maine population and relevant health issues. In November 2022, the competition was held with groups presenting their proposals on how to address the issues highlighted in the case. The goal of the Maine AHEC Case Competition is for Maine's next generation of health professionals to develop interprofessional communication, leadership, analytical reasoning, conflict resolution, and critical thinking skills that they may not otherwise receive through their formal education and apply it to a complex population health case that focuses on systemic issues. ***The case study this year focused on oral health in the pediatric population. The case was based in Lincoln County, Maine.***
Learning outcomes include:

- Identify the social structures that produce health disparities in a vulnerable population.
- Apply population health data and research methods to identify the challenges and strengths experienced by the population.
- Explore one's personal/professional values and reflect on how they relate to the values of the patient.
- Develop a plan to address a population health issue based on best practice evidence that includes a culturally sensitive and collaborative approach.

2022 Maine AHEC Case Competition

Goal: For Maine's next generation of health professionals to develop interprofessional communication, leadership, analytical reasoning, conflict resolution, and critical thinking skills that they may not otherwise receive through their formal education and apply it to a complex population health case that focuses on systemic issues.

Focus: Lincoln County, Maine

Health Challenge: Maine's health care delivery system reflects a myriad of challenges particularly related to oral health. When paired with a neurodevelopmental diagnosis and the experience of childhood trauma, the challenges are significant.

Learning outcomes:

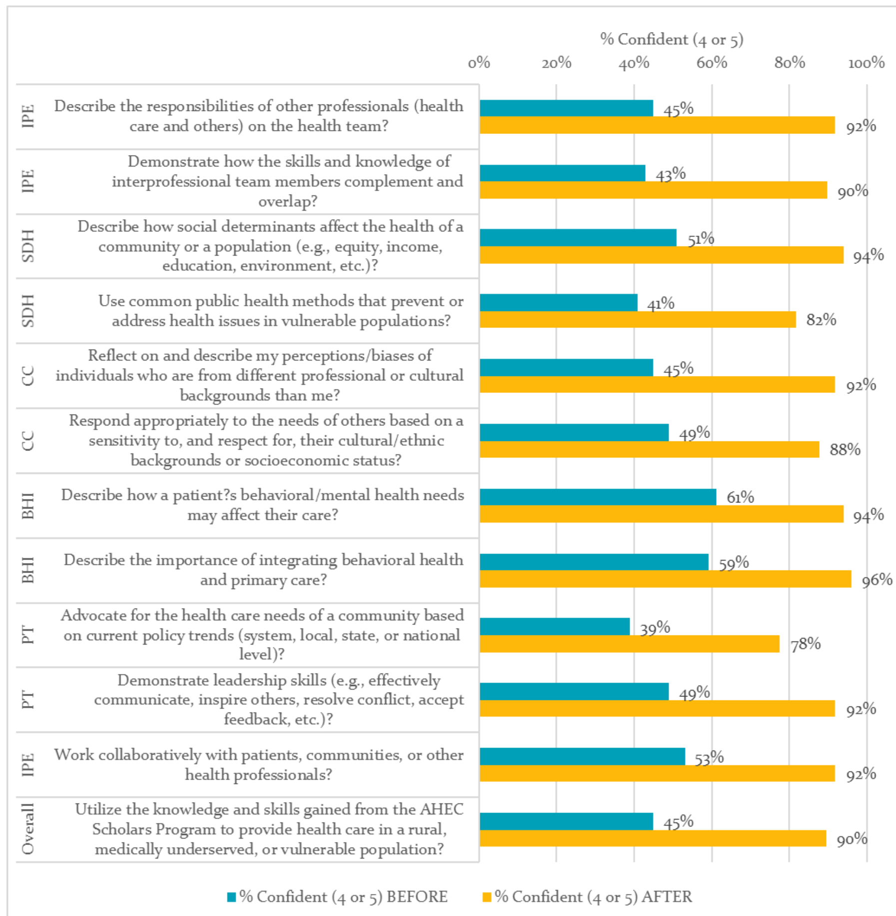
- Identify the social structures that produce health disparities in a vulnerable population.
- Apply population health data and research methods to identify the challenges and strengths experienced by the population.
- Explore one's own personal/professional values and reflect on how they relate to the values of the patient.
- Develop a plan to address a population health issue based on best practice evidence that includes a culturally sensitive and collaborative approach.

Delivery format: Scholars will be split into interprofessional teams of 4 students (some teams may have 3 students). Each team will be provided the Maine AHEC Case on April 20th 2022 and over the following six months will work in their small teams to create a case analysis which they will present as a team to a panel of judges in November of 2021.

Outcome Measures

Maine AHEC Network conducts extensive evaluation for all its programs. For the CUP AHEC Scholar Program, specific learning outcomes are measured based on the HRSA core topics. The following table demonstrates the changes in knowledge, attitude, and skills pre and post participation in the CUP AHEC Scholar Program:

NAO Scholar Evaluation Tool Results for CUP Scholars who Graduated in 2022 N=49



In FY2022, Maine AHEC successfully tracked 90% of Scholars who had graduated to date at 1-year post-graduation and found the following impacts:

- 39% practicing in Maine and 61% in New England
- 20% practicing in rural Maine and 27% practicing in a rural zip code in US.

In FY2023, tracking efforts to date have identified employment and/or residency information for 50 graduated Scholars (or 69% of FY23 graduates). Preliminary analyses indicate that at 1-year post-graduation:

- 70% are currently in residency (Cohort 1 of Scholars was made up of majority medical students)
- 22% are practicing in a medically underserved community
- 22% are practicing in primary care settings
- 10% are practicing in rural settings

Clinical Rotations

Maine AHEC Network arranged **161 clinical rotations** in Maine for medical, dental, nurse practitioner, physician assistant, occupational therapy, licensed practical nursing, medical assistant, social work, pharmacy, nursing, respiratory therapy, and other allied health students from 19 colleges, universities, and training programs in Maine and nationally. These students were placed in medically underserved and rural areas. Research shows that students are more likely to practice in communities where they trained.

Community Based Experiential Training (CBET)

Reproductive Health Leadership Program: During academic year 22-23, Maine AHEC Network developed and piloted a Reproductive Health Leadership Program for health profession students. Approximately 138 students applied for 32 spots. Students were from UNE's medical, dental, nursing, PA, physical therapy, and social work programs. The program included virtual sessions and in-person sessions conducted by Planned Parenthood of Northern New England. Student also completed a service learning component by putting together reproductive care kits.

REPRODUCTIVE HEALTH LEADERSHIP CERTIFICATE PROGRAM
A Maine Area Health Education Center (AHEC) Network – Planned Parenthood of Northern New England– UNE Service Learning Collaboration
Fall 2022 – Spring 2023

LEARNING OUTCOMES

- Understand basic terminology, theory, health disparities, and support as they relate to transgender health.
- Understand the historical context of modern gynecology and contemporary contraceptive methods with a health equity lens
- Understand the basic concepts related to abortion including types, safety, clinical considerations, and access.
- Describe the evidence-based 10 Best Practices for Contraceptive Counseling, within a reproductive justice framework, and when caring for those populations at risk of reproductive health disparities including youth
- Identify strategies for addressing health disparities in reproductive health through individual and community based approaches.

COMPLETION

Upon completion of the program, students will receive a certificate of completion and letter for their professional portfolio.
This activity can be used to complete the interprofessional training activities for the CUP AHEC Scholar Program.
The program is limited to 30 participants. Student must complete an application by September 8. Students will be informed of their acceptance by September 14. Application at: https://forms.gle/1TPMouiSEi2safWS8 For questions contact Jen at jgundermanking@une.edu.

PROGRAM STRUCTURE

September 2022 Independent Learning Due September 30	October 19, 2022 6-7:30PM Portland Campus Speaker Broadcasted	November 15, 2022 6-7:30PM Biddeford Campus Speaker Broadcasted	December 2022 Independent Learning Due January30, 2023	February 14, 2023 6-8PM Location: TBD Portland Campus
MaineTransNet & NEPHTC Transgender Introductory Primer	**PPNNE** Best Practices in Contraceptive Counseling: Part 1 *Intro to Reproductive Oppression History, Overview of Contraceptive Methods*	**PPNNE** Best Practices in Contraceptive Counseling: Part 2	**PP Video** Types of Abortions **Watch:** https://www.youtube.com/watch?v=vehnqGqStlc https://www.youtube.com/watch?v=vz3SMGWq-Q0 **National Academy of Sciences, Engineering, and Medicine** Webinar: The Safety and Quality of Abortion Care in the US Webinar https://www.youtube.com/watch?v=RsTWN947ahE **Guttmacher Institute** Reading: Abortion laws by state https://www.guttmacher.org/state-policy/explore/overview-abortion-laws	**PPNNE** Working with Youth
Time: 2.5 hours	Time: 1.5 hours	Time: 1.5 hours	Time: 1.5 hour	Time: 1.5 hours
Write a brief self-reflection after each component				
Service Learning: Create abortion and menstruation care kits during spring semester. Will require 2-3 meetings.				

Read more about the program at: https://www.une.edu/news/2023/inaugural-reproductive-health-leadership-program-concludes-kit-assembly-event

Fisherman Forum: Maine AHEC also piloted a community based experiential training opportunity at the annual Fisherman Forum. This annual forum is a gathering place for fisherman from Maine. Knowing this is population that experiences challenges for accessing health care, Maine AHEC worked with the University of Southern Maine to offer hearing screenings and hearing health education. The activity was a success and will be implemented at future Fisherman Forums. Read more about the program at: https://www.une.edu/news/2023/ceph-ahec-scholars-participate-maines-fishermans-forum

Pipeline

Health Careers Exploration Camp:

During June 2023, Maine AHEC hosted a three-day overnight camp on the UNE Portland and Biddeford Campuses. Thirty high school students participated, including 20 students from the New Mainer community in Lewiston and Portland, and 10 students from rural Maine. Students participated in hands-on programming during the day at the University's Portland Campus, and then spent the night in dorms on the Biddeford Campus in order to learn more about the college experience. Faculty and students from the University of New England delivered a variety of hands on activities during the camp. Examples of hands-on activities included students learning about careers in nursing, participating in a lesson on heart and lung function, learning to take blood pressure and pulse and listening to heart and lung sounds on a simulator. The camp is designed to give students an opportunity to learn more about potential career paths. The long-term goal of the camp is to reduce health disparities for rural and underserved communities.

Collaborative Activities

UNE College of Osteopathic Medicine student Fajar Alam (D.O., '25) recently led a virtual poster presentation on behalf of the Maine Area Health Education Center (AHEC) to a panel of judges featuring representation from the National AHEC Organization (NAO), the U.S. Health Resources and Services Administration (HRSA), and the Bureau of Health Workforce (BHW).

Alam, a Care for the Underserved Pathways (CUP) AHEC scholar, presented "Shared Learning when AHEC Scholars Develop and Participate in the Delivery of Health Career Programs for High School Students," which discussed efforts to bring together UNE health professions students and high school students from Portland and Lewiston to learn more about health careers using interactive, hands-on sessions designed by the UNE students.

Maine AHEC and its community partners at the Maine Access Immigrant Network (MAIN) and the New Mainers Public Health Initiative (NMPHI) were recently awarded a two-year, $100,000 Community Responsive Grant from the Maine Health Access Foundation to fund the initiative, with Alam serving as an AHEC health equity intern.

The project was personal for Alam, whose own experience witnessing health disparities inspired her to act.

"Growing up in a low-income area as a daughter of immigrants, I witnessed firsthand the health disparities that vulnerable communities face," Alam explained. "Being conscientious of these barriers is what inspired me to apply for the health equity intern position with Maine AHEC. This project allowed several UNE health professional school students, including myself, to work with refugee and immigrant high school students in a mentoring role, and our project showed bidirectional benefits for both groups. Presenting this project to the National AHEC Organization gave me the opportunity to speak to like-minded individuals about the importance of fostering diversity in the health care workforce and showcase how our project can be utilized as a means to do this," she added.

Staff members Zoe Hull, M.P.H., Maine AHEC Network program manager, Adina Bercowicz, B.A., project assistant, and Kira Rodriguez, M.H.S., research associate, collaborated with Alam on the poster. The poster will next be presented in person at the NAO biennial meeting in Salt Lake City later this month.

Final Remarks

The Maine AHEC Network appreciates the continued support from FAME. The allocation from FAME provides significant financial support for AHEC programming across the state with a focus on rural and underserved populations. FY23 was the first fiscal year of the HRSA five-year funding cycle. In April of 2022, the Maine AHEC Network submitted its application for another five years of funding. Maine AHEC Network was awarded for another five years.

Based on the approved proposal submitted to HRSA, new initiatives and changes at Maine AHEC Network during FY23 included:

- Re-designed the Maine AHEC Network catchment areas to work more closely with rural and unserved populations in Maine.
- Strengthening high school to health professions pipeline programs including piloting new activities with a focus on public health. This was achieved in strong collaboration with Maine Access Immigrant Network (MAIN) and New Mainers for Public Health Initiative with additional funding from Maine Health Access Foundation.
- Strengthening and establishing new mutually beneficial strategic partnerships including Maine Primary Care Association, MCD Global, and Roux Institute.

Respectfully submitted,

Jennifer Gunderman

Jennifer Gunderman, MPH
Director, Maine AHEC Network
University of New England
716 Stevens Avenue, Portland, Maine
04103-2670
T 207.221.4620 F 207.523.1914
jgundermanking@une.edu

The Maine Area Health Education Centers

The **Maine Area Health Education Centers** (AHECs) received funding of $110,000 in FY 23-24 and $110,000 in FY 24-25 through the Fund for a Healthy Maine (FHM).

This is "pass-through" money which FAME transfers to the University of New England, which helps to fund the rural health workforce development programs in the Area Health Education Centers located in Bangor, Farmington, and Presque Isle.

These funds are matched 1:1 by the Health Resources and Services Administration (HRSA) within the U.S. Department of Health and Human Services.

The AHEC network works to alleviate shortages of health professionals in Maine's rural and underserved areas by actively engaging with academic and community partners to:

- Encourage Maine youth and mid-career professionals to explore health careers and create a "pipeline" to target those Maine residents, particularly those from rural areas with the most likelihood of staying within Maine to live and work;
- Provide rural, community-based clinical training experiences for medical and other health professions students. Evidence shows that where students' initial placements occur creates a likelihood that they will return to practice in those communities; and
- Support practicing health professionals with continuing education and distance learning opportunities to train and retain Maine health professionals within the state of Maine.

Please see attached annual report for recent program highlights and details.