Testimony of Maine Public Health Association:
LD 258: An Act Making Unified Appropriations and Allocations from the General Fund and Other Funds for the Expenditures of State Government and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2023, June 30, 2024, and June 30, 2025

Joint Standing Committee on Appropriations and Financial Affairs
Joint Standing Committee on Health and Human Services
Wednesday, February 22, 2023

Good morning, Senators Rotundo and Baldacci, Representatives Sachs and Meyer, and members of the Joint Standing Committees on Appropriations and Financial Affairs and Health and Human Services. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association. MPHA is providing testimony about portions of LD 258: "An Act Making Unified Appropriations and Allocations from the General Fund and Other Funds for the Expenditures of State Government and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2023, June 30, 2024, and June 30, 2025."

MPHA is the state's oldest, largest, and most diverse association for public health professionals. We represent more than 700 individual members and 60 organizations across the state. The mission of MPHA is to improve and sustain the health and well-being of all people in Maine through health promotion, disease prevention, and the advancement of health equity. As a statewide nonprofit association, we advocate, act, and advise on critical public health challenges, aiming to improve the policies, systems, and environments that underlie health inequities – but which also have potential to improve health outcomes for all people in Maine. We are not tied to a national agenda, which means we are responsive to the needs of Maine's communities, and we take that responsibility seriously.

Fund for a Healthy Maine
In 1998, Maine was one of 46 states to settle a lawsuit with the tobacco industry. Per the Tobacco Master Settlement Agreement (MSA), Maine receives annual payments from the tobacco industry to compensate taxpayers for public costs related to tobacco use. These payments have averaged $50 million annually and are scheduled to be received in perpetuity. Maine's legislature at the time was forward thinking and established statute ("the Fund for a Healthy Maine") that outlined how the money should be spent – with an explicit focus on tobacco use prevention and treatment. Recognizing that effective tobacco prevention and treatment policy includes improving other determinants of health, including addressing challenges associated with healthcare in rural areas, the legislature also included funding for school-based health centers, oral health, and other health programs.

Over time, and particularly starting in 2013, more of these funds have been used for Medicaid reimbursement. This has meant a steady decline for prevention programming, with consistently 70% of the revenue being allocated for Medicaid reimbursement and only 30% being used for prevention activities; despite data that show it less expensive to prevent chronic diseases than to treat them. Indeed, research conducted by the Trust for

America's Health demonstrates that the Return-On-Investment for chronic disease prevention programs in Maine is $7.52 in economic output and $5.60 in health care savings for every $1.00 invested.

As you can see from the tables below, the Fund is facing a structural deficit, such that the state has allocated more monies from the Fund than it will receive from the MSA in future years. The MSA is tied to national sales of combustible cigarettes. As more people have switched to electronic cigarettes, which were not included in the original settlement, sales of combustible cigarettes have declined; thus, the state's revenue from the MSA is decreasing, and will continue to do so. **In other words, the Fund's budget is no longer sustainable.**

MPHA has a longstanding commitment to protecting the Fund for a Healthy Maine (see our 2021 Historical Report here) and advancing planful approaches to public health funding and programming in Maine. As such, **we respectfully request this legislature to actively pursue solutions to this structural deficit in the current biennium, while there are still just enough resources available to fund the Fund for a Healthy Maine baseline and time to thoughtfully consider potential solutions.**

FUND FOR A HEALTHY MAINE

	Fiscal Years 2022-2023 BUDGET			Fiscal Years 2024-2025 BUDGET		
	FY 2022	**FY2023**	**TOTAL**	**FY 2024**	**FY 2025**	**TOTAL**
Balance	31,746,116		31,746,116	49,328,321		49,328,321
Adjustments	17,271,347		17,271,347			
Revenue	54,737,749	53,616,896	108,354,645	40,629,626	37,764,351	78,393,977
Total Resources	**103,755,212**	**53,616,896**	**157,372,108**	**89,957,947**	**37,764,351**	**127,722,298**
Adjustments	-	-	-	-	-	-
Allocations	49,919,262	58,124,525	108,043,787	62,291,737	63,375,613	125,667,350
Projected Balance	**53,835,950**	**49,328,321**	**49,328,321**	**27,666,210**	**25,611,262**	**-2,054,948**

Fund for a Healthy Maine Summary

	FY22	FY23	FY24	FY25	FY26	FY27
Current Forecast	54,737,748	48,897,786	36,092,491	36,100,820		
Annual % Growth	7.20%	-10.70%	-26.20%	0.00%		
Net Increase (Decrease)	0	4,719,110	4,537,135	1,663,531		
Revised Forecast	54,737,748	53,616,896	40,629,626	37,764,351	37,764,403	37,764,455
Annual % Growth	7.20%	-2.00%	-24.20%	-7.10%	0.00%	0.00%

Public Health Nursing

MPHA is very supportive of the allocated funding for Maine's public health nursing workforce. We worked closely with Senator Brownie Carson in the 128th legislature to pass LD 1108, "An Act to Restore Public Health Nursing Services." Ensuring there are sufficient funds to support this essential sector of Maine's public health workforce should be a priority – particularly given our state's rural geography and the closing of rural hospitals and maternal and child health centers across the state.

In the words of Georges Benjamin, MD, FACP, Executive Director of the American Public Health Association, "**Public health nurses do what nobody else is doing. And what every community deserves.**" From the American Public Health Association's Public Health Nursing Definition Document Task Force (2013): "Public health nursing is the practice of promoting and protecting the health of populations using knowledge from

nursing, social, and public health sciences. Public health nursing is a specialty practice within nursing and public health. It focuses on improving population health by emphasizing prevention and attending to multiple determinants of health….While the discipline of nursing was founded on improving environmental conditions to facilitate health at the bedside, public health nurses focus on improving population health in the environments where people live, work, learn, and play."

Public health nurses support the health of entire families, including new mothers and babies, as well as older adults and patients diagnosed with TB. Public health nurses ensure their patients' medical needs are met, and that everyone in the home has what they need to be healthy, including food, heat, and social/emotional support.

Oral Health Care

In the 130th legislature, LD 1501 was included in the budget; this bill expanded the Maine CDC's School Oral Health Program to all schools. Currently, the School Oral Health Program (2022-23) serves about 220 schools with a budget of approximately $239,000, using monies from the Fund for Healthy Maine, and $194,474 in State General Funds. The proposed biennial budget keeps the funding at its current baseline, which is insufficient to enable full expansion given that there are approximately 600 schools in the state. The fiscal note for LD 1501 had projected increasing the State General Fund allocation to $464,377 for FY2024 and $587,907 for FY2025. Thus, **we are asking for a 2-year increase of $454,750 in the 2024-25 biennial budget (the amount needed over the current year's baseline allocation) to ensure the program funding reaches the level of funding needed for the full expansion by 2025.**

Nationally, 13.2% of youth ages 5-19 years have untreated tooth decay; the percentage is doubled among adults aged 20-44 years (25.9%).[1] A recent (2019) systematic review confirmed that low individual/household income is associated with more oral cancer, dental caries prevalence, any caries experience, tooth loss, and traumatic dental injuries. The review also confirmed qualitatively that low-income is associated with periodontal disease and poor oral health-related quality of life.[2]

According to the National Maternal and Child Oral Health Resource Center, "Schools are the intersection of public health programs, oral health care, and self-care. Schools therefore have a unique opportunity to enhance students' health literacy, including oral health literacy."[3] Currently, there are four components of the School Oral Health Program in Maine: education, fluoride, dental screenings, and dental sealants.[4] Dental sealants are thin coatings to prevent tooth decay; they are one of the most effective ways to protect teeth. Once a sealant is applied, a tooth is protected against 80% of cavities for 2 years, and 50% of cavities for up to 5 years.[5] Children between the ages of 6 to 11 years without sealants have three times more first molar cavities than children who have sealants.[4] Each tooth sealed saves more than $11 in treatment costs.[4]

The School Oral Health Program fills a critical gap in the oral health care system by ensuring that all kids can receive at least a screening and fluoride varnish, and assistance with follow up referrals as needed. Last fall, about 1 in 4 children screened by the program were identified with active decay; this proportion could be significantly higher in schools where the School Oral Health Program has not been available as decay rates tend to improve once schools have had the services for a few years. Funding to expand the program, as intended, is essential for supporting the oral health needs of all children in Maine.

Tobacco Prevention and Control

MPHA is grateful the Governor's biennial budget proposal provides "full" funding for the state's tobacco prevention and control program at the U.S. Centers for Disease Control and Prevention's recommended level of $15.9 million/year. These funds support statewide and local efforts to prevent tobacco use, and provide intervention and treatment programming. The funding also supports data collection and enforcement efforts.

Environmental Health
We support funding for water testing, abating, and mitigating identified contamination, as well as the installation of filter treatment systems, and other necessary actions to ensure the provision of clean drinking water. We also support funding for solid waste management to help with PFAS management.

According to data from the Maine Center for Disease Control and Prevention (Maine CDC), **56.7% of Maine households obtain their drinking water from a residential well**;[6] the highest percentage of any state.[7] Most of these residences are in rural areas, where residents are also less likely to have access to quality medical care, broadband internet, and other positive determinants of health. According to Maine CDC, 1 in 10 wells in Maine has too much arsenic, uranium, radon, or other harmful chemicals. Data from Maine's public health laboratory show that nearly 20% (16.5%) of private wells tested exceed the 10ppb federal health standard for arsenic in drinking water.[8] In some Maine communities, more than 60% of wells exceed the arsenic standard, meaning approximately 130,000 Mainers lack safe drinking water.[9] Based on state averages for age, that would include approximately 3,600 children under the age of 5 years. Arsenic contamination has been associated with cardiac disease[10,11,12,13] and depression[14] in adults, and lower verbal IQ and poorer long-term memory in children.[15]

Radon gas exposure is another concern for private well owners. According to Maine CDC, one in three homes tested will show higher than normal levels of radon; and one in five wells will have radon concentrations higher than the recommended level. The website, City-Data.com, provides a map of radon zones in Maine based on data from the U.S. Environmental Protection Agency (U.S. EPA). Radon gas exposure is the leading cause of lung cancer among nonsmokers, and second only to tobacco use in all cases. Lung cancer is the leading cancer killer in both men and women in the U.S. In Maine, the lung cancer rate is 30% higher than the national average. Unfortunately, 75% of lung cancer cases in Maine are detected late and are not treatable. Persons with lower income and those living in rural areas share a greater burden of lung cancer than persons with higher income or those living in urban areas.[16] For example:

- People with family incomes of less than $12,500 have lung cancer incidence rates that are more than 1.7 times the incidence rate of those with incomes $50,000 or higher.[17]
- People living in rural areas have 18–20% higher rates of lung cancer than people living in urban areas.[11]

PFAS is another potential source of contamination for well water. According to the U.S. EPA, PFAS are found in air, soil, surface water, and groundwater (including drinking water); food and food packaging; commercial household products; and some living organisms (where PFAS have accumulated over time).[18] PFAS do not break down and can accumulate over time. There is evidence from human and animal studies that PFAS exposure may reduce antibody responses to vaccines[19,20] and infectious disease resistance,[21] alter metabolism[22] and fertility,[23] reduce fetal growth and increase the risk of being overweight or obese.[24] A recent review of the research literature explored the relationship between PFAS exposure and children's health. Six associations with health were identified: early puberty onset, thyroid and renal function, immunity/infection/asthma, cardio-metabolic measures, and neurodevelopmental/attention.[25] What is particularly challenging about these chemicals is both their widespread use and the public's unawareness of their additive exposure and accumulation.

Given the greater risk and burden of disease among vulnerable Mainers – including persons with lower-income, those living in rural areas, and those with less access to health care, who are also likely to have later-stage disease diagnosis[26] – increasing available funding to treat contaminated wells is needed for reducing polluted drinking water and the associated health consequences for already high-risk Maine households. Clean drinking water is fundamental for good health, and we strongly support efforts to ensure safe drinking water for all people in Maine.

I would be happy to answer any questions. Thank you for your consideration.

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