March 24, 2025

Testimony of Rebecca Boulos, PhD, MPH

Dear Senator Ingwersen, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services. My name is Rebecca Boulos. I am a resident of South Portland, and a five-year member of the City of South Portland Board of Health (BoH). My term on the Board ended in December 2024, and I thought it would be helpful to provide some insight into why this legislation will support communities across Maine. I want to make it clear that I am providing this testimony as an individual and not on behalf of the South Portland BoH.

The oldest part of Maine's public health infrastructure is the establishment of LHOs. In 1885, the state legislature allowed municipalities to establish independent, local Boards of Health, which served in an advisory capacity to the LHO (this sole charge to a local BoH has not changed since 1885). Experiences in Maine during the pandemic influenza of 1918 resulted in several statutory changes. As part of these changes, LHOs and BoHs came under the direct supervision of the Commissioner of the Maine Department of Health – now the Department of Health and Human Services.

Today, LHOs are appointed by the officers of their municipality. Each municipality is required by statute to designate an LHO; if one is not named, then either the municipality's manager, first selectperson or chair of its council serves as the LHO.

Maine law provides the legal duties of an LHO. LHOs generally have these primary job roles: nuisance issues, like browntail moths, rats and bats; landlord/tenant issues; hoarding; mold; communicable disease reporting; cemeteries; and serving as a resource for connecting residents with the public health services and resources provided by the Maine Center for Disease Control and Prevention.

As noted above, statutory language related to local Boards of Health is short and straightforward. Per Title 22, §453: "Any municipality may appoint, in addition to the local health officer, a board of health consisting of 3 members besides the local health officer, one of whom shall be a physician if available in the community, and one a woman. When first appointed members of the board shall be appointed one for one year, one for 2 years and one for 3 years. Subsequent appointments shall be for 3-year terms. The local health officer shall be secretary ex officio of said board and keep a record of all proceedings. The local board of health shall constitute an advisory body to the local health officer."

Unlike most states, Maine does not have a full network of county or municipal health departments. There are two municipalities (Portland and Bangor) with their own independent health departments, which deliver a wide variety of public health services and are overseen by their city councils. Some municipalities may have a so-called health department and hire staff for specific programs – such as a school nurse, public health nurse, or LHO – or may have a local BoH; but only Portland and Bangor have recognized city health departments. Cumberland County is unique in that it has a public health department, and Sagadahoc County is unique in that it has a Board of Health, which advises the County Commissioners.

The City of South Portland's BoH was established in Ordinance #10-19/20 in 2019. To ensure alignment with the state's statute, the city adopted similar language for its local board. In South Portland, the City Council may refer specific health-related matters to the BoH for its review and recommendation, though matters must be within the jurisdiction of the LHO as defined by state and local law. Unless expressly authorized by the City Council, the BoH does not expend funds, and the BoH does not direct the work of the LHO or any other employee or appointed official of the City.

In terms of other municipalities with a BoH, Gorham and Yarmouth are the only two that I am aware of. Gorham's is the newest and its enabling language is similar to South Portland's (both model state statute). Yarmouth's is older than South Portland's, and they changed the oversight language to have a broader scope; however, their Board has been dormant. During the COVID-19 pandemic, volunteers in Yarmouth formed a task force to help the town with its response, which included wastewater testing (that assistance would be outside the scope of South Portland's BoH as it currently stands). Volunteers in Yarmouth are now reconsidering their (now named) "public health council" – what it should look like and how it should operate; they are not a recognized governmental entity at this time. Their council is managed by volunteers, and they have a strong partnership with the town's government.

During my service on the South Portland BoH, we collaborated with a local public health organization to launch a community sharps program, prepared educational materials about syringe disposal, rats, and dog waste, and updated the city's domesticated chickens ordinance. You can see the educational materials we created here. We provided support to our LHO during the emergency phase of the COVID-19 pandemic and to community members who were staying at local hotels. We worked with the city's Human Rights Commission on the city's declaration that Racism is a Public Health Crisis. If someone came forward with a question and we didn't know the answer, we knew where to look – or at least spent time trying to find the answer, including connecting residents with the appropriate city staff, and city staff with each other.

In 2021, the South Portland City Council approved funding for a Community Health Needs Assessment. The BoH oversaw that process and worked closely with an outside consultant on the work. The report, published in 2023, found that the two priority concerns for South Portland residents were Mental Health and Neighborhood/Physical Environment, including housing, climate change, and walkability. The top 5 specific health issues identified were:

- Mental health (63%)
- Substance use (47%)
- Cardiovascular disease (34%)
- Diabetes (28%)
- Mobility (23%)

None of these priority health issues fall under the purview of the LHO; and all are public health issues. As such, the BoH was unable to act on those findings because of our limited scope.

Another opportunity identified in the Assessment report was communication – both within city government and among residents. Indeed, a survey conducted as part of the Assessment found that 48% of respondents looked to the city's website for information about public health issues – the most commonly used source of such information. When the city's e-newsletter includes public health resources, they are the most clicked piece of information, again signaling community interest in health information.

The proposed scope in the legislation does not change the nature of the board's role. What it does is allow a local Board to support other municipal staff and other municipal health needs, while still prioritizing advising the LHO. With more members and a broadened scope, we could have provided additional resources, support, and information to community members, city councilors, and city staff, thus responding to the Health Needs Assessment findings and sharing information in places where community members look for health resources.

I think it's fair to say that public health challenges have changed a bit since 1885, and it seems reasonable now to explore updating the membership and scope to reflect those changes. I want to make it clear that any municipality that chooses to adopt a BoH does not need to use this language; it would just be a more helpful and modern starting place than the current language. I hope you will support this legislation. Thank you for considering my testimony.