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March 24, 2025

Senator Tepler, Chair
Representative Doudera, Chair
Members, Joint Standing Committee on Environment and Natural Resources
100 State House Station
Augusta, ME 04333-0100

Re: LD 1073 – *An Act to Amend Provisions of the Maine Metallic Mineral Mining Act to Advance Health Equity and Improve the Well-being of Vulnerable Populations*

Senator Tepler, Representative Doudera and members of the Joint Standing Committee on Environment and Natural Resources, thank you for the opportunity to provide information neither for nor against LD 1073, *An Act to Amend Provisions of the Maine Metallic Mineral Mining Act to Advance Health Equity and Improve the Well-being of Vulnerable Populations*.

Section 7 of LD 1073 requires that an applicant for a mining permit submit a human health impact assessment for the proposed mining operation that identifies all potential emissions and effects from the mining operation in a proposed mining area and affected area that can reasonably be expected to cause or threaten harm to human health and to particularly vulnerable populations. The assessment must include a baseline health data evaluation for the population surrounding the mining operation.

Maine Center for Disease Control and Prevention (Maine CDC), as the State's public health agency, offers the following comments for your consideration regarding the requirement to include a baseline health data evaluation and to monitor health status over time. We present the following as an agency that routinely reviews and compiles health data and makes such data available to the public through multiple venues including the MaineTracking Network at <https://data.mainepublichealth.gov/tracking/>.

Generally, we agree that conducting a baseline health data evaluation at some level is feasible, though we expect that external parties would likely not be able to access all the required data at the spatial or temporal levels necessary to meet the intent and requirements of the bill, and that some of the requested measures would need additional detail or definitions.

Some of the health data requested under LD 1073 Section 7 are currently being collected. Maine CDC collects or has access to data on birth outcomes, asthma hospital visits, and potentially on autism and intellectual disabilities. For some of these health data, for example measures on autism, intellectual disabilities, and asthma data could be obtained from existing data banks maintained by the Maine Health Data Organization (MHDO) or the Health Information Network (HIN), depending on measure definitions.

While the proposed type of human health impact assessment described in this amended bill is

generally feasible, we would like to identify several issues that could present challenges or prevent a non-state entity entirely from completing the assessment as described. These issues include:

- Limitations on the availability of certain health data required for the baseline health data evaluation. Specific health outcome data collected by Maine CDC or MHDO can only be released at a spatial (e.g., county or town) or temporal scale (e.g., annual or 5-year aggregates) that meet Maine CDC's privacy policy – and these scales may be larger than the 'mining area and affected area' as defined by the applicant, and/or the 2-year period prior to the application date outlined in this bill. In addition, Maine CDC does not have access to or administer datasets for several of the proposed measures, including those relating to school-based or educational eligibility or services, social services, income levels, or Tribal affiliation, and therefore cannot comment on these measures. The release of MHDO to the public is governed by rules (90-590 Chapter 120).
- Limitations on the timeliness of certain data required for the baseline health data evaluation. The bill would require a report on these measures for the 2-year period prior to the start of the mining operation, but health outcome data made available by Maine CDC and MHDO usually lag by 1-2 years.
- Lack of clarity in the definitions of certain measures required for the baseline health data evaluation. As examples, it would need to be clarified whether 'premature births' are equivalent to 'pre-term births'; the measure of 'children with intellectual disabilities' would need to be further defined to identify which intellectual disabilities should be included; and the measure of 'individuals diagnosed with asthma' would need to be clarified to identify whether it is intended to capture new incident cases of asthma during a given time period, or to capture all individuals who have ever been diagnosed with asthma living in a given area during a given time period.
- Limitations in the ability of these methods to detect any changes in the proposed measures over time, depending on the size of the mining-impacted area and the population living within it. Given the potential small size of the impacted areas, the potential for small numbers of residents to be living in those areas, and the potential even smaller numbers of cases of the measures proposed in those areas, statistical power may be insufficient for detecting any change in the measures over time as a result of mining operations.
- Limitations in the ability of the proposed measures to comprehensively capture the health impact of a mining operation, given that the list of outcomes may not capture all possible health impacts of exposure to a mining operation, and the potential for a latency period between exposure to a mining operation and the development of an associated, measurable health outcome.

We hope the information we have provided is helpful to the Committee as it considers this LD 1073.

Please feel free to contact me if you have any questions during your deliberation of this bill.

Sincerely,

A handwritten signature in blue ink, appearing to read "Anthony Va".

Puthiery Va

Director

Maine Center for Disease Control and Prevention
Maine Department of Health and Human Services