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Whiting
LD 1658

Senator Ingwersen, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services:

I am submitting this testimony to express serious concern regarding the sponsor amendment to L.D. 1658, which removes proposed tobacco tax increases but replaces them with a statutory mandate guaranteeing no less than \$65 million annually for the Fund for a Healthy Maine, along with a permanent and increasing diversion of tobacco tax revenue to that fund.

I want to be clear at the outset: I support public health initiatives and prevention efforts. The Fund for a Healthy Maine has historically supported tobacco prevention, chronic disease prevention, health promotion, and community-based programs intended to improve long-term outcomes for Maine people, including children and families. Those goals are important and worthy.

However, the mechanism and timing proposed in this amendment raise legitimate concerns.

This amendment does not merely preserve funding. It hardwires funding guarantees into statute, requiring the State Controller to ensure a minimum annual allocation of \$65 million beginning in FY 2028 and permanently diverting up to 20% of cigarette and tobacco tax revenue to the Fund for a Healthy Maine. That represents a significant policy shift and a long-term commitment that reduces flexibility for future legislatures.

What is particularly troubling is the timing. At a moment when the public is grappling with recent revelations of large-scale fraud and abuse in publicly funded health and social service systems, including Medicaid and MaineCare-funded child care programs in other states, public confidence in oversight and accountability has been shaken. In that context, moving forward with mandatory funding floors and permanent revenue reallocations without first addressing oversight gaps sends the wrong message.

This is not an argument against public health funding. It is an argument for sequencing and safeguards. Before locking in guaranteed funding levels, the Legislature should be asking hard questions about auditing practices, internal controls, verification mechanisms, and enforcement capacity. Transparency and accountability should precede expansion and entrenchment of funding structures, not follow them.

I am also concerned that this amendment shifts the conversation from outcomes to assurances. Mandated funding levels do not, by themselves, guarantee effectiveness, efficiency, or integrity. Without strong, enforceable oversight, even well-intentioned funds can be misused or fail to deliver promised results.

For these reasons, I urge the Committee to pause and reconsider this approach. Strengthening public health requires not only sustained investment, but also demonstrable accountability, rigorous oversight, and public confidence that funds are being managed responsibly. Those elements should be addressed explicitly before permanent funding guarantees are enacted.

Thank you for your time and consideration.

Respectfully submitted,
Colleen Wright Brown