

Whitney Parrish Perry
Augusta
LD 1772

January 17, 2026

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

My name is Whitney Parrish Perry, and I am a lifelong Mainer and resident of Augusta. I am writing to express my support for LD 1722, particularly the provision establishing the Maine Commission on Public Health and Prevention. I am submitting this letter in my personal capacity and not on behalf of my current employer or professional role.

I previously had the opportunity to support the establishment of the Permanent Commission on the Status of Racial, Indigenous, and Tribal Populations (PCRITP), and through that work I saw firsthand the substantial value that a nonpartisan, research-oriented commission can bring to state government, and ultimately, to the people of Maine. Although the PCRITP technically operates as an independent state entity outside of the executive and legislative branches, a core function of the commission is to conduct research and analysis at the direction of the Legislature on complex and often cross-cutting issues facing the state, such as maternal health disparities and restorative justice program infrastructure and capacity. This model has demonstrated how rigorous, policy-relevant research can meaningfully inform legislative deliberation and decision-making.

A public health commission like the one proposed in LD 1722 could provide similar benefits. By producing trusted, methodologically sound analysis grounded in Maine-specific data, when possible, such a commission would offer lawmakers a stable and credible source of evidence across administrations and political cycles. This capacity strengthens the Legislature's ability to craft policy that is sound and effective.

Importantly, the establishment of a dedicated public health research and advisory body would also help reduce strain on nonpartisan legislative staff employed by OPLA, who, as you know, are routinely tasked with supporting a wide range of broad and highly specific policy areas under extremely tight timelines. While legislative staff provide invaluable support, they are often required to respond quickly to current or emerging issues without the benefit of specialized, sustained research capacity. A commission focused specifically on an area that indisputably impacts every Mainer—health—would complement existing staff expertise by providing more specific content expertise when needed and the ability to conduct deeper, longer-term analyses. This would allow legislative staff to focus on their core functions while lawmakers have access to high-quality public health evidence and recommendations.

Equally important, a commission of this nature can serve as a connective bridge across branches and agencies. State government, regardless of leadership, is often challenged by siloes that can slow coordination and impede comprehensive problem-solving. In my experience, this kind of model has the potential to improve communication and relationships and produce timelier and coordinated strategies for dealing with complex challenges or emerging issues. The result is more efficient use of public resources and better outcomes for Maine people.

For these reasons, I support LD 1722 and the creation of a Maine Commission on Public Health and Prevention and urge thoughtful consideration of its long-term value to state governance and public well-being. Thank you for your time and consideration.

Whitney Parrish Perry
Augusta