

**Testimony in Support of Budgeted Funds for Public Health Nursing**  
Committee on Appropriations and Financial Affairs

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Good afternoon, Senator Rotundo, Representative Sachs, Senator Baldacci, Representative Meyer,

I am Brownie Carson, a resident of Harpswell. I was privileged to represent Senate District 24 in this legislature from 2016 until 2020. Thank you for the opportunity to appear before you today to testify in support of rebuilding Maine's Public Health Nursing Service, funds for which are contained in the proposed biennial budget.

I would like to bring a few of the voices from the public hearing on *LD 1108, An Act to Restore Public Health Nursing Services*, into this room today. There were many citizens who supported LD 1108 back in 2017. And their presence made a difference. The bill was finally enacted by bipartisan votes of 31-4 in the Senate and 101-34 in the House. Today, and going forward, we must continue the task of strengthening the corps of public health nurses whose work is vital to the wellbeing of Maine residents.

I will quote briefly from several pieces of testimony offered before the HHS Committee, April, 2017:

**Peter Elias, Family Practice MD, Lewiston-Auburn**

Primary care is a team effort. In my forty years of medical practice, public health nurses were important members of the care team. They provided essential home-based services including prenatal and infant care, care for the homebound elderly, infectious disease prevention and treatment, and care of chronic disease. Their services reduce the need for expensive hospitalizations and nursing home care. Even if we, as individuals, never see a public health nurse, we benefit from their work.

**Mark Brown, Chief of Pediatrics and Neonatal Medicine, Eastern Maine Medical Center:**

Over the years, I and many other doctors have worked very closely with Bangor and county-based PHNs. Alarming, since these nurses ranks have virtually disappeared, accurate and timely assessment of babies safety has suffered. In the past, before our patients left the EMMC post-partum unit with their babies, we were able to refer all babies to PHN s who had great success at mitigating high risk issues. These nurses were outstanding at physical assessment and really knew the communities and resources and how to mobilize them to make them work for such patients. Now signs of

complications or assessment of risks for those babies mentioned above are not even recognized because nurses are not on the case.

**Eric R Brown, MD, Family Medicine, EMMC.**

In the process of training new doctors for Maine communities, I get to work with a lot of high risk pregnant patients in high risk families: for example, families experiencing substance abuse, domestic violence, and child abuse. We treat the largest percentage of pregnant moms addicted to opioids in the state with medically assisted treatment with Buprenorphine. To do this well, we need to collaborate as a team with other community intervention and prevention partner resources for the best outcomes for our infants as well as adults.

If we really care about having healthy babies who turn into healthy adults, we need the whole contingent of Public Health Nurses to maintain a strong, proactive safety net for families at risk as well as the rebuilding the decimated more traditional public health duties and infrastructure.

**Melissa Burch, MD; Cynthia Wibberly, Family Practice, Bangor**

Ten years ago, we could count on a public health nurse to visit new mothers struggling with their newborns. This was especially crucial when mother, baby, or both had medical problems that put the baby at risk. These home visits can significantly reduce the risk of an expensive hospital readmission. All too often now, no PHN is available.

**Sue Mackey Andrews, Dover Foxcroft:**

Many times, the medical / health issues of these babies (affected by substance use disorder) are not readily apparent. They emerge sometimes slowly, unnoticed; often coupled with maternal depression, complicated by poverty, food insecurity, etc. It takes a trained eye to notice - and to identify - and to respond. Maine Families home visitors are not clinically trained in these delicate and often complicated signs.

**Rita Furlow, Maine Children's' Alliance**

By meeting families where they are, in the home, the role of public nurses ranges from education and outreach support to direct health care services, with the goal of improving health outcomes of entire communities. They provide pregnancy education, newborn/infant assessment, breastfeeding support, communicable disease control, lead poisoning management and so much more. As a result, Maine children of all socio-economic backgrounds can get a strong start to life and receive routine, preventative care, which is critical for their physical, cognitive, social and emotional growth and development.

**Dervilla McCann, Chief of Population Health, Central Maine Health Care.**

A key question that should be asked at today's hearing is why we have a need for public health nurses. The reason is simple. We have a public health system for the same reason we have police, and firemen, and the military. These groups all serve to protect us from threats.

In 2009, the H1N1 pandemic occurred, leading to an extraordinary collaboration between the national and state CDC. In the case of Maine, our response was to inform

the public, mount an intensive vaccination program using our public health nurses in schools, and to distribute an antiviral agent in confirmed cases of the disease. It is estimated that over 500,000 people died world wide during the pandemic, particularly in low income countries. Over 12, 000 of these deaths occurred in the US. Pregnant women and young adults were particularly impacted, *but in the state of Maine, we had not one pediatric death.* We were prepared, and our public health system was effective.

**Stephen Sears, M.D. Infectious Disease Specialist**

The citizens of Maine expect their Public Health Department to identify contagious diseases and they expect to be protected. To provide this protection, Public Health Nurses are the vital link in protecting all of us when outbreaks occur and outbreaks will occur. Let me be more specific: during my time as State Epidemiologist, I can easily recall several outbreaks affecting Maine citizens that needed the Public Health Nurses to respond to help prevent illness and minimize morbidity and mortality. ..

For a Public Health program to be effective, there needs to be a fully-functioning surveillance system and an active and proactive system to intercede in disease prevention - that is PHN.

**Jan Morrisette, Maine Public Health Nurse for 26 years, Director, Maine PHN, 2005-2011.**

PHNs have a strong role in infectious disease outbreak control. PHNs provide directly observed therapy (DOT) for tuberculosis (TB). It is imperative that people with TB take medication daily without fail, often for 6 - 9 months. If days are dropped, then resistance to the medications grows, which has become a major health problem. So, PHNs fill a critical gap by visiting or contacting those patients every single day to make sure they're taking their medications appropriately. No other workforce is funded to do, or can do this. During FY 2010 PHNs devoted a total of 4,919 hours to TB control activities.

As you can see from this testimony, and as was the central theme of dozens of other statements in support of public health nursing six years ago, the core of PHN work is prevention of serious disease. Yes, public health nurses treat individuals at home in their communities (think direct observation of medication for TB). But they also keep watch on the health of children (especially newborns and kids with problems in their early weeks and months) and families (issues like post-partum depression, domestic abuse), and monitor the health of our communities, watching for outbreaks of infectious disease. The physicians quoted above told story after story, giving powerful examples of how public health nurses help keep us healthier and safer.

We need to grow their numbers, and allow them to do more to protect our most vulnerable neighbors.

Yesterday, while searching the DHHS website to find out how many vacant PHN positions are open and posted, I found just one--a PHN is being sought for "district lead," in Augusta. Perhaps other postings have recently closed, and some new PHNs hired. I hope so.

If you look further at DHHS jobs posted, you will find thirteen (13) positions posted for child protection case workers. Candidates are being sought for child protection casework across the state: Sanford, Machias, Biddeford, Houlton, Caribou, Ellsworth, Bangor, Rockland, Lewiston, Portland, Skowhegan, Augusta. Judging from these postings, our children and families are very much at risk in many places.

Maybe, just maybe, if we were hiring more public health nurses, there would be less need for child protection, and families would be healthier and safer, both mentally and physically. Listening to the voices of people like Drs. Elias, Mark and Eric Brown, and Burch, plus the others who see the value of stronger public health infrastructure, I believe that strategy should be pursued.

Thank you.