Committee on State & Local Government

Testimony of Mary Bonauto, GLBTQ Legal Advocates & Defenders, alongside EqualityMaine, OUT Maine, MaineTransNet, Maine Chapter of the American Academy of Pediatrics, Portland Outright, Maine Council on Aging, and Maine Women's Lobby

in Support of LD 1948, "An Act to Amend the State's Data Governance Program Regarding Proprietary Data" – OTP-A

February 6, 2024

Good afternoon, Sen. Nangle, Rep. Stover, and Honorable Members of the Joint Standing Committee on State and Local Government. My name is Mary Bonauto, and I am a Maine-based attorney with the nonprofit GLBTQ Legal Advocates & Defenders. GLAD uses strategic litigation, public policy advocacy, and public information in New England and nationally to create a just society free of discrimination based on sexual orientation, gender identity, and HIV status, and to advance equity and equality for racial and economic justice. Together with our partners at EqualityMaine, OUT Maine, MaineTransNet, Maine Chapter of the American Academy of Pediatrics, Portland Outright, Maine Council on Aging, and Maine Women's Lobby, we strongly support LD 1948, "An Act to Amend the State's Data Governance Program Regarding Proprietary Data."

This legislation builds on the legislation establishing a data governance program for Maine in 2022 (LD 1610, 130th Legis.). That bill was a necessary corollary to LD 2 (also enacted in 2022), which authorized the creation of racial impact statements on legislative proposals. These initiatives have been led consistently by Speaker Talbot Ross. Alongside others, we urged the legislature to "continue to find ways to ensure that *all* of our community members count and are counted."[1]

This amended bill moves us closer to that day when more Mainers count. This bill addresses the predicates necessary for a robust data program already established by LD 1610. First, it clarifies that data, information and records obtained by the data governance program are not proprietary to the agencies. Second, it requires the key actors to move this forward – the Department of Administrative and Financial Services (DAFS), the Secretary of State, and the Permanent Commission on the Status of Racial, Indigenous and Tribal Populations – to create a statewide plan by Feb. 15, 2025 to meet existing legal requirements under 1 MRS sec. 547 (codification of LD 1610), and to do so with fidelity to record retention and privacy standards. Crucially, it also requires DAFS (Office of Information Technology) to work with designated agency personnel to inventory the demographic data collection within agencies and to develop definitions and standards for designated demographic characteristics. It also allows for a stakeholder review yearly, to the extent resources exist.

The amended bill would do the work required for Maine to be able to harmonize data collection efforts across agencies, with respect to various demographics, and up and down the State. More broadly, improving data collection efforts will help Maine assess the efficacy and efficiency of existing policy interventions, whether they are appropriately targeted, and even whether they may have unintended consequences. It will highlight particular populations and places that need more or urgent focus in

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[1] Destie Hohman Sprague, Testimony in Favor of LD 1610 (Feb. 14, 2022), https://www.mainelegislature.org/legis/bills/getTestimonyDoc.asp?id=10004813.

governmental policymaking and agency programs so our government can be smarter, better, and more efficient in helping Maine people thrive.

We are particularly excited and grateful that this bill will develop the information necessary for effectuation of the data governance program contemplated by LD 1610 so that we can begin to understand how our population fares across race and ethnicity lines, particularly for Black and Indigenous populations which have been overlooked in the past. Many of the State's public health reports are outdated[2], although Covid-19 searingly demonstrated the disparate impact of Covid in Black, Indigenous and immigrant populations.

Finally, we would appreciate expansions to the list of characteristics because people of all ethnicities and races also have a location, a sex, an age, a sexual orientation, a gender identity and so on. We would like to see the three key stakeholders, with appropriate consultation, use this time to prepare an expansive inventory and comprehensive definitions and standards to encompass all Maine people.

We are also including in our testimony a few examples of how improved data collection has resulted in better outcomes for marginalized communities in Maine and in other states. Locally, the Maine Council on Aging (MCOA) worked with South Portland and Hallowell to consider a data-informed approach to policy. Alongside the Health Information Exchange, the MCOA developed a data dashboard on health outcomes for elderly residents in these two municipalities. The data revealed that Hallowell needed more integration between various service providers, leading to policy changes in the municipality. Similarly, the data dashboard helped South Portland prioritize the most significant metrics, which was reducing falls for older residents.[3]

States have used data to improve their child welfare programs. For example, the Center for the Study of Social Policy worked with child welfare organizations in Michigan and Hawaii to improve racial data collection practices in those state agencies. In Michigan, the improved data provided insights about racial disparities in its centralized intake program, and bolstered efforts for racial equity in the placement process.[4] Similarly, in Hawaii, new data collection highlighted a previously understudied issue with the separation of Native Hawaiian sibling groups during the foster care placement process and led to new policy on sibling visitation.[5]

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[2] Maine Center for Disease Control & Prevention, Maine Public Health Data Reports, https://www.maine.gov/dhhs/mecdc/phdata/health-disparities/index.htm, last accessed Feb. 6, 2024. *But see* Pizzonia C, Lichter EL, Teach F, Birkhimer N, Morian-Lozano E. *The Way Health Should Be: Social Determinants of Health in Maine 2019.* Augusta, Maine: Maine Center for Disease Control and Prevention, at p. 1 (noting health inequities can be caused by "social conditions" meaning "[a]person or group being treated differently because of their race, sex, class, sexual orientation, or immigration status" as well as "economic conditions" such as "[u]nequal access to educational and employment opportunities influence income" and "environmental conditions" including "[w]here you live … and "neighborhood conditions, economic opportunities, school quality, access to healthy food, opportunities for physical activity, exposure to violence, exposure to environmental harms, and social support").

[3] Sharon Williams and Laura B. Plunkett, *Opportunities to Improve Data Sharing to Support Community Health,* National Council on Aging (Mar. 17, 2021), https://www.ncoa.org/article/opportunities-to-improve-data-sharing-to-support-community-health.

[4] Center for the Study of Social Policy, *Using Demographic Data to Advance Equity: Insights from the Data 4 Equity and Action Lab* (Nov. 2023) at 6, https://cssp.org/wp-content/uploads/2023/11/D4EA_Leveraging-Demographic-as-Tool-for-Advancing-Equity-Final-1.pdf.

[5] *Id.* at 7.

This bill also improves data sharing among agencies and with the State as contemplated in 1 MRS sec. 547 (codification of LD 1610). In turn, there will be beneficial effects for public policy analysis and implementation. For example, Allegheny County, Pennsylvania used a "data warehouse" with data from across all of its social services (previously cabined to particular programs and services) to address racial disparities in child welfare services, prioritize limited resources in homeless shelters, and reduce opioid overdoses by creating new links with other human services data.[6] Additionally, Pennsylvania also used data from its Property Tax and Rent Rebate program to inform its outreach for a prescription program for at-risk seniors, resulting in 389,000 more seniors accessing that program.[7] Finally, Kentucky maintains a centralized database of educational data linked to individual students that allows it to answer a range of education-related policy questions with a robust research base.[8]

For all of these reasons, we strongly urge the committee to vote "ought to pass" on LD 1948. Thank you.

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[6] Jane Wiseman, *Silo Busting: The Challenges and Success Factors for Sharing Intergovernmental Data,* IBM Center for The Business of Government (2020) at 15-16, https://www.businessofgovernment.org/sites/default/files/Silo%20Busting.pdf.

[7] Jeneé Y. Saffold et al., *Data Sharing to Build Effective and Efficient Benefits Systems: A Playbook for State and Local Agencies*, Benefits Data Trust (Jan. 2023) at 18, https://bdtrust.org/data-sharing-to-build-effective-and-efficient-benefits-systems_january-2023.pdf.

[8] Wiseman, *Silo Busting* at 34-35; Sallyann Bergh et al., *How States Use Data to Inform Decisions*, Pew Charitable Trusts (Feb. 2018) at 26, https://www.pewtrusts.org/-/media/assets/2018/02/dasa_how_states_use_data_report_v5.pdf