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Harpwell, Maine
February 24, 2025

Good afternoon, Sen. Rotundo, Rep. Gattine; Sen. Ingwersen, Rep. Meyer, members of the Joint Stand Committees on Appropriations and Health and Human Services.

Thank you for this opportunity to speak in support of essential funding for Maine's public health nursing service, and to offer a little background on that service. The nurses who do this work play a crucial role in assessing the condition of the health of our residents and communities, responding to outbreaks of infectious disease, caring for at-risk newborns and their moms, and connecting families to vital services when health problems threaten their well-being. For a list of duties named in statute, see LD 1108, Public Law Chapter 312, 2017.) For the MeCDC description of services, please see: <https://www.maine.gov/dhhs/mecdc/public-health-nursing/our-services.shtml>.

For those who are students of public health issues and policy, you will recall that Public Health Nursing (PHN) was founded in Maine in 1920--so it has been around for over 100 years. At one time, there were more than 80 public health nurses caring for our citizens. In 2010, the PHN service published its 90th annual report, documenting in detail the services provided, types of visits and hours spent with different populations on a wide variety of health problems. Its accountability and value were there for all to see.

In 2011, the LePage administration decided to eliminate PHN. When I arrived in the senate in 2017, the PHN service was at less than 1/3 strength, with 15-17 nurses deployed across the state. Travel time for rural appointments was long, support was minimal, and morale was low. Nurses got the message--they were not valued. Fewer and fewer home visits for at-risk newborns were made each month; infant mortality was on the rise; and there were too few PHNs to track and address infectious disease outbreaks, including TB. There was a serious hole in Maine's public health infrastructure.

The 128th Legislature's campaign to restore public health nursing was an exceptional, bipartisan effort. I wrote the bill and was lead sponsor. Senators co-sponsoring LD 1108 were Republicans Paul Davis of Piscataquis, Roger Katz of Kennebec, Joyce Maker of Washington, and David Woodsome of York. House co-sponsors were Republicans Richard Malaby of Hancock, Heidi Sampson of Alfred, Will Tuell of East Machias, and Democrats Anne Perry of Calais, and Denise Tepler of Topsham. The final tally came late on the last day of the session, August 2nd, on the question of whether to override the governor's veto. The votes were 31-4 to override in the Senate, and 101-34 in the House. With passage of LD 1108, An Act to Restore Public Health Nursing Services, the hard work of bringing back this important service began. Dr. Shah was a strong supporter, and was a key advocate early in the new Mills administration. But, COVID 19 derailed that effort, and progress was slow for several years. However, the legislature consistently appropriated necessary funds to continue rebuilding. Dr. Va took the baton when she became CDC

director. As you likely know, she recently told the HHS Committee that all PHN positions are now filled. This is such good news for Maine!

According to information provided by MeCDC in January, 2025, public health nurses are now serving Maine people from these locations:

Augusta/Central Office	5
Sanford/Portland	10
Lewiston	9
Rockland	4
Augusta/western Maine	8
Bangor/Tribal service	7
Machias/Tribal service	3
Caribou/Fort Kent	5
Total	51

For a thorough understanding of the extraordinary services provided by these nurses every day as they help meet the needs of our citizens and communities, I encourage you to take time to read a sampling of the testimony offered by 59 people--physicians, nurses, community leaders, educators, business owners, social workers, and others--who testified at the 2017 hearing about the value of public health nursing. Testimony may be found at: https://legislature.maine.gov/bills/display_ps.asp?snum=128&paper=SP0362PID=1456#. I distinctly recall Dr. Mark Brown, Chief of Pediatrics and head of neo-natal intensive care at EMMC, telling the HHS Committee about how much better (and less costly) it is to have a public health nurse helping an at-risk newborn thrive at home rather than having to admit that baby to the hospital for intensive care.

Most importantly for today, I simply want to say **"Thank you"** to legislators, past and present, especially those on these two committees ever since 2017, who have steadfastly supported Maine's public health nurses. This work is hard, for all the reasons stated above and more, and it is generally not well known or understood. Because there is no line item for "public health nursing" in the state budget, cost figures must be drawn from the CDC, other DHHS maternal and child health nursing services, and related expenses. The total cost is modest, approximately \$5.7 million per year with all positions filled, and represents an excellent investment in the public health of our citizens.

It is a pleasure to return to the statehouse for the purpose of saying "Job well done" and "Thank you" to legislators who believe in supporting essential public health services, particularly public health nursing. Please continue this important work.

Maine Center for Disease Control & Prevention

An Office of the Maine Department of Health and Human Services

DHHS → MeCDC → Division of Public Health Nursing → Our Services

Sat 22 Feb 2025

Our Services

The Maine Public Health Nursing (PHN) Division was established in 1920. For over 100 years, Maine's PHN Division has provided vital services and support in every county in Maine to vulnerable populations in the home and in communities. Public Health Nurses (PHNs) routinely provide maternal and child health support and education, adult health services, communicable disease control and prevention, and New Mainer health services. Additionally, PHN offers professional expertise within community and stakeholder groups, facilitates immunization clinics, and plays an active role in protecting our communities in the event of disaster.

Maternal Child Health Services

PHNs provide in-home or virtual health services available to all prenatal and postpartum individuals and infants. All services are provided at no cost. Our nurses provide education, nursing assessment, and feeding support during pregnancy and after birth. Our nurses are Certified Lactation Counselors. A PHN can address concerns you have with your pregnancy or birth, can answer your health-related questions about you or your baby, and connect you with resources and services to support the health of your infant and family. Maine's CradleME referral program is a critical part of the PHN Division. If you would like to enroll yourself or someone else into the program, please visit CradleME.

Tuberculosis

PHNs work closely with the Maine CDC Tuberculosis Control Program to provide nursing case management and assessment services for individuals in Maine with latent and active tuberculosis.

For healthcare providers: If you would like to make a referral for LTBI treatment please complete this referral form.

Immunizations

The Public Health Nursing Division can work with individuals, schools, and community partners to identify individuals in need of recommended vaccinations and can provide those vaccinations at no cost. For those with limited access to healthcare or no other means of obtaining vaccinations, PHN can help. For more information, please complete a PHN referral form.

Public Health Emergencies

During the COVID 19 pandemic, Maine's PHNs answered the call to action and adapted to Maine's changing public health needs. PHNs served on strike teams, investigated case contacts, provided COVID vaccinations in homes to those most vulnerable, at mass vaccination clinics, and maintained essential PHN services. Public Health Nursing remains dedicated to emergency response and continues to train and prepare staff to respond when an emergency occurs.

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STATE OF MAINE

IN THE YEAR OF OUR LORD

TWO THOUSAND AND SEVENTEEN

S.P. 362 - L.D. 1108

An Act To Restore Public Health Nursing Services

Be it enacted by the People of the State of Maine as follows:

PART A

Sec. A-1. 22 MRSA §1963, sub-§3, as amended by PL 1995, c. 502, Pt. D, §4, is further amended to read:

3. **Provide nursing services.** To provide, ~~at the discretion of the director,~~ nursing services in communities that lack these services or in which these services are inadequate according to established standards; ~~and. The Public Health Nursing Program shall provide to communities within the State nursing services, including, but not limited to:~~

A. Treatment of and support for drug-affected babies and their parents;

B. Assistance with public health emergencies, including, but not limited to, outbreaks of infectious disease, natural disasters and bioterrorist attacks;

C. Early identification of children at risk of potential adverse childhood experiences to prevent future mental health and physical health issues;

D. Support for chronic disease management to prevent costly hospitalizations and assistance to persons with chronic diseases who may not have health coverage;

E. Early identification of persons at risk of domestic violence and referrals to community-based services as appropriate to those persons;

F. Support for the public health infrastructure under chapter 152, including, but not limited to, the district coordinating councils for public health as defined in section 411, subsection 3 and local public health officers and the creation and implementation of district public health improvement plans; and

G. Assistance with the public health assessment and planning responsibilities of the Maine Center for Disease Control and Prevention and hospitals located within the State;

H. Support and education for prenatal clients, parents and newborn infants who are at risk for health challenges;

I. Support for activities of programs within the Maine Center for Disease Control and Prevention, including, but not limited to, the Universal Childhood Immunization Program under section 1066 and environmental health and tuberculosis programs;

J. Support for activities of programs that serve refugee and immigrant health services programs; and

K. Support for the assessment of unmet health needs in the elderly population, especially in rural areas, and assisting elderly persons in finding and receiving medical or community-based services; and

Sec. A-2. 22 MRSA §§1964 and 1965 are enacted to read:

§1964. Required staffing

Notwithstanding any other provision of law, and without further approval or justification, the department shall promptly fill all public health nurse positions within the Public Health Nursing Program for which funding is provided.

The department shall widely post public notices for public health nurse vacancies under this section on publicly accessible state websites and in other appropriate locations. Public notice must be posted within 30 days of the effective date of this section for vacancies then existing and within 30 days of each subsequent vacancy that occurs. The department shall recruit and hire qualified individuals for these vacant positions.

Notwithstanding any other provision of law, the department may not transfer or otherwise repurpose any funds appropriated or allocated for the salaries, benefits and other costs of public health nurses and the services they provide.

§1965. Required office space; support for staff

The department shall provide office space and support services on a regional basis for the staff of the Public Health Nursing Program to the full extent of required staffing provided in section 1964 in order to derive the maximum benefit from the professional skills of public health nursing staff and to minimize unnecessary driving time.

PART B

Sec. B-1. Staffing levels. The staffing for the Public Health Nursing Program, established in the Maine Revised Statutes, Title 22, chapter 408 and required by Title 22, section 1964, must be achieved as soon as possible after enactment of this Act, but no later than March 1, 2018.

Sec. B-2. Report. The Director of the Public Health Nursing Program under the Department of Health and Human Services shall report in writing to the Joint Standing Committee on Health and Human Services by December 15, 2017 and February 15, 2018 on the progress of the department in achieving full staffing of the Public Health Nursing Program as required by the Maine Revised Statutes, Title 22, section 1964.