



Maine Public Health Association

Testimony of Maine Public Health Association Regarding:

LD 210: An Act Making Unified Appropriations and Allocations from the General Fund and Other Funds for the Expenditures of State Government and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2025, June 30, 2026, and June 30, 2027

Joint Standing Committee on Appropriations and Financial Affairs
Joint Standing Committee on Health and Human Services
Room 228, State House
Monday, February 24, 2025

Good afternoon, Senator Rotundo, Representative Gattine, Senator Ingwersen, Representative Meyer, and distinguished members of the Joint Standing Committees on Appropriations and Financial Affairs, and Health and Human Services. My name is Rebecca Boulos, and I am Executive Director of Maine Public Health Association. I grew up in Maine and currently reside in South Portland. I am here today to present testimony about allocations related to the Fund for a Healthy Maine in the Governor's proposed Biennial Budget.

MPHA is the state's oldest, largest, and most diverse association for public health professionals. We represent nearly 850 public health professionals and 70 organizations across Maine. Our mission is to advance the health of all people and places in Maine.

Fund for a Healthy Maine

In 1998, Maine was one of 46 states to settle a lawsuit with the tobacco industry. Per the Tobacco Master Settlement Agreement (MSA), Maine receives annual payments from the tobacco industry to compensate taxpayers for the health harm and financial cost related to tobacco use. These payments have averaged \$50 million annually and are scheduled to be received in perpetuity. Maine's legislature at the time was forward thinking and established statute ("the Fund for a Healthy Maine") that outlined how the money should be spent – with an explicit focus on tobacco use prevention and treatment. Recognizing that effective tobacco prevention and treatment policy includes improving other determinants of health, including addressing challenges associated with healthcare in rural areas, the legislature also included funding for school-based health centers, oral health, and other health programs.

Over time, and particularly starting in 2013, more of these funds have been used for Medicaid reimbursement. This has meant a steady decline for prevention programming, with 70% of the revenue being consistently allocated for Medicaid reimbursement and only 30% being used for prevention activities; despite data that show it's less expensive to prevent chronic diseases than to treat them. Indeed, research conducted by the Trust for America's Health demonstrates that the Return-On-Investment for chronic disease prevention programs in Maine is \$7.52 in economic output and \$5.60 in health care savings for every \$1.00 invested. The numbers clearly show that investing in disease prevention is a good deal for Mainers.

The Fund is facing a structural deficit, such that the state has allocated more monies from the Fund than it will receive from the MSA in future years. The MSA only includes combustible cigarettes; new and popular tobacco products – like e-cigarettes and synthetic nicotine pouches – were not included in the Agreement. As sales of

combustible cigarettes have declined, the state's revenue from the MSA is decreasing, and will continue to do so. In other words, the Fund's budget is no longer sustainable.

It's good news that the Governor's budget proposal does not appear to make cuts to current FHM programs. This acknowledgment of the importance of prevention, and its return on investment, is much appreciated among Maine's public health professionals. However, the budget proposal does include a concerning restructuring of the FHM. The Governor's proposed budget moves \$22.1M in FHM baseline allocations for programs and positions to the General Fund, plus another \$1.2M to a lead prevention special revenue account. This restructuring would convert the tobacco settlement to being used almost exclusively for MaineCare, rather than multiple interconnected and essential prevention initiatives. This also disconnects Maine's tobacco prevention and treatment programs, as well as other prevention initiatives, from their naturally aligned funding source.

While this restructuring may appear to resolve the structural deficit in the Fund, there is no practical benefit to moving FHM programs to the General Fund, only potential downside. FHM prevention programs that have been investing in healthy kids and communities for decades could be lost if competing for taxpayer dollars. It's important to keep the Fund intact and keep it focused on prevention.

We have seen this structural deficit coming for several years. To identify possible strategies, the 131st Legislature passed LD 1722, "Resolve, to Establish the Blue Ribbon Commission to Design a Plan for Sustained Investment in Preventing Disease and Improving the Health of Maine Communities." The legislation, sponsored by Senator Rotundo, and funded by private philanthropy, enabled a bipartisan group of legislators, representatives from the Office of the Maine Attorney General, the Governor's Office, and experts from various sectors in public health to come together and identify strategies for sustainably funding public health programs in Maine – including resolving the structural deficit in the Fund for a Healthy Maine. One of the recommendations that emerged – with unanimous support and two abstentions – was to allocate a portion of the state's tobacco tax to the Fund. I was honored to serve on this Commission with Senator Rotundo, Representative Graham, Representative Ducharme, and Senator Bennett and the 10 other Commissioners.

This opportunity remains available to us now. By moving a percentage of Maine's overall tobacco excise tax revenue into the FHM each year, prevention programs will not need to be moved to the General Fund. There is no fiscal impact on making this structural adjustment and keeping the Fund intact. Creating an annual stream of tobacco excise tax revenue into the FHM further strengthens the alignment of funding sources and uses.

Maine can be proud of our FHM legacy. We have consistently used the Fund for supporting the health of Maine people when most other states have let the opportunity of the tobacco settlement slip through their fingers. We can and must protect Maine's only dedicated source of funding for public health and prevention by securing the Fund for future generations.

MPHA has a longstanding commitment to protecting the Fund for a Healthy Maine ([see our 2021 Historical Report here](#)) and advancing planful approaches to public health funding and programming in Maine. Please help us secure the Fund for the Future.

Lead Prevention Funding

We support the proposal to increase the per gallon paint fee from \$0.25 to \$0.75 to support the Lead Poison Prevention Fund, which supports various activities to prevent lead exposure. Lead exposure causes serious health problems, particularly among young children. Their smaller, developing bodies increase their susceptibility to absorbing and retaining lead, leading to a range of possible detrimental health effects, including headaches, stomach pain, behavioral problems, anemia, and deficits in cognitive function. Lead is particularly dangerous because once it is absorbed; it is distributed throughout the body, which is why these health impacts I just listed cross our body systems. Most lead ends up in bone, where it can interfere with the production of

blood cells and the absorption of calcium, an essential mineral for bone development, muscle contraction, and nerve and blood vessel function.

Public Health Nursing

In 2017, MPHA joined dozens of advocates in supporting LD 1108, “An Act to Restore Public Health Nursing Services.” This bipartisan legislation, sponsored by the Honorable Brownie Carson, restored Maine’s public health nursing workforce. We support continued funding for this essential part of Maine’s local public health system. These health professionals are the local face of public health throughout the state and are especially critical at a time when access to healthcare in rural areas continues to be a challenge.

I would be happy to answer any questions or provide additional information. Thank you for your consideration of our testimony.



Secure the Fund for a Healthy Maine for the Future

In 1998, Maine was one of 46 states that settled a lawsuit with cigarette manufacturers for illness and death caused by tobacco use. Maine's governor and legislature recognized and honored the intent of the settlement dollars by using the Tobacco Master Settlement Agreement to create the Fund for a Healthy Maine. The Fund was carefully designed to receive Maine's settlement funds and invest in programs that prevent chronic disease, promote good health, reduce adverse experiences, lower health costs, and give Maine children and adults every opportunity to live healthy, productive lives.

For decades, the Fund has served as a source of revenue for critical public health prevention programs in Maine, but settlement payments are based on national combustible cigarette sales (electronic vaping products and nicotine pouches were not included in the 1998 settlement), so the Fund is now facing a significant structural deficit as combustible cigarette sales decrease.

It's very good news that the Governor's budget proposal does not appear to make cuts to current FHM programs. This acknowledgment of the importance of prevention, and its return on investment, is much appreciated among Maine's public health professionals. However, the budget proposal does include a very concerning restructuring of the FHM.

The Governor's proposed budget moves \$22.1M in FHM baseline allocations for programs and positions to the General Fund, plus another \$1.2M to a lead prevention special revenue account. This restructuring would convert the tobacco settlement to being used almost exclusively for MaineCare, rather than multiple interconnected and essential prevention initiatives. This also disconnects Maine's tobacco prevention and treatment programs, as well as other prevention initiatives, from their naturally aligned funding source.

There is no practical benefit to moving FHM programs to the General Fund. FHM prevention programs that have been investing in healthy kids and communities for decades could be lost if competing for taxpayer dollars. It's important to keep the Fund intact and keep it focused on prevention.

Luckily, there is a simple solution. By moving a percentage of Maine's overall tobacco excise tax revenue into the FHM each year, prevention programs will not need to be moved to the General Fund. There is no fiscal impact on making this structural adjustment and keeping the Fund intact. Creating an annual stream of tobacco excise tax revenue into the FHM further strengthens the alignment of funding sources and uses.

Maine can be proud of our FHM legacy. We have consistently used the Fund for supporting the health of Maine people when most other states have let the opportunity of the tobacco settlement slip through their fingers. We can and must protect Maine's only dedicated source of funding for public health and prevention by securing the Fund for future generations.

We urge the Maine Legislature to take this simple, no-cost step. Doing so will secure Maine's investment in prevention and position us to be strong and responsive to future health concerns.

Please keep the Fund for a Healthy Maine intact and used as it was intended.

Jamie Archie
North Berwick

Betsy Kelly, MPH
North Berwick

Laura Cashell
North Berwick

Allen F. Browne, MD
Dr. Allen F. Browne, LLC
Falmouth

Elizabeth Jackson, MPH
Harvard University
Falmouth

Noah Nesin, MD
Glenburn

Alissa Wigglesworth, MPH
Biddeford

Patrick Madden
Market Decisions Research
Biddeford

Christine Lyman
Midcoast Public Health Council
Steering Committee member
Brunswick

Lani Graham, MD, MPH
Freeport

Sierra Smith, BSPH
Freeport

Aine Cryts, MPH, MAAP
Public Health and
Communications Consultant
Kennebunk

Martha Morrison, MS
MedHelp Maine
Kennebunk

Susan LaVerriere, MA
Coastal Healthy Communities
Coalition
Arundel

Shelley Wigglesworth
Arundel

Clay Graybeal, PhD, MPH
Arundel

Reegan Hebert
Naples

Chelsea Farrington
Sanford

Ken Shapiro, MSW
Apricot
Scarborough

Chris Lyon, BA
Scarborough

Tina Pettingill, MPH
Scarborough

Iris Silverstein, MD
American Academy of Pediatrics
Topsham

Casey Marcotte
Wells

Katelyn Michaud
Maine Cancer Foundation
Westbrook

Judy Tupper, DHEd, MCHES,
CPPS
Yarmouth

Rep. Anne Graham, RN, MSN,
PNP
Maine House of Representatives
North Yarmouth

Julia Rand, MPH
Healthy Living for ME
Portland

Madeline Terry, RN, CLC
Portland

Dori Lam
Portland

Jay Knowlton, MPH
Cityblock Health
Portland

Kristen Erickson, MPH, CHES
Portland

Leslie Gould, MSW
Portland

Madeleine DesFosses
Maine Chapter, American
Academy of Pediatrics
Portland

Kate Bourne, MPH
Portland

Bridget O'Connor, MPPM
South Portland

Rachel Gallo, MPH
South Portland

Roberta Lops, BS
South Portland

Tim Fogleman, BPH Student
South Portland

Tricia Jamiol, MSW
South Portland

Leo Waterston, MA
South Portland

Ellen Freedman, MPH
Cape Elizabeth

Heather Drake, MPH
Cape Elizabeth

Jayne Boulos, PsyD
Cape Elizabeth

Deborah Deatruck, MPH
Cumberland Foreside

Pamela Foster Albert, MPH
Auburn

Jan Collins, MEd
Maine Prisoner Advocacy
Coalition
East Wilton

LeeAnna Lavoie, MPH
Jay

Edward Walworth, MD, FACS
Maine Medical Association,
SMRMC & CMMC
Lewiston

Stacey LaFlamme, LSW and MPH
Student
Lewiston

Michaela Schoeffler
Damariscotta

Janet Lewin, MPH, PS-C
New Gloucester

Ellen Thorne, MPH
Farmington

Paula V. Nersesian, PhD, MPH,
RN
Retired Associate Professor
Wayne

Judith Feinstein, MSPH
Hallowell

Lisa Miller, MPH
Maine Alliance for Health and
Prosperity
Somerville

Mary Butler-Fleming, BA
Bangor

Kathryn Bourgoïn, MD
Maine Medical Association
Orono

David Jolly, DrPH
Maine AllCare
Penobscot

Randy Domina, MPH, EMT, Local
Health Officer, Firefighter
Pemaquid

Anne Conners, MA, MPH
Cushing

Shawn Peterson, MPH
Otis

Arthur Blank
Healthy Acadia
Bar Harbor

Doug Michael, MPH
Bar Harbor

Kalie Hess, MPH
Children's Oral Health Network of
Maine
Southwest Harbor

Julie Daigle, BS
Cross Lake TWP

Morgan Hynd
The Bingham Program
Warren

Megan Scott, MSW
Waterville

Melinda Corey, MEd
Albion

Stephen Sears, MD, MPH
Belgrade

Barbara Covey, MD
Retired Emergency Physician,
President of the Board, Waterville
Community Dental Center
Oakland