



MAINE MUNICIPAL ASSOCIATION SINCE 1936

60 Community Drive | Augusta, ME 04330-9486

1-800-452-8786 (in state)

(T) 207-623-8428

(F) 207-624-0129

Testimony of the Maine Municipal Association

Neither for Nor Against

LD 784 - An Act to Require Health Insurance Coverage for Specialized Risk Screening for First Responders

March 7, 2025

Sen. Bailey, Rep. Matheson and distinguished members of the Health Coverage, Insurance and Financial Services Committee, my name is Rebecca Graham, and I am submitting testimony neither for nor against on behalf of Maine Municipal Association for LD 784, *An Act to Require Health Insurance Coverage for Specialized Risk Screening for First Responders*, at the direction of our 70 member Legislative Policy Committee (LPC).

The legislature has confirmed through the enactment of workers comp presumptions that this population is far more likely to suffer from cardiac arrest, cancer, and mental and behavioral health effects from the repeated exposure to traumatic events, burning carcinogenic chemicals, challenging work hours, and significant stress. No other profession has a reality that one can do their job extremely well and still have a negative outcome regularly.

This bill originated as part of the Maine Municipal Association's (MMA) 131st Legislative platform, aimed at establishing a consistent, ongoing funding mechanism to support the health and wellness of all first responders. The goal was to create equity—ensuring volunteers receive health benefits outside municipal budgets while those covered by property tax-funded workers' compensation and health insurance receive proactive care rather than only after a chronic condition develops.

As part of this effort, another bill, LD 1857 was also introduced and sought to provide permanent funding by allocating a small percentage of recreational cannabis sales to first responder health initiatives. Instead, a one-time \$2 million appropriation for a grant program was included in the final budget. Even those who opposed this bill last year, then called LD 444, agreed that a permanent funding solution made sense.

Despite funding being approved, significant rulemaking delays meant that applications only opened this week—nearly eight months later. First responders, including firefighters, police, EMS, dispatchers, and corrections personnel—now face a 14-day application window. Those unable to apply within this short timeframe risk losing out entirely, as unused funds will be swept back into the general fund by June 30.

The current circular path for this conversation is neither sustainable nor fair. It creates a system that is selective and performative, rather than ensuring long-term, accessible support for those who put their lives on the line daily.

Officials concerned with first responder retention and well-being recognize that prevention is more effective and cost-efficient than crisis response. While some communities have implemented public safety-specific health screenings and culturally competent wellness programs, many lack the financial resources to do so. This should not be a matter of local budget constraints—it is a statewide responsibility.

Furthermore, legislators must anticipate that insurers will shift costs onto subscribers, health trusts and their communities, even as they stand to save thousands of dollars by detecting cardiac and cancer risks early—the very goal of LD 784. It will be those responders who are also forced to pay without a legislative path to prevent the costs from being passed on to the insured. However, not all first responders will benefit from this insurance requirement alone.

Many states with cannabis revenue have chosen to invest in shared health benefit pools for all public safety personnel, regardless of per diem or part-time status:

- Massachusetts funds cancer screenings and awareness training through its Department of Fire Services, and the insurer which covers the majority of police and fire also pays for nationally recognized first responder screening programs.
- Colorado provides subsidized cardiac and cancer screenings via the Colorado Firefighter Heart and Cancer Benefits Trust, and through the Intergovernmental Risk Sharing Agency.
- Connecticut uses a statewide revenue stream to fund a state level cancer benefits pool under its legislative presumptions for first responders.

Maine stands apart in attempting a comprehensive public safety approach—one that includes not just firefighters and EMS, but also dispatchers who hear trauma unfold and corrections officers who bear the long-term burden of the justice system's failures. It is receiving attention from other states and our federal delegation. However, without a permanent, well-structured funding mechanism, this vision will remain unrealized.

Officials understand both sides of this argument as they with their first responders pay the premiums that will be impacted despite the ever shrinking pool of individuals who may qualify, and also pay for the failures to catch health issues when someone falls ill on duty or presumptively. However, they hope that as this committee debates the merit of this bill you will recognize the need for a real, sustainable solution that may be considered as a result of this initiative, not temporary, last-minute fixes. No first responder should be left behind.