

March 24, 2025

Testimony of Bridget O'Connor, MPP

Dear Senator Ingwersen, Representative Meyer, and honorable members of the Joint Standing Committee on Health and Human Services. My name is Bridget O'Connor. I am a resident of South Portland, and six-year member of the City of South Portland Board of Health. My second term on the Board ended in December 2024, and I thought it would be helpful to provide some insight into why this legislation will be helpful to local communities across Maine. I want to make it clear that I am providing this testimony as an individual and not on behalf of the South Portland Board of Health.

The City of South Portland Board of Health (BoH) was established in Order 44-19/20 on 8/27/2019. To ensure alignment with the state's statute, the city adopted similar language for the local board. That statute, Title 22, §453 reads: "Any municipality may appoint, in addition to the local health officer, a board of health consisting of 3 members besides the local health officer, one of whom shall be a physician if available in the community, and one a woman. When first appointed members of the board shall be appointed one for one year, one for 2 years and one for 3 years. Subsequent appointments shall be for 3-year terms. The local health officer shall be secretary ex officio of said board and keep a record of all proceedings." I was honored to be selected from among a dozen applicants to serve on the board.

Members of the BoH have a very clearly defined role, to serve as an advisory body to the Local Health Officer (LHO). In addition, the City Council may refer specific health-related matters to the BoH for its review and recommendation, though matters must be within the jurisdiction of the LHO as defined by state and local law. Unless expressly authorized by the City Council, the BoH shall not expend funds. The BoH shall not direct the work of the LHO or any other employee or appointed official of the City.

In the six years that I served on the BoH, we did great work. We oversaw a community-wide health needs assessment, collaborated with a local public health agency to launch a community sharps program, prepared educational materials about syringe disposal, rats, and dog waste, and updated the city's domesticated chickens ordinance. We provided support to our LHO during the emergency phase of COVID-19 and to community members who were staying at local hotels during the pandemic. We worked with the city's Human Rights Commission on the city's declaration that Racism is a Public Health Crisis. We also helped people find answers to public health questions and connected city offices with each other.

I am proud of our accomplishments, and I feel fortunate to have had the opportunity to serve my community in that capacity. We did face some challenges, including being restricted by the ordinance language and being unable to respond to community members' concerns or new opportunities. Community members shared issues about housing, youth mental health, and air quality – all very reasonable public health issues, and all outside of the scope of the LHO. Community members who participated in the Health Needs Assessment clearly identify youth substance use, mental health, and climate change as priority health issues facing the city, and yet none of them were issues we could work on. A grant opportunity was also brought to us to help with community mental health, and since we couldn't take it on, we tried to connect the organization with city staff, but were unable to make a project materialize, which means the city lost out on grant funds to support a health problem identified by the community.

I will admit that it was frustrating to be serving on the Board, and to have community members take time to share their concerns – and opportunities – and to be not able to respond. Particularly when the membership of the Board was fully qualified and capable of supporting many of these requests.

It was also hard being restricted to only three members. Each of us worked full-time; this was a volunteer position, and there was a much greater need than we could meet. We also found we needed more expansive expertise than we three had – including issues like community suicide response and vector-borne diseases.

I fully support the legislation in front of you. While I think it's important for each town to retain its autonomy in deciding to have a Board of Health, and how they want theirs to operate, from my experience serving on my city's, I think having more updated language in statute – which South Portland did reference when writing the local language – will make future Boards stronger and more responsive to unique local health needs.

I hope you will support this legislation. Thank you for considering my testimony.