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Testimony of Representative Anne Graham sponsoring
LD 650, An Act to Support Municipal Public Health
Before the Joint Standing Committee Health and Human Services

Senator Ingwersen, Representative Meyer and fellow members of the Joint Standing Committee on Health and Human Services, I am Representative Anne Graham, and I am here to present **LD 650, An Act to Support Municipal Public Health**.

As many of you know, I have been a long-time advocate for health and public health. I also deeply value local community knowledge and connection. As a nurse practitioner, and as someone from a small town, I know how important trust is for providing care and sharing health information.

The way that Maine's local governmental public health system is set up, every municipality in the state is required to designate a Local Health Officer (LHO). The LHO's responsibilities, defined by statute, include responding to and reporting communicable diseases, managing pests that can transmit disease, like rats and bats, and responding to landlord/tenant and some housing health issues (e.g., mold).

Towns and cities also have the option to adopt a local Board of Health, a volunteer body that advises the LHO. If towns adopt a local Board of Health, they are not required to use the state's language; however, it is a common reference for the few towns that do have a Board of Health.

The state statute outlining the scope of work and composition of local boards of health was written in 1885. Per statute, the membership is as follows: "3 members besides the local health officer, one of whom shall be a physician if available in the community, and one a woman." The three-member board is restricted to only advising on health issues that fall under the purview of the local health officer. LD 650 would update the statutory language, recognizing that the public health challenges that Maine communities face today – addiction, industrial environmental pollution, gun violence, youth mental health, housing – are different than they were 140 years ago. Membership requirements would expand from three members up to seven and would identify different types of expertise they may possess.

LD 650 would provide municipalities that adopt a local Board of Health using the state's language with a more robust and community-oriented advisory body for their Local Health Officer. I want to be clear – this bill is not a mandate. Towns still have the choice about whether to adopt a local Board of Health, and they still have the choice about whether to use the state's language in their local guidance. This bill

would simply make it easier for towns to adopt a Board of Health that can be more responsive to that community's needs.

I hope that you will join me in supporting this initiative that will increase local engagement in community health. Thank you for your consideration.

An Act to Support Municipal Public Health

Sec. 153. 22 MRSA §453, is repealed and the following enacted in its place:

Any municipality may appoint, in addition to the local health officer, a board of health consisting of a minimum of 3 and a maximum of 7 members besides the local health officer, one of whom shall be a physician or advanced practice nurse if available in the community, and one a woman maximizing gender representation and cultural diversity, representing the diversity of the community served. Appointees shall have significant knowledge education and experience in medicine or public health, including but not limited to community mental health, public health nursing, public health/community health and education, and communications. 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. The local board of health shall constitute an advisory body to the local health officer. In consultation with the Maine Department of Health and Human Services, Maine Center for Disease Control and Prevention, the Board may also educate the public about health issues, so long as they do not conflict with law, ordinance, by-law or any fire, health or safety regulation, and are based in scientific approaches. Boards may propose rules and regulations to the local legislative body for the promotion of general health so long as they do not conflict with law, ordinance, by-law or any fire, health or safety regulation. The Board may also advise local selectboards, councils and staff on public health issues outside of the scope of the Health Officer but must prioritize activities overseen by the Health Officer. The Board may be available to advise other municipal departments, volunteer boards and commissions, and may collaborate with nonprofit organizations, businesses, and other entities to support local public health work. The Board may request permission to apply for outside funding; all outside monies or grants are subject to the local town's established financial processes and procedures. The Board shall not direct the work of the Health Officer or any other employee or appointed official of the municipality.