



Sam Zager

90 Prospect Street
Portland, ME 04103

Residence: (207) 400 - 6846

Sam.Zager@legislature.maine.gov

HOUSE OF REPRESENTATIVES

2 STATE HOUSE STATION

AUGUSTA, MAINE 04333-0002

(207) 287-1400

TTY: MAINE RELAY 711

April 28, 2025

Testimony of Rep. Sam Zager presenting

LD 978, An Act to Increase General Assistance Reimbursement for Municipalities and Indian Tribes

Before the Joint Standing Committee on Health and Human Services

Senator Ingwersen, Representative Meyer, distinguished fellow committee members, thank you for hearing LD 978. For the record, I am Sam Zager representing District 116 (part of Portland), and I'm honored to present this bill, **LD 978, An Act to Increase General Assistance Reimbursement for Municipalities and Indian Tribes**. Thanks to Senator Moore for her prior work and for being a partner in developing this proposal.

We discuss general assistance (GA) a lot in this committee, but let's remind ourselves what it is. GA serves individuals in emergency need of basic necessities, like housing, food, and medicine. It is a "bridge over troubled waters" for people in tremendous need. Title 22, chapter 1161 describes this locally-administered *statewide* program for a *statewide* problem; unfortunately, that's not how it exists now in practice.

The section on municipality of responsibility, section 4307, says, "Municipalities shall provide general assistance to all eligible persons at the expense of that municipality." In statutory language, it's not a choice, but an obligation. A community that serves people through GA does not "get" money on balance; the net impact is a fiscal loss for the municipality in budget terms. I'm not alone, though, in viewing this as an investment in, and even an act of love for, a fellow human being. It's an expression of what it means to live in a just society: we take care of each other in our time of greatest need.

In the 131st Legislature, this committee unanimously passed LD 1732, which clarified *each* municipality's obligations to take care of their residents through programmatic improvements, such as training and office hours. It passed unanimously in both chambers. Part of our committee discussion on that bill was immediately returning reimbursement of GA to the baseline of 90% for all municipalities and tribes (which is where it was until 2015). We opted not to make such a sudden change, so this bill proposes a different approach.

Approximately **480 municipalities** in Maine account for around 12% of GA activity. LD 978 would immediately return those non-service center communities from **70% to 90%**, providing resources to back up last session's passed, but unfunded, reforms.

Six municipalities in Maine account for the other 88% of GA activity. The service centers spend their money serving folks from at least 130 other municipalities, an imbalance inconsistent with the statute. These municipalities would go from **70% to 75%, then gradually to 90% by FY31.**

As a good-faith, bipartisan, rural-urban proposal, re-balancing the statewide GA system in this manner will cost some money, but it'll be much less than prior proposals--in the near term and in the out-years. This is partly due to the two-track mechanism. But also, limits are already part of the discussion. In our budget floor votes earlier this session, 92% of present-and-voting members in the House and nearly two-thirds of the Senate agreed upon some limits. In those roll calls on March 11 and 13, every member of this committee supported a budget with a key compromise of GA limits.

I do believe we Health and Human Services (HHS) members can agree upon a reform plan through LD 978. We know how to listen to each other and how to work together.

Thank you very much for your attention. I'd be happy to take questions.