



**Testimony of Maine Public Health Association  
Neither For Nor Against  
LD 343: An Act To Set Aside Funds from Federal Block Grants for Certain Communities**

Joint Standing Committee on Health and Human Services  
Room 220, Cross State Office Building  
Wednesday, March 24, 2021

Good morning Senator Claxton, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association. I am here today providing testimony Neither For Nor Against LD 343: “An Act To Set Aside Funds from Federal Block Grants for Certain Communities.”

MPHA is the state’s oldest, largest, and most diverse association for public health professionals. We represent more than 500 individual members and 30 organizations across the state. The mission of MPHA is to improve and sustain the health and well-being of all people in Maine through health promotion, disease prevention, and the advancement of health equity. As a statewide nonprofit association, we advocate, act, and advise on critical public health challenges, aiming to improve the policies, systems, and environments that underlie health inequities – but which also have potential to improve health outcomes for all people in Maine. We are not tied to a national agenda, which means we are responsive to the needs of Maine’s communities and we take that responsibility seriously.

This bill requires the Department of Health and Human Services to annually set aside 20% of each federal block grant it receives for the most vulnerable communities in the State and at least 12% of each federal block grant it receives for federally recognized Indian nations, tribes, and bands in the State. The definition of “most vulnerable communities in the State,” would be determined by the Department by rule.

MPHA supports legislation that improves health equity and reduces health disparities among underserved populations in Maine. Racial and ethnic minority populations experience greater disease burdens than White populations, including being more likely to have a chronic health condition and not have health insurance. These disparities are not due to biological risk factors associated with skin color. They are due to disparities in determinants of health, caused by longstanding systems of racial and socioeconomic inequity. This bill aims to improve those systems that can perpetuate racism and health disparities – but which also have capacity and potential to improve health outcomes.

Racism is a public health crisis, a statement that has been declared by nearly 200 cities, counties, and states across the U.S.,<sup>1</sup> and the systems that perpetuate it put the public’s health at risk. We believe we can and must do better. Our position of Neither For Nor Against is because we have questions for consideration by the bill’s sponsor, other advocates, DHHS, and Committee members.

1. In practice, what does it mean to “set aside an amount equal to 20% of the total amount of the block grant to be awarded to the most vulnerable communities in the State”? Who would receive this funding and how would its use be determined?

2. During the work session for LD 529, staff from the Department of Health and Human Services stated 82% of Maternal and Child Health Block Grant is for 22 DHHS staff salaries. Per discussion in the work session, the staff salaries paid for by this funding include public health nurses and care coordinators; these are positions that serve vulnerable communities across the state. Given that (and per question 1 above), we are unsure what consequence this bill would have for DHHS staffing and for services to these populations. We are also unsure the extent to which other staff salaries are similarly funded from other federal block grants.
3. What is the current process now for applying for and spending federal block grants? Who is involved, and are representatives of vulnerable populations, specifically tribal communities, part of this process? If they are not part of the process, what are the barriers? What needs to be done to address those barriers?
4. Who are the recipients of block grant funds? What percentage of funds support community organizations that serve vulnerable populations? How are priorities for these funds established and who establishes them?
5. Should this bill pass, and these funds be “set aside,” how will allocations and uses be determined?

This bill was recognized as a Tier 1 priority for the Permanent Commission on the Status of Racial, Indigenous & Maine Tribal Populations. We value the Commission’s process for identifying priorities and subsequent recommendations. In sum, we believe this bill has potential to improve health equity and outcomes for underserved populations in the state, but also believe additional information would be helpful for deliberations.

---

<sup>1</sup>American Public Health Association. 2021. Racism is a public health crisis: Map of declarations. <https://www.apha.org/topics-and-issues/health-equity/racism-and-health/racism-declarations>.