

**Testimony in Support of  
LD 1523; An Act To Establish the Trust for a Healthy Maine**

Senator Claxton, Representative Meyer and members of the Joint Standing Committee on Health and Human Services, my name is Patricia Hart, I live in and am the current Mayor of the City of Gardiner, in Kennebec County.

Gardiner is a relatively small city of approximately 5,600 people. Our governmental structure includes the Mayor, seven City Councilors, and a city manager. We have a police force, fire and rescue department and many other departments similar to other Maine communities. At the moment, the City of Gardiner has a number of positions unfilled, and hiring and retention are both challenges.

Over the past few years there have been a number of public and community health issues that our city, as well as many others, have had to address that not been priority topics of discussion or decision-making for us. The last epidemic that was left to towns to manage was the Spanish Flu, 1918. And although the Maine CDC has done a remarkable job in their roles of surveillance, communications, and providing testing and vaccination opportunities, the cities and towns are still caught up in decisions about masks, social distancing, and ways to support community members and businesses to stay healthy. And we still must function as the HR department for all of Gardiner employees. I am glad that as Mayor, I do not also need to make decisions for our schools.

The other health related priority that Gardiner has spent countless hours discussing, creating and revisiting policies, for etc. is related to marijuana or cannabis establishments whether medical or adult use. In the early stages, the city looked at this primarily through an economic development/land use lens. We have become more aware in the past year that this is also potentially a youth substance use prevention issue. Gardiner is very supportive of its children, youth and families and want to consider unintended consequences of the marijuana businesses as well as all of the land use regulations, fees, etc.

I am highlighting just these two challenges to the City of Gardiner to set the stage for why we need a Health Trust that is responsive to emerging public health issues. We need a statewide system so not every municipality has to consider public health issues on their own. The local health office mandate is already difficult to manage with few supports. It is a totally different level of work – and with both the above topic areas – conflict that municipalities cannot always manage. I think there are 2, maybe three communities – Bangor, Portland, Lewiston/Auburn that MIGHT have the expertise and bandwidth to effectively manage these big public health issues. With opioid settlements likely in Maine’s future – I hope the cities are not again charged with managing resources and identifying solutions that are outside municipal governments’ scope.

Although Maine Municipal Association provides communities with many resources, they are not public health and community health best practices, nor guidance for long-term best outcomes, etc. Nor strategic plans for health into the future

The good news is that Gardiner has a community health partner locally - Healthy Communities of the Capital Area (HCCA) a prior Healthy Maine Partnership, part of a statewide system that covered Maine. They were original recipients of the Fund for a Healthy Maine over 20 years ago. They had answers, expertise, and data about our own school and community as well as access to Covid resources and information, and were able to provide a range of information about marijuana rules, regulations, and youth use and perceptions as well.

The Master Tobacco Settlement – the Fund for a Healthy Maine as originally put in place by the 119<sup>th</sup> legislature, was a planned approach to reduce the biggest preventable conditions in Maine at the time – tobacco use, reduce obesity-related health risks, reduce youth substance use, address oral health, and a few more. Since then MCDC applied for and receive accreditation as a state public health system. But the systems and funding of public health also rely on the budget process – with differing needs every two years – decisions that rely at least in part on political priorities. There has also been a loss of institutional memory of the reasons for using the Master Tobacco Settlement primarily for prevention and a system of prevention providers located in communities that serve every town.

That’s been a pretty long route to my point.

The Master Tobacco Settlement total dollars is rapidly decreasing with increased vaping and decreased smoking. But Maine’s needs for responsive public health and community health support is not.

- 1) Our towns and cities are not set up to be public health experts, or to know the ins and outs of emerging health issues.
- 2) The Health Trust moves decision-making from the Legislature, it’s true. But the Trust is a renewed and modernized way to assure prevention – emerging health – and financial prudence all are combined to keep Maine healthier – not only focused on where intervention and treatment are needed.

From my city level perspective – the following would be very important.

- 1) The Trust for a Healthy Maine is a practical step forward
  - a) The Master Tobacco Settlement funds continue to support prevention of tobacco use and exposure – in a planned and long-term manner, as well as
  - b) Fund priorities in a thoughtful statewide, evidence-based, plan that prioritizes addressing disparities, as well as having the capacity to address emerging issues – as documented in a current State Health Plan
- 2) The Trust will fund public health, since there are not general funds dedicated to public health
- 3) All Mainers in all communities were equally cared for – without relying on municipalities to make public health decisions.

Thanks for your attention.

Patricia Hart, Gardiner, ME  
Phone: (207) 462-3819  
Submitted February 9, 2022