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February 9, 2022

Senator Ned Claxton, Chair
Representative Michele Meyer, Chair
Members, Joint Standing Committee on Health and Human Services
100 State House Station
Augusta, ME 04333-0100

Re: LD 1693 - *An Act To Advance Health Equity, Improve the Well-being of All Maine People and Create a Health Trust* & LD 1523 – *An Act to Establish the Trust for a Healthy Maine*

Dear Senator Claxton, Representative Meyer, and Members of the Health and Human Services Committee:

Thank you for the opportunity to provide information about LD 1693 and LD 1523 as you consider their impact. We appreciate the intention to strategically plan for a potential shortfall in the Fund for Healthy Maine by protecting these funds to promote the health of Maine people. That said, we oppose both bills for reasons described below.

As we understand them, both bills establish a Trust for a Healthy Maine, funded by the tobacco settlement funds, and amendments to both bills push out the transition time for those funds and associated de-appropriations. Unfortunately, the Department's concerns and hesitations with this plan persist since the first iteration of this bill in the 129th Legislature.

The Department still doubts that there is sufficient evidence to demonstrate that moving these funds to a trust in and of itself would ensure that funding for tobacco prevention and cessation programming will increase. We also question whether taking the control of these funds out of the hands of the Legislature could limit the state's ability to respond nimbly to public health crises or other needs that might require funding. As we have seen, unexpected crises like the surge in opioid overdoses can arise and require quick action. Eliminating the Legislature's ability to appropriate these funds could unintentionally hamstring the ability of the State to respond to unexpected public health needs.

We also echo the concerns of the Attorney General that the ceding of the Legislature's authority and duty to allocate public funds presents Constitutional concerns and provides no guarantee that the funding is directed to specific services or programming. Additionally, we agree with Attorney General Frey that the Trust structure is less transparent than the Legislature's Appropriations process. Appropriation of the tobacco settlement funds is and should remain the prerogative of the Legislature.

Additional sections of LD 1693 and the accompanying amendment include: codifying the Office of Public Health Equity within the Department of Health and Human Services to advise the Commissioner, the Governor's Office of Policy Innovation and the Future and others on issues related to health equity; prohibiting the sale and distribution of flavored tobacco products, including flavored cigars and electronic smoking devices; increasing the cigarette tax; funding for meals in

public schools, and the establishment of the Obesity Advisory Council. We recognize that each of these seeks to tackle an important public health topic, although we question whether advancing all of them in one bill affords each piece the due diligence it deserves.

Finally, we would like to offer additional commentary specifically on the Office of Population Health Equity. This legislation would establish the Office of Population Health Equity and, among other charges, task it with creating a state health equity plan, producing an annual report called the Maine Health Equity Report Card, and create systems to achieve health equity across State Government through evaluation and the implementation of equity plans in all state contracts/vendors.

At the time the legislation was drafted, the Office of Population Health Equity (OPHE) had not yet been re-established within Maine CDC, so we are providing updates of the structure of OPHE for the committee's background as you discuss this bill.

OPHE is established within Maine CDC and OPHE's Director reports to the Maine CDC Director. At its core, OPHE is devoted to promoting population health equity through a clear commitment to illuminating and addressing root causes of health disparities, advancing data-driven interventions and strengthening relationships with communities that experience these disparities, and implementing community-led solutions.

As a newly established office, OPHE is still developing a long-term strategic plan and outcomes. A key element of this plan is the development of Maine's Initiative to Reduce COVID-19 Disparities, especially racial/ethnic disparities, and rural disparities. The three main strategies of this initiative include: 1) increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19; 2) build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations at higher risk; and 3) mobilize partners and collaborators to advance health equity and address social determinates of health.

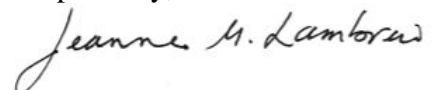
The current structure of OPHE includes both staffing resources within Maine CDC and significant external contracting opportunities, particularly among community-based organizations that are advancing health equity such as Health Equity Infrastructure/Technical Assistance, Community-Led Needs Assessments, Training/Education, and Community Health Workers. These programs are all Federally-funded and include a team of limited period positions in OPHE:

- Director: Public Service Manager II (reports to Maine CDC Director)
- Partnerships Coordinator: Public Service Coordinator I (reports to OPHE Director)
 - Health Equity Data Analyst: Public Health Educator III
 - Health Equity Training Coordinator: Public Health Educator III
- Grants Manager: Health Program Manager (reports to OPHE Director)
- Office Assistant: Office Associate II

The Department continues its work to build health equity into all our activities.

Thank you for the opportunity to provide input on this legislation, and for your work to protect and improve the public health.

Respectfully,



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