

## **TESTIMONY OF LANI GRAHAM, MD, MPH**

### **In Support Of**

### **LD 785 - An Act to Enact the Remaining Recommendations of the Task Force on Changes to the Maine Indian Claims Settlement Implementing**

Joint Standing Committee on Judiciary

Room 220, Cross Building, Augusta, Maine

Thursday, January 19, 2026

Senator Carney, Representative Kuhn and Members of the Judiciary Committee, my name is Lani Graham, MD, MPH. I am a physician from Freeport. I am submitting this testimony in support of LD 785. Sadly, this is not my first time testifying in support of a similar bill. And of course, I am not the only one who hoped that real progress might have been made years earlier for those who preceded us in living in this beautiful area.

My family came to this country over 250 years ago, but I know that my family was new to this continent. At that time, there were already people living full, productive and healthy lives here. Our treatment of those original residents over a very long period is a chapter of shame in our history, not unlike our history of slavery. Tribal peoples have suffered many hardships and indignities ultimately resulting in poverty, poor health and despair.

But in the Indian Claims Act of 1980, a flawed process of addressing those wrongs was begun. The federal government, not the state of Maine, appropriated \$81.5 that the four tribes could use for land acquisition and as part of a “settlement fund”. Unfortunately, largely due to the state of Maine, the expected limited benefits of the Act have not benefited the tribes as planned. Several bills in the last legislative session, based on the recommendations of the Task Force on Changes to the Maine Indian Claims Settlement, and now this bill, along with LD 395, have offered a reasonable path forward to redress the wrongs. In addition, these bills will provide some economic support, not only for Tribes, but for others living adjacent to Tribal areas.

As a physician I would be remiss if I did not draw your attention to the significant health disparities faced by Tribal populations in Maine and how this bill might help Tribes improve these disparities.

The Wabanaki Nations — the Penobscot Nation, Passamaquoddy Tribe, Houlton Band of Maliseet Indians, and Mi'kmaq Nation — experience measurable health inequities compared to other Mainers. Data from the Maine Center for Disease Control and Prevention and national surveillance by the Centers for Disease Control and Prevention consistently show that American Indian and Alaska Native populations have

higher rates of diabetes, cardiovascular disease, substance use disorder, and suicide compared to the white population.<sup>1 2</sup>

In Maine specifically, Tribal communities experience higher poverty rates and reduced access to health infrastructure — both well-established predictors of lower life expectancy and higher chronic disease burden.<sup>3</sup> These disparities are not the result of culture or individual choice. They are the predictable outcomes of legal and structural frameworks that have limited Tribal self-governance, economic development, and full participation in federal programs available to Tribes in other states.

LD 785 is not a health bill. However, law is one of the most powerful determinants of health.

Maine's 1980 settlement framework is unique nationally in restricting the application of federal Indian law. Because of this structure, Maine Tribes have not consistently been able to access federal opportunities available to Tribes elsewhere — including certain funding streams, regulatory authorities, and economic development tools.<sup>4</sup>

If LD 785 aligns Maine law more closely with federal Indian law, several health-relevant mechanisms follow:

- **Medicaid (MaineCare):** Under federal law, services provided through Tribal health programs may qualify for 100% federal reimbursement in certain circumstances.<sup>5</sup> Expanded Tribal authority could strengthen billing pathways and funding stability for primary care, behavioral health, and preventive services.
- **Indian Health Service and Self-Governance Compacts:** Under the Indian Self-Determination and Education Assistance Act, Tribes may operate health programs directly. Greater alignment with federal law may facilitate program expansion and culturally tailored care.<sup>6</sup>
- **Public Health Authority:** Clearer jurisdiction improves the ability to regulate environmental health, respond to infectious disease, and implement community-specific public health strategies. Maine is also home to Wabanaki Public Health and Wellness, a tribally led public health organization serving the Wabanaki Nations. This organization

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<sup>1</sup> Centers for Disease Control and Prevention. *Health of American Indian and Alaska Native Populations*. National Center for Health Statistics; multiple reports documenting higher rates of chronic disease and premature mortality.

<sup>2</sup> Indian Health Service. *Trends in Indian Health*.

<sup>3</sup> U.S. Census Bureau. American Community Survey data showing higher poverty rates among American Indian populations in Maine compared to state averages.

<sup>4</sup> Maine Indian Claims Settlement Act; Maine Implementing Act.

<sup>5</sup> Centers for Medicare & Medicaid Services. Guidance on 100% FMAP for services provided to Medicaid-eligible American Indian and Alaska Native beneficiaries through IHS and Tribal facilities.

<sup>6</sup> Indian Self-Determination and Education Assistance Act.

provides community health programming, substance use prevention, suicide prevention, chronic disease education, maternal and child health support, and culturally grounded healing services. Its work demonstrates both the capacity and the readiness of Tribal governments to design and implement effective public health strategies. Strengthening Tribal self-governance under LD 785 would enhance the ability of organizations such as Wabanaki Public Health and Wellness to access federal funding streams, coordinate directly with federal agencies, exercise clearer regulatory authority, and expand services tailored to Tribal communities.

**Economic Development:** Perhaps most importantly, enhanced sovereignty improves economic opportunity. Income, housing stability, and employment are among the strongest predictors of life expectancy and chronic disease outcomes.<sup>7</sup> Health disparities cannot be separated from economic conditions.

In short, LD 785 addresses a legal structure that has constrained Tribal opportunity for more than four decades. Health disparities are one of the downstream consequences of that structure. Aligning Maine law with federal Indian law will not solve inequities overnight, but it removes structural barriers that no public health intervention alone can overcome.

As legislators, you routinely evaluate whether Maine law promotes fairness, stability, and the well-being of our residents. From a public health perspective, restoring greater self-determination to the Wabanaki Nations is not only a matter of justice. It is a matter of long-term population health.

The question before this Committee is not whether Tribal public health capacity exists — it does. The question is whether Maine law will continue to constrain it.

Thank you for your consideration.

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<sup>7</sup> World Health Organization. *Social Determinants of Health Framework*.