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No. 1523

H.P. 1127

House of Representatives, April 19, 2021

An Act To Establish the Trust for a Healthy Maine

Received by the Clerk of the House on April 15, 2021. Referred to the Committee on Health and Human Services pursuant to Joint Rule 308.2 and ordered printed pursuant to Joint Rule 401.

A handwritten signature in cursive script that reads "Robert B. Hunt".

ROBERT B. HUNT
Clerk

Presented by Representative MILLETT of Cape Elizabeth.
Cosponsored by President JACKSON of Aroostook and
Representatives: CRAVEN of Lewiston, SACHS of Freeport, TALBOT ROSS of Portland,
Senators: CARNEY of Cumberland, VITELLI of Sagadahoc.

1 **Be it enacted by the People of the State of Maine as follows:**

2 **Sec. 1. 5 MRSA §12004-G, sub-§14-J** is enacted to read:

3 **14-J.**

4 Health Trust for a Healthy Maine Board Expenses Only 22 MRSA §1515

5
6 **Sec. 2. 22 MRSA c. 260-A, sub-c. 1** is enacted by adding before section 1511 the
7 following to read:

8 **SUBCHAPTER 1**

9 **FUND FOR A HEALTHY MAINE**

10 **Sec. 3. 22 MRSA §1511, sub-§2**, as enacted by PL 1999, c. 401, Pt. V, §1, is
11 amended to read:

12 **2. Sources of fund.** The State Controller shall credit to the fund:

13 A. All If the Trust for a Healthy Maine established in section 1515 is repealed or
14 dissolved, all money received by the State in settlement of or in relation to the lawsuit
15 State of Maine v. Philip Morris, et al., Kennebec County Superior Court, Docket No.
16 CV-97-134;

17 B. Money from any other source, whether public or private, designated for deposit into
18 or credited to the fund; ~~and~~

19 C. Interest earned or other investment income on balances in the fund.; ~~and~~

20 D. If the Trust for a Healthy Maine established in section 1515 is repealed or dissolved,
21 all money transferred from the trust to the fund.

22 **Sec. 4. 22 MRSA c. 260-A, sub-c. 2** is enacted to read:

23 **SUBCHAPTER 2**

24 **TRUST FOR A HEALTHY MAINE ACT**

25 **§1513. Short title**

26 This subchapter may be known and cited as "the Trust for a Healthy Maine Act."

27 **§1514. Definitions**

28 As used in this subchapter, unless the context otherwise indicates, the following terms
29 have the following meanings.

30 **1. Administrative costs.** "Administrative costs" means staffing, overhead and
31 related operational costs, including costs for a coordinator, professional assistance and
32 bond premiums, incurred by the trust in carrying out its duties under this subchapter.

1 **2. Board.** "Board" means the Trust for a Healthy Maine Board established under
2 Title 5, section 12004-G, subsection 14-J.

3 **3. Community health worker.** "Community health worker" means a person who
4 provides outreach and public health services to a social group using the person's
5 understanding of the experiences, socioeconomic needs, language or culture of that social
6 group.

7 **4. Community resilience.** "Community resilience" means the capacity of individuals,
8 communities, institutions, businesses and systems within a community to survive, adapt
9 and grow no matter what kinds of chronic stresses and acute shocks they experience.

10 **5. Coordinator.** "Coordinator" means the coordinator of the Trust for a Healthy
11 Maine under section 1519, subsection 2.

12 **6. Designated agent.** "Designated agent" means an entity with which the department
13 has entered an agency relationship for the purpose of applying for federal funds to support
14 public health research and programming and that is authorized by the Federal Government
15 to receive those funds.

16 **7. Disbursement.** "Disbursement" means a decision of the trust governing how
17 settlement funds are to be distributed by the trust for the purposes set forth in this
18 subchapter.

19 **8. Health equity.** "Health equity" means the attainment of the highest level of health
20 for any social group in this State, regardless of whether a social group is subject to a
21 structural inequity.

22 **9. Medical care.** "Medical care" means direct health care, including but not limited
23 to care provided under the MaineCare program and the prescription drug program
24 established under section 254-D. "Medical care" does not include treatments provided
25 under the Tobacco Prevention and Control Program established in section 272 or the
26 delivery of preventive health screenings or services in a school setting.

27 **10. Settlement funds.** "Settlement funds" means any money received by the State or
28 any component of the State in settlement of or in relation to the lawsuit State of Maine v.
29 Philip Morris, et al., Kennebec County Superior Court, Docket No. CV-97-134.

30 **11. Social determinants of health.** "Social determinants of health" means the
31 conditions in which people are born, grow, live, work and age, as well as the social
32 structures and economic systems that shape these conditions, including the social
33 environment, physical environment and health services.

34 **12. Social group.** "Social group" means a group of people in this State that share
35 similar social, economic, demographic, geographic or other characteristics, including, but
36 not limited to, race, ethnicity, gender, gender identity, sexual orientation, class, zip code,
37 age or disability.

38 **13. State health plan.** "State health plan" means the most recent plan for improving
39 public health and health equity prepared by the Department of Health and Human Services,
40 Maine Center for Disease Control and Prevention for accreditation by a nonprofit public
41 health accreditation board dedicated to advancing the continuous quality improvement of
42 tribal, state, local and territorial health departments or any successor plan identified by the
43 Maine Center for Disease Control and Prevention.

1 **14. Structural inequity.** "Structural inequity" means the systemic disadvantage of one
2 social group in the State compared to other social groups in the State as a result of law,
3 policy, culture or other social structure, including, but not limited to, poverty,
4 discrimination, powerlessness or access to job opportunities, quality education, housing or
5 health care.

6 **15. Systemic racism.** "Systemic racism" means the laws and institutionalized policies,
7 practices or social structures that maintain and perpetuate domination by and advantages
8 for the race that is socially constructed as being white to the detriment of or with the purpose
9 of imposing influence or control over any other race that is socially constructed to be non-
10 white, including through color-blind discourse or derogatory and inaccurate stereotypes.

11 **16. Trust.** "Trust" means the Trust for a Healthy Maine established in section 1515,
12 subsection 1.

13 **17. Trustee.** "Trustee" means a member of the board.

14 **18. Trust fund.** "Trust fund" means the Trust for a Healthy Maine Trust Fund
15 established in section 1520-E, subsection 1.

16 **§1515. Trust for a Healthy Maine; Trust for a Healthy Maine Board**

17 **1. Establishment; purposes.** The Trust for a Healthy Maine is established for the
18 purposes of receiving all settlement funds and other funds, redistributing that money to
19 state agencies or designated agents of the State to fund tobacco use prevention and control
20 at levels recommended by the United States Department of Health and Human Services,
21 Centers for Disease Control and Prevention and to ensure adequate resources for other
22 disease prevention efforts and promoting public health. The purposes of the trust also
23 include supporting state agencies in planning and delivering public health and prevention
24 programs and services, supporting accreditation of the Department of Health and Human
25 Services, Maine Center for Disease Control and Prevention and supporting public health
26 workforce development. The trust also provides public health expertise and evidence-based
27 information to the Legislature.

28 **2. Governance; board.** The trust is created as a body corporate and politic and a
29 public instrumentality of the State and is governed by the Trust for a Healthy Maine Board
30 in accordance with this subchapter.

31 **3. Trustees; appointment.** The board consists of 15 trustees in accordance with this
32 subsection. A person who stands to benefit from the tobacco products, as defined in section
33 1551, subsection 3, alcohol or marijuana industry is not eligible to serve as a trustee.

34 A. The Director of the Maine Center for Disease Control and Prevention within the
35 Department of Health and Human Services or the director's designee serves as an ex
36 officio voting trustee.

37 B. The Governor shall appoint 3 trustees in accordance with this paragraph:

38 (1) A person who has clinical expertise or public health expertise, or both, in the
39 science and prevention of addiction as a brain disease, selected from
40 recommendations provided by a statewide organization dedicated to supporting
41 physicians, advancing the quality of medicine and promoting the health of citizens
42 in the State;

1 (2) A person who is an employer with experience recruiting and retaining a healthy
2 workforce; and

3 (3) A person who has experience as a member of an advisory board of a local
4 community health coalition, selected from recommendations provided by a
5 statewide network of community coalitions working to enhance physical, social,
6 emotional, environmental and economic health in the State.

7 C. The Governor shall appoint trustees from nominations made in accordance with this
8 paragraph within 30 days of receiving the nominations.

9 (1) The President of the Senate shall, for each of the following 3 qualifications,
10 submit to the Governor within 30 days of a vacancy 3 names for consideration:

11 (a) A person who has expertise in epidemiology and infectious disease or in
12 hospital-based prevention, screening and early prevention of infectious
13 disease, selected from recommendations provided by the integrated health care
14 delivery systems in the State and by a statewide hospital organization that
15 provides advocacy, information and education in its mission to improve the
16 health of patients and communities;

17 (b) A person who has clinical expertise or public health expertise, or both, in
18 rural primary care, selected from recommendations provided by a statewide
19 organization that represents community health centers in the State; and

20 (c) A person who has expertise in systemic racism and structural inequity and
21 is serving on the Permanent Commission on the Status of Racial, Indigenous
22 and Maine Tribal Populations, in accordance with Title 5, section 25002.

23 (2) The Speaker of the House of Representatives shall, for each of the following 2
24 qualifications, submit to the Governor within 30 days of a vacancy 3 names for
25 consideration:

26 (a) A person who has expertise in public health policy related to the leading
27 causes of chronic disease, selected from recommendations provided by a
28 statewide, nonprofit membership organization that promotes a healthy State
29 through advocacy, education, community connection and coalition-building;
30 and

31 (b) A person who has expertise in preventing the use of tobacco products and
32 other addictive substances by youth and young adults.

33 (3) The member of the Senate who is the leader of the party with the 2nd-largest
34 number of members in the Senate shall, for each of the following 2 qualifications,
35 submit to the Governor within 30 days of a vacancy 3 names for consideration:

36 (a) A person who has expertise in trauma, community resilience and social
37 determinants of health, selected from recommendations provided by a
38 statewide network dedicated to building community strengths and reducing the
39 effects of trauma; and

40 (b) A person who represents a statewide association of public health
41 professionals.

1 (4) The member of the House of Representatives who is the leader of the party
2 with the 2nd-largest number of members in the House shall, for each of the
3 following 2 qualifications, submit to the Governor within 30 days of a vacancy 3
4 names for consideration:

5 (a) A person who is employed as a member of the senior staff or faculty in a
6 public health academic program; and

7 (b) A person who has expertise in maternal and child health issues, including
8 early childhood education and out-of-school child care, or school-based health.

9 (5) The chiefs of the 4 federally recognized Indian tribes in the State shall, for each
10 of the following 2 qualifications, submit to the Governor within 30 days of a
11 vacancy 3 names for consideration:

12 (a) A person who has expertise in environmental health; and

13 (b) A person who has expertise in health equity or health disparity issues.

14 The trustees appointed pursuant to paragraphs B and C must be reviewed by the joint
15 standing committee of the Legislature having jurisdiction over public health matters and
16 approved by the Senate.

17 **4. Terms; vacancies.** Trustees serve 3-year terms. Trustees may serve no more than
18 3 consecutive terms. A trustee shall serve on the board until a replacement is appointed and
19 qualified. If a trustee is unable to complete a term, the Governor shall consult with the
20 board and appoint a replacement for the remainder of the unexpired term. The replacement
21 trustee must hold the same qualifications, set forth in subsection 3, as those of the departing
22 trustee.

23 **5. Chair; officers.** The board shall elect a chair, a vice-chair, a secretary and a
24 treasurer from among the trustees. Each officer serves a one-year term in that office and is
25 eligible for reelection.

26 **6. Meetings; quorum.** The board shall meet at least 4 times each year at regular
27 intervals and may meet at other times at the call of the chair or the Governor. A majority
28 of the trustees constitutes a quorum. Meetings of the board are public proceedings as
29 provided by Title 1, chapter 13, subchapter 1. Notwithstanding any provision of law to the
30 contrary, a trustee who is not physically present may participate by telephone or other
31 remote access technology in accordance with procedures established by the board.

32 **7. Election of subcommittees.** The board may elect an executive committee of not
33 fewer than 5 trustees who, between meetings of the board, may transact such business of
34 the trust as the board authorizes. The board may also elect a planning committee.

35 **8. Liaison to Legislature.** The chair is the trust's liaison to the joint standing
36 committee of the Legislature having jurisdiction over public health matters.

37 **9. Advisory groups.** The board may establish advisory groups as needed to gather
38 technical knowledge on any aspect of public health policy, infrastructure or funding
39 disbursement and to make recommendations to the board. Advisory groups may include
40 persons who are not trustees.

41 **10. Removal of trustee for disciplinary reasons.** The board shall develop the process
42 of removal and replacement of trustees for disciplinary reasons.

1 **11. Expenses; reimbursement.** Trustees are not entitled to compensation for service
2 on the board, except that, in accordance with Title 5, section 12004-G, subsection 14-J, the
3 trust may reimburse travel and other board-related expenses.

4 **12. Fiduciary duties.** A trustee has a fiduciary duty to the people of the State in the
5 administration of the trust. Upon accepting appointment as a trustee, each trustee shall
6 acknowledge the fiduciary duty to use the trust fund only for the purposes set forth in this
7 subchapter. It is the duty of each trustee to ensure that the purposes of the trust set forth in
8 this subchapter are fulfilled.

9 **13. Conflict of interest.** A trustee is deemed to be an executive employee for
10 purposes of Title 5, sections 18, 18-A and 19. In the operation or dissolution of the trust, a
11 trustee, employee of the trust, officer of the trust or a spouse or dependent child of any of
12 those individuals may not receive any direct personal benefit from the activities of the trust,
13 except that the trust may pay reasonable compensation for services rendered and otherwise
14 hold, manage and dispose of the trust's property in furtherance of the purposes of the trust.
15 This subsection does not prohibit corporations or other entities with which a trustee is
16 associated by reason of ownership or employment from participating in activities funded
17 directly or indirectly by the trust if ownership or employment is made known to the board
18 and the trustee abstains from all matters directly relating to that participation immediately
19 upon discovery of the association.

20 **§1516. Powers and duties**

21 **1. Powers.** The trust may:

22 A. Receive all settlement funds;

23 B. Receive money from any other source, whether public or private, designated for
24 deposit into or credited to the trust;

25 C. Receive funds transferred from the Fund for a Healthy Maine under subchapter 1;

26 D. Through funding disbursement plans under section 1517, disburse funds; and

27 E. Make recommendations to the Governor, the Legislature and other public officials
28 regarding improving public health outcomes and promoting public health awareness
29 and understanding.

30 **2. Duties.** The trust shall:

31 A. Administer the trust and the trust fund;

32 B. Promote the visibility and understanding of public health issues among children
33 and adults;

34 C. Participate in the development and promotion of a state health plan by the
35 Department of Health and Human Services, Maine Center for Disease Control and
36 Prevention or another planning entity and provide funding for the planning process if
37 necessary;

38 D. Promote multilevel planning and coordination that includes state, district,
39 community and municipal decision-making and advisory boards; and

40 E. Take other actions necessary and appropriate to fulfill the purposes of this
41 subchapter.

1 **§1517. Funding disbursement plan**

2 **1. Funding disbursement plan.** By December 31, 2022 and every year thereafter,
3 the board shall develop and approve a funding disbursement plan to disburse settlement
4 funds and other funds it may hold or receive in the subsequent biennium. The funding
5 disbursement plan must advance the purposes of this subchapter and be based on the most
6 recent state health plan and the most recent data available to the board.

7 **2. Input from interested parties.** Prior to adopting a funding disbursement plan
8 pursuant to subsection 1 or substantially amending an existing funding disbursement plan,
9 the trust shall hold at least one public hearing to receive input from interested parties,
10 including but not limited to the Department of Health and Human Services, Maine Center
11 for Disease Control and Prevention, other state agencies, organizations engaged in smoking
12 cessation and public health efforts, other nongovernmental organizations, interested
13 stakeholders, patients and members of the public. The board shall establish the procedure
14 and timelines for seeking input from interested parties. The board shall also determine
15 what circumstances, consistent with this subsection, would require the board to initiate a
16 public hearing. When considering the input of interested parties, the trust must consider
17 principles of zero-based budgeting, as defined in Title 35-A, section 102, subsection 25,
18 and long-term returns on investment.

19 **3. Funding disbursement plans.** The funding disbursement plan approved by the
20 board pursuant to subsection 1 for fiscal year 2023-24 must disburse an amount equal to
21 0.30 of the settlement funds projected to be received in fiscal year 2023-24 for the purpose
22 of providing medical care. The funding disbursement plan approved by the board for fiscal
23 year 2024-25 and subsequent years may not disburse funds for the purpose of providing
24 medical care. When approving other elements of the funding disbursement plans, the board
25 shall consider funding levels in the most recent fiscal year and disburse funding in amounts
26 that minimize disruption of existing programs and ensure smooth and efficient transitions
27 to the funding levels required under subsection 4.

28 **4. Designated disbursements.** Each funding disbursement plan approved by the
29 board must disburse funds in accordance with the following designated disbursements:

30 A. An amount that, when combined with amounts from other funding sources received
31 by the Department of Health and Human Services, Maine Center for Disease Control
32 and Prevention, yields a total amount available for purposes of providing evidence-
33 based tobacco prevention and control programs in the State that is in accordance with
34 the following:

35 (1) Beginning in fiscal year 2023-24, at least 0.70 of the level recommended by the
36 United States Department of Health and Human Services, Centers for Disease
37 Control and Prevention must be disbursed to the Department of Health and Human
38 Services, Maine Center for Disease Control and Prevention or its designated agent;
39 and

40 (2) Beginning in fiscal year 2024-25 and in subsequent years, at least the level
41 recommended by the United States Department of Health and Human Services,
42 Centers for Disease Control and Prevention must be disbursed to the Department
43 of Health and Human Services, Maine Center for Disease Control and Prevention
44 or its designated agent;

1 B. An amount of the settlement funds received in the previous fiscal year must be
2 disbursed to the Department of the Attorney General in accordance with the following:

3 (1) Beginning in fiscal year 2023-24, an amount equal to 0.005 of the settlement
4 funds; and

5 (2) Beginning in fiscal year 2024-25 and in subsequent years, an amount equal to
6 the amount the Department of the Attorney General received in accordance with
7 subparagraph (1) adjusted by the Chained Consumer Price Index, as defined in
8 Title 36, section 5402;

9 C. An amount of the settlement funds received in the previous fiscal year must be
10 disbursed to the administration fund established pursuant to section 1519, subsection 1
11 in accordance with the following:

12 (1) Beginning in fiscal year 2023-24, an amount equal to 0.003; and

13 (2) Beginning in fiscal year 2024-25 and in subsequent years, an amount equal to
14 the amount the administration fund received in accordance with subparagraph (1)
15 adjusted by the Chained Consumer Price Index as defined in Title 36, section 5402;

16 D. An amount not to exceed 0.05 of the settlement funds received in the previous fiscal
17 year may be disbursed to the internal stabilization account established in subsection 6;

18 E. An amount not to exceed 0.05 of the settlement funds received in the previous fiscal
19 year may be disbursed to the internal flexible account established in subsection 7; and

20 F. The funds remaining after making the disbursements required by paragraphs A to
21 C and authorized by paragraphs D and E must be disbursed to the health equity and
22 health improvement account established in subsection 5.

23 The designated disbursements approved by the board may not disburse settlement funds
24 for the purpose of providing medical care.

25 **5. Health equity and health improvement account.** A health equity and health
26 improvement account is established and funded with settlement funds in accordance with
27 subsection 4, paragraph F.

28 A. The funding disbursement plan approved by the board must disburse funds from the
29 health equity and health improvement account to prioritize the advancement of health
30 equity and the elimination of structural inequity. For fiscal year 2023-24, the funding
31 disbursement plan must disburse an amount equal to or greater than 0.15 of the funds
32 in the health equity and health improvement account. For fiscal year 2024-25 and
33 subsequent years, the funding disbursement plan must disburse an amount equal to or
34 greater than 0.20 of the funds in the health equity and health improvement account.
35 Funds disbursed in accordance with this paragraph must be distributed to achieve all
36 or some of the following:

37 (1) Improving data collection, analysis and reporting, particularly for, among and
38 co-led by populations experiencing health disparities, which includes social
39 determinants of health, community resilience, racial impacts and health equity;

40 (2) Enhancing health improvement and health equity planning at the local, district
41 and state levels that addresses and confronts systemic racism and structural
42 inequity;

1 (3) Supporting public-private partnerships at the local and district levels, including
2 comprehensive community health coalitions, as defined in section 411, and
3 organizations that prioritize health equity and derive meaningful leadership from
4 the communities they serve;

5 (4) Supporting the expansion, recruitment, retention and presence of the public
6 health workforce at local, district and state levels, including supporting a robust
7 network of community health workers and government employees in the State
8 dedicated to addressing systemic racism and structural inequity; and

9 (5) Providing training and technical assistance for local health officers, boards of
10 health, community and municipal leaders, community organizations, community
11 partnerships and other organizations providing public health services or serving
12 the functions of the State's public health and safety system.

13 B. Funds remaining in the health equity and health improvement account after the
14 disbursements required in paragraph A must be for state entities or their designated
15 agents that, in the board's sole determination, will use the funds efficiently and
16 effectively to promote the purposes of this subchapter, implement evidence-based
17 prevention and screening strategies to address the priorities of the state health plan,
18 support efforts by the Department of Health and Human Services, Maine Center for
19 Disease Control and Prevention to prevent disease and promote public health and
20 implement strategies for building and sustaining public health capacity and
21 infrastructure at the state and local levels. These funds may not be disbursed for the
22 purpose of providing medical care.

23 **6. Internal stabilization account.** An internal stabilization account is established
24 within the trust. In order to prevent disruptions from year to year in the amounts disbursed
25 pursuant to designated disbursements under subsection 4 and to ensure continuity in the
26 event of fluctuations in the amount of settlement funds received by the State, the board may
27 draw upon the internal stabilization account to make additional disbursements. The trust
28 may not cause the balance in the internal stabilization account at any one time to exceed
29 the amount of settlement funds received by the trust in the most recent year. The funds
30 within the internal stabilization account are nonlapsing and carry forward from year to year
31 for future use consistent with this subsection and do not revert to the trust fund.

32 **7. Internal flexible account.** An internal flexible account is established within the
33 trust. The funds in the internal flexible account may be drawn upon by the board for the
34 purpose of rapidly addressing emerging public health threats, promptly implementing
35 innovative promising practices or addressing other immediate unmet needs identified by
36 the board in the period between approval of funding disbursement plans, consistent with
37 the purposes of this subchapter. Trustees shall consult regularly with the commissioner
38 regarding emerging funding needs. Year-end balances remaining in the internal flexible
39 account lapse to the trust fund and are available for a subsequent year's funding
40 disbursement plan.

41 **8. Informational copies of funding disbursement plans.** Upon final approval by
42 the board of a funding disbursement plan, the trust shall transmit informational copies of
43 the funding disbursement plan to the Governor and to the joint standing committee of the
44 Legislature having jurisdiction over public health matters. A funding disbursement plan

1 does not require approval of the Governor or the joint standing committee of the Legislature
2 having jurisdiction over public health matters.

3 **9. Report.** The trust shall produce annually a report on the results of the tobacco
4 prevention and control programs funded pursuant to subsection 4, paragraph A and all other
5 activities of the trust. The report must include an accounting of the funding disbursement
6 plan created pursuant to this section, including identification of recipients, activities and
7 amounts disbursed. The report must include information and outcomes from the trust's
8 investments pursuant to subsection 4, paragraph C. The report may include information on
9 actual health and economic outcomes from funding disbursed to date and projected
10 outcomes from undertakings funded by the trust but not yet complete. The report may also
11 include recommendations for changes to the laws relating to activities under the jurisdiction
12 of the trust. The board must approve the report prior to its release. Upon release, the trust
13 shall transmit copies of the report to the Governor and to the joint standing committee of
14 the Legislature having jurisdiction over public health matters. The board shall establish
15 policies and practices for reporting in accordance with this subsection.

16 **10. Audit.** The trust must be audited at least annually by an independent certified public
17 auditor. A copy of the audit must be provided to the Governor and to the joint standing
18 committee of the Legislature having jurisdiction over public health matters.

19 **§1518. Restrictions; construction**

20 The trust's activity is restricted to receiving and disbursing funds and any actions
21 necessary and appropriate to receive and disburse funds. The trust may not create, manage
22 or operate public health or health delivery programs. Nothing in this subchapter may be
23 construed to empower the trust to direct, manage or oversee any program, fund or activity
24 of any other state agency.

25 **§1519. Administration**

26 **1. Administration fund.** The board shall establish an administration fund to be used
27 solely to defray administrative costs approved by the board or the coordinator. The trust
28 may annually deposit funds authorized to be used for administrative costs under this
29 subchapter into the administration fund. Any interest on funds in the administration fund
30 must be credited to the administration fund, and any funds unspent in any fiscal year carry
31 forward and remain in the administration fund to be used to defray administrative costs. In
32 any year, the board may not disburse to the administration fund an amount greater than the
33 amount allowed pursuant to section 1517, subsection 4, paragraph C. The board may also
34 use the administration fund to contract for reasonable professional assistance to help review
35 input received from interested parties, to develop the funding disbursement plan under
36 section 1517 and to allow the board to fulfill its responsibilities under this subchapter. The
37 board shall define the roles and responsibilities of any professional assistance in accordance
38 with this subsection.

39 **2. Coordinator.** The board shall appoint, using a full and competitive search process,
40 a qualified full-time coordinator of the trust. The coordinator serves at the pleasure of the
41 board. The coordinator must have demonstrated experience in research and analysis of
42 public health issues, coordination of public health programs or administrative support of a
43 board in the public health sector, public health finance or policy or closely related
44 experience. The coordinator shall assist the board in gathering and disseminating
45 information, preparing for meetings, analyzing public health issues at the direction of the

1 board, communicating with stakeholders, writing reports and such other board support and
2 administrative functions as the board may assign. The board shall establish the rate and
3 amount of compensation of the coordinator. The coordinator may exercise any powers
4 lawfully delegated to the coordinator by the board.

5 **3. Bylaws.** The board shall adopt bylaws for the governance of its affairs consistent
6 with this subchapter.

7 **4. Coordination with other entities.** Consistent with the requirements of this
8 subchapter and other applicable law, the board shall coordinate the development of its
9 funding disbursement plans with the Statewide Coordinating Council for Public Health,
10 established under Title 5, section 12004-G, subsection 14-G, and other state agencies and
11 authorities the missions of which relate to the purposes of this subchapter in order to
12 minimize inefficiency and duplication and to ensure consistency and effectiveness.
13 Notwithstanding any provision of law to the contrary, upon request of the trust and upon
14 the approval of the commissioner or director of the state agency receiving the request, other
15 state agencies, officials and employees shall cooperate and assist in the administration of
16 the trust as needed to further the purposes of this subchapter.

17 **5. Recommendations.** The trust may receive and shall consider any recommendations
18 made by the Governor, other state agencies, the joint standing committee having oversight
19 under section 1520-A and other interested entities and individuals.

20 **§1520. Rulemaking**

21 The trust shall adopt rules regarding establishing and administering the trust, receiving
22 public input and developing and approving funding disbursement plans. Rules adopted
23 pursuant to this section are routine technical rules pursuant to Title 5, chapter 375,
24 subchapter 2-A.

25 **§1520-A. Legislative oversight**

26 The trust is subject to the oversight of the joint standing committee of the Legislature
27 having jurisdiction over public health matters.

28 **§1520-B. Construction by court**

29 The court shall liberally construe this subchapter to give the greatest possible effect to
30 the powers and duties accorded to the trust.

31 **§1520-C. Freedom of access; confidentiality**

32 The proceedings of the board and records of the trust are subject to the freedom of
33 access laws under Title 1, chapter 13, subchapter 1.

34 **§1520-D. Liability**

35 **1. Bond.** All officers, trustees, employees and other agents of the trust entrusted with
36 the custody of funds of the trust or authorized to disburse the funds of the trust must be
37 bonded either by a blanket bond or by individual bonds with a minimum of \$100,000
38 coverage for each person, or equivalent fiduciary liability insurance, conditioned upon the
39 faithful performance of their duties. The premiums for the bond or bonds are administrative
40 costs of the trust.

41 **2. Indemnification.** Each trustee must be indemnified by the trust against expenses
42 actually and necessarily incurred by the trustee in connection with the defense of any action

1 or proceeding in which the trustee is made a party by reason of being or having been a
2 trustee and against any final judgment rendered against the trustee in that action or
3 proceeding.

4 **§1520-E. Trust for a Healthy Maine Trust Fund**

5 **1. Establishment.** The Trust for a Healthy Maine Trust Fund is established as a
6 nonlapsing fund administered exclusively by the trust solely for the purposes established
7 in this subchapter.

8 **2. Tobacco settlement funds.** Notwithstanding any provision of law to the contrary,
9 the State Controller shall credit to the trust fund all settlement funds immediately upon
10 receipt by the State.

11 **3. Administration of trust fund.** The trust fund may not be used for any purposes
12 other than those set forth in this subchapter, and money in the trust fund is held in trust for
13 the purposes of this subchapter. All money received by the trust must be deposited in the
14 trust fund for distribution by the trust in accordance with this subchapter. The trust is
15 authorized to receive settlement funds and may also seek and accept funding from other
16 public or private sources if the trust determines that such acceptance advances the purposes
17 of this subchapter. Any balance in the trust fund not spent in any fiscal year does not lapse
18 but must carry forward in the trust fund available to be used immediately for the purposes
19 of this subchapter, upon the sole direction of the trust. Any interest or investment income
20 earned by the trust fund must be credited to the trust fund. The trust may use administrative
21 services of the Department of Administrative and Financial Services for the management
22 of the trust fund, but the role of the Department of Administrative and Financial Services
23 is nondiscretionary and the Department of Administrative and Financial Services shall
24 carry out all lawful instructions of the trust for all matters relating to accessing the trust
25 fund without the requirement of an additional legislative authorization or a financial order.

26 **4. Working capital advance.** The State Controller is authorized to provide an annual
27 advance from the General Fund to the trust fund to provide money for disbursements from
28 the trust fund. The money must be returned to the General Fund as the first priority from
29 the amounts credited to the trust fund pursuant to subsection 2.

30 **5. Transfer of funds upon repeal or dissolution of the trust fund.** If the trust fund
31 is repealed or dissolved for any reason, the State Controller shall transfer the balance of
32 funds in the trust fund to the Fund for a Healthy Maine established in section 1511.

33 **Sec. 5. Staggered terms.** Notwithstanding the Maine Revised Statutes, Title 22,
34 section 1515, subsection 4, at the initial meeting of the Trust for a Healthy Maine Board,
35 trustees shall draw lots to determine trustees' initial term lengths so that the initial terms of
36 5 trustees expire after one year, the initial terms of 4 trustees expire after 2 years and the
37 initial terms of 5 trustees expire after 3 years.

38 **Sec. 6. Initial appointments.** Notwithstanding the Maine Revised Statutes, Title
39 22, section 1515, subsection 3, paragraph C, the President of the Senate, Speaker of the
40 House, member of the Senate who is the leader of the party with the 2nd-largest number of
41 members in the Senate, member of the House of Representatives who is the leader of the
42 party with the 2nd-largest number of members in the House and the chiefs of the 4 federally
43 recognized Indian tribes in the State shall make the initial nominations of trustees for the

1 Trust for a Healthy Maine Board to the Governor within 60 days of the effective date of
2 this legislation.

3 **Sec. 7. Transfer from Fund for a Healthy Maine.** The State Controller, no later
4 than July 1, 2023, shall transfer all settlement funds, as defined in the Maine Revised
5 Statutes, Title 22, section 1514, subsection 10, in the Fund for a Healthy Maine and a pro
6 rata share of investment income in the Fund for a Healthy Maine to the Trust for a Healthy
7 Maine Trust Fund.

8 **SUMMARY**

9 This bill establishes the Trust for a Healthy Maine to receive money paid to the State
10 pursuant to the tobacco settlement and from other sources and to distribute that money to
11 state agencies or designated agents of the State to fund tobacco use prevention and control,
12 ensure adequate resources for other disease prevention efforts, promote public health, plan
13 and deliver public health and prevention programs and services, support accreditation of
14 the Department of Health and Human Services, Maine Center for Disease Control and
15 Prevention and support public health workforce development. The trust is governed by a
16 15-member board of trustees composed of the Director of the Maine Center for Disease
17 Control and Prevention and 14 members appointed by the Governor.