

LD 1961
PROPOSED COMMITTEE AMENDMENT
OFFERED BY REP. HYMANSON

Committee Amendment “ ” to LD 1961, An Act To Establish the Trust for a Healthy Maine

Amend the bill by striking out everything after the enacting clause and before the summary and inserting in its place the following:

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

Sec. 1. **1 MRSA §403-A, sub-§3, ¶F** is enacted to read:

F. The Trust for a Healthy Maine Board, as authorized in Title 22, section 1515, subsection 5.

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

14-J.

<u>Health</u>	<u>Trust for a Healthy Maine Board</u>	<u>Board Expenses Only</u>	<u>22 MRSA §1515</u>
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Sec. 3. **22 MRSA c. 260-A, sub-c. 2** is enacted to read:

SUBCHAPTER 2

TRUST FOR A HEALTHY MAINE ACT

§ 1513. Short title

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

§ 1514. Definitions

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

1. Health equity. “Health equity” means the attainment of the highest level of health for any social group in this State, regardless of whether a social group is subject to a structural inequity.

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

3. Social group. “Social group” means a group of people in this State that share similar social, economic, demographic, geographic or other characteristics, including, but not limited to, race, ethnicity, gender, gender identity, sexual orientation, class, zip code, age or disability.

4. State health improvement plan. "State health improvement plan" means the most recent plan regarding state health improvement submitted by the Department of Health and Human Services, Maine Center for Disease Control and Prevention for accreditation by a nonprofit public health accreditation board dedicated to advancing the continuous quality improvement of tribal, state, local and territorial health departments or any successor plan identified by the Maine Center for Disease Control and Prevention.

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

6. Sweetening ingredient. "Sweetening ingredient" has the same meaning as in Title 32, section 1751, subsection 5.

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

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

9. Trustee. "Trustee" means a member of the trust.

§ 1515. Trust for a Healthy Maine Board

1. Establishment; purposes. The Trust for a Healthy Maine Board as established by Title 5, section 12004-G, subsection 14-J and referred to in this section as "the trust," is created for the purposes of making recommendations for the use of settlement funds in order to:

A. Promote health purposes for the use of settlement funds in the Fund for a Healthy Maine in accordance with section 1511, subsection 6;

B. Fund evidence-based tobacco use prevention and control programs in the State;

C. Ensure adequate resources for other disease prevention efforts and promoting public health;

D. Promote the visibility and understanding of public health among children and adults;

E. Implement evidence-based prevention and screening strategies to address the priorities of the state health improvement plan;

F. Ensure continued receipt of settlement funds by providing adequate resources to the Office of the Attorney General;

G. Ensure continuity in the event of fluctuations in the amount of settlement funds received by the State; and

H. Address other immediate unmet needs identified by the board.

2. Trustees; appointment. The trust consists of 16 trustees appointed in accordance with this subsection. A person who stands to benefit from the industries of tobacco products, electronic smoking devices, alcohol, marijuana or beverages with a sweetening ingredient is not eligible to serve as a trustee.

A. The Governor shall inform the the joint standing committee of the Legislature having jurisdiction over public health 10 days before making an appointment of the name of the person the Governor proposes to appoint and the committee may provide comments to the Governor on the proposed appointee. The Governor shall appoint the Director of the Maine Center for Disease Control and Prevention within the Department of Health and Human Services or the director's designee. The Governor shall also appoint the following trustees:

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

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

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

B. The President of the Senate shall appoint:

(1) A member of the Senate who serves on the joint standing committee of the Legislature having jurisdiction over health and human services matters;

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

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

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

C. The Speaker of the House of Representatives shall appoint:

(1) A member of the House of Representatives who serves on the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs;

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

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

D. The member of the Senate who is the leader of the party with the 2nd largest number of members in the Senate shall appoint:

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

(2) A person who represents a statewide association of public health professionals.

E. The member of the House of Representatives who is the leader of the party with the 2nd largest number of members in the House shall appoint:

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

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

F. The Chiefs of the four federally recognized tribes shall appoint:

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

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

3. Terms; vacancies. Trustees serve 2-year terms. Trustees may serve no more than 3 consecutive terms.

4. Chair. The trust shall elect a chair from among the trustees. The chair serves a two-

year term in that office and is eligible for reelection. The Chair is the liaison to the Legislature and the Governor.

5. Meetings; quorum; remote participation. The trust shall meet at least 4 times each year at regular intervals and may meet at other times at the call of the chair. A majority of the trustees constitutes a quorum. Meetings of the trust are public proceedings as provided by Title 1, chapter 13, subchapter 1. The board shall establish procedures through which members who are not physically present may participate by telephone or other remote-access technology.

6. Advisory committees. The trust may establish advisory committees to make recommendations to the trust. Advisory committees may include persons who are not trustees.

§ 1516. Duties of the trust

1. Duties. The trust shall:

A. Review the historical, current and projected amount of the settlement funds;

B Evaluate the public health needs of the State, including by reviewing the most recent state health improvement plan and the most recent data available to the trust;

C. Make recommendations to the Legislature and the Governor regarding improving public health outcomes using public health expertise and evidence-based information;

D. Develop and present, in accordance with section 1517, a proposed funding allocation plan for settlement funds;

E. Contract for administrative assistance as the trust determines necessary to implement its responsibilities; and

F. Prioritize the advancement of health equity and address structural inequity.

§ 1517. Proposed funding allocation plan

By December 31, 2022 and every 2 years thereafter, the trust shall develop and approve a proposed funding allocation plan, in accordance with this section, for the State's allocation of settlement funds in the subsequent biennium and a strategic 6-year plan. The trust must approve the proposed plan prior to its release.

1. Requirements. The proposed funding allocation plan must propose to use the settlement funds efficiently and effectively in order to advance the purposes of the trust, as described in section 1515, subsection 1. The plan must propose to implement evidence-based prevention and screening strategies to address the priorities of the state health improvement plan and support efforts by the Department of Health and Human Services, Maine Center for Disease Control and Prevention to prevent disease and promote public health. The trust, in developing its proposed funding allocation plan, must consider the following:

A. Input received from the public hearing required in subsection 2;

B. The most recent state health improvement plan and the most recent data available to the trust; and

C. Zero-based budgeting principles.

If the trust proposes changing funding levels in the next biennium from the most recent fiscal year, it must propose to allocate funding in amounts that minimize disruption of existing programs to ensure smooth and efficient transitions to the funding levels proposed.

2. Public hearing. Prior to approving a proposed funding allocation plan, the trust shall hold at least one public hearing to receive input from interested parties, including but not limited to the Department of Health and Human Services, Maine Center for Disease Control and Prevention, other state agencies, organizations engaged in smoking cessation and public health efforts, other nongovernmental organizations, interested stakeholders, patients and members of the public.

3. Report. Upon release, the trust shall transmit copies of the proposed plan to the Governor, to the joint standing committee of the Legislature having jurisdiction over public health matters and to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs. The joint standing committees of the Legislature receiving the report have authority to report out legislation related to the report. The chair of the trust shall, upon request, present the trust's proposed plan, or otherwise participate in committee meetings and discussions regarding the proposed allocation of settlement funds, in person to the joint standing committee of the Legislature having jurisdiction over public health matters and to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs.

Sec. 3. Staggered terms. Notwithstanding the Maine Revised Statutes, Title 22, section 1515, subsection 4, at the initial meeting of the Trust for a Healthy Maine Board, except for those trustees appointed pursuant to Title 22, section 1515, subsection 3, paragraph B, subparagraph (1) and paragraph C, subparagraph (1), trustees shall draw lots to determine trustees' initial term lengths so that the initial terms of 5 trustees expire after one year, the initial terms of 5 trustees expire after 2 years and the initial terms of 5 trustees expire after 3 years.

Sec. 4. Appropriations and allocations. The following appropriations and allocations are made:

HEALTH AND HUMAN SERVICES, DEPARTMENT OF
[[Fund for a Healthy Maine account]]

Initiative: Provides funding for the Trust for a Healthy Maine Board to contract for administrative assistance as it determines necessary to implement its responsibilities.

[[OFPR: \$10,000 each biennium.]]

SUMMARY

This proposed committee amendment strikes and replaces the bill. It establishes the Trust for a Healthy Maine Board to propose to the Governor and the Legislature an allocation plan in order to promote public health using tobacco settlement funds received by the State.