

129th Legislature
Senate of
Maine
Senate District 30

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LD 1961 – An Act To Establish a Trust for a Healthy Maine
Testimony of Senator Linda Sanborn, Co-Sponsor and Senate Lead
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Good afternoon, Senator Gratwick, Representative Hymanson and esteemed colleagues on the Health and Human Services Committee. I am Senator Linda Sanborn and I represent Senate District 30, all of Gorham, most of Scarborough, and Buxton. I'm here today to testify in favor of LD 1961, An Act to Establish a Trust for a Healthy Maine. I want to express my gratitude to Representative Keschl for bringing this important bill forward.

We have a problem! We have a public health system that has been decimated over the past decade. We have a Fund for Healthy Maine budget that is no longer sustainable. And we are facing serious threats to our population's health and productivity, which are putting our children at risk for a lifetime of poor health and leaving our employers struggling to maintain and grow a healthy work force.

Here are some sobering statistics:

- **Vaping:** 1 out of 2 high school students in Maine have ever used e-cigarettes and 3 out of 10 middle school students are currently using e-cigarettes (1).
- **Youth suicide:** 1 out of 11 high school students attempted suicide in the last year (2). Maine's suicide rate is 26% higher than the U.S. rate (3).
- **Diabetes:** 1 out of 9 adults has diabetes and 1 out of 3 has prediabetes, with health complications costing \$1.6 billion in Maine every year (4).
- **Ticks and Lyme Disease:** 2,079 Mainers were diagnosed with Lyme disease in 2019, an increase of over 50% since 2013 (5).
- **Infant Mortality:** Maine's infant mortality rate is 26% higher than it was 15 years ago (6).

For those who are interested, I have provided data sources at the end of my written testimony.

There are other examples, but I'm sure my point is clear. Maine's commitment to public health and prevention has faltered and it is taking a toll on the health and productivity of our children,

families and communities in every corner of the state. Life expectancy in many of our communities is actually decreasing. We need to act boldly to reverse these trends.

In creating a Trust for a Healthy Maine, we have an opportunity to flip this scenario and disrupt these concerning trends. Good health changes everything for families and businesses. Healthy kids are ready to learn, workers are more productive, seniors can stay in their homes, and employers can get relief from the high costs of health insurance.

I remind you of a 40 year study done in Franklin County, home of our good Governor, and published in JAMA in 2015, which concluded that “sustained, community-wide programs targeting cardiovascular risk factors and behavior changes (including tobacco cessation) to improve population health were associated with reductions in hospitalization and mortality rates, compared to the rest of the state”. This was a perfect real-life and local example of the old adage, “An ounce of prevention is worth a pound of cure.”

Maine’s creation of the Fund for Healthy Maine with tobacco settlement dollars in order to fund public health initiatives, including many in local communities, was based, in part, on what we learned from Franklin County’s good work in primary prevention. But as Rep. Keschl pointed out, and as you will hear more about from subsequent speakers, several inherent weaknesses in the Fund for a Healthy Maine have brought us to a tipping point.

Serious budgetary decisions will have to be made, as there will no longer be enough revenue to fund both public health and medical care using tobacco settlement dollars in future bienniums. Both are critically important, and both must be fully funded. LD 1961 proposes a path forward that retains the funding of public health and primary prevention with tobacco settlement dollars. This path phases out the use of the settlement funds for medical care in the next biennium, and it consolidates medical care within the General Fund.

I have been asked if LD 1961 creates a budget hole. I want to be very clear about this next point: we already have a budget hole, with or without LD 1961. As you have heard, we are spending \$67 million this year from the Fund for a Healthy Maine, and we have projected tobacco settlement revenue of \$40 million per year going forward.

If we wait another year to restructure how we protect and use our tobacco settlement dollars, we will be choosing to fund medical care OR public health. This is a false choice that we must refuse to consider. You all know me to be a strong advocate for both MaineCare and public health, and we must continue to rebuild both if we are going to improve the long-term health and productivity of our communities.

Now is the time! Financially, we are operating with a budget surplus this year, so we still have options. But that door is closing. And simply put, MaineCare funding belongs in the General Fund, where it can be stabilized and fully-funded – with additional revenue, if need be.

Ignoring the structural deficit in the Fund for a Healthy Maine until next year will only make it harder to solve. Inertia or inaction is not a viable option. We must challenge ourselves to step boldly into the future. LD 1961 takes a proactive, smart approach. It charts a course to a long-term solution by protecting the settlement for tobacco prevention and public health.

Last week I was able to sit in on Director Shah's update from the Maine CDC to this committee. I was incredibly impressed and left with a feeling of relief, knowing that we are now in such good hands under his leadership. We need to help him move forward with evidence informed initiatives by preserving public health funding.

Stabilizing and restructuring the tobacco settlement could jumpstart and sustain a modern, cost-effective system of public health. And when political and economic circumstances change, we will have a more evolved structure in place, with built-in protections, for ensuring this special revenue source is used as it was intended – to prevent youth tobacco use and improve public health.

Much research, informed thought, and collaboration have gone into developing the model outlined in LD 1961. It is based on the success of the Efficiency Maine Trust and heavily informed by our experiences here in Maine and those of other states in protecting the tobacco settlement.

The 119th Legislature did an amazing thing in their creation of the Fund for a Healthy Maine. It has served us well and longer than most states' efforts to protect this revenue stream. As a proud member of the 129th Legislature, it's now our responsibility to chart a course for the next twenty years. I'm honored to be working with all of you on an issue of such significance to our state.

Thank you and I am happy to answer any questions.

ENDNOTES

- (1) Maine Department of Health and Human Services, "*Maine Integrated Youth Health Survey 2019*", <https://data.mainepublichealth.gov/miyhs/files/Snapshot/2019MIYHSVapingInfographic.pdf>
- (2) Maine Department of Health and Human Services, "*2019 Maine Integrated Youth Health Survey*", http://data.mainepublichealth.gov/miyhs/files/2019_Reports/Detailed_Reports/HS/MIYHS2019_Detailed_Reports_HS_State/Maine_High_School_Detailed_Tables.pdf
- (3) America's Health Rankings, "*Health of Women and Children*", https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/teen_suicide/state/ME
- (4) American Diabetes Association, "*The Burden of Diabetes in Maine*", <http://main.diabetes.org/dorg/PDFs/Advocacy/burden-of-diabetes/maine.pdf>

- (5) Maine Center for Disease Control and Prevention, Maine Tracking Network. "*Tickborne disease: Preliminary 2019 data*", <https://data.mainepublichealth.gov/tracking/>
- (6) America's Health Rankings, "*Infant Mortality in Maine 2019*", <https://www.americashealthrankings.org/explore/annual/measure/IMR/state/ME>