



131st MAINE LEGISLATURE

FIRST SPECIAL SESSION-2023

Legislative Document

No. 1722

S.P. 685

In Senate, April 18, 2023

**Resolve, to Establish the Blue Ribbon Commission to Design a Plan
for Sustained Investment in Preventing Disease and Improving the
Health of Maine Communities**

(EMERGENCY)

Reference to the Committee on Health and Human Services suggested and ordered printed.

A handwritten signature in black ink, appearing to read 'D M Grant'.

DAREK M. GRANT
Secretary of the Senate

Presented by Senator ROTUNDO of Androscoggin.
Cosponsored by Representative GATTINE of Westbrook and
Senators: BALDACCI of Penobscot, BENNETT of Oxford, Representatives: CLOUTIER of
Lewiston, CYRWAY of Albion, DUCHARME of Madison, SACHS of Freeport, Speaker
TALBOT ROSS of Portland, TERRY of Gorham.

1 **Emergency preamble. Whereas,** acts and resolves of the Legislature do not
2 become effective until 90 days after adjournment unless enacted as emergencies; and

3 **Whereas,** this resolve establishes the Blue Ribbon Commission to Design a Plan for
4 Sustained Investment in Preventing Disease and Improving the Health of Maine
5 Communities; and

6 **Whereas,** tobacco users are switching to electronic cigarettes, which are not included
7 in the tobacco Master Settlement Agreement pursuant to the lawsuit *State of Maine v. Philip*
8 *Morris, et al.*, Kennebec County Superior Court, Docket No. CV-97-134; and

9 **Whereas,** the switch to electronic cigarettes has diminished the payments to the
10 tobacco Master Settlement Agreement and therefore reduced the funds received by the
11 Fund for a Healthy Maine without reducing the harm to public health from tobacco; and

12 **Whereas,** more funds are allocated through the Fund for a Healthy Maine baseline
13 budget than the State receives from the tobacco Master Settlement Agreement, resulting in
14 an unsustainable structural deficit in the Fund for a Healthy Maine; and

15 **Whereas,** Fund for a Healthy Maine funds are essential for funding tobacco
16 prevention and treatment, other chronic disease prevention initiatives and health promotion
17 efforts in the State, particularly for the benefit of children and families in the State; and

18 **Whereas,** public health problems are seldom solved and health and economic benefits
19 are rarely measurable within a 2-year state budget cycle; and

20 **Whereas,** the structural limitations of the State's 2-year budget cycle result in an
21 ongoing loss of opportunities to plan and invest in long-term, evidence-informed primary
22 and secondary chronic disease prevention initiatives; and

23 **Whereas,** the State receives funds from multiple legal settlements with manufacturers
24 and excise taxes on products that affect public health and well-being but lacks the system
25 and structure necessary to maximize benefit through coordinated planning and sustained
26 investment in preventing disease and improving the health of communities in the State; and

27 **Whereas,** the work of the Blue Ribbon Commission to Design a Plan for Sustained
28 Investment in Preventing Disease and Improving the Health of Maine Communities must
29 be initiated before the 90-day period expires in order that the commission's work may be
30 completed and a report submitted in time for submission to the next legislative session; and

31 **Whereas,** in the judgment of the Legislature, these facts create an emergency within
32 the meaning of the Constitution of Maine and require the following legislation as
33 immediately necessary for the preservation of the public peace, health and safety; now,
34 therefore, be it

35 **Sec. 1. Commission established. Resolved:** That the Blue Ribbon Commission to
36 Design a Plan for Sustained Investment in Preventing Disease and Improving the Health of
37 Maine Communities, referred to in this resolve as "the commission," is established.

38 **Sec. 2. Commission membership. Resolved:** That, notwithstanding Joint Rule
39 353, the commission consists of 15 members as follows:

- 40 1. Six members appointed by the President of the Senate as follows:

- 1 A. One member of the Senate from the party holding the largest number of seats in the
2 Legislature who is currently serving on the Joint Standing Committee on
3 Appropriations and Financial Affairs;
- 4 B. One member of the Senate from the party holding the 2nd largest number of seats
5 in the Legislature who is currently serving on the Joint Standing Committee on
6 Appropriations and Financial Affairs or the Joint Standing Committee on Health and
7 Human Services;
- 8 C. One member with policy expertise or experience in state budgeting and funding
9 improved access to health care for low-income individuals and other populations
10 experiencing inequitable access to health care;
- 11 D. One member who has a minimum of 8 years of experience leading a community
12 health coalition and experience working with rural populations;
- 13 E. One member who manages a public health endowment for a health system in the
14 State and has experience developing statewide plans for improving health and
15 prosperity; and
- 16 F. One member who is currently or was formerly employed as senior staff or faculty
17 for a university in the State with expertise in public health, rural health and health
18 equity financing models;
- 19 2. Seven members appointed by the Speaker of the House of Representatives as
20 follows:
 - 21 A. One member of the House of Representatives from the party holding the largest
22 number of seats in the Legislature who is currently serving on the Joint Standing
23 Committee on Appropriations and Financial Affairs or the Joint Standing Committee
24 on Health and Human Services;
 - 25 B. One member of the House of Representatives from the party holding the 2nd largest
26 number of seats in the Legislature who is currently serving on the Joint Standing
27 Committee on Appropriations and Financial Affairs;
 - 28 C. One member who represents a statewide association of public health professionals
29 that works to improve and sustain the health and well-being of all people in the State
30 through health promotion, disease prevention and the advancement of health equity;
 - 31 D. One member who has a minimum of 8 years of experience serving in the Legislature,
32 including service on both the Joint Standing Committee on Appropriations and
33 Financial Affairs and the Joint Standing Committee on Health and Human Services;
 - 34 E. One member who is employed by a philanthropic organization in the State with
35 experience or expertise funding initiatives in public health and primary prevention that
36 advance racial health equity or reduce health disparities;
 - 37 F. One member who represents a community development financial institution that
38 advances health and economic equity for people and communities in the State through
39 the integration of finance, business expertise and policy solutions; and
 - 40 G. One member who serves as senior staff for a municipal or county health department;
- 41 3. The Director of the Office of Policy Innovation and the Future or the director's
42 designee; and
- 43 4. The Attorney General or the attorney general's designee.

1 **Sec. 3. Chairs. Resolved:** That the first-named Senate member is the Senate chair
2 of the commission and the first-named House of Representatives member is the House chair
3 of the commission.

4 **Sec. 4. Appointments; convening of commission. Resolved:** That all
5 appointments must be made no later than 30 days following the effective date of this
6 resolve. The appointing authorities shall notify the Executive Director of the Legislative
7 Council once all appointments have been completed. After appointment of all members,
8 the chairs shall call and convene the first meeting of the commission. If 30 days or more
9 after the effective date of this resolve a majority of but not all appointments have been
10 made, the chairs may request authority and the Legislative Council may grant authority for
11 the commission to meet and conduct its business.

12 **Sec. 5. Duties. Resolved:** That the commission shall evaluate funding models and
13 structures that allow for the sustained investment in the health and prosperity of youth and
14 families in the State and make recommendations for further legislative action. The
15 commission shall prioritize research and recommendations that:

- 16 1. Resolve the structural deficit in the Fund for a Healthy Maine;
- 17 2. Identify sources of sustained funding for reducing tobacco use, improving public
18 health, preventing chronic illness, reducing health disparities across demographic and
19 geographic populations and improving the community conditions that support good health
20 and wellness;
- 21 3. Identify strategies and structural changes that resolve structural inequities and allow
22 funding and investment plans to extend beyond the Legislature's 2-year budget cycle when
23 doing so is necessary for accomplishing their intents and purposes;
- 24 4. Advance the long-term goals established by the Legislature for funds received from
25 legal settlements with manufacturers and excise taxes on products that affect public health
26 and well-being;
- 27 5. Identify policy and funding models that maximize alignment between the purpose
28 and intent of public health funding sources and the investments in public health and
29 prevention initiatives those funds support;
- 30 6. Identify how funding from various public health-related sources could be blended or
31 pooled to achieve common aims in preventing chronic disease, reducing health disparities
32 among historically disenfranchised and vulnerable populations and improving the
33 community conditions that support the health and resilience of youth in the State; and
- 34 7. Identify strategies and system changes that would allow for the calculation of return
35 on investment of all proposed public health and prevention measures over a period of time
36 using the projected health and productivity benefits of those investments.

37 **Sec. 6. Staff assistance. Resolved:** That, notwithstanding Joint Rule 353, the
38 Legislative Council shall provide necessary staffing and consulting services to the
39 commission, the cost of which up to \$20,000 must be paid from the Fund for a Healthy
40 Maine.

41 **Sec. 7. Report. Resolved:** That, notwithstanding Joint Rule 353 and no later than
42 December 6, 2023, the commission shall submit a report that includes its findings and
43 recommendations, including legislation, to the Joint Standing Committee on

1 Appropriations and Financial Affairs and the Joint Standing Committee on Health and
2 Human Services. After receipt and review of the report, one or both of the joint standing
3 committees shall submit legislation relating to the subject matter of the report to the Second
4 Regular Session of the 131st Legislature.

5 **Emergency clause.** In view of the emergency cited in the preamble, this legislation
6 takes effect when approved.

7 **SUMMARY**

8 This resolve establishes the Blue Ribbon Commission to Design a Plan for Sustained
9 Investment in Preventing Disease and Improving the Health of Maine Communities to
10 evaluate funding models and structures that allow for the sustained investment in the health
11 and prosperity of youth and families in the State and make recommendations for further
12 legislative action.