



Testimony of Sarah Calder, MaineHealth
Neither for Nor Against LD 1772, “An Act to Implement the
Recommendations of the Blue Ribbon Commission to Design a Plan for
Sustained Investment in Preventing Disease and Improving the Health of
Maine Communities”
January 7, 2025

Senator Ingwersen, Representative Meyer and distinguished members of the Joint Standing Committee on Health and Human Services, I am Sarah Calder, Senior Government Affairs Director at MaineHealth, and I am here to testify neither for nor against LD 1772, “An Act to Implement the Recommendations of the Blue Ribbon Commission to Design a Plan for Sustained Investment in Preventing Disease and Improving the Health of Maine Communities,” as amended.

MaineHealth is an integrated non-profit health care system that provides a continuum of health care services to communities throughout Maine and New Hampshire. Every day, our over 24,000 care team members support our vision of “Working Together so Our Communities are the Healthiest in America” by providing a range of services from primary and specialty physician services to a continuum of behavioral health care services, community and tertiary hospital care, home health care and a lab.

MaineHealth has a long history of being a statewide leader and collaborator on tobacco prevention and control. For nearly 25 years we have administered the Maine Quitlink, where every year over 10,000 Mainers obtain help in quitting tobacco addiction, including from cigarettes and vaping products. We have also been active members in the Maine Tobacco Coalition, the Breathe Easy Coalition, and the Maine Lung Cancer Coalition.

It is through that lens that we offer our testimony today. While we appreciate and agree with many of the changes included in the amendment, we suggest the Committee align the language to leverage existing resources that will help address community needs.

To that end, we suggest replacing the proposed Maine Commission on Public Health and Prevention with the existing Statewide Coordinating Council for Public Health (SCC), which has representatives from communities across the state (all eight geographically-based public health districts plus the Tribal District), as well as a number of statewide experts, 10 who represent the 10 essential public health services, those from communities facing disparities, and several others from state government. It currently meets quarterly and has done so since 2008. This would provide a balance of community members with statewide experts and organizations and leverages an existing resource.

Additionally, LD 1772, as amended, requires a state health plan. Similar types of state health plans already exist and are required by Maine CDC’s accreditation (overseen by the national Public Health Accreditation Board, PHAB). Rather than requiring a separate health plan, we

suggest leveraging the existing plans, such as those which are required by PHAB. Community members, government staff, and many others already spend many resources working on these plans, and we suggest alignment to ensure efficient use of limited resources.

Thank you for your time and consideration and I would be happy to answer any questions that you may have.