

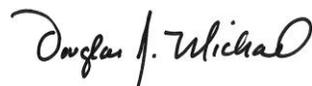
Dear members and friends of the Maine Public Health Association:

On behalf of the board of directors, staff and volunteers of MPHA, it is our pleasure to present our third annual public health legislative report. This report documents MPHA priority bills and final dispositions from the Second Regular Session of the 126th Maine Legislature. There were some successes in the past session such as the major win of the passing of LD386. MPHA was proud to be a part of this legislation which greatly increased access to tobacco treatment for those who receive MaineCare insurance.

Unfortunately, the most recent session of the legislature resulted in limited advancement in public health policy and was similar to the first session in which numerous bills were vetoed by Governor LePage. With some of our largest public health problems being related to healthcare access and cost, we were deeply disappointed that legislative actions did not support more policy implementation that would have decreased death, disease and financial burden to our society. We hope that this upcoming legislative session will result in more positive outcomes for the health of all Maine residents.

There continues to be many strong advocates in the Statehouse. We want to thank each of our many members, partners and legislators who helped us. At this time, we can only advocate for a government that strives to achieve the best health and safety of Maine residents. MPHA will continue to be your partner and your advocate during the 127th session. We hope you will join us as we work harder than ever to advance public health protections in 2014.

Sincerely,



Doug Michael, MPH
President, MPHA



Tina Pettingill, MPH
Executive Director, MPHA

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The Maine Public Health Association is dedicated to improving and sustaining the health and well-being of all Maine residents by advocating for policies and environments that promote public health and health equity. Our diverse membership has a common interest in protecting and advancing the health of residents through advocacy, education, research and service.

Public Health Policy Wins

Supporting Tobacco Cessation for MaineCare Recipients

The 126th legislature sought to decrease the rate of Maine smokers by providing cessation coverage for one population of Maine residents. Under this policy, MaineCare Recipients are eligible for 100% healthcare coverage for tobacco cessation and/ or treatment. The Department of Health and Human Services is required to find reimbursements from the Federal Government for such accrued fees. Since a number of MaineCare recipients receive treatment for tobacco-related health issues, this is a population that will greatly benefit from such support. **LD 386: an Act to Reduce Tobacco-related Illness and Lower Healthcare Costs in MaineCare** was the biggest public health victory for the 126th legislative session. An emergency bill, carried over from the first session of 126th Legislature, LD386 passed the Senate and House. The legislation was set to be enacted, but was vetoed by the governor in January of this year. Despite this, a two-thirds majority was reached in the House and Senate and the veto was overridden. MPHA and our partners were pleased to see advanced access to tobacco treatment go into effect August 1, 2014.

Bill Sponsor: Representative Sanborn of Gorham
Final Deposition: Public Law

Reducing Death from Drug Overdoses

In 2014, the third attempt to approve the use of naloxone kits to reverse drug overdoses, was successful. **LD 1686: an Act to Address Preventable Deaths from Drug Overdose**, authorizes the prescription, possession and administration of opioid antagonist-naloxone (also known as Narcan) to patients overdosing. This bill removes hesitation healthcare providers might have about administering Narcan. This bill became law without the Governor's signature though it received almost unanimous support in both the House and the Senate. There was an emergency enactment in both the House and the Senate. As of July 1, 2014, emergency medical personnel, law enforcement officers and municipal firefighters can administer intranasal naloxone hydrochloride to help prevent death from opiate overdose.

Bill Sponsor: Representative Gideon of Freeport
Final Deposition: Public Law

Fund for a Healthy Maine

Maine has received a \$5 million provision as a result of an arbitration suit with the tobacco industry. These funds were automatically directed to the Fund for



Healthy Maine but not specifically allocated, making them a target for use in the general fund. The Fund for Healthy Maine (FHM) promotes health through disease prevention programs, policy implementation and education throughout the state. Examples of such

*Did you know that
1 out of 12 people in the
US has a substance abuse
disorder?*

*Maine is the third State in
New England to approve
the use of naloxone kits.*

About Us

As a statewide organization that supports best-practice, evidence-based policy work, we advocate for practice and policy that improves and sustains the health and well-being of Maine residents.

programs include: obesity prevention, smoking prevention and treatment, elder and child care, and substance abuse prevention. **LD 1719: An Act to Improve Education About and Awareness of Maine's Health Laws and Resources** would have allocated funds to specific evidence-based prevention programs. LD 1719, passed in both the House and Senate but was vetoed by the Governor. The veto was overridden by the House with a two-thirds majority. Despite this, the bill did not receive the votes needed in the Senate to override the veto by the Governor. Though the bill did not pass, the funds will remain unallocated within the FHM. MPHA and our partners will be back next session with another attempt to allocate these funds to prevention policy and programs as they were intended.

Bill Sponsor: Representative Rochelo of Biddeford

Final Disposition: Vetoed by the Governor

Missed Opportunities

Loss of Funding for Maine HIV Prevention Programs

HIV prevention and educational programs have been highly successful in reducing Maine's occurrences of HIV and is one reason Maine has low rates of the disease. Previously, prevention programs have been funded mostly by federal sources. In 2013, the Maine Department of Education did not receive federal funding for HIV prevention programs.

In response to the decrease in funding, **LD 1699: an Act to Fund the Maine HIV Prevention Education Program within the Department of Education**, would have allocated \$150,000 for each fiscal year from General Fund appropriations to Maine HIV Prevention Education Program within the Department of Education. This legislation passed in the House but died in the Senate.

Bill Sponsor: Representative Pringle of Windham

Final Disposition: Died on Adjournment

Affordable Care Act

Perhaps one of the most anticipated policy developments of the year was **LD 1578: an Act to Increase Health Security by Expanding Federally Funded Health Care for Maine People**. This legislation would have broadened the description of Part 1 Medicaid coverage for the MaineCare program. Under this policy, Maine could opt to receive 100% federal funding for members who do not qualify for the Federal Medical Assistance Percentage matching funds under the Affordable Care. LD1578 was approved by the House and Senate, but vetoed by the Governor in April. The House then reconvened to vote on the bill, but they did not reach a two-thirds majority needed to override the Governor's veto.

Bill Sponsor: Speaker Eves of North Berwick

Final Disposition: Veto sustained



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FOCUS: MPHA Tobacco Policy Committee

Over the past year, MPHA has been heavily involved in tobacco policy. At the start of 126th Legislative Session, MPHA supported and advocated for Medicaid coverage for tobacco cessation. Our efforts were proven successful with the passage of LD386.

Maine Public Health Association has also been working to educate the general public, public health professionals and decision makers on current tobacco policies and efforts in Maine. MPHA hosted and facilitated a five-part webinar series discussing evidence-based tobacco policies and campaigns that are being implemented around the country and their potential success in Maine. Webinar speakers reviewed tobacco statistics from throughout our state which included the use of other tobacco products such as smokeless tobacco and new nicotine delivery devices such as e-cigarettes. Current data demonstrates that non-cigarette tobacco is disproportionately used by Maine youth, and it is vital that campaigns and policies are launched to combat this growing trend. As one of our largest monetary sources for prevention programs, the status of Fund for a Healthy Maine (FHM) was a hot webinar subject this year. Webinars discussed past and current efforts made by MPHA and our partners to ensure that FHM remains used for its original intention. Presentations concluded with plans to continue seeking fair allocations for the prevention of death and disease from tobacco-related illness.



Thank you to the webinar speakers:

- American Cancer Society Cancer Action Network
- American Heart Association
- American Lung Association of the Northeast
- Breathe Easy Coalition of Maine
- Friends of the Fund for a Healthy Maine
- MaineHealth
- Office of the Maine Attorney General
- Partnership For A Tobacco-Free Maine
- University of New England

Special thanks to the Maine Cancer Foundation for their support of our tobacco efforts!

MPHA has also been working to increase awareness of the health effects of tobacco through emails and social media. This is all part of our effort to increase knowledge and awareness around tobacco use. The topics in media blitzes ranged from policy updates, general public health content information and research, and upcoming MPHA events. Look for more MPHA literature via these avenues this year.

MPHA supports only evidenced-based public health practice and policy. Our four policy committees are responsible for reviewing recent and relevant data, research, trends and how a stated policy/law may impact public health outcomes. Committees, and MPHA staff, have the responsibility to make policy decisions on behalf of the Association.

FMI

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