

# MAINE STATE LEGISLATURE

The following document is provided by the  
**LAW AND LEGISLATIVE DIGITAL LIBRARY**  
at the Maine State Law and Legislative Reference Library  
<http://legislature.maine.gov/lawlib>



Reproduced from electronic originals  
(may include minor formatting differences from printed original)



# 129th MAINE LEGISLATURE

## SECOND REGULAR SESSION-2020

---

Legislative Document

No. 1961

---

H.P. 1405

House of Representatives, January 8, 2020

### **An Act To Establish the Trust for a Healthy Maine**

---

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 203.

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

A handwritten signature in cursive script that reads "Robert B. Hunt".

ROBERT B. HUNT  
Clerk

Presented by Representative KESCHL of Belgrade.

Cosponsored by Senator SANBORN, L. of Cumberland and

Representatives: BRENNAN of Portland, DILLINGHAM of Oxford, MILLETT of Waterford, PERRY of Calais, STEWART of Presque Isle, Senators: GRATWICK of Penobscot, President JACKSON of Aroostook, VITELLI of Sagadahoc.

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

2 **Sec. 1. 5 MRSA §12004-G, sub-§14-J** is enacted to read:

3 **14-J.**

4 Health                      Trust for a Healthy      Expenses Only                      22 MRSA §1515  
5                                      Maine Board

6 **Sec. 2. 22 MRSA c. 260-A, sub-c. 1** is enacted by adding before section 1511 the  
7 following to read:

8 **SUBCHAPTER 1**

9 **FUND FOR A HEALTHY MAINE**

10 **Sec. 3. 22 MRSA §1511, sub-§2**, as enacted by PL 1999, c. 401, Pt. V, §1, is  
11 amended to read:

12 **2. Sources of fund.** The State Controller shall credit to the fund:

13 A. All If the Trust for a Healthy Maine established in section 1515 is repealed or  
14 dissolved, all money received by the State in settlement of or in relation to the lawsuit  
15 State of Maine v. Philip Morris, et al., Kennebec County Superior Court, Docket No.  
16 CV-97-134;

17 B. Money from any other source, whether public or private, designated for deposit  
18 into or credited to the fund; ~~and~~

19 C. Interest earned or other investment income on balances in the fund; ~~and~~

20 D. If the Trust for a Healthy Maine established in section 1515 is repealed or  
21 dissolved, all money transferred from the trust to the fund.

22 **Sec. 4. 22 MRSA c. 260-A, sub-c. 2** is enacted to read:

23 **SUBCHAPTER 2**

24 **TRUST FOR A HEALTHY MAINE ACT**

25 **§1513. Short title**

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

27 **§1514. Definitions**

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

1           **1. Administrative costs.** "Administrative costs" means staffing, overhead and  
2 related operational costs incurred by the trust in carrying out its duties under this  
3 subchapter.

4           **2. Allocation.** "Allocation" means a legally binding decision of the trust governing  
5 how settlement funds are to be distributed by the trust for the purposes set forth in this  
6 subchapter.

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

9           **4. Coordinator.** "Coordinator" means the coordinator of the Trust for a Healthy  
10 Maine under section 1519, subsection 2.

11           **5. Designated agent.** "Designated agent" means an entity with which the  
12 department has entered an agency relationship for the purpose of applying for federal  
13 funds to support public health research and programming and that is authorized by the  
14 Federal Government to receive those funds.

15           **6. Medical care.** "Medical care" means direct medical care, including but not  
16 limited to care provided under the MaineCare program and the prescription drug program  
17 established under section 254-D. "Medical care" does not include treatments provided  
18 under the Tobacco Prevention and Control Program established in section 272.

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

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

28           **9. Trust.** "Trust" means the Trust for a Healthy Maine established in section 1515.

29           **10. Trustee.** "Trustee" means a member of the board.

30           **11. Trust fund.** "Trust fund" means the Trust for a Healthy Maine Trust Fund  
31 established in section 1520-E, subsection 1.

32           **§1515. Trust for a Healthy Maine; Trust for a Healthy Maine Board**

33           **1. Establishment; purposes.** The Trust for a Healthy Maine is established for the  
34 purposes of receiving all settlement funds and other funds, redistributing that money to  
35 state agencies or designated agents of the State to fund tobacco use prevention and  
36 control at levels recommended by the United States Department of Health and Human  
37 Services, Centers for Disease Control and Prevention and to ensure adequate resources  
38 for other disease prevention efforts and promoting public health. The purposes of the

1 trust also include supporting state agencies in planning and delivering public health and  
2 prevention programs and services, supporting accreditation of the Department of Health  
3 and Human Services, Maine Center for Disease Control and Prevention and supporting  
4 public health workforce development. The trust also provides public health expertise and  
5 evidence-based information to the Legislature.

6 **2. Governance; board.** The trust is created as a body corporate and politic and a  
7 public instrumentality of the State and is governed by the Trust for a Healthy Maine  
8 Board in accordance with this subchapter.

9 **3. Trustees; appointment.** The board consists of 16 trustees appointed in  
10 accordance with this subsection. A person who stands to benefit from the tobacco,  
11 vaping, alcohol or marijuana industry is not eligible to serve as a trustee.

12 A. The Governor shall appoint:

13 (1) The Director of the Maine Center for Disease Control and Prevention within  
14 the Department of Health and Human Services or the director's designee;

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

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

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

26 B. The President of the Senate shall appoint:

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

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

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

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

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

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

5                   (3) A person who has expertise in preventing the use of nicotine or tobacco and  
6                   other addictive substances by youth and young adults.

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

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

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

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

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

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

21                  F. The leadership of the Wabanaki Confederacy shall appoint:

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

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

24                  **4. Terms; vacancies.** Trustees serve 3-year terms. Trustees may serve no more  
25                  than 3 consecutive terms. If a trustee is unable to complete a term, the Governor shall  
26                  consult with the board and appoint a replacement for the remainder of the unexpired term.  
27                  The replacement trustee must hold the same qualifications, set forth in subsection 3, as  
28                  that of the departing trustee.

29                  **5. Chair.** The board shall elect a chair, a vice-chair, a secretary and a treasurer from  
30                  among the trustees. Each officer serves a one-year term in that office and is eligible for  
31                  reelection.

32                  **6. Meetings; quorum.** The board shall meet at least 4 times each year at regular  
33                  intervals and may meet at other times at the call of the chair or the Governor. A majority  
34                  of the trustees constitutes a quorum. Meetings of the board are public proceedings as  
35                  provided by Title 1, chapter 13, subchapter 1.

36                  **7. Election of subcommittees.** The board may elect an executive committee of not  
37                  fewer than 5 trustees who, between meetings of the board, may transact such business of  
38                  the trust as the board authorizes. The board may also elect a planning committee.

1           **8. Liaison to Legislature.** The chair is the trust's liaison to the joint standing  
2           committee of the Legislature having jurisdiction over public health matters.

3           **9. Advisory committees.** The board may establish advisory committees to make  
4           recommendations to the board. Advisory committees may include persons who are not  
5           trustees.

6           **10. Removal of trustee.** The Governor may remove a trustee upon a showing of a  
7           deliberate or reckless failure to attend to duties required for service on the board or  
8           unexcused absences from 4 or more meetings of the board in a 12-month period.

9           **11. Expenses; reimbursement.** Trustees are not entitled to compensation for  
10           service on the board, except that, in accordance with Title 5, section 12004-G, subsection  
11           14-J, the trust may reimburse travel and board-related expenses.

12           **12. Fiduciary duties.** A trustee has a fiduciary duty to the people of the State in the  
13           administration of the trust. Upon accepting appointment as a trustee, each trustee must  
14           acknowledge the fiduciary duty to use the trust fund only for the purposes set forth in this  
15           subchapter. It is the duty of each trustee to ensure that the purposes of the trust set forth  
16           in this subchapter are fulfilled.

17           **13. Conflict of interest.** A trustee is deemed to be an executive employee for  
18           purposes of Title 5, sections 18, 18-A and 19. A trustee or employee of the trust or a  
19           spouse or dependent child of any of those individuals may not receive any direct personal  
20           benefit from the activities of the trust. This subsection does not prohibit corporations or  
21           other entities with which a trustee is associated by reason of ownership or employment  
22           from participating in activities funded directly or indirectly by the trust if ownership or  
23           employment is made known to the board and the trustee abstains from all matters directly  
24           relating to that participation immediately upon discovery of the association.

25           **§1516. Powers and duties**

26           **1. Powers.** The trust may:

27           A. Receive all settlement funds directly from the payer of the funds;

28           B. Receive money from any other source, whether public or private, designated for  
29           deposit into or credited to the trust;

30           C. Receive funds transferred from the Fund for a Healthy Maine under subchapter 1;

31           D. Through funding allocation plans under section 1517, allocate funds; and

32           E. Make recommendations to the Legislature regarding improving public health  
33           outcomes and promoting public health awareness and understanding.

34           **2. Duties.** The trust shall:

35           A. Administer the trust and the trust fund;

36           B. Promote the visibility and understanding of public health among children and  
37           adults;

1 C. Participate in the development and promotion of a state health improvement plan  
2 by the Department of Health and Human Services, Maine Center for Disease Control  
3 and Prevention or another planning entity and provide funding for the planning  
4 process if necessary;

5 D. Promote multilevel planning and coordination that includes state, district,  
6 community and municipal decision-making and advisory boards; and

7 E. Take other actions necessary and appropriate to fulfill the purposes of this  
8 subchapter.

9 **§1517. Funding allocation plan**

10 **1. Funding allocation plan.** By December 31, 2020 and every 2 years thereafter,  
11 the board shall develop and approve a funding allocation plan to allocate settlement funds  
12 and other funds it may hold or receive in the subsequent biennium. The funding  
13 allocation plan must advance the purposes of this subchapter and be based on the most  
14 recent state health improvement plan and the most recent data available to the board.

15 **2. Input from interested parties.** Prior to adopting a funding allocation plan or  
16 substantially amending an existing funding allocation plan, the trust shall hold at least one  
17 public hearing to receive input from interested parties, including but not limited to the  
18 Department of Health and Human Services, Maine Center for Disease Control and  
19 Prevention, other state agencies, organizations engaged in smoking cessation and public  
20 health efforts, other nongovernmental organizations, interested stakeholders, patients and  
21 members of the public. When considering the input of interested parties, the trust must  
22 consider zero-based budgeting principles and long-term returns on investment.

23 **3. Funding allocation plans.** The funding allocation plan approved by the board for  
24 fiscal year 2021-22 must allocate an amount equal to 0.50 of the settlement funds  
25 projected to be received in fiscal year 2021-22 for the purpose of providing medical care.  
26 The funding allocation plan approved by the board for fiscal year 2022-23 may not  
27 allocate funds for the purpose of providing medical care. When approving other elements  
28 of the funding allocation plans, the board shall consider funding levels in the most recent  
29 fiscal year and allocate funding in amounts that minimize disruption of existing programs  
30 and ensure smooth and efficient transitions to the funding levels required beginning in  
31 fiscal year 2023-24 under subsection 4.

32 **4. Tier 1 allocation.** Beginning in fiscal year 2023-24, each funding allocation plan  
33 approved by the board must allocate funds in accordance with the following Tier 1  
34 allocation:

35 A. An amount that, when combined with amounts from other funding sources  
36 received by the Department of Health and Human Services, Maine Center for Disease  
37 Control and Prevention, yields a total amount available for purposes of providing  
38 tobacco prevention and control programs in the State that is equal to or greater than  
39 the minimum level recommended by the United States Department of Health and  
40 Human Services, Centers for Disease Control and Prevention must be allocated to the  
41 Department of Health and Human Services, Maine Center for Disease Control and  
42 Prevention or its designated agent;



1 B. An amount equal to 0.0035 of the settlement funds received in the previous fiscal  
2 year must be allocated to the Department of the Attorney General;

3 C. An amount not to exceed 0.002 of the settlement funds received in the previous  
4 fiscal year must be allocated to the administration fund established pursuant to  
5 section 1519, subsection 1;

6 D. An amount not to exceed 0.05 of the settlement funds received in the previous  
7 fiscal year may be allocated to the internal stabilization account established in  
8 subsection 6;

9 E. An amount not to exceed 0.05 of the settlement funds received in the previous  
10 fiscal year may be allocated to the internal flexible account established in subsection  
11 7; and

12 F. The funds remaining after making the allocations required by paragraphs A to C  
13 and authorized by paragraphs D and E must be allocated to the Tier 2 Funding Pool  
14 account established in subsection 5.

15 The Tier 1 allocations approved by the board may not allocate settlement funds for the  
16 purpose of providing medical care.

17 **5. Tier 2 Funding Pool account.** The Tier 2 Funding Pool account is established  
18 and funded with settlement funds in accordance with subsection 4, paragraph F. The  
19 board shall allocate funds in the Tier 2 Funding Pool account to state entities or their  
20 designated agents that, in the board's sole determination, will use the funds efficiently and  
21 effectively to promote the purposes of this subchapter, implement evidence-based  
22 prevention and screening strategies to address the priorities of the state health  
23 improvement plan and support efforts by the Department of Health and Human Services,  
24 Maine Center for Disease Control and Prevention to prevent disease and promote public  
25 health. Funds in the Tier 2 Funding Pool account may not be allocated for the purpose of  
26 providing medical care.

27 **6. Internal stabilization account.** An internal stabilization account is established  
28 within the trust. In order to prevent disruptions from year to year in the amounts allocated  
29 pursuant to Tier 1 allocation under subsection 4 and to ensure continuity in the event of  
30 fluctuations in the amount of settlement funds received by the State, the board may draw  
31 upon the internal stabilization account to make additional allocations. The trust may not  
32 cause the balance in the internal stabilization account at any one time to exceed the  
33 amount of settlement funds received by the trust in the most recent year. The funds within  
34 the internal stabilization account are nonlapsing and carry forward from year to year for  
35 future use consistent with this subsection and do not revert to the trust fund.

36 **7. Internal flexible account.** An internal flexible account is established within the  
37 trust. The funds in the internal flexible account may be drawn upon by the board for the  
38 purpose of rapidly addressing emerging public health threats, promptly implementing  
39 innovative promising practices or addressing other immediate unmet needs identified by  
40 the board in the period between approval of funding allocation plans, consistent with the  
41 purposes of this subchapter. Year-end balances remaining in the internal flexible account  
42 lapse to the trust fund and are available for a subsequent year's funding allocation plan.

1           **8. Informational copies of funding allocation plans.** Upon final approval by the  
2 board of a funding allocation plan, the trust shall transmit informational copies of the  
3 funding allocation plan to the Governor and to the joint standing committee of the  
4 Legislature having jurisdiction over public health matters. A funding allocation plan does  
5 not require approval of the Governor or the joint standing committee of the Legislature  
6 having jurisdiction over public health matters.

7           **9. Report.** The trust shall produce annually a report on the results of the tobacco  
8 prevention and control programs funded pursuant to section 1517, subsection 4,  
9 paragraph A and all other activities of the trust. The report must include an accounting of  
10 the funding allocation plan created pursuant to this section, including identification of  
11 recipients and amounts allocated. The report may include information on actual health  
12 and economic outcomes from funding allocated to date and projected outcomes from  
13 undertakings funded by the trust but not yet complete. The report may also include  
14 recommendations for changes to the laws relating to activities under the jurisdiction of  
15 the trust. The board must approve the report prior to its release. Upon release, the trust  
16 shall transmit copies of the report to the Governor and to the joint standing committee of  
17 the Legislature having jurisdiction over public health matters.

18           **§1518. Restrictions; construction**

19           The trust's activity is restricted to receiving and allocating funds and any actions  
20 necessary and appropriate to receive and allocate funds. The trust may not create,  
21 manage or operate public health or health delivery programs. Nothing in this subchapter  
22 may be construed to empower the trust to direct, manage or oversee any program, fund or  
23 activity of any other state agency.

24           **§1519. Administration**

25           **1. Administration fund.** The board shall establish an administration fund to be used  
26 solely to defray administrative costs approved by the board or the coordinator. The trust  
27 may annually deposit funds authorized to be used for administrative costs under this  
28 subchapter into the administration fund. Any interest on funds in the administration fund  
29 must be credited to the administration fund, and any funds unspent in any fiscal year  
30 carry forward and remain in the administration fund to be used to defray administrative  
31 costs. In any year, the board may not allocate to the administration fund an amount  
32 greater than 0.002 of the most recent year's settlement funds. The board may also use the  
33 administration fund to contract for reasonable professional assistance to help review input  
34 received from interested parties, to develop the funding allocation plan under section  
35 1517 and to allow the board to fulfill its responsibilities under this subchapter.

36           **2. Coordinator.** The board shall appoint, using a full and competitive search  
37 process, a qualified full-time coordinator of the trust. The coordinator serves at the  
38 pleasure of the board. The coordinator must have demonstrated experience in research  
39 and analysis of public health issues, coordination of public health programs or  
40 administrative support of a board in the public health sector, public health finance or  
41 policy, or closely related experience. The coordinator shall assist the board in gathering  
42 and disseminating information, preparing for meetings, analyzing public health issues at  
43 the direction of the board, communicating with stakeholders, writing reports and such

1 other board support and administrative functions as the board may assign. The board shall  
2 establish the rate and amount of compensation of the coordinator. The coordinator may  
3 exercise any powers lawfully delegated to the coordinator by the board.

4 **3. Bylaws.** The board shall adopt bylaws for the governance of its affairs consistent  
5 with this subchapter.

6 **4. Self-dealing prohibited.** In the operation or dissolution of the trust, no part of the  
7 trust may benefit any trustee, officer or employee, except that the trust may pay  
8 reasonable compensation for services rendered and otherwise hold, manage and dispose  
9 of the trust's property in furtherance of the purposes of the trust.

10 **5. Coordination with other entities.** Consistent with the requirements of this  
11 subchapter and other applicable law, the board shall coordinate the development of its  
12 funding allocation plans with the Statewide Coordinating Council for Public Health,  
13 established under Title 5, section 12004-G, subsection 14-G, and other state agencies and  
14 authorities the missions of which relate to the purposes of this subchapter in order to  
15 minimize inefficiency and duplication and to ensure consistency and effectiveness.  
16 Notwithstanding any other provision of law to the contrary, upon request of the trust,  
17 other state agencies, officials and employees shall cooperate and assist in the  
18 administration of the trust as needed to further the purposes of this subchapter.

19 **6. Recommendations; advisory groups.** The trust may establish advisory groups as  
20 needed to gather technical knowledge on any aspect of public health policy or funding  
21 allocation. With input from advisory groups, if established, the trust may make  
22 recommendations to the Governor, the Legislature and other public officials regarding  
23 public health. The trust may receive and shall consider any recommendations made by  
24 the Governor, other state agencies, the joint standing committee of oversight under  
25 section 1520-A and other interested entities and individuals.

26 **§1520. Rulemaking**

27 The trust shall adopt rules regarding establishing and administering the trust,  
28 receiving public input and developing and approving funding allocation plans. Rules  
29 adopted pursuant to this section are routine technical rules pursuant to Title 5, chapter  
30 375, subchapter 2-A.

31 **§1520-A. Legislative oversight**

32 The trust is subject to the oversight of the joint standing committee of the Legislature  
33 having jurisdiction over public health matters.

34 **§1520-B. Construction by court**

35 The court shall liberally construe this subchapter to give the greatest possible effect to  
36 the powers and duties accorded to the trust.

1           **§1520-C. Freedom of access; confidentiality**

2           The proceedings of the board and records of the trust are subject to the freedom of  
3           access laws under Title 1, chapter 13, subchapter 1.

4           **§1520-D. Liability**

5           **1. Bond.** All officers, directors, employees and other agents of the trust entrusted  
6           with the custody of funds of the trust or authorized to disburse the funds of the trust must  
7           be bonded either by a blanket bond or by individual bonds with a minimum of \$100,000  
8           coverage for each person, or equivalent fiduciary liability insurance, conditioned upon the  
9           faithful performance of their duties. The premiums for the bond or bonds are  
10           administrative costs of the trust.

11           **2. Indemnification.** Each trustee must be indemnified by the trust against expenses  
12           actually and necessarily incurred by the trustee in connection with the defense of any  
13           action or proceeding in which the trustee is made a party by reason of being or having  
14           been a trustee and against any final judgment rendered against the trustee in that action or  
15           proceeding.

16           **§1520-E. Trust for a Healthy Maine Trust Fund**

17           **1. Establishment.** The Trust for a Healthy Maine Trust Fund is established as a  
18           nonlapsing fund administered exclusively by the trust solely for the purposes established  
19           in this subchapter.

20           **2. Tobacco settlement funds.** Notwithstanding any provision of law to the contrary,  
21           the State Controller shall credit to the trust fund all settlement funds immediately upon  
22           receipt by the State.

23           **3. Administration of trust fund.** The trust fund may not be used for any purpose  
24           other than that set forth in this subchapter, and money in the trust fund is held in trust for  
25           the purposes of this subchapter. All money received by the trust must be deposited in the  
26           trust fund for distribution by the trust in accordance with this subchapter. The trust is  
27           authorized to receive settlement funds and may also seek and accept funding from other  
28           public or private sources if the trust determines that such acceptance advances the  
29           purposes of this subchapter. Any balance in the trust fund not spent in any fiscal year  
30           does not lapse and carries forward in the trust fund available to be used immediately for  
31           the purposes of this subchapter, upon the sole direction of the trust. Any interest or  
32           investment income earned by the trust fund must be credited to the trust fund. The trust  
33           may use administrative services of the Department of Administrative and Financial  
34           Services for the management of the trust fund, but the role of the Department of  
35           Administrative and Financial Services is nondiscretionary and the Department of  
36           Administrative and Financial Services shall carry out all lawful instructions of the trust  
37           for all matters relating to accessing the trust fund without the requirement of an additional  
38           legislative authorization or a financial order.

39           **4. Working capital advance.** The State Controller is authorized to provide an  
40           annual advance from the General Fund to the trust fund to provide money for allocations

1 from the trust fund. The money must be returned to the General Fund as the first priority  
2 from the amounts credited to the trust fund pursuant to subsection 2.

3 **5. Transfer of funds upon repeal or dissolution of the trust fund.** If the trust fund  
4 is repealed or dissolved for any reason, the State Controller shall transfer the balance of  
5 funds in the trust fund to the Fund for a Healthy Maine established in section 1511.

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

13 **Sec. 6. Transfer from Fund for a Healthy Maine.** The State Controller, no  
14 later than July 1, 2021, shall transfer all settlement funds, as defined in the Maine Revised  
15 Statutes, Title 22, section 1514, subsection 7, in the Fund for a Healthy Maine and a pro  
16 rata share of investment income in the Fund for a Healthy Maine to the Trust for a  
17 Healthy Maine Trust Fund.

## 18 SUMMARY

19 This bill establishes the Trust for a Healthy Maine to receive money paid to the State  
20 pursuant to the tobacco settlement and from other sources and to distribute that money to  
21 state agencies or designated agents of the State to fund tobacco use prevention and  
22 control, ensure adequate resources for other disease prevention efforts, promote public  
23 health, plan and deliver public health and prevention programs and services, support  
24 accreditation of the Department of Health and Human Services, Maine Center for Disease  
25 Control and Prevention and support public health workforce development. The trust is  
26 governed by a board of trustees appointed by the Governor and legislative leaders.