

# MAINE STATE LEGISLATURE

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# 130th MAINE LEGISLATURE

## FIRST SPECIAL SESSION-2021

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Legislative Document

No. 1523

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H.P. 1127

House of Representatives, April 19, 2021

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

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Received by the Clerk of the House on April 15, 2021. Referred to the Committee on Health and Human Services pursuant to Joint Rule 308.2 and ordered printed pursuant to Joint Rule 401.

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

ROBERT B. HUNT  
Clerk

Presented by Representative MILLETT of Cape Elizabeth.  
Cosponsored by President JACKSON of Aroostook and  
Representatives: CRAVEN of Lewiston, SACHS of Freeport, TALBOT ROSS of Portland,  
Senators: CARNEY of Cumberland, 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 Maine Board Expenses Only 22 MRSA §1515

5  
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13 A. All If the Trust for a Healthy Maine established in section 1515 is repealed or  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 into  
18 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20 D. If the Trust for a Healthy Maine established in section 1515 is repealed or dissolved,  
21 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 terms  
29 have the following meanings.

30 **1. Administrative costs.** "Administrative costs" means staffing, overhead and  
31 related operational costs, including costs for a coordinator, professional assistance and  
32 bond premiums, incurred by the trust in carrying out its duties under this subchapter.

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

3           **3. Community health worker.** "Community health worker" means a person who  
4 provides outreach and public health services to a social group using the person's  
5 understanding of the experiences, socioeconomic needs, language or culture of that social  
6 group.

7           **4. Community resilience.** "Community resilience" means the capacity of individuals,  
8 communities, institutions, businesses and systems within a community to survive, adapt  
9 and grow no matter what kinds of chronic stresses and acute shocks they experience.

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

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

16           **7. Disbursement.** "Disbursement" means a decision of the trust governing how  
17 settlement funds are to be distributed by the trust for the purposes set forth in this  
18 subchapter.

19           **8. Health equity.** "Health equity" means the attainment of the highest level of health  
20 for any social group in this State, regardless of whether a social group is subject to a  
21 structural inequity.

22           **9. Medical care.** "Medical care" means direct health care, including but not limited  
23 to care provided under the MaineCare program and the prescription drug program  
24 established under section 254-D. "Medical care" does not include treatments provided  
25 under the Tobacco Prevention and Control Program established in section 272 or the  
26 delivery of preventive health screenings or services in a school setting.

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

30           **11. Social determinants of health.** "Social determinants of health" means the  
31 conditions in which people are born, grow, live, work and age, as well as the social  
32 structures and economic systems that shape these conditions, including the social  
33 environment, physical environment and health services.

34           **12. Social group.** "Social group" means a group of people in this State that share  
35 similar social, economic, demographic, geographic or other characteristics, including, but  
36 not limited to, race, ethnicity, gender, gender identity, sexual orientation, class, zip code,  
37 age or disability.

38           **13. State health plan.** "State health plan" means the most recent plan for improving  
39 public health and health equity prepared by the Department of Health and Human Services,  
40 Maine Center for Disease Control and Prevention for accreditation by a nonprofit public  
41 health accreditation board dedicated to advancing the continuous quality improvement of  
42 tribal, state, local and territorial health departments or any successor plan identified by the  
43 Maine Center for Disease Control and Prevention.

1           **14. Structural inequity.** "Structural inequity" means the systemic disadvantage of one  
2 social group in the State compared to other social groups in the State as a result of law,  
3 policy, culture or other social structure, including, but not limited to, poverty,  
4 discrimination, powerlessness or access to job opportunities, quality education, housing or  
5 health care.

6           **15. Systemic racism.** "Systemic racism" means the laws and institutionalized policies,  
7 practices or social structures that maintain and perpetuate domination by and advantages  
8 for the race that is socially constructed as being white to the detriment of or with the purpose  
9 of imposing influence or control over any other race that is socially constructed to be non-  
10 white, including through color-blind discourse or derogatory and inaccurate stereotypes.

11           **16. Trust.** "Trust" means the Trust for a Healthy Maine established in section 1515,  
12 subsection 1.

13           **17. Trustee.** "Trustee" means a member of the board.

14           **18. Trust fund.** "Trust fund" means the Trust for a Healthy Maine Trust Fund  
15 established in section 1520-E, subsection 1.

16           **§1515. Trust for a Healthy Maine; Trust for a Healthy Maine Board**

17           **1. Establishment; purposes.** The Trust for a Healthy Maine is established for the  
18 purposes of receiving all settlement funds and other funds, redistributing that money to  
19 state agencies or designated agents of the State to fund tobacco use prevention and control  
20 at levels recommended by the United States Department of Health and Human Services,  
21 Centers for Disease Control and Prevention and to ensure adequate resources for other  
22 disease prevention efforts and promoting public health. The purposes of the trust also  
23 include supporting state agencies in planning and delivering public health and prevention  
24 programs and services, supporting accreditation of the Department of Health and Human  
25 Services, Maine Center for Disease Control and Prevention and supporting public health  
26 workforce development. The trust also provides public health expertise and evidence-based  
27 information to the Legislature.

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

31           **3. Trustees; appointment.** The board consists of 15 trustees in accordance with this  
32 subsection. A person who stands to benefit from the tobacco products, as defined in section  
33 1551, subsection 3, alcohol or marijuana industry is not eligible to serve as a trustee.

34           A. The Director of the Maine Center for Disease Control and Prevention within the  
35 Department of Health and Human Services or the director's designee serves as an ex  
36 officio voting trustee.

37           B. The Governor shall appoint 3 trustees in accordance with this paragraph:

38           (1) A person who has clinical expertise or public health expertise, or both, in the  
39 science and prevention of addiction as a brain disease, selected from  
40 recommendations provided by a statewide organization dedicated to supporting  
41 physicians, advancing the quality of medicine and promoting the health of citizens  
42 in the State;

1 (2) A person who is an employer with experience recruiting and retaining a healthy  
2 workforce; and

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

7 C. The Governor shall appoint trustees from nominations made in accordance with this  
8 paragraph within 30 days of receiving the nominations.

9 (1) The President of the Senate shall, for each of the following 3 qualifications,  
10 submit to the Governor within 30 days of a vacancy 3 names for consideration:

11 (a) A person who has expertise in epidemiology and infectious disease or in  
12 hospital-based prevention, screening and early prevention of infectious  
13 disease, selected from recommendations provided by the integrated health care  
14 delivery systems in the State and by a statewide hospital organization that  
15 provides advocacy, information and education in its mission to improve the  
16 health of patients and communities;

17 (b) A person who has clinical expertise or public health expertise, or both, in  
18 rural primary care, selected from recommendations provided by a statewide  
19 organization that represents community health centers in the State; and

20 (c) A person who has expertise in systemic racism and structural inequity and  
21 is serving on the Permanent Commission on the Status of Racial, Indigenous  
22 and Maine Tribal Populations, in accordance with Title 5, section 25002.

23 (2) The Speaker of the House of Representatives shall, for each of the following 2  
24 qualifications, submit to the Governor within 30 days of a vacancy 3 names for  
25 consideration:

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

31 (b) A person who has expertise in preventing the use of tobacco products and  
32 other addictive substances by youth and young adults.

33 (3) The member of the Senate who is the leader of the party with the 2nd-largest  
34 number of members in the Senate shall, for each of the following 2 qualifications,  
35 submit to the Governor within 30 days of a vacancy 3 names for consideration:

36 (a) A person who has expertise in trauma, community resilience and social  
37 determinants of health, selected from recommendations provided by a  
38 statewide network dedicated to building community strengths and reducing the  
39 effects of trauma; and

40 (b) A person who represents a statewide association of public health  
41 professionals.

1                   (4) The member of the House of Representatives who is the leader of the party  
2                   with the 2nd-largest number of members in the House shall, for each of the  
3                   following 2 qualifications, submit to the Governor within 30 days of a vacancy 3  
4                   names for consideration:

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

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

9                   (5) The chiefs of the 4 federally recognized Indian tribes in the State shall, for each  
10                  of the following 2 qualifications, submit to the Governor within 30 days of a  
11                  vacancy 3 names for consideration:

12                  (a) A person who has expertise in environmental health; and

13                  (b) A person who has expertise in health equity or health disparity issues.

14                  The trustees appointed pursuant to paragraphs B and C must be reviewed by the joint  
15                  standing committee of the Legislature having jurisdiction over public health matters and  
16                  approved by the Senate.

17                  **4. Terms; vacancies.** Trustees serve 3-year terms. Trustees may serve no more than  
18                  3 consecutive terms. A trustee shall serve on the board until a replacement is appointed and  
19                  qualified. If a trustee is unable to complete a term, the Governor shall consult with the  
20                  board and appoint a replacement for the remainder of the unexpired term. The replacement  
21                  trustee must hold the same qualifications, set forth in subsection 3, as those of the departing  
22                  trustee.

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

26                  **6. Meetings; quorum.** The board shall meet at least 4 times each year at regular  
27                  intervals and may meet at other times at the call of the chair or the Governor. A majority  
28                  of the trustees constitutes a quorum. Meetings of the board are public proceedings as  
29                  provided by Title 1, chapter 13, subchapter 1. Notwithstanding any provision of law to the  
30                  contrary, a trustee who is not physically present may participate by telephone or other  
31                  remote access technology in accordance with procedures established by the board.

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

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

37                  **9. Advisory groups.** The board may establish advisory groups as needed to gather  
38                  technical knowledge on any aspect of public health policy, infrastructure or funding  
39                  disbursement and to make recommendations to the board. Advisory groups may include  
40                  persons who are not trustees.

41                  **10. Removal of trustee for disciplinary reasons.** The board shall develop the  
42                  process of removal and replacement of trustees for disciplinary reasons.

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

4           **12. Fiduciary duties.** A trustee has a fiduciary duty to the people of the State in the  
5 administration of the trust. Upon accepting appointment as a trustee, each trustee shall  
6 acknowledge the fiduciary duty to use the trust fund only for the purposes set forth in this  
7 subchapter. It is the duty of each trustee to ensure that the purposes of the trust set forth in  
8 this subchapter are fulfilled.

9           **13. Conflict of interest.** A trustee is deemed to be an executive employee for  
10 purposes of Title 5, sections 18, 18-A and 19. In the operation or dissolution of the trust, a  
11 trustee, employee of the trust, officer of the trust or a spouse or dependent child of any of  
12 those individuals may not receive any direct personal benefit from the activities of the trust,  
13 except that the trust may pay reasonable compensation for services rendered and otherwise  
14 hold, manage and dispose of the trust's property in furtherance of the purposes of the trust.  
15 This subsection does not prohibit corporations or other entities with which a trustee is  
16 associated by reason of ownership or employment from participating in activities funded  
17 directly or indirectly by the trust if ownership or employment is made known to the board  
18 and the trustee abstains from all matters directly relating to that participation immediately  
19 upon discovery of the association.

20 **§1516. Powers and duties**

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

22           A. Receive all settlement funds;

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

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

26           D. Through funding disbursement plans under section 1517, disburse funds; and

27           E. Make recommendations to the Governor, the Legislature and other public officials  
28 regarding improving public health outcomes and promoting public health awareness  
29 and understanding.

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

31           A. Administer the trust and the trust fund;

32           B. Promote the visibility and understanding of public health issues among children  
33 and adults;

34           C. Participate in the development and promotion of a state health plan by the  
35 Department of Health and Human Services, Maine Center for Disease Control and  
36 Prevention or another planning entity and provide funding for the planning process if  
37 necessary;

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

40           E. Take other actions necessary and appropriate to fulfill the purposes of this  
41 subchapter.



1 **§1517. Funding disbursement plan**

2 **1. Funding disbursement plan.** By December 31, 2022 and every year thereafter,  
3 the board shall develop and approve a funding disbursement plan to disburse settlement  
4 funds and other funds it may hold or receive in the subsequent biennium. The funding  
5 disbursement plan must advance the purposes of this subchapter and be based on the most  
6 recent state health plan and the most recent data available to the board.

7 **2. Input from interested parties.** Prior to adopting a funding disbursement plan  
8 pursuant to subsection 1 or substantially amending an existing funding disbursement plan,  
9 the trust shall hold at least one public hearing to receive input from interested parties,  
10 including but not limited to the Department of Health and Human Services, Maine Center  
11 for Disease Control and Prevention, other state agencies, organizations engaged in smoking  
12 cessation and public health efforts, other nongovernmental organizations, interested  
13 stakeholders, patients and members of the public. The board shall establish the procedure  
14 and timelines for seeking input from interested parties. The board shall also determine  
15 what circumstances, consistent with this subsection, would require the board to initiate a  
16 public hearing. When considering the input of interested parties, the trust must consider  
17 principles of zero-based budgeting, as defined in Title 35-A, section 102, subsection 25,  
18 and long-term returns on investment.

19 **3. Funding disbursement plans.** The funding disbursement plan approved by the  
20 board pursuant to subsection 1 for fiscal year 2023-24 must disburse an amount equal to  
21 0.30 of the settlement funds projected to be received in fiscal year 2023-24 for the purpose  
22 of providing medical care. The funding disbursement plan approved by the board for fiscal  
23 year 2024-25 and subsequent years may not disburse funds for the purpose of providing  
24 medical care. When approving other elements of the funding disbursement plans, the board  
25 shall consider funding levels in the most recent fiscal year and disburse funding in amounts  
26 that minimize disruption of existing programs and ensure smooth and efficient transitions  
27 to the funding levels required under subsection 4.

28 **4. Designated disbursements.** Each funding disbursement plan approved by the  
29 board must disburse funds in accordance with the following designated disbursements:

30 **A.** An amount that, when combined with amounts from other funding sources received  
31 by the Department of Health and Human Services, Maine Center for Disease Control  
32 and Prevention, yields a total amount available for purposes of providing evidence-  
33 based tobacco prevention and control programs in the State that is in accordance with  
34 the following:

35 **(1)** Beginning in fiscal year 2023-24, at least 0.70 of the level recommended by the  
36 United States Department of Health and Human Services, Centers for Disease  
37 Control and Prevention must be disbursed to the Department of Health and Human  
38 Services, Maine Center for Disease Control and Prevention or its designated agent;  
39 and

40 **(2)** Beginning in fiscal year 2024-25 and in subsequent years, at least the level  
41 recommended by the United States Department of Health and Human Services,  
42 Centers for Disease Control and Prevention must be disbursed to the Department  
43 of Health and Human Services, Maine Center for Disease Control and Prevention  
44 or its designated agent;

1 B. An amount of the settlement funds received in the previous fiscal year must be  
2 disbursed to the Department of the Attorney General in accordance with the following:

3 (1) Beginning in fiscal year 2023-24, an amount equal to 0.005 of the settlement  
4 funds; and

5 (2) Beginning in fiscal year 2024-25 and in subsequent years, an amount equal to  
6 the amount the Department of the Attorney General received in accordance with  
7 subparagraph (1) adjusted by the Chained Consumer Price Index, as defined in  
8 Title 36, section 5402;

9 C. An amount of the settlement funds received in the previous fiscal year must be  
10 disbursed to the administration fund established pursuant to section 1519, subsection 1  
11 in accordance with the following:

12 (1) Beginning in fiscal year 2023-24, an amount equal to 0.003; and

13 (2) Beginning in fiscal year 2024-25 and in subsequent years, an amount equal to  
14 the amount the administration fund received in accordance with subparagraph (1)  
15 adjusted by the Chained Consumer Price Index as defined in Title 36, section 5402;

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

18 E. An amount not to exceed 0.05 of the settlement funds received in the previous fiscal  
19 year may be disbursed to the internal flexible account established in subsection 7; and

20 F. The funds remaining after making the disbursements required by paragraphs A to  
21 C and authorized by paragraphs D and E must be disbursed to the health equity and  
22 health improvement account established in subsection 5.

23 The designated disbursements approved by the board may not disburse settlement funds  
24 for the purpose of providing medical care.

25 **5. Health equity and health improvement account.** A health equity and health  
26 improvement account is established and funded with settlement funds in accordance with  
27 subsection 4, paragraph F.

28 A. The funding disbursement plan approved by the board must disburse funds from the  
29 health equity and health improvement account to prioritize the advancement of health  
30 equity and the elimination of structural inequity. For fiscal year 2023-24, the funding  
31 disbursement plan must disburse an amount equal to or greater than 0.15 of the funds  
32 in the health equity and health improvement account. For fiscal year 2024-25 and  
33 subsequent years, the funding disbursement plan must disburse an amount equal to or  
34 greater than 0.20 of the funds in the health equity and health improvement account.  
35 Funds disbursed in accordance with this paragraph must be distributed to achieve all  
36 or some of the following:

37 (1) Improving data collection, analysis and reporting, particularly for, among and  
38 co-led by populations experiencing health disparities, which includes social  
39 determinants of health, community resilience, racial impacts and health equity;

40 (2) Enhancing health improvement and health equity planning at the local, district  
41 and state levels that addresses and confronts systemic racism and structural  
42 inequity;

1           (3) Supporting public-private partnerships at the local and district levels, including  
2           comprehensive community health coalitions, as defined in section 411, and  
3           organizations that prioritize health equity and derive meaningful leadership from  
4           the communities they serve;

5           (4) Supporting the expansion, recruitment, retention and presence of the public  
6           health workforce at local, district and state levels, including supporting a robust  
7           network of community health workers and government employees in the State  
8           dedicated to addressing systemic racism and structural inequity; and

9           (5) Providing training and technical assistance for local health officers, boards of  
10          health, community and municipal leaders, community organizations, community  
11          partnerships and other organizations providing public health services or serving  
12          the functions of the State's public health and safety system.

13          B. Funds remaining in the health equity and health improvement account after the  
14          disbursements required in paragraph A must be for state entities or their designated  
15          agents that, in the board's sole determination, will use the funds efficiently and  
16          effectively to promote the purposes of this subchapter, implement evidence-based  
17          prevention and screening strategies to address the priorities of the state health plan,  
18          support efforts by the Department of Health and Human Services, Maine Center for  
19          Disease Control and Prevention to prevent disease and promote public health and  
20          implement strategies for building and sustaining public health capacity and  
21          infrastructure at the state and local levels. These funds may not be disbursed for the  
22          purpose of providing medical care.

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

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

41          **8. Informational copies of funding disbursement plans.** Upon final approval by  
42          the board of a funding disbursement plan, the trust shall transmit informational copies of  
43          the funding disbursement plan to the Governor and to the joint standing committee of the  
44          Legislature having jurisdiction over public health matters. A funding disbursement plan

1 does not require approval of the Governor or the joint standing committee of the Legislature  
2 having jurisdiction over public health matters.

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

16 **10. Audit.** The trust must be audited at least annually by an independent certified public  
17 auditor. A copy of the audit must be provided to the Governor and to the joint standing  
18 committee of the Legislature having jurisdiction over public health matters.

19 **§1518. Restrictions; construction**

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

25 **§1519. Administration**

26 **1. Administration fund.** The board shall establish an administration fund to be used  
27 solely to defray administrative costs approved by the board or the coordinator. The trust  
28 may annually deposit funds authorized to be used for administrative costs under this  
29 subchapter into the administration fund. Any interest on funds in the administration fund  
30 must be credited to the administration fund, and any funds unspent in any fiscal year carry  
31 forward and remain in the administration fund to be used to defray administrative costs. In  
32 any year, the board may not disburse to the administration fund an amount greater than the  
33 amount allowed pursuant to section 1517, subsection 4, paragraph C. The board may also  
34 use the administration fund to contract for reasonable professional assistance to help review  
35 input received from interested parties, to develop the funding disbursement plan under  
36 section 1517 and to allow the board to fulfill its responsibilities under this subchapter. The  
37 board shall define the roles and responsibilities of any professional assistance in accordance  
38 with this subsection.

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

1 board, communicating with stakeholders, writing reports and such other board support and  
2 administrative functions as the board may assign. The board shall establish the rate and  
3 amount of compensation of the coordinator. The coordinator may exercise any powers  
4 lawfully delegated to the coordinator by the board.

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

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

17 **5. Recommendations.** The trust may receive and shall consider any recommendations  
18 made by the Governor, other state agencies, the joint standing committee having oversight  
19 under section 1520-A and other interested entities and individuals.

20 **§1520. Rulemaking**

21 The trust shall adopt rules regarding establishing and administering the trust, receiving  
22 public input and developing and approving funding disbursement plans. Rules adopted  
23 pursuant to this section are routine technical rules pursuant to Title 5, chapter 375,  
24 subchapter 2-A.

25 **§1520-A. Legislative oversight**

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

28 **§1520-B. Construction by court**

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

31 **§1520-C. Freedom of access; confidentiality**

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

34 **§1520-D. Liability**

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

41 **2. Indemnification.** Each trustee must be indemnified by the trust against expenses  
42 actually and necessarily incurred by the trustee in connection with the defense of any action

1 or proceeding in which the trustee is made a party by reason of being or having been a  
2 trustee and against any final judgment rendered against the trustee in that action or  
3 proceeding.

4 **§1520-E. Trust for a Healthy Maine Trust Fund**

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

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

11 **3. Administration of trust fund.** The trust fund may not be used for any purposes  
12 other than those set forth in this subchapter, and money in the trust fund is held in trust for  
13 the purposes of this subchapter. All money received by the trust must be deposited in the  
14 trust fund for distribution by the trust in accordance with this subchapter. The trust is  
15 authorized to receive settlement funds and may also seek and accept funding from other  
16 public or private sources if the trust determines that such acceptance advances the purposes  
17 of this subchapter. Any balance in the trust fund not spent in any fiscal year does not lapse  
18 but must carry forward in the trust fund available to be used immediately for the purposes  
19 of this subchapter, upon the sole direction of the trust. Any interest or investment income  
20 earned by the trust fund must be credited to the trust fund. The trust may use administrative  
21 services of the Department of Administrative and Financial Services for the management  
22 of the trust fund, but the role of the Department of Administrative and Financial Services  
23 is nondiscretionary and the Department of Administrative and Financial Services shall  
24 carry out all lawful instructions of the trust for all matters relating to accessing the trust  
25 fund without the requirement of an additional legislative authorization or a financial order.

26 **4. Working capital advance.** The State Controller is authorized to provide an annual  
27 advance from the General Fund to the trust fund to provide money for disbursements from  
28 the trust fund. The money must be returned to the General Fund as the first priority from  
29 the amounts credited to the trust fund pursuant to subsection 2.

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

33 **Sec. 5. Staggered terms.** Notwithstanding the Maine Revised Statutes, Title 22,  
34 section 1515, subsection 4, at the initial meeting of the Trust for a Healthy Maine Board,  
35 trustees shall draw lots to determine trustees' initial term lengths so that the initial terms of  
36 5 trustees expire after one year, the initial terms of 4 trustees expire after 2 years and the  
37 initial terms of 5 trustees expire after 3 years.

38 **Sec. 6. Initial appointments.** Notwithstanding the Maine Revised Statutes, Title  
39 22, section 1515, subsection 3, paragraph C, the President of the Senate, Speaker of the  
40 House, member of the Senate who is the leader of the party with the 2nd-largest number of  
41 members in the Senate, member of the House of Representatives who is the leader of the  
42 party with the 2nd-largest number of members in the House and the chiefs of the 4 federally  
43 recognized Indian tribes in the State shall make the initial nominations of trustees for the

1 Trust for a Healthy Maine Board to the Governor within 60 days of the effective date of  
2 this legislation.

3 **Sec. 7. Transfer from Fund for a Healthy Maine.** The State Controller, no later  
4 than July 1, 2023, shall transfer all settlement funds, as defined in the Maine Revised  
5 Statutes, Title 22, section 1514, subsection 10, in the Fund for a Healthy Maine and a pro  
6 rata share of investment income in the Fund for a Healthy Maine to the Trust for a Healthy  
7 Maine Trust Fund.

8 **SUMMARY**

9 This bill establishes the Trust for a Healthy Maine to receive money paid to the State  
10 pursuant to the tobacco settlement and from other sources and to distribute that money to  
11 state agencies or designated agents of the State to fund tobacco use prevention and control,  
12 ensure adequate resources for other disease prevention efforts, promote public health, plan  
13 and deliver public health and prevention programs and services, support accreditation of  
14 the Department of Health and Human Services, Maine Center for Disease Control and  
15 Prevention and support public health workforce development. The trust is governed by a  
16 15-member board of trustees composed of the Director of the Maine Center for Disease  
17 Control and Prevention and 14 members appointed by the Governor.