

# 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)



# 131st MAINE LEGISLATURE

## FIRST REGULAR SESSION-2023

---

Legislative Document

No. 1382

S.P. 547

In Senate, March 28, 2023

---

**An Act to Establish the Guiding Public Health Principles of Focused  
Protection for Pandemics of a Highly Infectious Respiratory Disease**

---

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 BRAKEY of Androscoggin.  
Cosponsored by Representative SAMPSON of Alfred and  
Senators: KEIM of Oxford, MOORE of Washington, Representatives: BAGSHAW of  
Windham, BOYER of Poland, FREDERICKS of Sanford, JAVNER of Chester, LEMELIN of  
Chelsea, MORRIS of Turner.

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

2 **Sec. 1. 22 MRSA §820-A** is enacted to read:

3 **§820-A. Principles of focused protection for a pandemic of a highly infectious**  
4 **respiratory disease**

5 **1. Focused protection.** The public health response of the State to a pandemic of a  
6 highly infectious disease must be guided by principles of focused protection under  
7 subsection 2.

8 **2. Guiding principles of focused protection.** The guiding principles of focused  
9 protection include that:

10 A. Public health advice must consider the impact on overall public health rather than  
11 be solely concerned with a single disease and consider the benefits and harms of any  
12 public health measure, weighing the short-term versus the long-term consequences of  
13 the measure;

14 B. Public health policy must protect the most vulnerable populations of the State,  
15 including children, low-income families, individuals with disabilities and the elderly,  
16 and may not shift the burden of protecting against the disease from the affluent to the  
17 less affluent;

18 C. Public health advice must address the needs of each population in the State within  
19 the cultural, religious, geographic and other contexts of the population. If a population  
20 in the State believes that places of worship are essential, the public health advice should  
21 consider places of worship as essential in determining the advice;

22 D. Public health policy must be based on comparative risk evaluations, risk reductions  
23 and reducing uncertainties using the best available scientific evidence but recognizing  
24 that risk cannot be entirely eliminated;

25 E. Public health recommendations must present facts as the basis for guidance and  
26 may not employ fear, shame or falsehood to manipulate the public;

27 F. Medical interventions may not be forced on a population, and a population may not  
28 be coerced into medical interventions, and medical interventions must be voluntary and  
29 based upon informed consent. A public health official must advise and may not set  
30 rules and must provide information and resources for an individual to make an  
31 informed decision; and

32 G. Public health authorities must be honest and transparent with what is both known  
33 and unknown, advice given must be evidence-based and explained by data and the  
34 authorities must acknowledge errors or changes in evidence as soon as the authorities  
35 are aware of the changes.

36 **SUMMARY**

37 This bill establishes principles of focused protection for a pandemic of a highly  
38 infectious respiratory disease for public health authorities to follow, including:

39 1. Considering the impact on overall public health instead of being focused on a single  
40 disease;

- 1           2. Weighing the short-term versus the long-term consequences of any public health  
2 measure;
- 3           3. Protecting vulnerable populations and not shifting the burden of protecting against  
4 the disease from the affluent to the less affluent;
- 5           4. Addressing the needs of various populations in the State, including considering  
6 places of worship essential;
- 7           5. Basing comparative risk evaluations, risk reductions and reduction of uncertainties  
8 on using the best available scientific evidence but recognizing that risk cannot be entirely  
9 eliminated;
- 10          6. Presenting facts as the basis for guidance and not employing fear, shame or falsehood  
11 to manipulate the public;
- 12          7. Not forcing medical interventions on a population, which must be voluntary and  
13 based upon informed consent rather than coercion; and
- 14          8. Being honest and transparent, giving fact-based and data-based advice and  
15 acknowledging errors or changed evidence.