

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32

Date: (Filing No. H- )

**HEALTH AND HUMAN SERVICES**

Reproduced and distributed under the direction of the Clerk of the House.

**STATE OF MAINE  
HOUSE OF REPRESENTATIVES  
130TH LEGISLATURE  
SECOND REGULAR SESSION**

COMMITTEE AMENDMENT “ ” to H.P. 1258, L.D. 1693, “An Act To Advance Health Equity, Improve the Well-being of All Maine People and Create a Health Trust”

Amend the bill by striking out the title and substituting the following:

**'An Act To Advance Health Equity and Improve the Well-being of All Maine People'**

Amend the bill by striking out everything after the enacting clause and inserting the following:

**'Sec. 1. 5 MRSA §12004-I, sub-§48-A** is enacted to read:

**48-A.**

<u>Human</u>	<u>Obesity Advisory Council</u>	<u>Expenses/Legislative</u>	<u>22 MRSA</u>
<u>Services</u>		<u>Per Diem for</u>	<u>§1696-J</u>
		<u>Nonsalaried</u>	
		<u>Employee Members</u>	

**Sec. 2. 22 MRSA §411, sub-§6-A** is enacted to read:

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

**Sec. 3. 22 MRSA §411, sub-§10-A** is enacted to read:

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

**Sec. 4. 22 MRSA §411, sub-§10-B** is enacted to read:

**10-B. Social group.** "Social group" means a group of people in this State that share similar social, economic, demographic, geographic or other characteristics, including, but

**COMMITTEE AMENDMENT**

1 not limited to, race, ethnicity, gender, gender identity, sexual orientation, class, zip code,  
2 age or disability.

3 **Sec. 5. 22 MRSA §411, sub-§11-A** is enacted to read:

4 **11-A. Structural inequity.** "Structural inequity" means the systemic disadvantage of  
5 one social group in the State compared to other social groups in the State as a result of law,  
6 policy, culture or other social structure, including, but not limited to, poverty,  
7 discrimination, powerlessness or access to job opportunities, quality education, housing or  
8 health care.

9 **Sec. 6. 22 MRSA §414** is enacted to read:

10 **§414. Office of Population Health Equity**

11 **1. Office established.** The Office of Population Health Equity is established within  
12 the department. The office is staffed by at least one full-time employee.

13 **2. Purpose.** The Office of Population Health Equity shall:

14 A. Upon request, advise the commissioner, the Office of Policy Innovation and the  
15 Future and other state agencies, the Legislature and the Governor on health systems,  
16 policies and practices, including intradepartmental and interdepartmental training;

17 B. Provide recommendations to the public and State Government and private and  
18 philanthropic partners to advance health equity in all sectors and settings;

19 C. Produce and update a state health equity plan to:

20 (1) Create systems, policies and practices to achieve health equity in all policies  
21 across State Government, including robust surveillance and evaluation; and

22 (2) Establish policies to ensure all state contractors and vendors have a health  
23 equity plan in place as a criteria for funding; and

24 D. Produce an annual report, known as the Maine Health Equity Report Card, that  
25 includes information regarding health programs and services, outcomes and social  
26 determinants of health.

27 **Sec. 7. 22 MRSA c. 271, sub-c. 5** is enacted to read:

28 **SUBCHAPTER 5**

29 **OBESITY ADVISORY COUNCIL**

30 **§1696-J. Obesity Advisory Council**

31 **1. Obesity Advisory Council established.** The Obesity Advisory Council, referred to  
32 in this subchapter as "the advisory council," is established under Title 5, section 12004-I,  
33 subsection 48-A to review programs relating to the reduction of unhealthy weight and  
34 obesity. The advisory council shall provide advice to the department in carrying out its  
35 duties under this section and ensure coordination of the program with relevant nonprofit  
36 and community agencies and the Department of Education and other relevant state  
37 agencies.

38 **2. Membership.** The advisory council consists of 9 members appointed as follows:

- 1           A. Two public health officials, appointed by the Governor;
- 2           B. Two representatives of nonprofit organizations involved in seeking to reduce
- 3           unhealthy weight and obesity, with one representative appointed by the President of
- 4           the Senate and one representative appointed by the Speaker of the House of
- 5           Representatives;
- 6           C. A person who designs and implements issue-oriented public health media
- 7           campaigns, appointed by the Governor;
- 8           D. Two persons involved in designing and implementing community-based education
- 9           programs for the prevention of unhealthy weight and obesity, one to focus on adults,
- 10           appointed by the President of the Senate, and one to focus on youth, appointed by the
- 11           Speaker of the House of Representatives; and
- 12           E. Two members of the public, appointed jointly by the President of the Senate and the
- 13           Speaker of the House of Representatives in consultation with the minority leaders of
- 14           the Senate and the House.

15           **3. Appointments.** Members serve for 3-year terms and may be reappointed. The

16           appointing authority shall fill a vacancy on the advisory council for the remainder of the

17           vacant term.

18           **4. Chair.** The advisory council shall choose a chair from among its members and

19           establish its procedure for reaching decisions.

20           **5. Quorum.** A quorum is 5 members of the advisory council.

21           **6. Staff assistance.** The department shall provide staff assistance to the advisory

22           council.

23           **7. Compensation.** Each member of the advisory council who is not a salaried

24           employee is entitled to compensation as provided in Title 5, section 12004-I, subsection

25           48-A following approval of expenses by the commissioner.

26           **Sec. 8. Obesity Advisory Council initial membership.** Initial appointments to

27           the Obesity Advisory Council established under the Maine Revised Statutes, Title 5,

28           section 12004-I, subsection 48-A must be made by October 1, 2022. Notwithstanding Title

29           22, section 1696-J, subsection 3, of the initial appointments, 5 members must be appointed

30           for 2-year terms and 4 members for 3-year terms. When the appointment of all members

31           is complete, the Governor or the Governor's designee shall convene the first meeting of the

32           advisory council no later than November 1, 2022.

33           **Sec. 9. Obesity prevention standards in early care and education.** The

34           Department of Education and the Department of Health and Human Services shall adopt

35           rules to revise their nutrition, physical activity, screen time and sugary drink standards to

36           increase obesity prevention in early care and education in accordance with this section.

37           1. Early care and education nutrition standards must be consistent with the meal

38           patterns of the most recent version of the United States Department of Agriculture, Food

39           and Nutrition Service standards for the child and adult care food program established in 42

40           United States Code, Section 1766.

41           2. Physical activity standards must be consistent with the standards in the most recent

42           version of the publication "Caring for Our Children" developed as part of a collaboration

1 between the American Academy of Pediatrics, the American Public Health Association and  
2 the National Resource Center for Health and Safety in Child Care and Early Education.

3 3. Screen time standards must be consistent with the standards in the most recent  
4 version of the publication "Caring for Our Children" developed as part of a collaboration  
5 between the American Academy of Pediatrics, the American Public Health Association and  
6 the National Resource Center for Health and Safety in Child Care and Early Education.

7 4. Sugary drink standards must be consistent with the standards in the publication  
8 "Consensus Statement. Healthy Beverage Consumption in Early Childhood:  
9 Recommendations from Key National Health and Nutrition Organizations" dated  
10 September 2019.

11 Rules adopted pursuant to this section are routine technical rules as defined in the  
12 Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

13 **Sec. 10. Obesity prevention standards in public schools.** The Department of  
14 Education shall adopt rules to revise its school nutrition and physical activity standards to  
15 increase obesity prevention in public schools in accordance with this section.

16 1. School nutrition standards must:

17 A. Require, at a minimum, the standards established by the United States Department  
18 of Agriculture in its final rule "National School Lunch Program and School Breakfast  
19 Program: Nutrition Standards for All Foods Sold in School as Required by the Healthy,  
20 Hunger-Free Kids Act of 2010";

21 B. Require, at a minimum, the standards established in the most recent version of the  
22 publication "A Guide to Smart Snacks in School" issued by the United States  
23 Department of Agriculture, Food and Nutrition Service for school meals and foods sold  
24 or available in schools outside of federally reimbursable school meals programs;

25 C. Require reasonably scheduled meal periods and minimum meal times, in alignment  
26 with the standards set by the federal Healthy, Hunger-Free Kids Act of 2010, Public  
27 Law 111-296, that ensure sufficient time to eat; and

28 D. Require that all school meals served under the programs described in the Maine  
29 Revised Statutes, Title 20-A, section 6602, subsection 1, paragraph C meet standards  
30 consistent with those of breakfast and lunch served during the school year.

31 2. Physical activity standards must be consistent with the standards in the most recent  
32 version of the publication "Comprehensive School Physical Activity Programs" developed  
33 by the United States Department of Health and Human Services, Centers for Disease  
34 Control and Prevention in collaboration with SHAPE America.

35 3. Contingent upon state funding, the department shall make all students, regardless  
36 of household income, eligible to receive a breakfast and lunch at their public school free of  
37 charge. A student in a public school online learning program must be made eligible to  
38 receive a breakfast and lunch from the public school free of charge.

39 4. Contingent upon state funding, the department shall develop and provide technical  
40 assistance and incentives for public schools to meet nutrition standards more stringent than  
41 required under law or rule.

42 5. The department shall require the phasing out of artificial food dyes that cause  
43 adverse behavioral effects in children.

1 6. Contingent upon state funding, the department shall provide kitchen equipment  
2 grants for upgrades, repairs and maintenance.

3 Rules adopted pursuant to this section are routine technical rules as defined in the  
4 Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

5 **Sec. 11. Appropriations and allocations.** The following appropriations and  
6 allocations are made.

7 **HEALTH AND HUMAN SERVICES, DEPARTMENT OF**

8 **Maine Center for Disease Control and Prevention 0143**

9 Initiative: Appropriates funds for one Comprehensive Health Planner II position to act as  
10 the Obesity Coordinator in the Maine Center for Disease Control and Prevention.

11	<b>GENERAL FUND</b>	<b>2021-22</b>	<b>2022-23</b>
12	POSITIONS - LEGISLATIVE COUNT	0.000	1.000
13	Personal Services	\$0	\$97,692
14	All Other	\$0	\$6,537
15			
16	GENERAL FUND TOTAL	\$0	\$104,229

17 **Maine Center for Disease Control and Prevention 0143**

18 Initiative: Appropriates funds to implement evidence-based programming relating to the  
19 reduction of unhealthy weight and obesity.

20	<b>GENERAL FUND</b>	<b>2021-22</b>	<b>2022-23</b>
21	All Other	\$0	\$151,000
22			
23	GENERAL FUND TOTAL	\$0	\$151,000

24 **Maine Center for Disease Control and Prevention 0143**

25 Initiative: Appropriates funds for district public health improvement plans.

26	<b>GENERAL FUND</b>	<b>2021-22</b>	<b>2022-23</b>
27	All Other	\$0	\$900,000
28			
29	GENERAL FUND TOTAL	\$0	\$900,000

30 **Office of Population Health Equity N365**

31 Initiative: Appropriates funds for one Public Service Manager II position to act as the  
32 Health Equity Coordinator in the Office of Population Health Equity.

33	<b>GENERAL FUND</b>	<b>2021-22</b>	<b>2022-23</b>
34	POSITIONS - LEGISLATIVE COUNT	0.000	1.000
35	Personal Services	\$0	\$125,981
36	All Other	\$0	\$6,537
37			
38	GENERAL FUND TOTAL	\$0	\$132,518

39 **Office of Population Health Equity N365**

40 Initiative: Appropriates funds to implement data collection and reporting in the Office of  
41 Population Health Equity.

1	<b>GENERAL FUND</b>	<b>2021-22</b>	<b>2022-23</b>
2	All Other	\$0	\$151,000
3			
4	<b>GENERAL FUND TOTAL</b>	<u>\$0</u>	<u>\$151,000</u>
5			
6	<b>HEALTH AND HUMAN SERVICES,</b>		
7	<b>DEPARTMENT OF</b>		
8	<b>DEPARTMENT TOTALS</b>	<b>2021-22</b>	<b>2022-23</b>
9			
10	<b>GENERAL FUND</b>	<b>\$0</b>	<b>\$1,438,747</b>
11			
12	<b>DEPARTMENT TOTAL - ALL FUNDS</b>	<u><b>\$0</b></u>	<u><b>\$1,438,747</b></u>

13

14           Amend the bill by relettering or renumbering any nonconsecutive Part letter or section  
 15 number to read consecutively.

16

**SUMMARY**

17

This amendment:

18

1. Removes from the bill the provision establishing the Trust for a Healthy Maine and the Trust for a Healthy Maine Board;

19

20

2. Changes the name of the proposed Office of Health Equity to the Office of Population Health Equity;

21

22

3. Retains the definitions of "health equity," "social determinants of health," "social group" and "structural inequity" but applies them to the laws governing public health infrastructure, including the Office of Population Health Equity;

23

24

25

4. Creates the Obesity Advisory Council within the Department of Health and Human Services;

26

27

5. Removes from the bill the provision banning the sale of flavored tobacco products;

28

6. Removes from the bill the provision that increases the cigarette tax; and

29

7. Retains the standards regarding obesity prevention in early child care and education settings and in public schools.

30

31

**FISCAL NOTE REQUIRED**

32

**(See attached)**