PUBLIC OFFICIALS of the YEAR

GOVERNING

THE STATES AND LOCALITIES

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Clumsy Reform

SUPPOSE YOU HAD a public health crisis in your state. Would you dismantle the public health system? It doesn't sound like a good idea. But that's exactly what Maine is doing.

Like much of the country, Maine is coping with high rates of opioid addiction and overdoses. The leading killer in the state, however, is still tobacco. Dealing with substance abuse and addiction has been the primary mission of the Healthy Maine Partnerships. Started with funds from a legal settlement negotiated with cigarette companies in the 1990s, the 27 regional agencies that make up the partnership have worked to reduce disability and death from a variety of causes, coordinating efforts among municipal health departments, hospitals and other health providers. "They're great community projects," says Gordon Smith of the Maine Medical Association. "In the last couple of years, some of them have worked with us on the huge opiate disaster we have."

But in October, Republican Gov. Paul LePage pulled the plug on the programs. LePage cut off state funding and also warned that the name Healthy Maine Partnerships belonged to the state, so the regional agencies would have to rebrand themselves. When legislators asked for more information about all this, the governor informed them that he and his staff were too busy working on the state budget to respond.

The administration's argument is that, rather than splitting health funding 27 ways, the state should give a small number of large grants to single institutions, such as a nonprofit known as MaineHealth, to run targeted programs on such issues as tobacco cessation and prevention of obesity. Those entities, in turn, will subcontract out work to regional agencies.

There's nothing wrong with that approach, public health advocates concede. But the shift was made abruptly, and not all the new grants had even been awarded before the regional partnerships were disbanded. It also wasn't clear who would control the money, let alone how it would be distributed around the state. "It creates a real break in our public health system," says Becky Smith, head of government relations in Maine for the American Health Association.

In much of the state, the former partnerships have already laid off staff or closed shop altogether. Only the cities of Portland and Bangor have standing public health departments. The rest of the state's cities, towns and villages have essentially been left with the job of re-creating a public health infrastructure from scratch. "I believe [Maine's health] commissioner is as committed to public health as I am, and that from their standpoint, they're trying to make it more efficient," Gordon Smith says. "But I do worry that in making this significant change, some of the programs and activities will simply go away."

Tobacco is still the leading killer in Maine.

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