



## **Testimony before the Joint Standing Committee on Education and Cultural Affairs**

### **LD 798, An Act to Protect Maine Children and Students from Preventable Diseases by Repealing Certain Exemptions from the Laws Governing Immunization Requirements**

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March 13, 2019

Senator Millett, Representative Kornfield, and members of the Education and Cultural Affairs Committee, my name is Kalie Hess and I am the Health Equity Program Manager at the Maine Primary Care Association.

Today, I am submitting testimony on behalf of the Maine Primary Care Association (MPCA) and our members, which include all of Maine's 19 Federally Qualified Health Centers (FQHCs) and one FQHC Look-Alike, in support of LD 798, An Act to Protect Maine Children and Students from Preventable Diseases by Repealing Certain Exemptions from the Laws Governing Immunization Requirements.

Maine's Federally Qualified Health Centers, also known as Community Health Centers, serve Mainers across the state with high-quality health care services regardless of a patient's ability to pay. More than 210,000 Maine people depend on Community Health Centers each year to access health care close to home. In addition to providing health care to their communities, Community Health Centers are charged with working to improve the health of their communities as a whole. As such, LD 798 is important to Maine's Community Health Centers for several urgent reasons.

Maine's Community Health Centers are often the only health care provider in an area, and the only accessible provider if patients lack access to transportation or are for other reasons unable to travel farther to have medical needs met. In the event of outbreaks of preventable diseases, Community Health Centers are an early line of defense to ensure sick patients receive the care they need. However, serving as an early line of defense also puts Community Health Centers and their patients at risk. In the case of an outbreak of a vaccine-preventable disease, all the other patients who are accessing care at that site are put at risk. With measles, for example, if someone sneezes or coughs, the virus can linger in the air for two hours after they have left the room. This means that outbreaks in rural areas where Community Health Centers are the primary health care provider can put already compromised people at risk of infection.

Part of the work of the Maine Primary Care Association is supporting emergency preparedness efforts with the Community Health Centers. Public health capacity has been drastically cut in the past years – though we are rebuilding now, the reality is that many organizations have been working to address public health needs locally, including Community Health Centers. When there is an outbreak of disease in an area with a Community Health Center, they are involved in responding to the crisis with health care and public health efforts. What this means is that, though clearly motivated to support these efforts out of responsibility for their community,



outbreaks divert resources from other critical work, such as providing chronic disease prevention programs, expanding access to specialty services, and increasing services for schools in their service areas.

In conclusion, the Maine Primary Care Association and our network of 20 Community Health Centers across the state support LD 789 because it is a common-sense measure to improve the health of communities and reduce the risk of transmitting disease to patients who are most at-risk. Furthermore, this would allow Maine's Community Health Centers to allocate already strained resources to the health and well-being of their patients and communities, rather than to unnecessary outbreaks of preventable disease.