

State of Maine | 130th Legislature
Joint Standing Committee on Agriculture, Conservation and Forestry
Testimony of Hannah A. Hudson on behalf of Maine Primary Care Association
January 18, 2022

Supporting:

LD 174, “An Act to Implement the Recommendations of the Ending Hunger by 2030 Advisory Group”

Sponsored by Representative Pluecker

Senator Dill, Representative O’Neil, and members of the Joint Standing Committee on Agriculture, Conservation and Forestry, I am Hannah Hudson, Policy and Communications Manager at Maine Primary Care Association (MPCA).

MPCA is a membership organization that includes all of Maine's 20 Federally Qualified Health Centers (FQHCs), also known as Community Health Centers (CHCs). Maine's CHCs make up the largest, independent primary care network in the state, providing comprehensive medical, behavioral, and dental care for more than 200,000 individuals or 1 in 6 Maine people. They are at the forefront of delivering care to rural and underserved Maine communities and serve patients regardless of their health insurance status or ability to pay.

Maine Primary Care Association supports LD 174 and thanks Representative Pluecker and the other co-sponsors for bringing this bill forward. As this legislation is developed, MPCA would encourage the Committee to consider CHCs as ideal food distribution centers, providing a sustainable and equitable solution to our ongoing hunger crisis, and to provide funding that would allow CHCs to purchase wholesale food from food banks and farmers in the state.

CHCs are already at the forefront of providing innovative and accessible primary care that integrates efforts to address social determinants of health (SDOH), including food insecurity. Health centers utilize SDOH screening tools to assess patient needs, enhance care delivery to support those needs, and build referral processes to connect to community resources.

Food insecurity is a health issue and efforts to improve the nutrition that community members receive lead to reduced costs of care. Currently, Maine’s CHCs qualify to participate in the Community Health & Hunger Program (CHHP), which partners with the Good Shepherd Food Bank to get food to those in need. Fish River Rural Health’s (FRRH) work with this program is an excellent example of what this partnership can achieve for the community. FRRH’s program began in 2019 at their Eagle Lake site. Today, the program has been expanded to Fort Kent and Madawaska and over 3,000 pounds of food is distributed each month.

When a FRRH patient is identified as food insecure they meet with a medical professional to discuss chronic conditions and receive recommendations. These discreet clinic appointments are recorded in the patient’s electronic health record (EHR), allowing the primary care provider to follow up and track progress. FRRH’s food shelf is set up to mimic a shopping experience and a clinical staff member (often a registered nurse) helps patients select items, explaining unique products and providing recipe suggestions. Additionally, primary care providers can refer patients to the FRRH Community Health Worker, who has secured her nutrition certification for cooking lessons (which is also documented in the EHR.)

FRRH ranks as one of the top ten CHCs in the nation in terms of quality when it comes to overall health outcomes. Currently, the program is funded through staff payroll deductions, highlighting the commitment of FRRH's healthcare workforce in caring for their patients and communities they serve.

The success of FRRH's program demonstrates how CHCs across the state can provide a sustainable and equitable distribution solution through three primary categories:

1. **Workforce:** Placing food distribution centers at health centers creates a backbone of consistency, ensuring that staff are available and that food is accessible on a regular schedule.
2. **Location:** CHCs are located in all 16 Maine counties, providing care for rural and underserved communities. Service sites can be the necessary qualified facility that a food distribution center requires.
3. **Discretion:** A patient's visit to a CHC to receive food can be set up as an appointment, allowing individuals to avoid the stigma that can be associated with publicly collecting food.

We encourage the Committee to consider making these investments to combat food insecurity across our state. On behalf of Maine's Community Health Centers, thank you for considering our comments. Please do not hesitate to contact me directly at hhudson@mepca.org with any follow up questions.

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