1 August 2017

The 128th Legislature of the State of Maine
State House
Augusta, ME

Dear Honorable Members of the 128th Legislature:

Under the authority vested in me by Article IV, Part Third, Section 2 of the Constitution of the State of Maine, I am hereby vetoing LD 1108, “An Act To Restore Public Health Nursing Services.”

This bill is unnecessary and attempts to micromanage basic human resource functions at the Department of Health and Human Services. It is grounded in an artificial crisis meant to engender fear by insinuating that the entirety of the public’s health and well-being rests on the shoulders of a very small fraction of a state agency workforce. It simply isn’t true, and it isn’t how public health operates or succeeds. Rather than arbitrarily requiring positions to be filled, the Legislature should be more concerned with the quality and productivity of our public health nursing force. There are several reasons why the Public Health Nursing Program is currently undergoing reform.

Deficiencies in the program have made it ineffective and in need of reform—adding more nurses won’t address those deficiencies. Nurses should be working within the scope of their license and to their highest expertise, rather than responding to calls and doing work that should be handled by a community care worker or a social worker. Additionally, Maine’s public health nursing program has historically not achieved the national standard of five visits per day, per nurse. Efforts to increase productivity have been making slow progress, but the program still only achieves an average of two visits per week, per nurse. Arbitrarily increasing the number of nurses does not acknowledge this underperformance and does nothing to ensure the added staff capacity is truly benefiting the public health of Maine people.

Inadvertently, the state has been competing with community services provided by the private sector for the same clients; this situation can be rectified through the use of integrated professionals and by working effectively with public-private partnerships. Refocusing the Public Health Nursing Program’s efforts to ensure state nurses are doing only what state-employed nurses can do will increase the state’s capacity to effectively impact some of the toughest public health challenges, like substance-addicted or -affected newborns. Again, adding more nurses to the program will only exacerbate this challenge.
Currently, the CDC is implementing reforms including:

1. Focusing the work of nurses on populations that truly need our help; substance-affected infants and mothers, medically fragile individuals with special needs, and those affected by infectious disease.
2. Building strong program leadership and encouraging champions of change within our workforce.
3. Putting nurses back in district offices instead of dispatching them from home.
4. Implementing an electronic health record system that links to the Health Information Exchange and other Maine CDC data systems that streamline documentation.
5. Using the new EHR to generate management reports on productivity, caseloads and response times.
6. Leveraging technology for direct observation of latent tuberculosis clients through remote medication adherence monitoring.
7. Training and exercising the PHN Emergency Preparedness Team.
8. Creating the Maternal and Child Health Network to include state and community health nurses, community health workers, social workers, home visitors, dieticians and other community-based providers.

The proponents of this bill provided anecdotes about the importance of public health nursing, but they provided no data to back up the need for additional staff. Arbitrarily adding staff to a program does nothing to directly improve quality or increase effectiveness of the work.

For these reasons, I return LD 1108 unsigned and vetoed. I strongly urge the Legislature to sustain it.

Sincerely,

Paul R. LePage
Governor