Preventive Health and Health Services Block Grant Public Hearing June 16, 2026

Preventive Health and Health Services Block Grant Background

The PHHS Block Grant (Block Grant) provides:

- "Critically needed, flexible funding"
- "To address the unique preventative health needs"
  - We have been advised to prioritize community-based prevention
- Linked to Healthy People 2030 objectives

Preventive Health and Health Services Block Grant Funding levels

- Non-competitive allocation to each state, plus territories and DC.
- Authorized in final federal budget.
  - Current year "F2025" ending 9/30/26: $1,603,638
  - F2026 funding starting 10/1/26: $1,486,233
    - *Note that the project period for this grant was recently adjusted to 13 months (with on month overlap) to 9/1/26 – 9/30/27. We plan to spend for only the 12 months starting 10/1/26)*

Ongoing funding considerations

- Most Maine CDC funding is restricted to specific uses:
  - Federal grant/cooperative agreement guidelines/purposes
  - State legislative guidelines for certain funds
    - Fund for a Healthy Maine
    - “Other Special Revenue” funs (e.g. lab fees)
  - State General Funds appropriations for specific programs
  - Each State position has a specified purpose and is usually specific to a particular program.
    - At times, we can make temporary changes based on available funds.

Maine CDC has limited “flexible funding”

- A small amount of “administrative” general and other special revenue funds:
  - Supports agency leadership
  - Provides some flexibility for emerging needs
- The Public Health Infrastructure Grant
  - 5-year grant ends in 2027.
    - Workforce funds have supported 26 different positions and many contracted positions.
    - Data modernization funds have less flexibility, but are providing for critical upgrades to several information systems
    - Infrastructure funds (current $1.2 million per year) are the most flexible and most likely to continue.
- The Preventive Health and Health Services Block Grant

PHHS BG funding restrictions

- Designated primarily for community-based prevention.
- Sexual assault set-aside funds
- Maintenance of Effort Requirement:
  - We must show that we are not supplanting state funds
  - Includes State General Funds, Other Special Revenue and fund for a Healthy Maine
  - Does not include other federal funds
  - There is a two-year look-back
- Practical application of MOE:
  - We have funded one-time projects
  - We have enhanced funding where:
    - Programs are currently 100% federally funded
    - State funding is projected to be stable

F2025 “funding switch”

- Received guidance on “what to fund” under the Public Health Infrastructure Grant and the PHHS BG
- Moved “infrastructure” projects to PHIG
  - Accreditation
  - Informatics
- Left funding for the Maine Shared CHNA as an assessment used to support community-based program.
- Moved other funds to PHIG:
  - TB (federal funding + stable state funds, previously enhanced by PHIG)
  - Asthma (100% federal funding)
  - PFAS (limited to specific projects supported 100% by PHIG)

Proposed F2026 Programs – Sexual Assault

- *Currently proposing that most programs will stay the same.*
- Sexual Assault is a federally mandated "set-aside":
  - Set-aside is $28,700, $25,855 in direct funds
  - Blended with funding from OCFS, sole source contract with MeCASA. We work directly with MeCASA to find the best way to blend these funds without increasing administrative burden.
    - Currently, this goes to Sexual Assault Prevention and response Services (SAPARS) in Western Maine.
  - Expanded to $40,000 temporarily when the overall MeCASA federal funding was reduced.
    - We are proposing to go back to the set-aside amount for F2026.

Proposed F2026 Programs – Asthma

- One of several chronic disease programs on the list for elimination in the President's budget.
  - 100% Federally funded
- PHHS BG allow for expansion:
  - Expanding reach with Community Paramedicine and Community Health Workers.
  - Added a pilot program in 2025 with indoor air monitors to see if efficacy would be increased (one-time project)
- The program also intends to leverage Rural Health Transformation Grant funds
  - Extent of funding via this opportunity is still unknown as of now.
  - PHHS BG to provide program stability in F2026.

Proposed F2026 Programs - PFAS

- Toxicology work is still unfinished – this has been 100% federally funded, and is supporting the rule setting work of DEP
- Reporting of Elevated PFAS in blood was a new mandate established 2025, but no state funding was provided.
- All positions established under PHIG and moved to PHHS BG.

Proposed F2026 Programs - Tuberculosis

- State and Federal funding have been stable, but insufficient.
- Contracts were established under PHIG and moved to PHHS BG.
  - Needed a second epidemiologist for case investigations.
  - Needed a Community Health Worker to support treatment.

Proposed F2026 Programs – MSCHNA

- Maine CDC is a signatory partner in the Maine Shared Community Health Needs Assessment.
- Historically, Maine CDC has provided:
  - Greater than 50% of data analyses for the triennial Assessment.
    - Includes expanded analyses of health disparities.
  - Infrastructure, design, and maintenance support for the interactive data portal.
- PHHS BG is the only source of funding for the MSCHNA.
  - PHHS BG also currently supports technical assistance from our epidemiologists for BRFSS and MIYHS, and certain BRFSS questions.

Proposed F2026 Programs – Health Literacy

- NEW program for F2026.
- 40% Funding for the Associate Director of the Division Population Health Equity.
  - This position was established by the legislature in 2021 identifying PHHS BG at this level.
  - State funding at 60% is stable.
  - Previously was funding 15%, but with the end of COVID-related funds, a gap was identified.
- Workplan objectives will be established based on the Associate Director's current projects.

F2026 – Proposed Allocations

Program Area	Budget	%
Community Health Needs Assessment	$ 399,868	26.9%
PFAS	$ 396,732	26.7%
Asthma	$ 215,000	14.5%
Tuberculosis	$ 233,128	15.7%
Health Literacy	$ 69,871	4.7%
Sexual Assault Prevention	$ 25,855*	1.7%
Administration	$ 148,365	10%

**Program amounts exclude indirect*
"Administration" includes 5% of the Coordinator's time and Departmental & State cost allocations for indirect, capped at 10%.

Questions?

Comments?

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