

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied
(searchable text may contain some errors and/or omissions)



122nd MAINE LEGISLATURE

FIRST SPECIAL SESSION-2005

Legislative Document

No. 1614

S.P. 596

In Senate, May 3, 2005

An Act To Sustain and Strengthen Community Health Coalitions

Reference to the Committee on Appropriations and Financial Affairs suggested and ordered printed.

A handwritten signature in cursive script, reading 'Joy J. O'Brien'.

JOY J. O'BRIEN
Secretary of the Senate

Presented by Senator ROSEN of Hancock.

Cosponsored by Representative PINGREE of North Haven and

Senators: ANDREWS of York, MAYO of Sagadahoc, Representatives: DUCHESNE of Hudson, MILLER of Somerville, ROSEN of Bucksport, SHERMAN of Hodgdon.

2 **Be it enacted by the People of the State of Maine as follows:**

4 **Sec. 1. 5 MRSA §12004-I, sub-§31-B** is enacted to read:

6 31-B. Commission Expenses/ 22 MRSA
7 Health Care to Certify Legislative §261
8 and Recertify Per Diem for
9 Comprehensive Legislators
10 Community
11 Health
12 Coalitions

14 **Sec. 2. 22 MRSA §§261 and 262** are enacted to read:

16 **§261. Commission to Certify and Recertify Comprehensive Community**
17 **Health Coalitions**

18 The Commission to Certify and Recertify Comprehensive
19 Community Health Coalitions, established in Title 5, section
20 12004-I and referred to in this section as "the commission," is
21 established to ensure that comprehensive community health
22 coalitions have expectations of high performance and positive
23 outcomes in order for the coalition infrastructure to perform its
24 public health functions.

26 **1. Duties.** The commission shall:

28 A. Certify and recertify comprehensive community health
29 coalitions; and

30 B. Assess and monitor the role of comprehensive community
31 health coalitions in furthering the objectives of the State
32 Health Plan adopted pursuant to Title 2, section 103 and
33 other statewide planning initiatives and ensure community
34 input in state health policy and program planning.

36 **2. Membership.** The commission consists of the following
37 members, and each member serves until the applicable appointing
38 authority appoints a replacement:

40 A. The following 6 core members:

42 (1) One member of the Senate appointed by the President
43 of the Senate;

44 (2) One member of the House of Representatives
45 appointed by the Speaker of the House;

46 (3) One member of the Governor's staff appointed by
47 the Governor;

2 (4) One representative of a statewide council of
3 governments appointed by the Governor;

4
5 (5) One member of the Department of Health and Human
6 Services appointed by the Commissioner of Health and
7 Human Services; and

8
9 (6) One member of the Executive Department, State
10 Planning Office appointed by the Director of the State
11 Planning Office; and

12
13 B. Eleven additional members nominated by the 6 core
14 members appointed pursuant to paragraph A and appointed by
15 the Governor including:

16
17 (1) Two representatives of statewide associations
18 representing diverse residents, including low-income
19 persons, communities for children, citizens organized
20 to strengthen democracy, Indian tribes and churches;

21
22 (2) Four representatives of statewide associations
23 representing public health and community health,
24 including public health professionals, substance abuse
25 professionals, consumers of health care services,
26 worksite wellness organizations, education programs
27 offered as extensions to a public university,
28 hospitals, dentists, a minority health organization,
29 associations concerned with cancer, lung health and
30 heart health and associations concerned with equal
31 justice and economic policy;

32
33 (3) One representative of quality-of-life sectors,
34 including an association of municipalities, an
35 association promoting smart growth and an association
36 of nonprofit organizations;

37 (4) One representative of businesses; and

38 (5) Three persons representing youth, senior citizens,
39 disabled persons and persons with low incomes.

40
41 **§262. Statewide system of comprehensive community health**
42 **coalitions**

43
44 There is established a statewide system of the comprehensive
45 community health coalitions that serve all communities that are
46 contributing to the protection and improvement of health and
47 quality of life for all Maine residents in alignment with the
48 goals and strategies of the State Health Plan adopted pursuant to
49
50

2 Title 2, section 103. The duties of the system of comprehensive
3 community health coalitions include performing public health
4 functions at the community level and the following:

5 1. Coalition. Mobilizing and maintaining a multisector
6 coalition with representation from businesses, faith communities,
7 local government, health providers, community organizations,
8 citizens and age-specific groups;

10 2. Public health functions. Providing locally appropriate
11 public health functions;

12 3. Assessment. Ensuring completion of a comprehensive
13 community assessment;

14 4. Action plan. Developing an action plan that aligns with
15 needs identified by the community assessment and objectives of
16 the various state plans, including the State Health Plan adopted
17 pursuant to Title 2, section 1;

18 5. Coordination. Coordinating categorical funding and
19 programs;

20 6. Consultation. Consulting with service area
21 municipalities to coordinate community-assessment-based plans
22 with municipal comprehensive plans;

23 7. Partnerships. Mobilizing and fostering partnerships to
24 implement the community-assessment-based action plan;

25 8. Indicators. Monitoring quality-of-life indicators;

26 9. Initiatives. Coordinating initiatives with community
27 stakeholders;

28 10. Life initiatives. Informing, empowering and linking
29 citizens, organizations and municipalities to quality-of-life
30 initiatives;

31 11. Communication bridges. Providing communication bridges
32 between local, regional and statewide initiatives;

33 12. Resources. Providing resources for technical
34 assistance to local organizations;

35 13. Resource leverage. Leveraging local, state and federal
36 resources, funding and volunteers for quality-of-life and
37 community health improvement;
38

2 **14. Collaborate.** Collaborating in evaluation efforts with
local, state and federal initiatives; and

4 **15. Funding.** Identifying \$50,000 annually in operational
funding for each comprehensive community health coalition.

6 **Sec. 3. Appropriations and allocations.** The following
8 appropriations and allocations are made.

10 **COMMISSION TO CERTIFY AND RECERTIFY**
COMPREHENSIVE COMMUNITY HEALTH COALITIONS

12 **Commission to Certify and Recertify**
14 **Comprehensive Community Health Coalitions**

16 Initiative: Provides funding for meetings and expenses and
funding for community health coalitions.

18

20 GENERAL FUND	2005-06	2006-07
Personal Services	\$0	\$200,000
22 GENERAL FUND TOTAL	<hr/>	<hr/>
	\$0	\$200,000

24 **Sec. 4. Effective date.** This Act takes effect January 1, 2006.

26 **SUMMARY**

28

30 This bill proposes to establish the Commission to Certify
and Recertify Comprehensive Community Health Coalitions, to
32 establish a system of comprehensive community health coalitions
and to appropriate \$200,000 in fiscal year 2006-07 for the
Commission to Certify and Recertify Comprehensive Community
34 Health Coalitions. The bill contains an effective date of
January 1, 2006.