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No. 1179

H.P. 860

House of Representatives, March 7, 2007

An Act To Provide Regional Coordination and Planning for Public Health Programs and Activities

Reference to the Committee on Health and Human Services suggested and ordered printed.

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MILLICENT M. MacFARLAND Clerk

Presented by Representative BARSTOW of Gorham.

1	Be it enacted by the People of the State of Maine as follows:
2	Sec. 1. 30-A MRSA c. 1, sub-c. 2, art. 7 is enacted to read:
3	ARTICLE 7
4	PUBLIC HEALTH ACTIVITIES
5	§131. Creation of regional public health coordinating councils
6 7 8	1. County commissioners authorized. County commissioners may establish a regional public health coordinating council, referred to as "the council" in this article, formed within each of the following counties or groups of counties:
9	A. York County;
10	B. Cumberland County;
11	C. Aroostook County;
12	D. Penobscot and Piscataquis counties;
13	E. Washington and Hancock counties;
14	F. Knox, Lincoln, Sagadahoc and Waldo counties;
15	G. Androscoggin and Kennebec counties; and
16	H. Franklin, Oxford and Somerset counties.
17 18 19 20 21 22 23	2. Membership. County commissioners in each region may determine the membership of each council. Commissioners may authorize municipal officers to appoint members to the council. Where a municipal public health department exists within the region, the county or counties and that municipality may enter into an interlocal agreement to establish the council. Membership must be designed to reflect the health community within the region. Council membership must include a minimum of 12 members and must include:
24	A. One county commissioner from each county within the region or designee;
25	B. One county sheriff from within the region or designee;
26 27	C. One member of the county emergency management agency or designee if an emergency management agency exists within the region;
28	D. One member who is a municipal officer or represents municipalities;
29 30 31	E. Representatives of health-related organizations, including hospitals, public health entities, community health coalitions, health care professionals, local Department of Health and Human Services offices and schools within the region; and
32 33	F. A designee of the Director of the Maine Center for Disease Control and Prevention within the Department of Health and Human Services.

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3. Alternative implementation. If the county commissioners in a region do not implement the provisions of this article prior to January 1, 2008, a caucus of municipal officers representing at least one-third of the municipalities within that region may act to implement the provisions of this article. If neither the county commissioners nor a caucus of municipal officers acts to form a council prior to March 1, 2008, then the Director of the Maine Center for Disease Control and Prevention within the Department of Health and Human Services shall act to implement the provisions of this article.

8 §132. Responsibilities

9 The purpose of a council is to contribute to comprehensive public health in the State, 10 including the state health plan pursuant to Title 2, section 103, by using the resources of 11 the region. A council, in coordination with the Department of Health and Human 12 Services, Maine Center for Disease Control and Prevention, shall:

13 **1. Assessment.** Conduct a public health needs assessment of the region;

14 2. Plan. Develop a comprehensive public health plan, including needs, goals,
15 strategies for improvement and performance indicators for the region; and

3. Reports. Provide annual reports in January of each year to the county
commissioners of the region.

18 §133. Grants and funding

19 Councils may enter into contracts with the State and with other public health and
20 health-related organizations to provide services and programs that promote regional
21 public health coordination and may seek grant funding.

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SUMMARY

23 This bill authorizes county commissioners to set up regional public health 24 coordinating councils based on county boundaries. County commissioners may appoint members to the councils, or authorize municipal officers to do so, and must include 25 26 representatives of the counties, municipalities and the local health community. If county 27 commissioners do not choose to set up councils, then a caucus of municipal officers from 28 at least one-third of the municipalities in a region may do so. If neither county 29 commissioners nor municipal officers set up a council, then the Director of the Maine Center for Disease Control and Prevention within the Department of Health and Human 30 31 Services shall do so. The councils are responsible for conducting a health needs 32 assessment of the region, developing a health plan for the region and providing annual reports to the county commissioners. The councils are authorized to seek funding sources 33 34 through grants and may enter into contracts with the State or health-related organizations.