

# MAINE STATE LEGISLATURE

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# 123rd MAINE LEGISLATURE

## FIRST REGULAR SESSION-2007

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Legislative Document

No. 1812

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H.P. 1264

House of Representatives, April 2, 2007

**Resolve, Regarding the Role of Local Regions in Maine's Emerging  
Public Health Infrastructure**

(EMERGENCY)

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

*Millicent M. MacFarland*  
MILLICENT M. MacFARLAND  
Clerk

Presented by Speaker CUMMINGS of Portland.  
Cosponsored by Senator PERRY of Penobscot and  
Representatives: BARSTOW of Gorham, BLISS of South Portland, BRAUTIGAM of  
Falmouth, CLARK of Millinocket, GERZOFKY of Brunswick, HANLEY of Gardiner,  
MARLEY of Portland, PLUMMER of Windham.

1       **Emergency preamble. Whereas,** acts and resolves of the Legislature do not  
2 become effective until 90 days after adjournment unless enacted as emergencies; and

3       **Whereas,** the Public Health Work Group was established by the Governor's Office  
4 on Health Policy and Finance pursuant to recommendations contained in the 2006 State  
5 Health Plan for Maine; and

6       **Whereas,** the Public Health Work Group has issued consensus recommendations for  
7 the establishment of a regional public health infrastructure, including Regional  
8 Coordinating Councils in 8 public health regions, both urban and rural, that will improve  
9 the public's health, and calls for certain other functions to be carried out at the local,  
10 regional and state levels through a partnership of government and nongovernment  
11 entities; and

12       **Whereas,** the mechanisms for governance and many matters related to the  
13 functioning of the Regional Coordinating Councils have not yet been defined; and

14       **Whereas,** an effective regional public health system must incorporate meaningful  
15 roles for both the public and private sectors, including, but not limited to, county and  
16 municipal governments, hospitals, other providers of medical care and behavioral health  
17 services and schools, and ensure that those roles are coordinated, complementary and  
18 responsive to local needs and are linked appropriately to state agencies; and

19       **Whereas,** Maine's local and county governments, through their elected officials, are  
20 uniquely positioned to provide coordination with and accountability to the citizens and  
21 taxpayers within their respective communities and regions and, combined with the  
22 existing public health capacity within Maine's municipal health departments, together  
23 represent a source of considerable expertise; and

24       **Whereas,** considerable progress on study and planning related to the establishment  
25 of the Regional Coordinating Councils has been made in some counties of the newly  
26 designated regions, notably Cumberland, Sagadahoc and Penobscot counties, and this  
27 expertise will help guide and inform the Public Health Work Group as it further develops  
28 guidance for the establishment, authority and governance of the Regional Coordinating  
29 Councils; and

30       **Whereas,** in the judgment of the Legislature, these facts create an emergency within  
31 the meaning of the Constitution of Maine and require the following legislation as  
32 immediately necessary for the preservation of the public peace, health and safety; now,  
33 therefore, be it

34       **Sec. 1. Regional Coordinating Councils Subcommittee established.**

35       **Resolved:** That the Public Health Work Group created pursuant to the State Health  
36 Plan, referred to in this resolve as "the work group," shall establish the Regional  
37 Coordinating Councils Subcommittee, referred to in this resolve as "the subcommittee,"  
38 and appoint the members of the subcommittee in compliance with the following.

1           The subcommittee members must include representatives of the following entities or  
2 constituencies: the Maine Center for Disease Control and Prevention and the Office of  
3 Substance Abuse within the Department of Health and Human Services, county  
4 commissioners, municipal elected officials, municipal health departments, local health  
5 officers, hospitals, public health organizations and associations, health care providers,  
6 emergency management officials, community social service agencies, voluntary health  
7 agencies, comprehensive community health coalitions, education and training institutions,  
8 school administrative units and the Governor's Office on Health Policy and Finance.  
9 Appointed members may represent multiple constituencies, but the subcommittee may  
10 have no fewer than 10 voting members. The entire membership of the subcommittee  
11 must reflect all 8 public health regions. The subcommittee must be cochaired by 2  
12 members who are also members of the work group, one a representative of county or  
13 local government and the other a representative of a nongovernmental entity. Members  
14 must be appointed and the subcommittee must initially convene no later than May 15,  
15 2007 in accordance with procedures established by the work group. The subcommittee  
16 shall:

17           1. Schedule and facilitate meetings in such a manner as to ensure broad regional  
18 participation, including holding meetings via teleconference;

19           2. Agree by consensus upon appointment of a neutral facilitator;

20           3. Conduct in-depth research and analysis on relevant governance models;

21           4. Commence its work with consideration of the work group consensus  
22 recommendations on the Regional Coordinating Councils; and

23           5. Develop recommendations for a general framework for the Regional Coordinating  
24 Councils in the 8 public health regions, both urban and rural. The recommendations must  
25 relate to at least the following aspects of the Regional Coordinating Councils: authority;  
26 financing; governance; relationship to the Maine Center for Disease Control and  
27 Prevention, other state agencies and local and county governments; scope of functions;  
28 and the roles, if any, of local and county elected officials and municipal health  
29 departments in the framework ultimately developed. With respect to the roles, if any, of  
30 local and county elected officials and municipal health departments, the  
31 recommendations must address the following possible roles: convening or coconvening  
32 the Regional Coordinating Councils in concert with the Maine Center for Disease Control  
33 and Prevention and the comprehensive community health coalitions; gathering  
34 information about and providing input into the activities of the Regional Coordinating  
35 Councils within their respective regions; providing assistance in securing or leveraging  
36 funding to support the functions of the Regional Coordinating Councils; and appointing  
37 or coappointing members to serve on the Regional Coordinating Councils in a fair and  
38 equitable manner; and be it further

39           **Sec. 2. Reports; authority to submit legislation. Resolved:** That the  
40 subcommittee shall provide an interim report of its findings and recommendations no  
41 later than August 1, 2007 and a final report of its findings and recommendations no later  
42 than November 1, 2007 to the work group. The reports must include any draft legislation  
43 necessary to carry out the subcommittee's recommendations. The work group shall

1 provide the subcommittee's interim report, together with any vote of the work group on  
2 that report, to the Joint Standing Committee on Health and Human Services and the Joint  
3 Standing Committee on State and Local Government by September 1, 2007. The work  
4 group shall provide the subcommittee's final report, together with any vote of the work  
5 group on that report, to the Joint Standing Committee on Health and Human Services and  
6 the Joint Standing Committee on State and Local Government by December 1, 2007. The  
7 Joint Standing Committee on Health and Human Services may submit legislation related  
8 to the Regional Coordinating Councils to the Second Regular Session of the 123rd  
9 Legislature; and be it further

10 **Sec. 3. Public Health Work Group composition. Resolved:** That the voting  
11 membership of the work group must be updated, at least 30 days prior to the first  
12 scheduled meeting of the subcommittee, to ensure that at minimum the following entities  
13 and constituencies are actively and equitably represented and participate regularly in the  
14 work group: the Maine Center for Disease Control and Prevention and the Office of  
15 Substance Abuse within the Department of Health and Human Services, county  
16 commissioners, municipal elected officials or designees, municipal health departments,  
17 local health officers, community health centers, health care providers, hospitals,  
18 behavioral health provider organizations, public health associations and organizations,  
19 emergency management officials, community school service agencies, voluntary health  
20 agencies, comprehensive community health coalitions, education and training institutions,  
21 the Legislature, school administrative units, the Governor's Office on Health Policy and  
22 Finance and environmental health organizations. The membership of the work group  
23 must reflect all 8 public health regions. The work group shall seek to ensure broad  
24 regional participation in all meetings, including by holding meetings via teleconference.  
25 Meetings of the work group must be scheduled and facilitated to ensure representative  
26 participation.

27 At any meeting at which the work group formally considers any draft or final  
28 recommendations of the subcommittee, at least 2/3 of the work group voting membership  
29 must be in attendance to vote on those recommendations.

30 **Emergency clause.** In view of the emergency cited in the preamble, this  
31 legislation takes effect when approved.

## 32 SUMMARY

33 This resolve directs the Public Health Work Group to establish the Regional  
34 Coordinating Councils Subcommittee to develop recommendations for a general  
35 framework for Regional Coordinating Councils in the 8 public health regions. The  
36 Regional Coordinating Councils Subcommittee is directed to report to the Public Health  
37 Work Group, which is directed to transmit the subcommittee's reports to the Joint  
38 Standing Committee on Health and Human Services and the Joint Standing Committee on  
39 State and Local Government. The Joint Standing Committee on Health and Human  
40 Services is authorized to submit legislation regarding the Regional Coordinating Councils  
41 to the Second Regular Session of the 123rd Legislature. The resolve also requires  
42 changes to the membership of the Public Health Work Group.