

# MAINE STATE LEGISLATURE

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# 124th MAINE LEGISLATURE

## FIRST REGULAR SESSION-2009

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Legislative Document

No. 1363

H.P. 953

House of Representatives, April 2, 2009

**An Act To Establish and Promote Statewide Collaboration and  
Coordination in Public Health Activities and To Enact a Universal  
Wellness Initiative**

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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 Representative MILLER of Somerville. (GOVERNOR'S BILL)  
Cosponsored by Senator ROSEN of Hancock and  
Representatives: JONES of Mount Vernon, STRANG BURGESS of Cumberland, Senator:  
CRAVEN of Androscoggin.

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

2 **Sec. 1. 2 MRSA §103, sub-§3, ¶F**, as amended by PL 2005, c. 369, §4, is further  
3 amended to read:

4 F. Provide recommendations to help purchasers and providers make decisions that  
5 improve public health and build an affordable, high-quality health care system; and

6 **Sec. 2. 2 MRSA §103, sub-§3, ¶G**, as enacted by PL 2005, c. 369, §5, is  
7 amended to read:

8 G. Be consistent with the requirements of the certificate of need program described  
9 in Title 22, chapter 103-A; and

10 **Sec. 3. 2 MRSA §103, sub-§3, ¶H** is enacted to read:

11 H. Include the report cards on health status by district issued by the Department of  
12 Health and Human Services, Maine Center for Disease Control and Prevention and  
13 the Statewide Coordinating Council for Public Health pursuant to Title 22, section  
14 413, subsection 3 to monitor progress in improving health. The plan must also use  
15 survey and other health tracking systems available in or to the Maine Center for  
16 Disease Control and Prevention to monitor rates of preventive risk factors and  
17 diseases among the uninsured.

18 **Sec. 4. 5 MRSA §12004-G, sub-§14-G** is enacted to read:

19 **14-G.**

20 <u>Health Care</u>	21 <u>Statewide</u>	22 <u>Not Authorized</u>	23 <u>22 MRSA §412</u>
	24 <u>Coordinating</u>		
	25 <u>Council for Public</u>		
	26 <u>Health</u>		

27 **Sec. 5. 22 MRSA c. 152** is enacted to read:

28 **CHAPTER 152**

29 **PUBLIC HEALTH INFRASTRUCTURE**

30 **§411. Definitions**

31 As used in this chapter, unless the context otherwise indicates, the following terms  
32 have the following meanings.

33 **1. Accreditation.** "Accreditation" means a national federally recognized  
34 credentialing process resulting in the approval of a public health system by a national  
35 federally recognized review board certifying that a public health system has met specific  
performance requirements and standards. Accreditation provides quality assurance,  
credibility and accountability to the public, to government officials and to public health  
fund sources.

1           **2. Comprehensive community health coalition.** "Comprehensive community  
2 health coalition" means a multisector coalition that serves a defined local geographic area  
3 and is composed of designated organizational representatives and interested community  
4 members who share a commitment to improving their communities' health and quality of  
5 life and that includes public health in its core mission.

6           **3. District coordinating council for public health.** "District coordinating council  
7 for public health" means a representative districtwide body of local public health  
8 stakeholders working toward collaborative public health planning and coordination to  
9 ensure effectiveness and efficiencies in the public health system.

10           **4. District public health unit.** "District public health unit" means a unit of public  
11 health staff set up whenever possible in a district in department offices. A staff must  
12 include when possible public health nurses, field epidemiologists, drinking water  
13 engineers, health inspectors and district public health liaisons.

14           **5. District.** "District" means one of the 8 districts of the department, including  
15 Aroostook District, composed of Aroostook County; Penquis District, composed of  
16 Penobscot County and Piscataquis County; Downeast District, composed of Washington  
17 County and Hancock County; Midcoast District, composed of Waldo County, Lincoln  
18 County, Knox County and Sagadahoc County; Central District, composed of Kennebec  
19 County and Somerset County; Western District, composed of Androscoggin County,  
20 Franklin County and Oxford County; Cumberland District, composed of Cumberland  
21 County; and York District, composed of York County.

22           **6. Essential public health services.** "Essential public health services" means core  
23 public health functions as defined from time to time by the United States Centers for  
24 Disease Control and Prevention that help provide the guiding framework for the work and  
25 accreditation of public health systems.

26           **7. Health risk assessment.** "Health risk assessment" means a customized process  
27 by which an individual confidentially responds to questions and receives a feedback  
28 report to help that individual understand the individual's personal risks of developing  
29 preventable health problems, know what preventive actions the individual can take and  
30 learn what local and state resources are available to help the individual take these actions.

31           **8. Healthy Maine Partnerships.** "Healthy Maine Partnerships" means a statewide  
32 system of comprehensive community health coalitions that meet the standards for  
33 department funding that is established under section 412.

34           **9. Local health officer.** "Local health officer" means a municipal employee who  
35 has knowledge of the employee's community and meets educational, training and  
36 experience standards as set by the department in rule to comply with section 451.

37           **10. Statewide Coordinating Council for Public Health.** "Statewide Coordinating  
38 Council for Public Health" means the council established under Title 5, section 12004-G,  
39 subsection 14-G.

1           **§412. Coordination of public health infrastructure components**

2           **1. Local health officers.** Local health officers shall provide a link between the  
3           Maine Center for Disease Control and Prevention and every municipality. Duties of local  
4           health officers are set out in section 454-A.

5           **2. Healthy Maine Partnerships.** Healthy Maine Partnerships is established to  
6           provide appropriate essential public health services at the local level, including  
7           coordinated community-based public health promotion, active community engagement in  
8           local, district and state public health priorities and standardized community-based health  
9           assessment that inform and link to districtwide and statewide public health system  
10          activities.

11          Healthy Maine Partnerships must include interested community members; leaders of  
12          formal and informal civic groups; leaders of youth, parent and older adult groups; leaders  
13          of hospitals, health centers, mental health and substance abuse providers; emergency  
14          responders; local government officials; leaders in early childhood development and  
15          education; leaders of school administrative units and colleges and universities;  
16          community, social service and other nonprofit agency leaders; leaders of issue-specific  
17          networks, coalitions and associations; business leaders; leaders of faith-based groups; and  
18          law enforcement representatives.

19          The department and other appropriate state agencies shall provide funds as available to  
20          coalitions in Healthy Maine Partnerships that meet measurable criteria as set by the  
21          department for comprehensive community health coalitions.

22          **3. District public health units.** District public health units shall help to improve the  
23          efficiency of the administration and coordination of state public health programs and  
24          policies and communications at the district and local levels and shall ensure that state  
25          policy reflects the different needs of each district.

26          **4. District coordinating councils for public health.** The Maine Center for Disease  
27          Control and Prevention, in consultation with Healthy Maine Partnerships, shall maintain a  
28          district coordinating council for public health in each of the 8 districts as resources  
29          permit.

30           **A. A district coordinating council for public health shall:**

31           **(1) Participate as appropriate in district-level activities to help ensure the state**  
32           **public health system in each district is ready and maintained for accreditation;**

33           **(2) Provide a mechanism for districtwide input to the state health plan under**  
34           **Title 2, section 103;**

35           **(3) Ensure that the goals and strategies of the state health plan are addressed in**  
36           **the district; and**

37           **(4) Ensure that the essential public health services and resources are provided for**  
38           **in each district in the most efficient, effective and evidence-based manner**  
39           **possible.**

1 B. The Maine Center for Disease Control and Prevention, in consultation with  
2 Healthy Maine Partnerships, shall ensure the invitation of persons to participate on a  
3 district coordinating council for public health and shall strive to include persons who  
4 represent the Maine Center for Disease Control and Prevention, county governments,  
5 municipal governments, tribal governments, city health departments, local health  
6 officers, hospitals, health systems, emergency management agencies, emergency  
7 medical services, Healthy Maine Partnerships, school districts, institutions of higher  
8 education, physicians and other health care providers, clinics and community health  
9 centers, voluntary health organizations, family planning organizations, area agencies  
10 on aging, mental health services, substance abuse services, organizations seeking to  
11 improve environmental health and other community-based organizations.

12 A district coordinating council for public health, after consulting with the Maine Center  
13 for Disease Control and Prevention, shall develop membership and governance structures  
14 that are subject to approval by the Statewide Coordinating Council for Public Health.

15 5. Statewide Coordinating Council for Public Health. The Statewide  
16 Coordinating Council for Public Health, established under Title 5, section 12004-G,  
17 subsection 14-G, is a representative statewide body of public health stakeholders for  
18 collaborative public health planning and coordination.

19 A. The Statewide Coordinating Council for Public Health shall:

20 (1) Participate as appropriate to help ensure the state public health system is  
21 ready and maintained for accreditation;

22 (2) Provide a mechanism for the Advisory Council on Health Systems  
23 Development under Title 2, section 104 to obtain statewide input for the state  
24 health plan under Title 2, section 103;

25 (3) Provide a mechanism for disseminating and implementing the state health  
26 plan; and

27 (4) Assist the Maine Center for Disease Control and Prevention in planning for  
28 the essential public health services and resources to be provided in each district  
29 and across the State in the most efficient, effective and evidence-based manner  
30 possible.

31 The Maine Center for Disease Control and Prevention shall provide staff support to  
32 the Statewide Coordinating Council for Public Health as resources permit. Other  
33 agencies of State Government as necessary and appropriate shall provide additional  
34 staff support or assistance to the Statewide Coordinating Council for Public Health as  
35 resources permit.

36 B. Members of the Statewide Coordinating Council for Public Health are appointed  
37 as follows.

38 (1) Each district coordinating council for public health shall appoint one  
39 member.

40 (2) The President of the Senate, the Senate Minority Leader, the Speaker of the  
41 House and the House Minority Leader shall each appoint a member who is a  
42 Legislator, for a total of 4 legislative members.

1 (3) The Director of the Maine Center for Disease Control and Prevention or the  
2 director's designee shall serve as a member.

3 (4) The commissioner shall appoint an expert in behavioral health from the  
4 department to serve as a member.

5 (5) The Commissioner of Education shall appoint a health expert from the  
6 Department of Education to serve as a member.

7 (6) The Commissioner of Environmental Protection shall appoint an  
8 environmental health expert from the Department of Environmental Protection to  
9 serve as a member.

10 (7) The Director of the Maine Center for Disease Control and Prevention, in  
11 collaboration with the cochairs of the Statewide Coordinating Council for Public  
12 Health, shall convene a membership committee. After evaluation of the  
13 appointments to the Statewide Coordinating Council for Public Health, the  
14 membership committee shall appoint no more than 10 additional members and  
15 ensure that the total membership has at least one member who is a recognized  
16 content expert in each of the essential public health services, has representation  
17 from populations in the State facing health disparities and has at least 2 members  
18 from the Advisory Council on Health Systems Development under Title 2,  
19 section 104. The membership committee shall also strive to ensure diverse  
20 representation on the Statewide Coordinating Council for Public Health from  
21 county governments, municipal governments, tribal governments, city health  
22 departments, local health officers, hospitals, health systems, emergency  
23 management agencies, emergency medical services, Healthy Maine Partnerships,  
24 school districts, institutions of higher education, physicians and other health care  
25 providers, clinics and community health centers, voluntary health organizations,  
26 family planning organizations, area agencies on aging, mental health services,  
27 substance abuse services, organizations seeking to improve environmental health  
28 and other community-based organizations.

29 C. The term of office of each member is 3 years. All vacancies must be filled for the  
30 balance of the unexpired term in the same manner as the original appointment.  
31 Legislators serve during the term for which they were elected.

32 D. Members of the Statewide Coordinating Council for Public Health shall elect  
33 annually a chair and cochair. The chair is the presiding member of the Statewide  
34 Coordinating Council for Public Health.

35 E. The Statewide Coordinating Council for Public Health shall meet at least  
36 quarterly, must be staffed by the department as resources permit and shall develop a  
37 governance structure, including determining criteria for what constitutes a member in  
38 good standing.

39 F. The Statewide Coordinating Council for Public Health shall report annually to the  
40 Advisory Council on Health Systems Development under Title 2, section 104 on  
41 progress made by the statewide public health system in addressing the designated  
42 public health goals, objectives and strategies in the state health plan under Title 2,  
43 section 103. In years when a new state health plan is being developed, the Statewide  
44 Coordinating Council for Public Health shall provide input from its own members

1 and from the district coordinating councils for public health stating goals, objectives  
2 and strategies that should be addressed in the state health plan.

3 The Statewide Coordinating Council for Public Health shall report annually to the  
4 joint standing committee of the Legislature having jurisdiction over health and human  
5 services matters and the Governor's office on progress made toward achieving and  
6 maintaining accreditation of the state public health system and on districtwide and  
7 statewide streamlining and other strategies leading to improved efficiencies and  
8 effectiveness in the delivery of essential public health services.

9 **§413. Universal wellness initiative**

10 The Maine Center for Disease Control and Prevention, the Statewide Coordinating  
11 Council for Public Health, the district coordinating councils for public health and Healthy  
12 Maine Partnerships shall undertake a universal wellness initiative to ensure that all people  
13 of the State have access to resources and evidence-based interventions in order to know,  
14 understand and address health risks and to improve health and prevent disease. A  
15 particular focus must be on the uninsured and others facing health disparities.

16 **1. Resource toolkit for the uninsured.** The Maine Center for Disease Control and  
17 Prevention and the Governor's office shall develop a resource toolkit for the uninsured  
18 with information on access to disease prevention, health care and other methods for  
19 health improvement. Healthy Maine Partnerships, the district coordinating councils for  
20 public health, the Maine Center for Disease Control and Prevention and the Statewide  
21 Coordinating Council for Public Health shall promote and distribute the toolkit materials,  
22 in particular through small businesses, schools, school-based health centers and other  
23 health centers. Healthy Maine Partnerships, each district coordinating council for public  
24 health and the Statewide Coordinating Council for Public Health shall report annually to  
25 the Maine Center for Disease Control and Prevention on strategies employed for  
26 promotion of the toolkit materials.

27 **2. Health risk assessment.** Healthy Maine Partnerships, the district coordinating  
28 councils for public health, the Statewide Coordinating Council for Public Health and the  
29 Maine Center for Disease Control and Prevention shall promote an evidence-based health  
30 risk assessment that is available to all people of the State, with a particular emphasis on  
31 outreach to the uninsured population and others facing health disparities. These health  
32 risk assessments and their promotion must provide linkages to existing local disease  
33 prevention efforts and be collaborative with and not duplicative of existing efforts.

34 **3. Report card on health.** The Maine Center for Disease Control and Prevention, in  
35 consultation with the Statewide Coordinating Council for Public Health, shall develop,  
36 distribute and publicize an annual brief report card on health status statewide and for each  
37 district by June 1st of each year. The report card must include major diseases, evidence-  
38 based health risks and determinants that impact health.

39 The Maine Center for Disease Control and Prevention and the Governor's Office of  
40 Health Policy and Finance shall provide staff support to implement the universal wellness  
41 initiative in this section as resources permit. Other agencies of State Government as  
42 necessary and appropriate shall provide additional staff support or assistance.



