

MAINE STATE LEGISLATURE

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Date: 6/1/11

L.D. 121
(Filing No. H-459)

HEALTH AND HUMAN SERVICES

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**STATE OF MAINE
HOUSE OF REPRESENTATIVES
125TH LEGISLATURE
FIRST REGULAR SESSION**

COMMITTEE AMENDMENT "A" to H.P. 103, L.D. 121, Bill, "An Act To Amend the Laws Regarding Public Health Infrastructure"

Amend the bill by striking out everything after the enacting clause and before the summary and inserting the following:

'Sec. 1. 22 MRSA §411, as enacted by PL 2009, c. 355, §5, is amended to read:

§411. Definitions

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

1. Accreditation. "Accreditation" means a national federally recognized credentialing process resulting in the approval of a public health system or a municipal health department by a national federally recognized review board certifying that a public health system or a municipal health department 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. As applicable to a tribal health department or health clinic, "accreditation" means a recognized credentialing process by a national federally recognized review board for Indian health.

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

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

COMMITTEE AMENDMENT

- 1 **4. District public health unit.** "District public health unit" means a unit of public
2 health staff set up whenever possible in a district in department offices. A staff must
3 include when possible public health nurses, field epidemiologists, drinking water
4 engineers, health inspectors and district public health liaisons.
- 5 **5. District.** "District" means one of the 8 districts of the department, including
6 Aroostook District, composed of Aroostook County; Penquis District, composed of
7 Penobscot County and Piscataquis County; Downeast District, composed of Washington
8 County and Hancock County; Midcoast District, composed of Waldo County, Lincoln
9 County, Knox County and Sagadahoc County; Central District, composed of Kennebec
10 County and Somerset County; Western District, composed of Androscoggin County,
11 Franklin County and Oxford County; Cumberland District, composed of Cumberland
12 County; and York District, composed of York County, and the tribal district, composed of
13 any lands belonging to the Indian tribes in the State and including any member of a tribe
14 living outside of tribal lands.
- 15 **6. Essential public health services.** "Essential public health services" means core
16 public health functions ~~as defined from time to time by the United States Centers for~~
17 ~~Disease Control and Prevention~~ identified by a national public health performance
18 standards program, a national federally recognized review board or a national federally
19 recognized review board for Indian health that help provide the guiding framework for
20 the work and accreditation of public health systems or municipal health departments.
- 21 **7. Health risk assessment.** "Health risk assessment" means a customized process
22 by which an individual confidentially responds to questions and receives a feedback
23 report to help that individual understand the individual's personal risks of developing
24 preventable health problems, know what preventive actions the individual can take and
25 learn what local and state resources are available to help the individual take these actions.
- 26 **8. Healthy Maine Partnerships.** "Healthy Maine Partnerships" means a statewide
27 system of comprehensive community health coalitions that meet the standards for
28 department funding that is established under section 412, including the tribal district.
- 29 **8-A. Indian tribe.** "Indian tribe" or "tribe" means a federally recognized Indian
30 nation, tribe or band in the State.
- 31 **9. Local health officer.** "Local health officer" means a municipal employee who
32 has knowledge of the employee's community and meets educational, training and
33 experience standards as set by the department in rule to comply with section 451.
- 34 **10. Municipal health department.** "Municipal health department" means a health
35 department or division that is established pursuant to municipal charter or ordinance in
36 accordance with Title 30-A, chapter 141 and accredited by a national federally
37 recognized credentialing process.
- 38 **11. Statewide Coordinating Council for Public Health.** "Statewide Coordinating
39 Council for Public Health" means the council established under Title 5, section 12004-G,
40 subsection 14-G.
- 41 **12. Tribal district.** "Tribal district" means an administrative district established in a
42 memorandum of understanding or legal contract among all Indian tribes in the State that
43 is recognized by the department. The tribal district's jurisdiction includes tribal lands,

1 tribal health departments or health clinics and members of the tribes anywhere in the
2 State.

3 **13. Tribal health department or health clinic.** "Tribal health department or health
4 clinic" means a health department or health clinic managed by an Indian tribe that is
5 eligible for funds from the United States Department of the Interior, Bureau of Indian
6 Affairs, Indian Health Service and other federal funds. For the purposes of this
7 subsection, each director of a tribal health department or health clinic has a tribal role and
8 a role defined by the Indian Health Service that is equivalent to the role of a director of an
9 accreditation-eligible municipal health department.

10 **Sec. 2. 22 MRSA §412**, as amended by PL 2011, c. 90, Pt. J, §§7 to 9, is further
11 amended to read:

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

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

16 **2. Healthy Maine Partnerships.** Healthy Maine Partnerships is established to
17 provide appropriate essential public health services at the local level, including
18 coordinated community-based public health promotion, active community engagement in
19 local, district and state public health priorities and standardized community-based health
20 assessment, that inform and link to districtwide and statewide public health system
21 activities.

22 Healthy Maine Partnerships must include interested community members; leaders of
23 formal and informal civic groups; leaders of youth, parent and older adult groups; leaders
24 of hospitals, health centers, mental health and substance abuse providers; emergency
25 responders; local government officials; leaders in early childhood development and
26 education; leaders of school administrative units and colleges and universities;
27 community, social service and other nonprofit agency leaders; leaders of issue-specific
28 networks, coalitions and associations; business leaders; leaders of faith-based groups; and
29 law enforcement representatives. Where a service area of Healthy Maine Partnerships
30 includes a tribal health department or health clinic, Healthy Maine Partnerships shall seek
31 a membership or consultative relationship with leaders and members of Indian tribes or
32 designees of health departments or health clinics of Indian tribes.

33 The department and other appropriate state agencies shall provide funds as available to
34 coalitions in Healthy Maine Partnerships that meet measurable criteria as set by the
35 department for comprehensive community health coalitions. As funds are available, a
36 minimum of one tribal comprehensive community health coalition must be provided
37 funding as a member of a Healthy Maine Partnerships coalition. The tribal district is
38 eligible for the same funding opportunities offered to any other district. The tribal district
39 or a tribe is eligible to partner with any coalition in Healthy Maine Partnerships for
40 collaborative funding opportunities that are approved by the tribal district coordinating
41 council or a tribal health director.

42 **3. District public health units.** District public health units shall help to improve the
43 efficiency of the administration and coordination of state public health programs and

1 policies and communications at the district and local levels and shall ensure that state
2 policy reflects the different needs of each district. Tribal public health programs and
3 services delivered by the tribal district or a tribal health department or health clinic must
4 help improve the efficiency of the administration and coordination of publicly and
5 privately funded public health programs and policies and communications at local,
6 district, state and federal levels.

7 **4. District coordinating councils for public health.** The Maine Center for Disease
8 Control and Prevention, in consultation with Healthy Maine Partnerships, shall maintain a
9 district coordinating council for public health in each of the § 9 districts as resources
10 permit. If the district jurisdiction includes tribal lands and tribal members, and is not the
11 tribal district, the district coordinating council for public health may not represent the
12 tribe or tribes but shall consider Indian health status and pursue a consultative
13 relationship with the tribe or tribes. Tribal representatives may choose to participate in
14 the district coordinating council for public health as members or function in a
15 consultative relationship. The tribal district shall have a tribal district coordinating
16 council.

17 A. A district coordinating council for public health shall:

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

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

24 A-1. The tribal district coordinating council shall:

25 (1) Participate as appropriate in department district-level activities to help ensure
26 the tribal public health system in the tribal district is ready and maintained for
27 tribal public health accreditation; and

28 (2) Ensure that the national goals and strategies for health in tribal lands and the
29 tribal district health goals and strategies are aligned and that tribal district health
30 goals and strategies are appropriately tailored for each tribe and tribal health
31 department or health clinic.

32 B. The Maine Center for Disease Control and Prevention, in consultation with
33 Healthy Maine Partnerships, shall ensure the invitation of persons to participate on a
34 district coordinating council for public health and shall strive to include persons who
35 represent the Maine Center for Disease Control and Prevention, county governments,
36 municipal governments, ~~tribal governments~~ Indian tribes and their tribal health
37 departments or health clinics, city health departments, local health officers, hospitals,
38 health systems, emergency management agencies, emergency medical services,
39 Healthy Maine Partnerships, school districts, institutions of higher education,
40 physicians and other health care providers, clinics and community health centers,
41 voluntary health organizations, family planning organizations, area agencies on
42 aging, mental health services, substance abuse services, organizations seeking to
43 improve environmental health and other community-based organizations.

1 C. In districts, other than the tribal district, that contain tribal members, population
2 health assessments and health improvement plans and strategies developed by
3 municipal health departments, Healthy Maine Partnerships and district coordinating
4 councils for public health must consider Indian health issues and disparities. Data
5 used for these assessments must be sound and at the most local level available.
6 Assessments must include any quantitative or qualitative data the tribes agree to
7 share. Tribal health assessments and tribal health improvement plans and strategies
8 may focus exclusively on tribal members but may be conducted only at any tribe's
9 discretion.

10 D. Population and personal health programs, interventions and services that formally
11 include or focus on tribal members must be developed in close consultation with
12 tribes and must be culturally competent in design and implementation. In addition,
13 tribes must be consulted prior to their inclusion in any grant applications.

14 A district coordinating council for public health, after consulting with the Maine Center
15 for Disease Control and Prevention, shall develop membership and governance structures
16 that are subject to approval by the Statewide Coordinating Council for Public Health
17 except that approval of the Statewide Coordinating Council for Public Health is not
18 required for the membership and governance structures of the tribal district coordinating
19 council.

20 **5. Municipal and tribal health departments.** Municipal health departments or
21 tribal health departments or health clinics may enter into data-sharing agreements with
22 the department for the exchange of public health data determined by the department to be
23 necessary for protection of the public health. A data-sharing agreement under this
24 subsection must protect the confidentiality and security of individually identifiable health
25 information as required by state and federal law.

26 **5-A. Tribal district.** The tribal district shall deliver components of essential public
27 health services through the tribal district's public health liaisons, who are tribal
28 employees, and report to the tribes, the department's office of minority health and any
29 other sources of funding. Responses to federal and state requests for applications may be
30 issued by one tribe, 2 or more tribes collectively or the tribal district as the recipient of
31 funds. The directors of the tribal health departments or health clinics serve as the tribal
32 district coordinating council for public health in an advisory role to the tribal district. The
33 council may establish subcommittees to work on specific projects approved by the
34 council.

35 **6. Statewide Coordinating Council for Public Health.** The Statewide
36 Coordinating Council for Public Health, established under Title 5, section 12004-G,
37 subsection 14-G, is a representative statewide body of public health stakeholders for
38 collaborative public health planning and coordination.

- 39 A. The Statewide Coordinating Council for Public Health shall:
- 40 (1) Participate as appropriate to help ensure the state public health system is
41 ready and maintained for accreditation; ~~and~~
- 42 (4) Assist the Maine Center for Disease Control and Prevention in planning for
43 the essential public health services and resources to be provided in each district

1 and across the State in the most efficient, effective and evidence-based manner
2 possible;

3 (5) Receive reports from the tribal district coordinating council for public health
4 regarding readiness for tribal public health systems for accreditation if offered;
5 and

6 (6) Participate as appropriate and as resources permit to help support tribal
7 public health systems to prepare for and maintain accreditation if assistance is
8 requested from any tribe.

9 The Maine Center for Disease Control and Prevention shall provide staff support to
10 the Statewide Coordinating Council for Public Health as resources permit. Other
11 agencies of State Government as necessary and appropriate shall provide additional
12 staff support or assistance to the Statewide Coordinating Council for Public Health as
13 resources permit.

14 B. Members of the Statewide Coordinating Council for Public Health are appointed
15 as follows.

16 (1) Each district coordinating council for public health, including the tribal
17 district coordinating council, shall appoint one member.

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

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

22 (4) The Commissioner of Education shall appoint a health expert from the
23 Department of Education to serve as a member.

24 (5) The Commissioner of Environmental Protection shall appoint an
25 environmental health expert from the Department of Environmental Protection to
26 serve as a member.

27 (6) The Director of the Maine Center for Disease Control and Prevention, in
28 collaboration with the cochairs of the Statewide Coordinating Council for Public
29 Health, shall convene a membership committee. After evaluation of the
30 appointments to the Statewide Coordinating Council for Public Health, the
31 membership committee shall appoint no more than 10 additional members and
32 ensure that the total membership has at least one member who is a recognized
33 content expert in each of the essential public health services and has
34 representation from populations in the State facing health disparities. The
35 membership committee shall also strive to ensure diverse representation on the
36 Statewide Coordinating Council for Public Health from county governments,
37 municipal governments, tribal governments, tribal health departments or health
38 clinics, city health departments, local health officers, hospitals, health systems,
39 emergency management agencies, emergency medical services, Healthy Maine
40 Partnerships, school districts, institutions of higher education, physicians and
41 other health care providers, clinics and community health centers, voluntary
42 health organizations, family planning organizations, area agencies on aging,

1 mental health services, substance abuse services, organizations seeking to
2 improve environmental health and other community-based organizations.

3 C. The term of office of each member is 3 years. All vacancies must be filled for the
4 balance of the unexpired term in the same manner as the original appointment.

5 D. Members of the Statewide Coordinating Council for Public Health shall elect
6 annually a chair and cochair. The chair is the presiding member of the Statewide
7 Coordinating Council for Public Health.

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

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

18 **Sec. 3. 22 MRSA §413**, as enacted by PL 2009, c. 355, §5, is amended to read:

19 **§413. Universal wellness initiative**

20 The Maine Center for Disease Control and Prevention, the Statewide Coordinating
21 Council for Public Health, the district coordinating councils for public health and Healthy
22 Maine Partnerships shall undertake a universal wellness initiative to ensure that all people
23 of the State, including members of Indian Tribes, have access to resources and evidence-
24 based interventions in order to know, understand and address health risks and to improve
25 health and prevent disease. A particular focus must be on the uninsured and others facing
26 health disparities.

27 **1. Resource toolkit for the uninsured.** The Maine Center for Disease Control and
28 Prevention and the Governor's office shall develop a resource toolkit for the uninsured
29 with information on access to disease prevention, health care and other methods for
30 health improvement. Healthy Maine Partnerships, the district coordinating councils for
31 public health, the Maine Center for Disease Control and Prevention and the Statewide
32 Coordinating Council for Public Health shall promote and distribute the toolkit materials,
33 in particular through small businesses, schools, school-based health centers, tribal health
34 departments or health clinics, and other health centers. Healthy Maine Partnerships, each
35 district coordinating council for public health and the Statewide Coordinating Council for
36 Public Health shall report annually to the Maine Center for Disease Control and
37 Prevention on strategies employed for promotion of the toolkit materials.

38 **2. Health risk assessment.** Healthy Maine Partnerships, the district coordinating
39 councils for public health, the Statewide Coordinating Council for Public Health and the
40 Maine Center for Disease Control and Prevention shall promote an evidence-based health
41 risk assessment that is available to all people of the State, with a particular emphasis on
42 outreach to the uninsured population, members of Indian tribes and others facing health
43 disparities. These health risk assessments and their promotion must provide linkages to

1 existing local disease prevention efforts and be collaborative with and not duplicative of
2 existing efforts.

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

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

12 **SUMMARY**

13 The bill extends to the federally recognized Indian nations, tribes and bands in the
14 State and to their health departments and health clinics the laws on comprehensive
15 community health coalitions, district and state coordinating councils for public health,
16 district public health units, Healthy Maine Partnerships, the universal wellness initiative
17 and health risk assessment.

18 This amendment replaces the bill. It creates a new tribal district in the public health
19 infrastructure system composed of any lands belonging to Indian tribes in the State and
20 including any member of a tribe living outside of tribal lands. It allows the tribal district
21 to apply for Healthy Maine Partnerships funding. It allows for clear data assessments for
22 the tribal district and tribal members that are separate from data available for other
23 districts.

24 **FISCAL NOTE REQUIRED**

25 (See attached)



125th MAINE LEGISLATURE

LD 121

LR 338(02)

An Act To Amend the Laws Regarding Public Health Infrastructure

Fiscal Note for Bill as Amended by Committee Amendment "A"

Committee: Health and Human Services

Fiscal Note Required: No

Fiscal Note

No net fiscal impact

Fiscal Detail and Notes

Assumes any additional state costs resulting from the bill would be met by a re-distribution of existing budgeted resources. Any net increase in payments would require an additional appropriation and/or allocation of state funds.