

MAINE STATE LEGISLATURE

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125th MAINE LEGISLATURE

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Legislative Document

No. 121

H.P. 103

House of Representatives, January 20, 2011

An Act To Amend the Laws Regarding Public Health Infrastructure

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

A handwritten signature in cursive script that reads "Heather J.R. Priest".

HEATHER J.R. PRIEST
Clerk

Presented by Representative SOCTOMAH of the Passamaquoddy Tribe.
Cosponsored by President RAYE of Washington and
Representatives: MAKER of Calais, McFADDEN of Dennysville, MITCHELL of the
Penobscot Nation, TILTON of Harrington.

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

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

3 **§411. Definitions**

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

6 **1. Accreditation.** "Accreditation" means a national federally recognized
7 credentialing process resulting in the approval of a public health system or a municipal
8 health department by a national federally recognized review board certifying that a public
9 health system or a municipal health department has met specific performance
10 requirements and standards. Accreditation provides quality assurance, credibility and
11 accountability to the public, to government officials and to public health fund sources.
12 For the purposes of this subsection, a health clinic or health department operated by an
13 Indian tribe is deemed accredited.

14 **2. Comprehensive community health coalition.** "Comprehensive community
15 health coalition" means a multisector coalition that serves a defined local geographic area
16 or an Indian tribe and is composed of designated organizational representatives,
17 representatives of the Indian tribe and interested community members who share a
18 commitment to improving their communities' health and quality of life and that includes
19 public health in its core mission.

20 **3. District coordinating council for public health.** "District coordinating council
21 for public health" means a representative districtwide body of local public health
22 stakeholders in each district working toward collaborative public health planning and
23 coordination to ensure effectiveness and efficiencies in the public health system and in
24 each health department or health clinic of an Indian tribe.

25 **4. District public health unit.** "District public health unit" means a unit of public
26 health staff set up whenever possible in a district in department offices or in the health
27 department or health clinic or offices or facilities of an Indian tribe. A staff must include
28 when possible public health nurses, field epidemiologists, drinking water engineers,
29 health inspectors and district public health liaisons.

30 **5. District.** "District" means one of the 8 districts of the department, including
31 Aroostook District, composed of Aroostook County; Penquis District, composed of
32 Penobscot County and Piscataquis County; Downeast District, composed of Washington
33 County and Hancock County; Midcoast District, composed of Waldo County, Lincoln
34 County, Knox County and Sagadahoc County; Central District, composed of Kennebec
35 County and Somerset County; Western District, composed of Androscoggin County,
36 Franklin County and Oxford County; Cumberland District, composed of Cumberland
37 County; and York District, composed of York County, or a district consisting of a health
38 department or health clinic of an Indian tribe as determined by the Indian tribe.

39 **6. Essential public health services.** "Essential public health services" means core
40 public health functions as defined from time to time by the United States Centers for

1 Disease Control and Prevention that help provide the guiding framework for the work and
2 accreditation of public health systems or municipal health departments and the core
3 public health functions as defined by a health department or health clinic of an Indian
4 tribe.

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

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

13 **8-A. Indian tribe.** "Indian tribe" means a federally recognized Indian nation, tribe
14 or band in the State.

15 **9. Local health officer.** "Local health officer" means a municipal employee who
16 has knowledge of the employee's community and meets educational, training and
17 experience standards as set by the department in rule to comply with section 451 or an
18 employee of a health department or health clinic of an Indian tribe.

19 **10. Municipal health department.** "Municipal health department" means a health
20 department or division that is established pursuant to municipal charter or ordinance in
21 accordance with Title 30-A, chapter 141 and accredited by a national federally
22 recognized credentialing process or a health department or health clinic of an Indian tribe.

23 **11. Statewide Coordinating Council for Public Health.** "Statewide Coordinating
24 Council for Public Health" means the council established under Title 5, section 12004-G,
25 subsection 14-G.

26 **Sec. 2. 22 MRSA §412,** as enacted by PL 2009, c. 355, §5, is amended to read:

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

28 **1. Local health officers.** Local health officers shall provide a link between the
29 Maine Center for Disease Control and Prevention ~~and~~, every municipality and every
30 health department or health clinic of an Indian tribe. Duties of local health officers,
31 except for the duties of a local health officer working in a health department or health
32 clinic of an Indian tribe, are set out in section 454-A.

33 **2. Healthy Maine Partnerships.** Healthy Maine Partnerships is established to
34 provide appropriate essential public health services at the local level, including
35 coordinated community-based public health promotion, active community engagement in
36 local, district and state public health priorities and standardized community-based health
37 assessment that inform and link to districtwide and statewide public health system
38 activities.

1 Healthy Maine Partnerships must include interested community members; leaders of
2 formal and informal civic groups; leaders of youth, parent and older adult groups; leaders
3 of hospitals, health centers, mental health and substance abuse providers; emergency
4 responders; local government officials; leaders in early childhood development and
5 education; leaders of school administrative units and colleges and universities;
6 community, social service and other nonprofit agency leaders; leaders of issue-specific
7 networks, coalitions and associations; business leaders; leaders of faith-based groups;
8 leaders and members of Indian tribes; representatives of health departments or health
9 clinics of Indian tribes; and law enforcement representatives.

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

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

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

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

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

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

26 (3) Ensure that the goals and strategies of the state health plan are addressed in
27 the district; and

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

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

1 A district coordinating council for public health, after consulting with the Maine Center
2 for Disease Control and Prevention, shall develop membership and governance structures
3 that are subject to approval by the Statewide Coordinating Council for Public Health,
4 except that approval of the Statewide Coordinating Council for Public Health is not
5 required for the membership and governance structures of a district coordinating council
6 for public health of an Indian tribe.

7 **5. Municipal health departments.** Municipal health departments may enter into
8 data-sharing agreements with the department for the exchange of public health data
9 determined by the department to be necessary for protection of the public health. A data-
10 sharing agreement under this subsection must protect the confidentiality and security of
11 individually identifiable health information as required by state and federal law. A health
12 department or health clinic of an Indian tribe may enter into data-sharing agreements with
13 the department as provided in this subsection as determined by the health department or
14 health clinic and the department.

15 **6. 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 Director of the Maine Center for Disease Control and Prevention or the
41 director's designee shall serve as a member and shall appoint a health expert with
42 experience in health issues of members of Indian tribes.

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

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

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

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

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

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

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

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

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

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

8 **§413. Universal wellness initiative**

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

15 **1. Resource toolkit for the uninsured.** The Maine Center for Disease Control and
16 Prevention and the Governor's office shall develop a resource toolkit for the uninsured
17 with information on access to disease prevention, health care and other methods for
18 health improvement. Healthy Maine Partnerships, the district coordinating councils for
19 public health, the Maine Center for Disease Control and Prevention and the Statewide
20 Coordinating Council for Public Health shall promote and distribute the toolkit materials,
21 in particular through small businesses, schools, school-based health centers, health
22 departments and health clinics of the Indian tribes and other health centers. Healthy
23 Maine Partnerships, each district coordinating council for public health and the Statewide
24 Coordinating Council for Public Health shall report annually to the Maine Center for
25 Disease Control and Prevention on strategies employed for promotion of the toolkit
26 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, members of Indian tribes and others facing health
32 disparities. These health risk assessments and their promotion must provide linkages to
33 existing local disease prevention efforts and be collaborative with and not duplicative of
34 existing efforts.

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

40 The Maine Center for Disease Control and Prevention and the Governor's Office of
41 Health Policy and Finance shall provide staff support to implement the universal wellness

1 initiative in this section as resources permit. Other agencies of State Government as
2 necessary and appropriate shall provide additional staff support or assistance.

3

SUMMARY

4 This bill extends to the federally recognized Indian nation, tribe and bands in the
5 State and to their health departments and health clinics the laws on comprehensive
6 community health coalitions, district coordinating councils for public health, district
7 public health units, Healthy Maine Partnerships, the universal wellness initiative and
8 health risk assessment.