



# **126th MAINE LEGISLATURE**

# FIRST REGULAR SESSION-2013

Legislative Document

No. 1574

H.P. 1143

House of Representatives, June 27, 2013

**Resolve, Establishing the Commission To Study the Incidence of and Mortality Related to Cancer** 

(AFTER DEADLINE)

(EMERGENCY)

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 205.

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

Millicent M. Mac Jailand

MILLICENT M. MacFARLAND Clerk

Presented by Representative McCABE of Skowhegan.

- 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,** this legislation needs to take effect before the expiration of the 90-day 4 period in order to allow this commission sufficient time to conduct its work; and

5 **Whereas,** in the judgment of the Legislature, these facts create an emergency within 6 the meaning of the Constitution of Maine and require the following legislation as 7 immediately necessary for the preservation of the public peace, health and safety; now, 8 therefore, be it

- 9 Sec. 1. Commission established. Resolved: That the Commission To Study 10 the Incidence of and Mortality Related to Cancer, referred to in this resolve as "the 11 commission," is established; and be it further
- 12 Sec. 2. Commission membership. Resolved: That the commission consists of 13 no more than 11 members as follows:
- 14 1. The President of the Senate shall appoint:

A. Two members of the Senate, including a member from each of the 2 parties
holding the largest number of seats in the Legislature. The President of the Senate
shall give preference in making one of the appointments to a member who serves on
the Joint Standing Committee on Health and Human Services; and

- 19 B. One person representing a statewide public health organization;
- 20 2. The Speaker of the House of Representatives shall appoint:
- 21A. Three members of the House of Representatives, including members from each of22the 2 parties holding the largest number of seats in the Legislature. The Speaker of23the House shall give preference in making one of the appointments to a member who24serves on the Joint Standing Committee on Health and Human Services; and
- B. One person representing a statewide organization of medical professionals, one person representing a statewide voluntary nonprofit health organization that represents cancer patients, one person who possesses expertise in cancer research or epidemiology and one person who possesses expertise in the subject matter of the study; and
- 30 3. The Director of the Maine Center for Disease Control and Prevention within the
   31 Department of Health and Human Services or the director's designee; and be it further
- 32 Sec. 3. Chairs. Resolved: That the first-named Senate member is the Senate 33 chair and the first-named House of Representatives member is the House chair of the 34 commission; and be it further
- 35 **Sec. 4. Appointments; convening of commission. Resolved:** That all 36 appointments must be made no later than 10 days following the effective date of this 37 resolve. The appointing authorities shall notify the Executive Director of the Legislative

1 Council once all appointments have been made. The chairs of the commission shall call 2 and convene the first meeting of the commission within 15 days of the effective date of 3 this resolve. If a majority of but not all appointments have been made within 10 days of 4 the effective date of this resolve, the chairs may request authority and the Legislative 5 Council may grant authority for the commission to meet and conduct its business; and be 6 it further

- Sec. 5. Meetings. Resolved: That the commission is authorized to meet up to 4
   times to accomplish its duties; and be it further
- 9 Sec. 6. Duties. Resolved: That the commission shall review the State's above-10 average rates of cancer incidence and mortality and the State's current cancer prevention, 11 detection and treatment goals and priorities.
- 12 The commission shall gather information and data from public and private entities as 13 necessary to:
- 14 1. Identify or review the State's current priorities and goals to reduce the incidence ofand mortality from cancer;
- 16 2. Identify the types of cancer with the highest incidence and mortality in the State,
  17 including the types of cancer whose incidence and mortality rates differ the most from
  18 national averages;
- 3. Identify the risk factors, including preventable lifestyle risk factors such as tobacco
  use, diet, exercise and obesity, related to high relative rates of the incidence of and
  mortality from cancer;
- 4. Identify the extent to which barriers to health care in the State contribute to cancermortality;
- 5. Make recommendations for legislative strategies to reduce the State's cancerincidence and mortality; and
- 6. Make recommendations for how current state programs could further assist citizens
  through education and cancer prevention programs; and be it further
- **Sec. 7. Cooperation. Resolved:** That the Commissioner of Health and Human Services and the Director of the Maine Center for Disease Control and Prevention within the Department of Health and Human Services, the Commissioner of Administrative and Financial Services and the Commissioner of Education, and any other relevant department, shall provide information and data to the commission as necessary for its work, within existing resources; and be it further
- 34 **Sec. 8. Staff assistance. Resolved:** That the Legislative Council may provide 35 necessary staffing services to the commission; and be it further
- 36 **Sec. 9. Report. Resolved:** That, no later than December 4, 2013, the commission 37 shall submit a report that includes its findings and recommendations, including suggested

legislation, to the Joint Standing Committee on Health and Human Services in the Second
 Regular Session of the 126th Legislature; and be it further

**Sec. 10. Outside funding. Resolved:** That the commission shall seek funding contributions to fund 50% of the costs of the study. All funding is subject to approval by the Legislative Council in accordance with its policies. If sufficient contributions to fund 50% of the study have not been received within 30 days after the effective date of this resolve, no meetings are authorized and no expenses of any kind may be incurred or reimbursed.

9 Emergency clause. In view of the emergency cited in the preamble, this
 10 legislation takes effect when approved.

SUMMARY

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12 This resolve creates the Commission To Study the Incidence of and Mortality Related 13 to Cancer. This resolve incorporates the provisions of Legislative Document 1032 of the 14 126th Legislature but with the following changes. It:

15 1. Reduces the number of Legislators on the commission to 5;

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2. Provides that the Director of the Maine Center for Disease Control and Prevention
17 or the director's designee serves on the committee and is not appointed by the President of
18 the Senate;

- 19 3. Reduces the number of authorized meetings to 4;
- 4. Provides that 50% of the funding for the committee comes from outside sources;and
- 22 5. Adds an emergency preamble and emergency clause.



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LD 1574

LR 2194(01)

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Fiscal Note for Original Bill Sponsor: Rep. McCabe of Skowhegan Committee: Not Referred Fiscal Note Required: Yes

## **Fiscal Note**

Legislative Cost/Study Minor cost increase - General Fund

#### Legislative Cost/Study

The general operating expenses of this study commission are projected to be \$3,000 in fiscal year 2013-14. The Legislative Council has approved funding for half of the estimated cost of this study commission within its budget for legislative studies. The other half is required to be offset by outside funding provided to the Legislature for this purpose. The additional costs associated with providing staffing assistance to the study commission can be absorbed by the Legislature utilizing existing budgeted resources.

### **Fiscal Detail and Notes**

Additional costs to the Department of Health and Human Services can be absorbed within existing budgeted resources.