# MAINE STATE LEGISLATURE

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## 128th MAINE LEGISLATURE

## FIRST REGULAR SESSION-2017

**Legislative Document** 

No. 1108

S.P. 362

In Senate, March 21, 2017

### An Act To Restore Public Health Nursing Services

(EMERGENCY)

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

HEATHER J.R. PRIEST Secretary of the Senate

Presented by Senator CARSON of Cumberland.
Cosponsored by Representative PERRY of Calais and
Senators: DAVIS of Piscataquis, KATZ of Kennebec, MAKER of Washington, WOODSOME
of York, Representatives: MALABY of Hancock, SAMPSON of Alfred, TEPLER of
Topsham, TUELL of East Machias.

1 2	<b>Emergency preamble. Whereas,</b> acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and
3 4	Whereas, the State has faced and will continue to face increased public health threats, a serious opioid epidemic and rising infant mortality rates; and
5 6 7	<b>Whereas,</b> even while the health needs of the State's underserved populations have grown in recent years, the State has reduced public health nursing services in the last 6 years, cutting the number of public health nurses from 59 to approximately 20; and
8 9 10	Whereas, immediate action is needed to strengthen the Public Health Nursing Program within the Department of Health and Human Services to ensure the health of the State's residents and to build a healthy state; and
11 12 13 14	Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,
15	Be it enacted by the People of the State of Maine as follows:
16	PART A
17 18	<b>Sec. A-1. 22 MRSA §1963, sub-§3,</b> as amended by PL 1995, c. 502, Pt. D, §4, is further amended to read:
19 20 21 22	<b>3. Provide nursing services.</b> To provide, at the discretion of the director, nursing services in communities that lack these services or in which these services are inadequate according to established standards; and. The Public Health Nursing Program shall provide nursing services to communities within the State, including, but not limited to:
23	A. Treatment of and support for drug-affected babies and their parents;
24 25	B. Assistance with public health emergencies, including, but not limited to, outbreaks of infectious disease, natural disasters and bioterrorist attacks;
26 27	<ul> <li>C. Early identification of children at risk of potential adverse childhood experiences to prevent future mental health and physical health issues;</li> </ul>
28 29	D. Support for chronic disease management to prevent costly hospitalizations and assistance to persons with chronic diseases who may not have health coverage;
30 31	E. Early identification of persons at risk of domestic violence and referrals to community-based services as appropriate to those persons;
32	
33 34 35	F. Support for the public health infrastructure under chapter 152, including, but not limited to, the district coordinating councils for public health as defined in section 411, subsection 3 and local public health officers and the creation and implementation of district public health improvement plans; and

1 2 3	G. Assistance with the public health assessment and planning responsibilities of the Maine Center for Disease Control and Prevention and hospitals located within the State;
4 5	H. Support and education to prenatal clients, parents and newborn infants who are at risk for health challenges;
6 7 8 9	I. Nursing services to support activities of programs within the Maine Center for Disease Control and Prevention, including, but not limited to, the Universal Childhood Immunization program under section 1066 and environmental health and tuberculosis programs; and
10 11	J. Nursing services to support activities of programs that serve refugee and immigrant health services programs.
12	Sec. A-2. 22 MRSA §1964 is enacted to read:
13	§1964. Required staffing
14 15 16 17 18	The Public Health Nursing Program must include sufficient staffing to perform the responsibilities listed in section 1963. Minimum staffing must include no fewer than 50 full-time or full-time equivalent licensed public health nurses; 5 full-time or full-time equivalent direct supervisors; 4 consulting nurses in program development; and one program director as described in section 1962.
19	PART B
20 21 22 23	<b>Sec. B-1. Staffing levels.</b> The staffing for the Public Health Nursing Program, established in the Maine Revised Statutes, Title 22, chapter 408 and required by Title 22, section 1964, must be achieved as soon as possible after enactment of this Act, but no later than December 1, 2017.
24 25 26 27 28	<b>Sec. B-2. Report.</b> The Director of the Public Health Nursing Program under the Department of Health and Human Services shall report in writing to the Joint Standing Committee on Health and Human Services by September 1, 2017 and October 15, 2017 on the progress of the department in achieving full staffing of the Public Health Nursing Program as required by the Maine Revised Statutes, Title 22, section 1964.
29 30 31 32 33 34	<b>Sec. B-3. Office space; support for staff.</b> The Department of Health and Human Services shall provide office space and support services for the staff of the Public Health Nursing Program, established in the Maine Revised Statutes, Title 22, chapter 408, to the full extent of required staffing provided in Title 22, section 1964. Office space and support services must be provided on a regional basis in order to derive the maximum benefit from the professional skills of public health nursing staff and to minimize
35	unnecessary driving time.
	unnecessary driving time.  PART C

by the Maine Revised Statutes, Title 22, chapter 408 during the years 2011 to 2016. The review must focus on the quality of services provided to communities within the State, including, but not limited to, the type and scope of services needed and the provision of the types of services described in Title 22, section 1963, subsection 3. The review must include the types of public health needs of persons who have recently moved to the State and must identify the services being provided to meet those needs and any unmet needs, identified by type of service and extent of the unmet need.

#### Sec. C-2. Cooperation of the Department of Health and Human Services.

The Department of Health and Human Services shall provide information as requested by the Joint Standing Committee on Health and Human Services, as required for the committee to conduct the department's review under section 1 of this Part. The information required includes, but is not limited to, studies or reports on the performance of the Public Health Nursing Program established in the Maine Revised Statutes, Title 22, chapter 408 and on replacing public health nursing services with other state or private service providers and other documents of assessments and contracts of service providers during the period 2011 to 2016. The committee shall provide to the Legislature a written report of its findings and recommendations for any future action by January 1, 2018.

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

20 SUMMARY

This bill is emergency legislation. This bill enumerates the types of nursing services that must be provided by the Public Health Nursing Program within the Department of Health and Human Services. It specifies required staffing in the program. It sets deadlines for staffing and requires the Public Health Nursing Program by September 1, 2017 and October 15, 2017 to report on progress in achieving full staffing. The bill requires the Joint Standing Committee on Health and Human Services to conduct a review of public health nursing services including types of public health needs of persons who have recently moved to the State, services being provided to meet those needs and any unmet needs. The bill requires the committee to provide to the Legislature a written report of its findings and recommendations for any future action by January 1, 2018.