THE PUBLIC HEALTH WORK GROUP REPORT

Current Plans and Recommendations for a Statewide Public Health Infrastructure to Be Developed within Existing Resources over the Next 5 Years

to the

Maine Legislature's

Joint Standing Committee on Health and Human Services

Joint Standing Committee on State and Local Government

Joint Standing Committee on Criminal Justice and Public Safety

December 31, 2007

STATE OF MAINE
GOVERNOR'S OFFICE OF HEALTH POLICY AND FINANCE
15 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0078

JOHN E BALDACCI
GOVERNOR

TRISH RILEY
DIRECTOR

TO: Sen. Joseph C. Brannigan, Chair
Rep. Anne C. Perry, Chair
Members of the Joint Standing Committee on Health and Human Services

Sen. Elizabeth M. Schneider, Chair
Rep. Christopher R. Barstow, Chair
Members of the Joint Standing Committee on State and Local Government

Sen. Bill Diamond, Chair
Rep. Stan Gerzofsky, Chair
Members of the Joint Standing Committee on Criminal Justice and Public Safety

FROM: Trish Riley, Director
Governor's Office of Health Policy and Finance

DATE: January 4, 2008

I am very pleased to forward for your review the final report of The Public Health Work Group, "Current Plans and Recommendations for Statewide Public Health Infrastructure to Be Developed within Existing Resources Over the Next Five Years".

The Public Health Work Group was established through the State Health Plan to assure all the stakeholders in public health worked together to develop a more effective and efficient public health system in Maine that would achieve our goal of making Maine the healthiest state.

L.D. 1812, "Resolve, Regarding the Role of Local Regions in Maine's Emerging Public Health Infrastructure", stipulated the membership of the Public Health Work Group and limited its membership to 40 and required the Public Health Work Group to report on its infrastructure proposal to the Jt. Standing Committee on Health and Human Services and the Jt. Standing Committee on State and Local Government. In addition, L.D. 676, "An Act To Implement the Recommendations of the Task Force To Study Maine's Homeland Security Needs", asked the DHHS ME CDC to develop a proposal regarding Local Health Officers with input from the Public Health Work Group. That report needs to be submitted to both the Jt. Standing Committee on Health and Human Services and the Jt. Standing Committee on Criminal Justice and Public Safety. Because the Local Health Officer function is critical to the broader public health system, we have included both in this one report.

I hope you concur that the Public Health Work Group has developed a proposal that will lead Maine forward with a more effective and efficient public health system that can operate within existing resources and streamline how public health services are delivered.

The Public Health Work Group has worked long and hard to develop this important set of recommendations. Our office, working collaboratively with the ME CDC in the Dept. of Health and Human Services, has been pleased to spearhead this work and would welcome an opportunity to meet with you to further discuss the plans and recommendations included herein.

cc: Dora Mills
Members, The Public Health Work Group

Current Plans and Recommendations for a Statewide Public Health Infrastructure to Be Developed within Existing Resources over the Next 5 Years

Report to the Maine Legislature:
Joint Standing Committee on Health and Human Services
Joint Standing Committee on State and Local Government
Joint Standing Committee on Criminal Justice and Public Safety
12.31.07

Maine's health care spending is the second highest in the nation, fueled in part by high rates of chronic illness. Nearly half of health care cost increases are attributable to five often preventable diseases: cardiovascular disease, diabetes, cancer, chronic lung diseases, and depression. Our public health system has an enviable track record of community partners, Maine CDC, and other statewide entities working together successfully to address such health problems as high teen pregnancy, infant mortality, and youth smoking rates.

This system holds a unique and important role in preventing disease and promoting good health. However, because of the fragmented funding and patchwork quilt of agencies it has built, there is a need for improved coordination and streamlining in order for the system to most effectively and efficiently address current and future health problems. Often driven by Federal requirements, community-based funding has been administered through a wide array of entities with over 500 different grants addressing some aspect of public health.

The 2005 State Health Plan charged the Public Health Work Group (PHWG) to implement a statewide community based public health infrastructure that works hand in hand with the personal heath care system. In 2006 the Legislature enacted a resolve, LD 1614,[1] charging the PHWG with developing core competencies, functions, and performance standards for comprehensive community health coalitions. In 2007 the Legislature, through LD 1812,[2] again called on the PHWG to streamline administration, strengthen local community capacity, and assure a more coordinated system of public health. That legislation set forth requirements for membership on the Public Health Work Group to assure broad representation while limiting membership to forty people, who worked tirelessly over several years to make this plan a reality. A membership list is included in Appendix A to this report. In 2007 the Legislature also enacted LD 676,[3] seeking a plan from Maine CDC, with input from the PHWG, to modernize the Local Health Officer system.

[1] **LD 1614:** http://www.maine.gov/dhhs/boh/phwg/C_LD1614.doc
[2] **LD 1812:** http://www.maine.gov/dhhs/boh/phwg/T_LD1812.doc
[3] **LD 676:** http://janus.state.me.us/legis/LawMakerWeb/externalsiteframe.asp?ID=280023188&LD=676&Type=1&SessionID=7

This report addresses the Legislature's charges and describes the public health infrastructure, administered through eight districts,[4] that includes Local Health Officers, Comprehensive Community Health Coalitions, district offices of Maine CDC, District Coordinating Councils, and a Statewide Coordinating Council. The system, for the first time, links and coordinates local, sub-state, and state public health activities using existing resources more efficiently. This system also includes representation from and links to the state and county emergency preparedness system.

An effective and efficient statewide public health system is critical to achieve the goal of the State Health plan - making Maine the Healthiest State. This requires coordinated planning and calls for certain other functions within the *10 Essential Public Health Services*[5] to be carried out at the local, district and state level over the next five years and within existing resources.

Maine's Statewide Public Health System to Be Developed within Existing Resources over the Next 5 Years

Maine's public health infrastructure is designed to:

A. Strengthen the statewide consistent delivery of Essential Public Health services to all Maine people.

B. Achieve greater effectiveness and efficiency through coordination, collaborative planning, and leveraging of Maine's public health and private assets.

C. Assure health disparities for vulnerable populations are being addressed.[6]

D. Assure Local and District Health Improvement Plans inform and are informed by the State Health Plan.

E. Coordinate assessment of local public health needs and the development, implementation, and evaluation of Local and District Health Improvement Plans.

F. Assure accountability to local communities for fairness and transparency in the public health system.

G. Assure accountability in the use of State resources for achieving the goals of the State Health Plan.

H. Recognize, link with, and strengthen both governmental and non-governmental roles as part of the public health system at local, county, and state levels.

I. Comprehensive Community Health Coalitions

A major step in streamlining and assuring a more coordinated public health system was put in place in 2007 by integrating Healthy Maine Partnerships and Community Health Coalitions into one system of

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[4] **Maine DHHS Districts**: http://www.maine.gov/dhhs/boh/phwg/S_HHSDs_Offices3.pdf

[5] **Public Health Functions Project, 1994** http://www.health.gov/phfunctions/public.htm

[6] **Health Disparities:** differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups. (National Institutes of Health, 2000.)

"The Office of Minority Health and Health Disparities (OMHD) aims to accelerate CDC's health impact in the U.S population and to eliminate health disparities for vulnerable populations as defined by race/ethnicity, socio-economic status, geography, gender, age, disability status, risk status related to sex and gender, and among other populations identified to be at-risk for health disparities." (US Centers for Disease Control and Prevention, 2007.)

Comprehensive Community Health Coalitions that strengthen local public health capacity statewide.[7] This streamlining resulted in over 100 state grants and contracts to health coalitions being bundled to 28 contracts.

Overview of Local Health Officer Proposed Changes

The Local Health Officer (LHO) system provides a linkage between state public health and every local municipality. It is a system that has been in place for over 100 years. The Legislature charged Maine CDC/DHHS with proposing revisions to assure the laws governing LHOs are appropriate for the 21st Century. *An Act to Modernize the Local Health Officer Statutes* (see Appendix B) has been endorsed by the PHWG and is presented as part of this report for consideration for introduction in the 2008 session of the Maine Legislature. The pending Act streamlines a myriad of statutory duties and removes redundancies, while strengthening and focusing the system on the local governmental functions related to controlling and reporting local public health nuisances and communicable disease threats.

Process

The Director of the Maine CDC conducted two surveys of LHOs in June and August of 2006. These surveys, previously reported on to the Criminal Justice and Public Safety Committee, gave us a snapshot of the backgrounds, scope of work, and employment situations of over 200 LHOs statewide. A subsequent meeting with 18 LHOs in Augusta in November, 2006 was helpful in defining a process for further discussions. In June, 2007 over 70 LHOs met in Augusta to review the recently-enacted statute setting forth requirements for education, training, and experience for LHOs.

Subsequently, Dr. Dora A. Mills, Chris Lyman from the Maine CDC, and Trish Riley (or another representative from the Governor's Office of Health Policy and Finance), hosted eight meetings with LHOs and related stakeholders, one in each of the Maine CDC/DHHS districts. These stakeholders included municipal elected and management officials, county government officials (including county commissioners and emergency management officials), hospital and health center staff, Comprehensive Community Health Coalition staff, and representatives from the two municipal health departments in Maine (Bangor and Portland). These meetings all occurred in the latter half of October 2007 and were held in Waterville, Ellsworth, Bangor, Caribou, Wells, Portland, Rockland, and Auburn. A total of over 100 LHOs attended these eight meetings.

Between the over 200 LHOs who responded to the surveys, the 90 who attended Augusta-based meetings, and the over 100 who attended one of the eight district meetings, we received a great deal of valuable input from LHOs and related stakeholders.

Outcomes

The following is proposed:

a) Local Health Officers need to remain municipal-based employees who provide:
   - reporting to Maine CDC/DHHS of perceived local public health threats;

[7] **Consensus Recommendations for Comprehensive Community Health Coalitions:** http://www.maine.gov/dhhs/boh/phwg/I_CCHC.Definition.Functions.Competencies.PerfStandards.Consensus.070108.pdf

- linking of town residents to Maine CDC/DHHS resources; and
- mitigation of some types of unsanitary conditions (such as a tenant living in an unsanitary rental unit).

b) Some redundant LHO statutes should be eliminated such as:
   - those that allow LHOs to provide immunization clinics (there is nothing in state law that says they cannot do so, even without this statute);
   - those that give LHOs the authority to address wolf hybrid issues (this is redundant with the animal control officer statutes); and
   - those that give LHOs the authority to deal with public health issues related to jails (the Maine CDC provides that, and the consensus among LHOs is that they are not qualified to do this).

c) During a declared public health emergency, the LHOs will report to and assist the Maine CDC on issues related to the public health emergency.

d) The statutory duties of LHOs should be re-formatted to make them easier to read and understand.

e) Maine CDC Public Health Units within each DHHS district have been formed and consist of co-located Public Health Nurses, District Nurse Epidemiologists, Health Inspectors, Drinking Water Engineers, and District Public Health Liaisons. These Public Health Units may perform certain public health functions that are more efficiently and effectively provided by them, such as some district or county-level functions and some public health emergency functions (see page 7 of this report).

f) In the case of public health emergencies, the District Public Health Liaisons will serve in the county emergency operations centers (EOC) as liaisons between state and local public health entities. In those districts that consist of multiple counties, the District Nurse Epidemiologist and/or Public Health Nurses may also serve as EOC liaisons as well as back-up to the District Liaison.

Additionally, the Maine CDC is promulgating major substantive rules to comply with Public Law, Chapter 462, to set the requirements for training, education, and experience of LHOs. Those should be ready for the Legislature's review by mid-January, 2008. A copy of the proposed statutory language to modernize the statutes governing local health officers is attached as Appendix C to this report, Appendix D is an agenda for the October 2007 LHO forums held in each of the eight CDC/DHHS districts, and Appendix E is the form used to obtain feedback from LHOs.

Statewide Coordinating Council (SCC)

A Statewide Coordinating Council (SCC) will build on the work of the PHWG to implement a statewide public health infrastructure that streamlines administration, strengthens local community capacity, and assures a more coordinated system for delivery of essential public health services. The SCC will be the representative body for review and guidance to the Maine CDC on strategic state level policies related to the aligned system of Local Health Officers, Comprehensive Community Health Coalitions, District Coordinating Councils, and on other policy issues directly related to public health infrastructure, roles and responsibilities, system assessment and performance, and national accreditation.

The Statewide Coordinating Council will be appointed and convened by the Maine CDC and Governors Office of Health Policy and Finance and will include a member from each District Coordinating Council. The SCC will meet at least quarterly and will report annually on the status of Maine's public health infrastructure to the Governors Advisory Council on Health Systems Development and the Legislature's Health and Human Services Committee.

District Maine CDC/DHHS Units

An effective and efficient statewide public health system requires coordinated planning and calls for certain other functions to be carried out at the district level.

To improve the administration of state programs and policy and to assure state policy reflects the different needs in each of the eight DHHS districts, Maine CDC will out-station worker and co-locate existing district workers, and establish District Maine CDC/DHHS units. These will be linked to District Coordinating Councils. The Maine CDC/DHHS Units are to include:

a) Public Health Nurses: who provide personal care and population health services including maternal/child health home visits, and vaccination clinics, who participate in addressing disaster preparedness or local infectious disease outbreaks, and who participate in identifying needs and gaps in access to care in the community.

b) District Field Epidemiologists: who provide local surveillance and investigation of infectious disease outbreaks.

c) Health Inspectors: who inspect and license a variety of facilities such as eating establishments, lodging facilities, swimming pools, and youth camps, who work closely with municipal code enforcement officers, and who assist in investigating outbreaks.

e) Local Public Health Liaisons:[8] who provide a direct link with the public health district, representing the Maine CDC and providing public health leadership, who help coordinate state public health functions at the district level, provide technical assistance and consultation to districts in public health planning efforts, and who provide public health assistance to Local Health Officers, County Emergency Management, and other entities.

District Coordinating Councils (DCC)

As part of Maine's public health infrastructure, District Coordinating Councils (DCCs) will be designated by the Maine CDC based on recommendations from each of the eight districts and with review and comment by the Statewide Coordinating Council. DCCs will:

1. Be the district-wide representative body for collaborative planning and decision-making for functions that are more efficiently and effectively accomplished at the district level.
2. Perform, through its members, some of the specific functions within the 10 Essential Public Health Services at the district level.
3. Mobilize working partnerships in which efforts and resources are combined within the district in order to produce results than no one community, organization or sector could achieve effectively or efficiently alone.
4. Include members from or representing:
   - Maine CDC/DHHS
   - County Governments
   - Municipal Governments
   - City Health Departments
   - Hospitals
   - Emergency Management Agencies
   - Emergency Medical Services
   - Tribes
   - Comprehensive Community Health Coalitions/Healthy Maine Partnerships
   - School Districts
   - Local Health Officers
   - Institutions of Higher Education
   - Health Care Providers
   - Clinics and Community Health Centers

[8] **Local Public Health Liaison position description:** http://www.maine.gov/dhhs/jobs/psc2.htm The Maine CDC will designate workers as "point persons" in each district until such time as Liaison positions are filled.

- Voluntary Health Organizations
- Family Planning Organizations
- Area Agencies on Aging
- Mental Health Services
- Substance Abuse Services
- Community-Based Organizations, Issue-Specific Coalitions, and Civic Groups
- Others

5. Have governance and leadership competency including:
   a. Agreed upon operating principles and transparent decision-making.
   b. A small volunteer Steering Committee charged with convening, agendas, and overseeing communications.
   c. Linkage with the Maine CDC/DHHS Local Public Health Liaison.
6. Through its members, have competency in:
   a. District-wide convening, fostering collaboration, and mobilizing across communities, organizations, and sectors.
   b. Leveraging local assets and securing external resources such as contracts, grants, and in-kind goods or services.
   c. Interpretation and use of health assessment data.
   d. District-level and issue-specific planning.
   e. Evaluation design, analysis, and use of evaluation findings.
   f. Use of the Internet and other skills and channels for effective communications.
   g. Working with fiscal agents capable of accepting and administering funds on behalf of the district as a whole.

District Functions within the Ten Essential Public Health Services

Note: Responsibility for each function at the district level is assigned to the District DHHS Unit, to the DCC, or is identified as a shared DHHS/DCC responsibility.

EPHS #1: Monitor health status to identify community health problems.

1.1 Assure[9] district-wide coordination and consistency for community health status monitoring, local health assessments,[10] and in the development of Community Health Profiles[11] including the identification of disparities in population health status within and between districts. **Responsible: DHHS**

1.2 Promote the alignment and linkage of local, district, and state data systems. **Responsible: DHHS/DCC**

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[9] **Assurance:** One of the core functions of public health, *assurance* refers to the process of determining that "services necessary to achieve agreed upon goals are provided, either by encouraging actions by other entities (public or private sector), by requiring such action through regulation, or by providing services directly." (Institute of Medicine Committee for the Study of the Future of Public Health. *The Future of Public Health.* Washington, DC: National Academy Press; 1988.)

[10] **Local health assessments:** Per National Association of County and City Health Officials' (NACCHO's) *Mobilizing for Action through Planning and Partnerships* (MAPP) Tool:
   a. Community Themes and Strengths Assessment
   b. Local Public Health System Assessment
   c. Community Health Status Assessment
   d. Forces of Change Assessment

[11] **Community health profile (CHP):** A comprehensive compilation of measures representing multiple categories, or domains, that contributes to a description of health status at a community level and the resources available to address health needs. Measures within each domain may be tracked over time to determine trends, to evaluate health interventions or policy decisions, to compare community data with peer, state, national or benchmark measures, and to establish priorities through an informed community process. *(NPHPSP: National Public Health Performance Standards Program Glossary)*

1.3 Promote broad-based participation in community health status assessments and collaborate with all relevant entities to collect, analyze, and disseminate data. **Responsible: DCC**

1.4 Coordinate the development of a District Health Profile based on key indicators identified in the State Health Plan. **Responsible: DHHS/DCC**

EPHS #2: Diagnose and investigate health problems and health hazards in the community.

2.1 Carry out surveillance and investigation of outbreaks as per delegation of authority by the state. **Responsible: DHHS**

2.2 Participate in emergency and all hazards preparedness planning and carry out roles in partnership with officially recognized federal, state, and local authorities. **Responsible: DHHS/DCC**

EPHS #3: Inform, educate, and empower people about health issues.

3.1 Ensure that culturally and linguistically appropriate public health information, public health programs, and health promotion activities include vulnerable populations and are effectively and efficiently distributed district-wide through collaborative networks with all relevant entities. **Responsible: DHHS/DCC**

EPHS #4: Mobilize community partnerships to identify and solve health problems.

4.1 Convene and facilitate partnerships[12] among all relevant entities for district programs and initiatives. **Responsible: DCC**

4.2 Organize and facilitate a communications system among all relevant entities within and across districts. **Responsible: DHHS/DCC**

4.3 Mobilize partnerships to leverage new and existing resources. **Responsible: DCC**

EPHS #5: Develop policies and plans that support individual and community health efforts.

5.1 Develop a District Health Improvement Plan integrating the District Health Profile, District Public Health System Assessment, State Health Plan[13] and local Community Health Improvement Plans[14] and priorities. **Responsible: DHHS/DCC**

5.2 Facilitate district input to and communication about the State Health Plan. **Responsible: DCC**

5.3 Facilitate development and coordination of plans and policies, laws, regulations,

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[12] **Community partnerships:** A continuum of relationships between and among the local public health system and its constituents that foster the sharing of resources, responsibility, and accountability in community health improvement and undertaking advocacy for capacity development and the delivery of community health services and improving community health. Partnerships are formed to assure the comprehensive, broad-based improvement of health status in the community. *(NPHPSP)*

[13] **State Health Improvement Plan:** A state health improvement process is a collaborative effort to identify, analyze, and address health problems in a state; assess applicable data; develop measurable health objectives and indicators; inventory statewide health assets and resources; develop and implement coordinated strategies; identify accountable entities; and cultivate state public health system "ownership" of the entire process. The results of the state health improvement process are contained in a written document, the State Health Improvement Plan. *(NPHPSP)*

[14] **Community Health Improvement Plan:** A long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A health improvement plan is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community inclusively and should be done in a timely way. (Adapted from: United States Department of Health and Human Services. *Healthy People 2010.* Washington, DC: US Department of Health and Human Services; 2000.) See also *Community health improvement process.*

ordinances, and codes within and across districts. **Responsible: DHHS/DCC**

EPHS #6: Enforce laws and regulations that protect health and ensure safety.

6.1 Carry out health inspection and licensing activities as per delegation of authority by the state. **Responsible: DHHS**

6.2 Provide communities with technical assistance on issues related to public health law. **Responsible: DHHS**

6.3 Identify, recommend and advocate for improvements in enforcement of state public health policies, laws, and regulations across the district. **Responsible: DHHS/DCC**

EPHS #7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

7.1 Develop and support strategies within and across districts to close gaps in access to personal health services as specifically identified within the District Health Improvement Plan. **Responsible: DCC**

EPHS #8: Assure a competent public health and personal health care workforce.

8.1 Coordinate and provide for district-wide training, and technical assistance on public health and personal health care evidence-based practices as specifically identified within the District Health Improvement Plan. **Responsible: DHHS/DCC**

8.2 Develop and support recruitment, education, training and retention strategies as specifically identified within the District Health Improvement Plan. **Responsible: DHHS/DCC**

EPHS #9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

9.1 Assure coordination and consistency for district public health system assessments within and between districts. **Responsible: DHHS**

9.2 Promote broad-based participation in district public health system assessments and collaborate with all relevant entities to collect, analyze, and disseminate data. **Responsible: DCC**

9.3 Coordinate and build capacity for high-quality program, organizational, and system evaluation[15] within the district. **Responsible: DHHS/DCC**

9.4 Provide input to evaluation design and promote district-wide participation in evaluation activities. **Responsible: DCC**

9.5 Promote use of evaluation findings in development and revision of District Health Improvement Plans. **Responsible: DHHS/DCC**

EPHS #10: Research for new insights and innovative solutions to health problems.

10.1 Promote district-wide participation in research as specifically identified within the District Health Improvement Plan or the State Health Plan and in other research initiatives as appropriate. **Responsible: DCC**

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[15] **Evaluation:** Systematic approaches to determine whether stated objectives are being met. (Brownson, Baker and Novick, *Community-Based Prevention: Programs that Work,* Gaithersburg, MD: Aspen Publishers; 1999)

10.2 Promote use of research and promising practices to modify and develop public health policies, initiatives, and programs. **Responsible: DHHS/DCC**

APPENDIX A

PUBLIC HEALTH WORK GROUP

Name	**Affiliation**
Kelly Amoroso	Emergency Management
Leah Binder	CCHC's
Daryl Boucher, MS, RN CCEMT-P, PNCCT	Emergency Medical Services
Andy Coburn	Education & Training Institutions
Chris Copeland	Behavioral Health Providers
Guy Cousins, LCSW, LADC, CCS	Substance Abuse Treatment Organization
Marla Davis	CCHC's
Kate Dufour	Maine Municipal Association
Deborah Erickson-Irons	Public Health Organizations/Associations
Barbara Ginley, MPH	Community Health Centers
Lani Graham	Environmental Health Organizations
Megan Hannan, MPH, MBA	Statewide Voluntary Health Agencies
George Hill	Statewide Family Planning
Joanne Joy	CCHC's
Joel Kase	Providers
Eleody Libby	CCHC's
Richard Lyons	SAU Rep.
Becca Matusovich	ME CDC
Robin Mayo, MPH, RN	CCHC's
Doug Michael	CCHC's
Sandy Parker	Large & Small Hospitals
Rep. Lisa Miller	Local Health Officers
Ed Miller	Stateside Voluntary Health Agencies
Dora Anne Mills	ME CDC
Graham Newson	Aging
Bill Primmerman	CCHC's
Trish Riley	Gov. Office of Health Policy and Finance
Nancy Rines	County Commissioners
Emily RinesMPH, CHES	CCHC's
Sen. Richard Rosen	Miscellaneous
Susan Savell	Miscellaneous
Malory Shaughnessy	Substance Abuse Prevention Organization
Becky Smith	Public Health Organizations/Associations
Lisa Sockabasin	Tribal Representative
David Stockford	Dept. of Education
Julie Sullivan	Municipal Health Dept.
Meredith Tipton, Ph.D, MPH	Miscellaneous
Dennise Whitley, MHA	Statewide Voluntary Health Agencies
Becky Whittemore, MPH, MN, FNP-C	Education & Training Institutions
Shawn Yardley	Municipal Health Dept.

DRAFT
An Act to Modernize the Local Health Officer Statutes

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

Sec. 1. 22 MRSA §251, as amended by PL 1989, c. 487, §2 is further amended to read:

§252. Penalties

Whoever ~~willfully~~ intentionally or knowingly violates any provision of section 451, 454, ~~456~~, 461 or 462, or of rules adopted pursuant to those sections, or neglects or refuses to obey any order or direction of any local health officer authorized by those provisions, the penalty for which is not specifically provided, or willfully interferes with any person or thing to prevent the execution of those sections or of the rules, ~~is guilty of a Class E crime~~ commits a civil violation for which a fine of not more than $500 may be adjudged. The District Court shall have jurisdiction of all offenses under these sections.

Sec. 2. 22 MRSA §451, **as amended by PL 2007, c. 462, §2 is further amended to read:**

2. Qualifications. The local health officer must be qualified by education, training or experience in the field of public health or a combination as determined by standards adopted by department rule no later than June 1, 2008. A person who is employed as a local health officer who is not qualified by education, training or experience must meet qualification standards adopted by department rule no later than six months after appointment. ~~June 1, 2009. On or after June 1, 2009, a person may not be appointed and employed as a local health officer unless that person is first qualified pursuant to the standards set by department rule.~~ Rules adopted pursuant to this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A.

Sec. 3. 22 MRSA §454, as amended by PL 2003, c. 689, Pt. B, §7 is repealed and the following enacted in its place:

§454. Powers and duties.

1. Supervision. For the purpose of this section, the local health officer is subject to the supervision and direction of the Commissioner of the Health and Human Services, or the commissioner's designee.

2. Duties. Within jurisdictional limits, the local health officer shall:

A. Make and keep a record of all the proceedings, transaction, doings, orders and regulations acted upon;

B. Report to the commissioner or designee facts that relate to communicable diseases and cases of communicable disease as required by the department rules;

C. During a declared health emergency, as defined in section 802, subsections 2 and 2-A, report to the commissioner or designee facts regarding potential notifiable diseases and cases which directly relate to the declared health emergency, as the rules of the department require;

D. Receive and examine the nature of complaints made by inhabitants concerning conditions posing a public health threat or a potential public health threat;

E. With the consent of the owner, agent or occupant, enter, inspect and examine any place or premises where filth, whether or not the cause of sickness, or conditions posing a public health threat are known or believed to exist. An agent with special expertise appointed by the local health officer may inspect and examine the place or premises. If entry is refused, the local health officer shall apply for an inspection warrant from the District Court, pursuant to Title 4, section 179, prior to conducting the inspection.

F. After consulting with the commissioner or designee, order the suppression and removal of nuisances and conditions suspected of or found to pose a public health threat;

G. Act as a resource for connecting residents with the public health services and resources provided by the Maine Center for Diseases Control and Prevention; and

H. Enforce public health safety laws, including:

(1) Laws pertaining to the exclusion of students from school, Title 20-A, sections 6356;

(2) Laws pertaining to control of browntail moths, Title 22, section 1444;

(3) Laws pertaining to the removal of a private nuisance or nuisance of a dead animal, Title 22, sections 1561 and 1562;

(4) Laws pertaining to the establishment of temporary hospital facilities, Title 22, section 1762; and

(5) Laws pertaining to prohibited dumping, Title 30-A, section 3352.

For purposes of this subsection, "public health threat" means any condition or behavior that can reasonably be expected to place others at significant risk of exposure to infection with a communicable disease.

Sec. 4. 22 MRSA §459, as amended by PL 2003, c. 689, Pt. B, §6 is repealed:

Sec. 5. 22 MRSA §801, sub§ 6, as amended by PL 1989, c. 487, §11 is further amended to read:

§801. Definitions

6. ~~Municipal~~ Local health officer. "~~Municipal~~ Local health officer" means a person who is a municipal official appointed pursuant to section 451 and who is authorized by the department to enforce this chapter.

Sec. 6. 22 MRSA §804, as amended by PL 1989, c. 487, §11 is further amended to read:

§804. Penalties

1. Rules enforced. All agents of the department, ~~municipal~~ local health officers, sheriffs,

state and local law enforcement officers and other officials designated by the department ~~shall~~ are authorized to enforce the rules of the department made pursuant to section 802 to the extent that enforcement is authorized in those rules.

Sec. 7. 22 MRSA §1313-A, as amended by PL 1997, c. 704, §11 is further amended to read:

§1313-A. Provisions for immediate destruction of certain animals

If an undomesticated animal or a wolf hybrid suspected of having rabies bites or otherwise exposes to rabies a person or a domestic animal, an animal control officer~~, a local health officer~~ or a game warden must immediately remove the undomesticated animal or wolf hybrid or cause the undomesticated animal or wolf hybrid to be removed and euthanized for testing. When in the judgment of the animal control officer~~, local health officer~~, game warden or law enforcement officer the animal poses an immediate threat to a person or domestic animal, the animal control officer, ~~local health officer,~~ game warden or law enforcement officer may immediately kill or order killed that animal without destroying the head. The Department of Inland Fisheries and Wildlife shall arrange for the transportation of the head to the State Health and Environmental Testing Laboratory; except that the animal control officer shall make the arrangements if the animal is a wolf hybrid.

Sec. 8. 22 MRSA §2608, as amended by PL 1983, c. 837, §2 is further amended to read:

§2608. Information on private water supply contamination; interagency cooperation

1. Information on private water supply contamination. The department shall provide information and consultation to citizens who:

A. Make reports of potential contamination of private water supplies;

B. Request information on potential ground water contamination at or near the site of a private water supply.

2. Interagency cooperation. The department shall coordinate with the Department of Environmental Protection for the purposes of:

A. Assessing the public health implications of reports or requests made by citizens in subsection 1; and

B. Determining the appropriate response to those reports or requests, including, but not limited to, on-site investigation, well water testing and ground water monitoring.

~~**3. Cooperation with local health officer.** The department and the Department of Environmental Protection, to the extent possible, shall notify and utilize the services of local health officers in collecting and evaluating information relating to actual or potential ground water contamination~~.

Sec. 9. 30-A MRSA §1560, sub§ 1 and 4 as amended by PL 1989, c.6, is further amended to read:

§1560. Removal for disease

1. Removal. If a prisoner in a jail is afflicted with a disease which the ~~local health officer~~, commissioner or designee by medical advice, considers dangerous to the safety and health of

other prisoners or of the inhabitants of the municipality, the ~~local health officer~~ commissioner or designee shall, by written order, direct the person's removal to some place of safety, to be securely kept and provided for until the officer's further order.

4. Notice. If the diseased person was committed to the place of confinement by an order of court or judicial process, the ~~local health officer~~ commissioner or designee shall send the following to the office of the clerk of court from which the order or process was issued:

A. The order for the diseased person's removal or a copy of the order attested by the commissioner or designee ~~local health officer~~; and

B. A statement describing the actions taken under the order.

Sec. 10. 20-A MRSA §6301, Chapter 223, Subchapter 1, Subsection 6, as amended by PL 2003, c. 689, Pt. B, §6, is further amended to read:

6. Authority and duties of the Department of Health and Human Services. The Department of Health and Human Services shall have the authority and duties prescribed in Title 22, chapter**s** 250 and 251 on the control of communicable diseases

Sec. 11. 20-A MRSA §6356, Chapter 223, Subchapter 2, as amended by PL 1983, c. 661, §8, is further amended to read:

§6356. Exclusion from school

1. Public health official action. When a public health official has reason to believe that the continued presence in a school of a child who has not been immunized against one or more diseases presents a clear danger to the health of others, the public health official shall notify the Maine Center for Disease Control and Prevention in the Maine Department of Health and Human Services and the superintendent of the school. The superintendent shall cause the child to be excluded from school during the period of danger or until the child receives the necessary immunizing agent.

Summary

This bill modernizes the local health officer (LHO) role by focusing LHO authorities and duties on the prevention and suppression of communicable diseases, as well as acting as a conduit of public health-related information between residents and statewide resources.

APPENDIX C

Local Health Officer Statutory Summary for Discussion of Revisions
Maine CDC July, 2007

Review of LHO Duties ("Shalls"):

- Keeping a Record (§454)
- Assisting in Reporting, Prevention, and Suppression of Diseases and Conditions Dangerous to Health (§454)
- Reporting Facts on Communicable Diseases, including reporting notifiable communicable diseases (§454)
- Receiving and Evaluating Complaints of Nuisances with a potential public health threat (§454)
- Applying for inspection warrant from district court if entry to a suspicious premises is refused (§454)
- Consulting with Commissioner or Designee when reasonable cause in suspecting communicable disease (§454)
- Ordering the Suppression or removal of public health threats (§454)
- Enforcing Rules of the Department (§802 & §804) regarding infectious disease control
- Removing of undomesticated animal or wolf hybrid with suspect rabies and having exposed (§1313-A)
- Notifying the Chief Administrator/Superintendent of a school that a student poses a health danger to others (Title 20-A, §6353)
- Directing the removal of a diseased jail inmate and notifying clerk of courts (Title 30-A, §1560)

Review of LHO Authorities ("Mays"):

- Enter a premises where nuisances or condition posing a ph threat are known or believed to exist (§454 and §803)
- Provide vaccine clinics (§459)
- Notify owners to clean unfit premises (§461)
- Call for assistance from law enforcement (§462)
- Order immediate killing of certain animals suspected of rabies (§1313-A)
- Order removal of nuisances, including carcasses (§1561 and §1562)
- Establish temporary health care facilities in the event of an outbreak or public health danger, with the approval of and supervision by Maine DHHS (§1762)
- Nominate a public guardian or conservator (Title 18-A, §5-604)
- Apply to admit a person to a mental hospital (Title 34-B, §3863)

Review of Secondary LHO Duties/Authorities:

- Landowners refusing aerial spraying for browntail moth control shall remove browntail moths from their property in a time and manner satisfactory to the LHO (§1444)
- DHHS and DEP shall notify and utilize the services of the LHO in collecting and evaluating info related to ground water contamination (§2608)

- Burial structures must be built so they may be examined by LHO (Title 13, §1343)
- Upon a complaint by a LHO (or others) the Superior Court can require the removal of out of state waste from the state (Title 17, §2253)
- Dumping (that results in offal, filth, or noisome substance) in a public dumping ground cannot be made in a manner except as prescribed by the LHO (Title 30-A, §3352)
- Funeral directors must have burial preparation room that is satisfactory to LHO (Title 32, §1501)
- Waste disposal facility citizen advisory committee must have membership that includes a LHO (Title 38, §2171)

ABRIDGED STATUTORY SOURCES

TITLE 22 GENERAL POWERS AND DUTIES [OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES]

Part 2: State and Local Health Agencies

Chapter 153: Local Health Officers

§451 In Effect Until July, 2007

§451. Appointment

*Every municipality in the State shall employ an official who shall be known as the local **health officer** who shall be appointed by the municipal officers of such municipality. The local **health officer** shall be appointed for a term of 3 years and until his successor is appointed, provided that on expiration of the term of office the municipal officers shall appoint a successor within 30 days of such resignation or expiration. The municipal officers or clerk of all municipalities shall within 10 days notify the department in writing of the appointment of a **health officer**, stating the **health officer's** name, age, address and the dates of appointment and beginning of 3-year term. The **health officer** in towns or plantations contiguous to unorganized territory shall perform the duties of **health officer** in such territory. [1981, c. 703, Pt. A, § 7 (amd).]*

*In the event of incapacity or absence of the local **health officer** , the municipal officers shall appoint a person to act as **health officer** during such incapacity or absence. Failing such appointment, the chairman of the municipal officers shall perform the duties of local **health officer** until the regular **health officer** is returned to duty or appointment of another person has been made.*

*In municipalities with a manager form of government, when the charter so provides, the appointments provided for in this section may be made by the said manager and the duty prescribed for the chairman of the municipal officers during incapacity or absence of the **health officer** shall be performed by the manager.*

*In no case shall a person be appointed to hold office as a local **health officer** or as a member of the local board of health who shall have any pecuniary interest, directly or indirectly, in any private sewer corporation over which said officer or board has general supervision.*

***Health officer**s may be employed to devote a part or all of their time to the duties of the office. The offices of the local **health officer** and town or school physician shall be combined when, in the opinion of the municipal officers, the health needs of the people would be better served. [1989, c. 487, §3.] Section History:*

PL 1981, Ch. 703, §A7 (AMD). PL 1989, Ch. 487, §3 (AMD).

§451 In Effect July, 2007

§451 Appointment

The following provisions govern the appointment and employment of local health officers.

1. Role of municipality. Every municipality in the State shall employ a local health officer who is appointed by the municipal officers of that municipality. A person may be appointed and employed as a local health officer by more than one municipality.

2. Qualifications. The local health officer must be qualified by *education, training or experience in the field of public health or a combination as determined by standards adopted by department rule no later than June 1, 2008. A person who is employed as a local health officer who is not qualified by education, training or experience must meet qualification standards adopted by department rule no later than June 1, 2009. On or after June 1, 2009, a person may not be appointed and employed as a local health officer unless that person is first qualified pursuant to the standards set by department rule. Rules adopted pursuant to this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A.*

3. Duration of appointment; notification. A local health officer is appointed for a term of 3 years and until that officer's successor is appointed. The municipal officers shall appoint a successor within 30 days of any resignation or expiration of term. The municipal officers or clerk of each municipality shall within 10 days notify the department in writing of the appointment of a local health officer. Notification to the department must include the local health officer's name, age and address and the dates of the appointment and the beginning of the 3-year term. A local health officer in a town or plantation contiguous to unorganized territory shall perform the duties of a local health officer in that territory.

4. Incapacity or absence. In the event of incapacity or absence of the local health officer, the municipal officers shall appoint a person to act as local health officer during that incapacity or absence. The chair of the municipal officers shall perform the duties of a local health officer until the regular local health officer is returned to duty or another person has been appointed and employed. In a municipality with a manager form of government, when the charter so provides, the appointments provided for in this subsection may be made by the manager and the duties prescribed for the chair of the municipal officers during incapacity or absence of the local health officer are performed by the manager.

5. Conflict of interest. A person may not be appointed to hold office as a local health officer or to serve as a member of the local board of health under section 453 if that person has a pecuniary interest, directly or indirectly, in any corporation or other entity over which that officer or board has general supervision.

6. Duties. Local health officers may be employed on a part-time or full-time basis. The offices of local health officer and town or school physician may be combined when, in the opinion of the municipal officers, the health needs of the public would be better served.

§453. Local board of health

Any municipality may appoint, in addition to the local **health officer**, a board of health consisting of 3 members besides the local **health officer**, one of whom shall be a physician if available in the community, and one a woman. When first appointed members of the board shall be appointed one for one year, one for 2 years and one for 3 years. Subsequent appointments shall be for 3-year terms.

The local **health officer** shall be secretary ex officio of said board and keep a record of all proceedings. The local board of health shall constitute an *advisory* body to the local **health officer**.

§454. Duties

1. Reporting; action on complaints. In a book kept for that purpose, the local **health officer** shall *make and keep a record* of all the proceedings, transactions, doings, orders and regulations of that local **health officer**. The local **health officer** shall *assist in the reporting, prevention and suppression of diseases and conditions dangerous to health*, and that local **health officer** is *subject to the supervision and direction of the department*. [1997, c. 387, §1 (new); 2003, c. 689, Pt. B, §7 (rev).]

The local **health officer** shall *report* promptly to the Commissioner of Health and Human Services, or the commissioner's designee, *facts that relate to communicable diseases*

occurring within the limits of the **health officer**'s jurisdiction, and shall report to the commissioner, or the commissioner's designee, *every case of communicable disease as the rules of the department require*. Those diseases that the rules of the department may require to be reported are known, under the terms of this Title, as notifiable diseases. [1997, c. 387, §1 (new); 2003, c. 689, Pt. B, §7 (rev).]

The local **health officer** shall *receive and evaluate complaints made by any of the inhabitants concerning nuisances posing a potential public health threat* within the limits of the **health officer**'s jurisdiction. With the consent of the owner, agent or occupant, the local **health officer** may enter upon or within any place or premises where nuisances or conditions posing a public health threat are known or believed to exist, and personally, or by appointed agents, inspect and examine the same. If entry is refused, the municipal **health officer** *shall apply for an inspection warrant from the District Court*, pursuant to Title 4, section 179, prior to conducting the inspection. When the local **health officer** has reasonable cause to suspect the presence of a communicable disease, the local **health officer** shall *consult with the commissioner, or a designee*. The **health officer** shall then *order the suppression and removal of nuisances and conditions posing a public health threat* found to exist within the limits of the **health officer**'s jurisdiction. For purposes of this section, "*public health threat" means any condition or behavior that can reasonably be expected to place others at significant risk of exposure to infection with a communicable disease*. [1997, c. 387, §1 (new); 2003, c. 689, Pt. B, §7 (rev).]

2. Departmental intervention. If the local **health officer**, or individual designated as the local **health officer** pursuant to section 451, fails to perform the duties of the local **health officer** as those duties are described under this section, the department may intervene to perform those duties. [1997, c. 387, §1.] PL 1987, Ch. 600, § (AMD). PL 1989, Ch. 487, §4 (AMD). PL 1997, Ch. 387, §1 (RPR). PL 2003, Ch. 689, §B7 (REV). §455. Reports (REPEALED)

§459. Providing for free vaccinations

The local **health officer** of each municipality may provide for free vaccinations with suitable material, as defined by the Department of Health and Human Services. Vaccinations and inoculations shall be done under the care of skilled, practicing physicians and under those circumstances and restrictions as the **health officer** may adopt therefor, not contrary to law or in violation of any regulations of the department. [1989, c. 487, §6 (amd); 2003, c. 689, Pt. B, §6 (rev).]

The **health officer** is authorized and empowered to arrange with any available, skilled, practicing physician for the purpose of carrying out this section, and when he deems it necessary for the proper discharge of his duties as outlined in section 454, anything in any city charter to the contrary notwithstanding.

The municipal officers of municipalities may approve and shall pay any reasonable bills or charges incident to the foregoing when approved by the local **health officer**. [1989, c. 487, §7 (amd).]

Nothing in this section is to be interpreted so as to relieve the local **health officer** or any selectman of the duty imposed by section 457.

PL 1975, Ch. 293, §4 (AMD). PL 1981, Ch. 470, §A61 (AMD). PL 1989, Ch. 487, §6,7 (AMD). PL 2003, Ch. 689, §B6 (REV).

§461. Notice to owner to clean premises; expenses on refusal

The local **health officer**, when satisfied upon due examination, that a cellar, room, tenement or building in the town, occupied as a dwelling place, has become, by reason of want of cleanliness or other cause, unfit

for such purpose and a cause of sickness to the occupants or the public, may issue, in consultation with the department, a notice in writing to such occupants, or the owner or the owner's agent, or any one of them, requiring the premises to be put into a proper condition as to cleanliness, or, if they see fit, requiring the occupants to quit the premises within such time as the local **health officer** may deem reasonable. If the persons so notified, or any of them, neglect or refuse to comply with the terms of the notice, the local **health officer** may cause the premises to be properly cleansed at the expense of the owner, or may close the premises, and the same shall not be again occupied as a dwelling place until put in a proper sanitary condition. If the owner thereafter occupies or knowingly permits the same to be occupied without putting the same in proper sanitary condition, the owner shall forfeit not less than $10 nor more than $50 for each day that the premises remain unfit following written notification that the premises are unfit. [1989, c. 487, §9 (amd).] PL 1989, Ch. 487, §9 (AMD).

§462. Assistance if obstructed in duty

Any **health officer** or other person employed by the local **health officer** may, when obstructed in the performance of the person's duty, call for assistance from a law enforcement officer. [1989, c. 487, §10 (amd).] PL 1989, Ch. 487, §10 (AMD).

Chapter 101: General Provisions (of DHHS)

§251. Information for department on request

In order to afford the department better advantages for obtaining knowledge important to be incorporated with that collected through special investigations and from other sources, all officers of the State, the physicians of all incorporated companies and the president or agent of any company chartered, organized or transacting business under the laws of this State, as far as practicable, shall furnish to the department any information bearing upon public health which may be requested by said department for the purpose of enabling it better to perform its duties of collecting and distributing useful knowledge on this subject.

§252. Penalties

Whoever willfully violates any provision of section 451, 454, 456, 461 or 462, or of rules adopted pursuant to those sections, or neglects or refuses to obey any order or direction of any local **health officer** authorized by those provisions, the penalty for which is not specifically provided, or willfully interferes with any person or thing to prevent the execution of those sections or of the rules, is guilty of a Class E crime. The District Court shall have jurisdiction of all offenses under these sections. [1989, c. 487, §2 (amd).]
PL 1979, Ch. 127, §141 (AMD). PL 1989, Ch. 487, §2 (AMD).

Chapter 250: Control of Communicable Diseases

§801. Definitions

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings. [1989, c. 487, §11.]

1. Commissioner. "Commissioner" means the Commissioner of Health and Human Services. [1989, c. 487, §11 (new); 2003, c. 689, Pt. B, §7 (rev).]

2. Communicable disease. "Communicable disease" means an illness or condition due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from a reservoir to a susceptible host. [1989, c. 487, §11.]

4-A. Extreme public health emergency. "Extreme public health emergency" means the occurrence or imminent threat of widespread exposure to a highly infectious or toxic agent that poses an imminent threat of substantial harm to the population of the State. [2001, c. 694, Pt. B, §1 (new); §6 (aff); 2003, c. 366, §1 (aff).]

6. Municipal **health officer.** "Municipal **health officer**" means a person who is a municipal official appointed pursuant to section 451 and who is authorized by the department to enforce this chapter. [1989, c. 487, §11.]

7. *Notifiable disease. "Notifiable disease" means any communicable disease* ***or occupational disease*** the occurrence or suspected occurrence of which is required to be reported to the department pursuant to sections 821 to 825 or section 1493. [1989, c. 487, §11.]

8. Occupational disease. "Occupational disease" shall have the meaning set forth in section 1491. [1989, c. 487, §11.]

8-A. Prescribed care. "Prescribed care" means isolation, quarantine, examination, vaccination, medical care or treatment ordered by the department or a court pursuant to section 820. [2001, c. 694, Pt. B, §2 (new); §6 (aff); 2003, c. 366, §1 (aff).]

10. Public health threat. "Public health threat" means any condition or behavior which can reasonably be expected to place others at significant risk of exposure to infection with a communicable disease. [1989, c. 487, §11.]

A. A condition poses a public health threat if an infectious agent is present in the environment under circumstances which would place persons at significant risk of becoming infected with a communicable disease. [1989, c. 487, §11.]

B. Behavior by an infected person poses a public health threat if:

(1) The infected person engages in behavior that has been demonstrated epidemiologically to create a significant risk of transmission of a communicable disease;

(2) The infected person's past behavior indicates a serious and present danger that the infected person will engage in behavior that creates a significant risk of transmission of a communicable disease to another;

(3) The infected person fails or refuses to cooperate with a departmental contact notification program; or

(4) The infected person fails or refuses to comply with any part of either a cease and desist order or a court order issued to the infected person to prevent transmission of a communicable disease to another. [1989, c. 487, §11.]

C. Behavior described in paragraph B, subparagraphs (1) and (2), shall not be considered a public health threat if the infected person demonstrates that any other person placed at significant risk of becoming infected with a communicable disease was informed of the risk and consented to it.

[1989, c. 487, §11.] PL 1989, Ch. 487, §11 (NEW). PL 2001, Ch. 694, §B1,2 (AMD). PL 2001, Ch. 694, §B6 (AFF). PL 2003, Ch. 366, §1 (AFF). PL 2003, Ch. 689, §B6,7 (REV)

§802. Authority of department

1. Authority. To carry out this chapter, the department may: [1989, c. 487, §11.]

A. Designate and classify communicable and occupational diseases;

[1989, c. 487, §11.]

B. Establish requirements for reporting and other surveillance methods for measuring the occurrence of communicable diseases, occupational diseases and the potential for epidemics;

[1989, c. 487, §11.]

C. Investigate cases, epidemics and occurrences of communicable and occupational diseases; and

[1989, c. 487, §11.]

D. Establish procedures for the control, detection, prevention and treatment of communicable and occupational diseases, including public immunization and contact notification programs.

[1989, c. 487, §11.]

2. Health emergency. In the event of an actual or threatened epidemic or outbreak of a communicable or occupational disease, the department may declare that a health emergency exists and may adopt emergency rules for the protection of the public health relating to: [1989, c. 487, §11.]

A. Procedures for the isolation and placement of infected persons for purposes of care and treatment or infection control;

[1989, c. 487, §11.]

B. Procedures for the disinfection, seizure or destruction of contaminated property; and

[1989, c. 487, §11.]

C. The establishment of temporary facilities for the care and treatment of infected persons which shall be subject to the supervision and regulations of the department and to the limitations set forth in section 807.

[1989, c. 487, §11.]

2-A. Declaration of extreme public health emergency by Governor. The Governor may declare an extreme public health emergency pursuant to this chapter and Title 37-B, chapter 13, subchapter II. [2001, c. 694,

Pt. B, §3 (new); §6 (aff); 2003, c. 366, §1 (aff).]
B. "Disease" means one of those conditions enumerated in rules adopted by the department that may be preventable by an immunizing agent. [2001, c. 185, §2.]
D. "Immunizing agent" means a vaccine, antitoxin or other substance used to increase an individual's immunity to a disease. [2001, c. 185, §2.]

§803. Inspection

If the department has reasonable grounds to believe that there exists, on public or private property, any communicable disease which presents a public health threat, a duly authorized agent of the department may enter any place, building, vessel, aircraft or common carrier with the permission of the owner, agent or occupant where the communicable disease is reasonably believed to exist and may inspect and examine the same. If entry is refused, that agent shall apply for an inspection warrant from the District Court pursuant to Title 4, section 179, prior to conducting the inspection. [1989, c. 487, §11.] PL 1989, Ch. 487, §11 (NEW).

§804. Penalties

1. Rules enforced. All agents of the department, municipal **health officer**s, sheriffs, state and local law enforcement officers and other officials designated by the department shall enforce the rules of the department made pursuant to section 802 to the extent that enforcement is authorized in those rules. [1989, c. 487, §11.]

Subchapter 5: Rabies or Hydrophobia

§1311. Killing or impounding of dogs

The department may, in the case of an emergency or threatened epidemic of rabies or hydrophobia when in its opinion the health and safety of the people in a community are endangered, issue orders to the mayor of any city or the municipal officers of any town or plantation to have killed any dogs found loose in violation of quarantine regulations and impounded for a period of 72 hours without being claimed by their owner. The mayor of any city or the municipal officers of any town or plantation shall forthwith direct that such dogs be killed by a police officer or constable.

§1313. Procedures for the transportation, quarantine, euthanasia and testing of animals suspected of having rabies

1. Establishment of procedures. The commissioner, in consultation with the Commissioner of Agriculture, Food and Rural Resources and the Commissioner of Inland Fisheries and Wildlife shall adopt rules, in accordance with the Maine Administrative Procedure Act, establishing procedures for responding to a report of an animal suspected of having rabies. The procedures must include provisions for the transportation, quarantine, euthanasia and testing of an animal suspected of having rabies and, when that animal has bitten a person, provisions for the notification of the animal control officer in the locality where the bite occurred. The procedures may differ based on the perceived public health threat determined in part by consideration of the following factors: [1999, c. 350, §3 (amd).]
A. Whether the animal is a domesticated animal for which a known effective vaccine exists and, if so, can the animal's vaccination status be verified; and [1993, c. 468, §23.]
B. Whether the animal has bitten a person or exhibited other aggressive behavior.
[1993, c. 468, §23.]
2. Role of animal control officer; game warden. An animal control officer appointed in accordance with Title 7, section 3947, receiving a report of an animal suspected of having rabies shall ensure that the procedures established pursuant to this section and section 1313-A are carried out. If the animal is an undomesticated animal, a game warden shall assist the animal control officer. [1993, c. 468, §23.]
3. Costs associated with transportation, quarantine, testing and euthanasia. The Department of Inland Fisheries and Wildlife shall provide for or pay all necessary costs for transportation and euthanasia of an undomesticated animal suspected of having rabies. The owner of a domesticated animal suspected of having rabies shall pay all costs for transportation, quarantine, euthanasia and testing of the animal. If a domesticated animal is a stray or the owner is unknown, the municipality in which the animal was apprehended is responsible for transportation, quarantine, euthanasia and testing costs. Cost of testing animals judged by the department to have created a public health risk of rabies must be borne by the department, through its General Fund appropriations. [1999, c. 731, Pt. Q, §1 (amd).] PL 1993, Ch. 468,

§23 (NEW). PL 1999, Ch. 350, §3 (AMD). PL 1999, Ch. 731, §Q1 (AMD).

§1313-A. Provisions for immediate destruction of certain animals

If an undomesticated animal or a wolf hybrid suspected of having rabies bites or otherwise exposes to rabies a person or a domestic animal, an animal control officer, a **local health officer** or a game warden *must immediately remove the undomesticated animal or wolf hybrid or cause the undomesticated animal or wolf hybrid to be removed and euthanized for testing*. When in the judgment of the animal control officer, **local health officer**, game warden or law enforcement officer the animal poses an immediate threat to a person or domestic animal, the animal control officer, **local health officer**, game warden or law enforcement officer *may immediately kill or order killed that animal without destroying the head*. The Department of Inland Fisheries and Wildlife shall arrange for the transportation of the head to the State Health and Environmental Testing Laboratory; except that the animal control officer shall make the arrangements if the animal is a wolf hybrid. [1997, c. 704, §11 (amd).]

The Department of Inland Fisheries and Wildlife shall pay transportation and testing costs for undomesticated animals. The owner of a domesticated ferret, domesticated wolf or domesticated wolf hybrid shall pay transportation and testing costs for that animal. [1993, c. 468, §23.]

PL 1993, Ch. 468, §23 (NEW). PL 1997, Ch. 704, §11 (AMD).

§1313-B. Civil violation, court authorization for removal and other remedies

1. Violation. A person who violates a rule established under this chapter commits a civil violation for which a forfeiture of not less than $100 nor more than $500 may be adjudged for each offense. In addition, the court may include an order of restitution as part of the sentencing for costs including removing, controlling and confining the animal. [1997, c. 704, §12.]

2. Court authorization for removal. When home quarantine procedures, as described on the official notice of quarantine, have been violated, or in the case of a wolf hybrid, when the owner fails to bring the animal to a veterinarian for euthanasia and testing or to turn the animal over to authorities as required by rules established pursuant to this chapter, an animal control officer, person acting in that capacity or law enforcement officer may apply to the District Court or Superior Court for authorization to take possession of the animal for placement, at the owner's expense, in a veterinary hospital, boarding kennel or other suitable location for the remainder of the quarantine period or, in the case of a wolf hybrid, removal for euthanasia. At the end of the quarantine period for domestic animals, or if the animal shows signs of rabies, the person in possession of the animal must report to the court, and the court shall either dissolve the possession order or order the animal euthanized and tested for rabies. [1997, c. 704, §12.]

3. Other remedies. In addition to filing a civil action to enforce this section: [1997, c. 704, §12.]

A. The municipality may record a lien against the property of the owner or keeper of an animal if the person fails or refuses to comply with an order to confine or quarantine the animal;
[1997, c. 704, §12.]

B. The municipal officers or their designated agent, such as the animal control officer, shall serve written notice on the owner or keeper of the animal that specifies the action necessary to comply with the order and the time limit for compliance; [1997, c. 704, §12.]

C. If the owner or keeper of the animal fails to comply within the time stated, the animal control officer must apply to District Court or Superior Court for an order to seize the animal and make arrangements for quarantine or euthanasia at the owner's or keeper's expense; and
[1997, c. 704, §12.]

D. If the owner or keeper of the animal fails to pay the costs of confinement or quarantine within 30 days after written demand from the municipal officers, the municipal assessors may file a record of lien against the property of the owner or keeper of the animal. [1997, c. 704, §12.] PL 1997, Ch. 704, §12 (NEW).

§1444. Control of browntail moths

1. Declaration of public health nuisance. The Director of the Bureau of Health may declare that an infestation of browntail moths is a public health nuisance. The declaration may be made on the director's own initiative or on petition to the director by municipal officers in a municipality affected by the infestation. [1997, c. 215, §1.]

3. Refusal to consent; cost of extermination. After the declaration of the Director of the Bureau of Health and a written declaration by the municipal officers of their intent to conduct aerial spraying, any landowner who refuses to consent to aerial spraying shall remove any browntail moth infestation from that landowner's property at that landowner's expense in a time and manner satisfactory to the local **health officer**. Regardless of whether the nonconsenting landowner's property has an infestation of moths, the nonconsenting landowner is also liable for the additional expenses actually incurred by neighboring consenting landowners or the municipality when neighboring consenting landowners or the municipality uses a method of removal other than aerial spraying due to lack of consent. In such cases, consenting landowners shall remove any browntail moth infestation from their own property at their own initial expense in a time and manner satisfactory to the local **health officer**.

Chapter 263: Offenses Against Public Health

Subchapter 1: Nuisances

§1561. Removal of private nuisance

When any source of filth whether or not the cause of sickness is found on private property and deemed to be potentially injurious to health, the owner or occupant thereof shall, within 24 hours after notice from the local **health officer**, at his own expense, remove or discontinue it. If he neglects or unreasonably delays to do so, he forfeits not exceeding $300. Said local **health officer** shall cause said nuisance to be removed or discontinued, and all expenses thereof shall be repaid to the town by such owner or occupant, or by the person who caused or permitted it. [1973, c. 430 (amd).]

§1562. Depositing of dead animal where nuisance

Whoever personally or through the agency of another leaves or deposits the carcass of a dead horse, cow, sheep, hog or of any domestic animals or domestic fowl or parts thereof in any place where it may cause a nuisance shall, upon receiving a notice to that effect from the local **health officer**, promptly remove, bury or otherwise dispose of such carcass. If he fails to do so within such time as may be prescribed by the local **health officer**, and in such manner as may be satisfactory to such **health officer**, he shall be punished by a fine of not less than $10 nor more than $100, or by imprisonment for not more than 3 months.

Chapter 403: Town Hospitals

§1762. Temporary facilities

Notwithstanding the provisions of section 1761, in the event of an outbreak of any disease or health problem dangerous to the public health, the municipal officers or local **health officer**, with the approval of the department, may establish temporary health care facilities, subject to the supervision of the department. [1977, c. 696, § 187 (reen).]

Chapter 601: Water For Human Consumption

§2601-A. Scope

This chapter establishes a system designed to help ensure public health; to allow the State, municipalities and public water systems to identify significant public water supplies and strive for a higher degree of protection around source water areas or areas that are used as public drinking water supplies; and to allow the State, municipalities and water systems to pursue watershed or wellhead protection activities around significant public water supplies. [1999, c. 761, §1.]

§2608. Information on private water supply contamination; interagency cooperation

1. Information on private water supply contamination. The department shall provide information and consultation to citizens who: [1983, c. 837, §2.]

A. Make reports of potential contamination of private water supplies; and [1983, c. 837, §2.]

B. Request information on potential ground water contamination at or near the site of a private water supply. [1983, c. 837, §2.]

2. Interagency cooperation. The department shall coordinate with the Department of Environmental Protection for the purposes of: [1983, c. 837, §2.]

A. Assessing the public health implications of reports or requests made by citizens in subsection 1; and [1983, c. 837, §2.]
B. Determining the appropriate response to those reports or requests, including, but not limited to, on-site investigation, well water testing and ground water monitoring. [1983, c. 837, §2.]
3. Cooperation with local **health officer.** The department and the Department of Environmental Protection, to the extent possible, shall notify and utilize the services of local **health officer**s in collecting and evaluating information relating to actual or potential ground water contamination. [1983, c. 837, §2.]

§2615. Notification of noncompliance to regulatory agencies and users

1. Notification. A public water system shall notify the public of the nature and extent of possible health effects as soon as practicable, but not later than the time period established under subsection 4, if the system: [2001, c. 574, §14 (amd).]
A. Is not in compliance with a state drinking water rule; [1995, c. 622, §5 (rpr).]
B. Fails to perform monitoring, testing or analyzing or fails to provide samples as required by departmental rules; [1995, c. 622, §5 (rpr).]
C. Is subject to a variance or an exemption granted under section 2613; or [1995, c. 622, §5 (rpr).]
D. Is not in compliance with the terms of a variance or an exemption granted under section 2613. [1995, c. 622, §5 (rpr).]
E. Public notification under this section must be provided concurrently to the system's local **health officer** and to the department. When required by law, the department shall forward a copy of the notification to the Administrator of the United States Environmental Protection Agency. The department may require notification to a public water system's individual customers by mail delivery or by hand delivery within a reasonable time, but not earlier than required under federal laws. [2001, c. 574, §14 (amd).]

TITLE 4 DISTRICT COURT

§165. District Court; jurisdiction over crimes and juvenile offenses

1. Crimes; under one year imprisonment. The District Court has jurisdiction and, except as provided in Title 29-A, section 2602, concurrent jurisdiction with the Superior Court of all crimes, including violation of any statute or a bylaw of a town, village corporation or local **health officer** and breach of the peace, for which the maximum term of imprisonment to which the defendant may be sentenced upon conviction of that crime is less than one year. [1999, c. 731, Pt. ZZZ, §6 (new); §42 (aff).]

TITLE 13 CORPORATIONS

§1343. Type of construction; examinations

Any such community mausoleum or other burial structure shall be constructed of such materials and workmanship as will insure its durability and permanency as well as the safety, convenience, comfort and health of the community in which it is located, as dictated and determined at the time by modern mausoleum construction and engineering science, and all crypts or catacombs placed in a mausoleum, vault or other burial structure as described in section 1342 shall be so constructed that all parts thereof may be readily examined by the Bureau of Health or any other **health officer**. Such crypts or catacombs, when used for the permanent interment of a deceased body or bodies, shall be so hermetically sealed that no offensive odor or effluvia may escape therefrom.

TITLE 17 NUISANCES

§2253. Out-of-state waste matter

As used in this section, "waste matter" means garbage, refuse, solid or liquid waste, ashes, rubbish, industrial and commercial waste, and all other refuse of every description, whether loose, in containers, compacted, baled, bundled or otherwise. [1969, c. 570.]
No person, firm, corporation or other legal entity shall deposit, or cause or permit to be deposited, any

waste matter in any structure or on any land within the State, which waste matter originated outside the State. [1969, c. 570.]

Nothing in this section shall be construed to prohibit the transportation of waste matter into the State for use as a raw material for the production of new commodities which are not waste matter as defined, or for use to produce energy for use or sale. [1975, c. 739, § 2 (amd).]

Whoever shall violate this section shall be punished by a fine of not less than $200 nor more than $2,000 for each violation. Each day that such violation continues or exists shall constitute a separate offense. [1969, c. 570.]

The Superior Court, upon complaint of the Attorney General, the municipal officers of any municipality, or any local or state **health officer**, shall have jurisdiction to restrain or enjoin violations of this section, and to enter decrees requiring the removal from the State of waste matter deposited in violation of this section. In any such civil proceeding, neither an allegation nor proof of unavoidable or substantial and irreparable injury shall be required to obtain a temporary restraining order or injunction, nor shall bond be required of the plaintiff; and the burden of proof shall be on the defendant to show that the waste matter involved originated within the State. [1969, c. 570.]

TITLE 18-A PROBATE COURT

§5604. Nomination of public guardian or conservator

(a) Any person who is eligible to petition for appointment of a guardian under section 5-303, subsection (a), including the commissioner of any state department, the head of any state institution, the overseers of the poor, and the welfare director or **health officer** of any municipality may nominate the public guardian. [1979, c. 540, §1.]

(b) Any person who is eligible to petition for appointment of a conservator under section 5-404, subsection (a), including the commissioner of any state department, the head of any state institution, the overseer of the poor, and the welfare director or **health officer** of any municipality may nominate the public conservator. [1979, c. 540, § 1.]

(c) Except as supplemented by section 5-605, the proceedings for determining the appointment of a public guardian or conservator shall be governed by the provisions of this Article for the appointment of guardians and conservators generally. [1979, c. 540, § 1.]

Section History: PL 1979, Ch. 540, §1 (NEW).

TITLE 20-A EDUCATION

Chapter 223: Health, Nutrition and Safety

§6353. Definitions

6. Public health official. "Public health official" means a **local health officer**, the Director of the Bureau of Health, Department of Health and Human Services, or any designated employee or agent of the Department of Health and Human Services. [1983, c. 661, §8 (new); 2003, c. 689, Pt. B, §6 (rev).]

§6356. Exclusion from school *(from public or private elementary or secondary schools)*

1. Public health official action. When a **public health official** has reason to believe that the continued presence in a school of a child who has not been immunized against one or more diseases presents a clear danger to the health of others, the public health official shall notify the superintendent of the school. The superintendent shall cause the child to be excluded from school during the period of danger or until the child receives the necessary immunizing agent. [1983, c. 661, § 8.]

§6359. Immunization of students *(from public or private, post-secondary school in the State including, but not limited to colleges, universities, community colleges and schools for the health professions)*

[1985, c. 771, §§2, 7.]

F. "Public health official" means the Director of the Bureau of Health or any designated employee or agent of the Department of Health and Human Services.

[1991, c. 146, §1 (amd); 2003, c. 689, Pt. B, §6 (rev).]
2. Immunization. Except as otherwise provided under this section, every student shall have administered an adequate dosage of an immunizing agent against each disease as specified by rule. [2001, c. 326, §5 (amd); 2003, c. 689, Pt. B, §6 (rev).]
Any such immunizing agent shall meet standards for the biological products, approved by the United States Public Health Service and the dosage requirement specified by the Department of Health and Human Services. [2001, c. 326, §5 (amd); 2003, c. 689, Pt. B, §6 (rev).]
4. Exclusion from school. When a **public health official** has reason to believe that the continued presence in a school of a student who has not been immunized against one or more diseases presents a clear danger to the health of others, the public health official shall notify the chief administrative officer of the school. The chief administrative officer shall cause the student to be excluded from school during the period of danger or until the student receives the necessary immunizing agent. [1985, c. 771, §§2, 7.]

TITLE 30-A MUNICIPALITIES AND COUNTIES

Chapter 13: County Jails and Jailers

§1560. Removal for disease

The removal of prisoners afflicted with dangerous diseases is governed as follows. [1987, c. 737, Pt. A, §2 and Pt. C, §106 (new); 1989, c. 6 (amd); c. 9, §2 (amd); c. 104, Pt. C, §§8, 10 (amd).]
1. Removal. If a prisoner in a jail is afflicted with a disease which the local **health officer**, by medical advice, considers dangerous to the safety and health of other prisoners or of the inhabitants of the municipality, the local **health officer** shall, by written order, direct the person's removal to some place of safety, to be securely kept and provided for until the officer's further order. [1987, c. 737, Pt. A, §2 and Pt. C, §106 (new); 1989, c. 6 (amd); c. 9, §2 (amd); c. 104, Pt. C, §§8, 10 (amd).]
2. Return. Upon recovering from the disease, the prisoner shall be returned to the place of confinement. [1987, c. 737, Pt. A, §2 and Pt. C, §106 (new); 1989, c. 6 (amd); c. 9, §2 (amd); c. 104, Pt. C, §§8, 10 (amd).]
4. Notice. If the diseased person was committed to the place of confinement by an order of court or judicial process, the local **health officer** shall send the following to the office of the clerk of court from which the order or process was issued:
A. The order for the diseased person's removal or a copy of the order attested by the local **health officer** ; and [1987, c. 737, Pt. A, §2 and Pt. C, §106 (new); 1989, c. 6 (amd); c. 9, §2 (amd); c. 104, Pt. C, §§8, 10 (amd).]
B. A statement describing the actions taken under the order. [1987, c. 737, Pt. A, §2 and Pt. C, §106 (new); 1989, c. 6 (amd); c. 9, §2 (amd); c. 104, Pt. C, §§8, 10 (amd).] [1987, c. 737, Pt. A, §2 and Pt. C, §106 (new); 1989, c. 6 (amd); c. 9, §2 (amd); c. 104, Pt. C, §§8, 10 (amd).]
Section History: PL 1987, Ch. 737, §A2,C106 (NEW). PL 1989, Ch. 6, § (AMD). PL 1989, Ch. 9, §2 (AMD). PL 1989, Ch. 104, §C8,10 (AMD).

Chapter 159: Public Dumps

§3352. Prohibited dumping

1. Prohibited dumping. Notwithstanding Title 17-A, section 4-A, whoever personally or through the agency of another leaves or deposits any offal, filth or other noisome substance in any public dumping ground, except in the manner prescribed by the local **health officer** , is guilty of a Class E crime and shall be punished by a fine of not less than $10 nor more than $100, or by imprisonment for not more than 3 months. [1987, c. 737, Pt. A, §2 and Pt. C, §106 (new); 1989, c. 6 (amd); c. 9, §2 (amd); c. 104, Pt. C, §§8, 10 (amd).]

TITLE 32 PROFESSIONS AND OCCUPATIONS

Chapter 21: Funeral Directors and Embalmers

§1501. Licenses; qualifications; requirements

A funeral establishment, in which the preparation of dead bodies takes place, must contain a preparation room equipped with tile, cement or composition floor, necessary drainage or proper disposal of waste satisfactory to the local **health officer**, ventilation and necessary instruments and supplies for the preparation and embalming of dead human bodies for burial, transportation or other disposition. [1989, c. 450, §22 (amd).]

The board may adopt such rules and classifications as may be reasonable, sufficient and proper to define what shall be deemed the proper drainage and ventilation and what instruments are necessary and suitable in a funeral establishment. [1989, c. 450, §22 (amd).]

TITLE 34-B MENTAL HEALTH

§3863. Emergency procedure

A person may be admitted to a mental hospital on an emergency basis according to the following procedures. [1983, c. 459, §7.]

1. Application. Any **health officer** , law enforcement officer or other person may make a written application to admit a person to a mental hospital, subject to the prohibitions and penalities of section 3805, stating:

A. His belief that the person is mentally ill and, because of his illness, poses a likelihood of serious harm; and [1983, c. 459, §7.]

B. The grounds for this belief. [1983, c. 459, §7.] [1983, c. 459, §7.]

TITLE 38 ENVIRONMENTAL PROTECTION

§2171. Citizen advisory committee

The municipal officers of each municipality identified by the Facility Siting Board as a potential site for a waste disposal facility and each contiguous municipality that may be affected by the construction or operation of that facility shall jointly establish a single citizen advisory committee within 60 days of notification pursuant to section 2155. [1993, c. 310, Pt. B, §3 (amd).]

Membership. The committee must be comprised of citizens from each affected municipality, appointed by the municipal officers, including, but not limited to: a municipal **health officer** ; a municipal officer; and at least 3 additional residents of the municipality, including abutting property owners and residents potentially affected by pollution from the facility. In addition, each committee may include members representing any of the following interests: environmental and community groups; labor groups; professionals with expertise relating to landfills or incinerators; experts in the areas of chemistry, epidemiology, hydrogeology and biology; and legal experts. [1993, c. 310, Pt. B, §4 (amd).]

Local Health Officer Meeting Agenda October, 2007
Waterville, Ellsworth, Bangor, Caribou, Wells, Rockland, Portland, Auburn

Meeting Objectives

- *Participants will have a better understanding of the*
  - *history of Public Health and LHO systems in Maine;*
  - *current statutory duties and authorities; and*
  - *current issues under discussion – new requirements for LHOs and possible revisions to statute.*
- *Participants will have an opportunity to provide feedback on the role of LHOs in the public health system, the new requirements for LHOs, and possible revisions to LHO statute.*

HALF HOUR PRESENTATION
Introductions
History of Public Health/LHO System in Maine
Emerging Public Health System in Maine
    How LHO System fits in
    LD 1812, LD 676
Review Summary of LHO Statutes – Duties, Authorities, Oversight

ONE HOUR FEEDBACK SESSIONS
Feedback Sessions

- What should the LHO System look like?
- What statutory changes should be made?
- How should the Local Health Officer requirements from LD 676 be implemented?

Review Feedback Forms:

Handouts:

Questionnaire – LHO Mandates, EPHS/LHO Roles, Statute Changes, Mtg Eval
History of Maine Public Health
Overview of Current Public Health Infrastructure in Maine
LHO Statute Summary
Map of Districts

Detailed Agenda for LHO Meeting

Meeting Introduction and Goals:

- Everyone is introduced
- Goals/Objectives:
  - Participants will have a better understanding of the
    - history of LHO system,
    - current statutory duties and authorities,
    - current issues under discussion – new requirements for LHOs and possible revisions to statute.
  - Participants will have an opportunity to provide feedback on the role of LHOs in the public health system, the new requirements for LHOs, and possible revisions to LHO statute.

History of Public Health (PH) in Maine

- PH is delegated to states except for international travel
- Pre-1919: Local Boards of Health/LHOs with independent authority ->
- Post-1919: LHOs supervised by state public health agency
- Several Current/Recent Trends, Events, Factors: ** 2005: State contracting for services in sprinkled fashion -> Trend was increasing #s of contracts (550) for a large # functions with patchwork quilt; -> SHP 2005 PHWG then formed to develop efficient and effective statewide ph infrastructure, using 10 EPHS as framework

Emerging PH System:

  - Local: HMPs/CCHCs, MHDs in Bangor/Ptland – (with contractural relationships with Maine CDC); LHOs (still supervised by Maine CDC)
  - Regional: Maine CDC/DHHS District Offices – where and who and what
  - State: Maine CDC/OSA in DHHS
- LHOs revitalization:
  - Surveys summer 2006 – responded to surveys by adding LHO website off www.mainepublichealth.gov website; email database;
  - Meeting 11/06 helped to frame some of the issues
  - *** LD 676 adds requirements for LHOs and for report back on any statutory changes proposed

Why We're Here

- To review statutes to discuss possible changes – can give feedback at any time, incl after this meeting
- To review requirements for LHOs – to give input for rules
- To provide answers to common questions
- Will count as a training

Review Statutory Summary

Review document and provide feedback either now verbally, in writing, or later

- Feedback from 11/06 Meeting:
  - Review authorities and duties – compile them in one place
  - Reduce redundancies or unnecessary statutes
  - Eliminate archaic statutes
  - Review with CEO statutes

- Review LD 676 changes to statute, including requirement
- Review list of duties – refer to Title 22 relevant sections (since underlined/italicized)
- Review list of authorities – refer as needed to sections of statutes
- Review list of passive authorities

Feedback Sessions

- What should the LHO System look like?
- What statutory changes should be made?
- How should the Local Health Officer requirements from LD 676 be implemented?

Feedback Forms Reminder and Adjournment

Questionnaire on LHO System

LHO = Local (Municipal) Health Officer

October, 2007

Please check all that apply – Are you a:

☐ Local (= Municipal) Health Officer
☐ Municipal Official (Non-LHO)
☐ County Official
☐ Non-Government Representative
☐ State Official
☐ Other (please specify) _____

Please check which Maine DHHS District you represent:

☐ Down East/Acadia = Washington/Hancock
☐ Central Maine = Somerset/Kennebec
☐ Lewiston/Auburn and Western Maine = Androscoggin/Oxford/Franklin
☐ Aroostook
☐ Penobscot/Piscataquis
☐ Mid Coast = Waldo/Lincoln/Knox/Sagadahoc
☐ Cumberland
☐ York
☐ Statewide

How Should LHOs Fit Into the Emerging Statewide Public Health Infrastructure?

- **What are the most important contributions LHOs make to their communities?**

  Now:

  _____

  _____

  Potential in future:

  _____

  _____

- **What do you think are the current biggest challenges faced by LHOs?**

  In their communities:

  _____

  _____

  From their municipal governments:

  _____

  _____

  From the LHO System as a whole:

  _____

  _____

The 10 Essential Public Health Services (EPHS) and LHO Functions:

(Please refer to Comprehensive Community Health Coalition and EPHS document)

1. Monitor health status to identify community health problems.

☐ Yes, this EPHS should apply to LHOs

If yes, please check one below:

☐ LHOs should be the primary municipal source for this EPHS
☐ LHOs should deliver this EPHS, along with other entities (may specify)
☐ LHOs should have only an occasional role with this EPHS
☐ LHOs should link to other entities who deliver this EPHS in the municipality or district
☐ Other (please explain) _____

☐ No, this EPHS should not apply to LHOs

2. Diagnose and investigate health problems and health hazards in the community.

☐ Yes, this EPHS should apply to LHOs

If yes, please check one below:

☐ LHOs should be the primary municipal source for this EPHS
☐ LHOs should deliver this EPHS, along with other entities (may specify)
☐ LHOs should have only an occasional role with this EPHS
☐ LHOs should link to other entities who deliver this EPHS in the municipality or district
☐ Other (please explain) _____

☐ No, this EPHS should not apply to LHOs

3. Inform, educate, and empower people about health issues.

☐ Yes, this EPHS should apply to LHOs

If yes, please check one below:

☐ LHOs should be the primary municipal source for this EPHS
☐ LHOs should deliver this EPHS, along with other entities (may specify)
☐ LHOs should have only an occasional role with this EPHS
☐ LHOs should link to other entities who deliver this EPHS in the municipality or district
☐ Other (please explain) _____

☐ No, this EPHS should not apply to LHOs

4. Mobilize community partnerships to identify and solve health problems.

☐ Yes, this EPHS should apply to LHOs

If yes, please check one below:

☐ LHOs should be the primary municipal source for this EPHS
☐ LHOs should deliver this EPHS, along with other entities (may specify)
☐ LHOs should have only an occasional role with this EPHS
☐ LHOs should link to other entities who deliver this EPHS in the municipality or district
☐ Other (please explain) _____

☐ No, this EPHS should not apply to LHOs

5. Develop policies and plans that support individual and community health efforts.

☐ Yes, this EPHS should apply to LHOs

If yes, please check one below:

☐ LHOs should be the primary municipal source for this EPHS
☐ LHOs should deliver this EPHS, along with other entities (may specify)
☐ LHOs should have only an occasional role with this EPHS
☐ LHOs should link to other entities who deliver this EPHS in the municipality or district
☐ Other (please explain) _____

☐ No, this EPHS should not apply to LHOs

6. Enforce laws and regulations that protect health and ensure safety.

☐ Yes, this EPHS should apply to LHOs

If yes, please check one below:

☐ LHOs should be the primary municipal source for this EPHS
☐ LHOs should deliver this EPHS, along with other entities (may specify)
☐ LHOs should have only an occasional role with this EPHS
☐ LHOs should link to other entities who deliver this EPHS in the municipality or district
☐ Other (please explain) _____

☐ No, this EPHS should not apply to LHOs

7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

☐ Yes, this EPHS should apply to LHOs

If yes, please check one below:

☐ LHOs should be the primary municipal source for this EPHS
☐ LHOs should deliver this EPHS, along with other entities (may specify)
☐ LHOs should have only an occasional role with this EPHS
☐ LHOs should link to other entities who deliver this EPHS in the municipality or district
☐ Other (please explain) _____

☐ No, this EPHS should not apply to LHOs

8. Assure a competent public health and personal health care workforce.

☐ Yes, this EPHS should apply to LHOs

If yes, please check one below:

☐ LHOs should be the primary municipal source for this EPHS
☐ LHOs should deliver this EPHS, along with other entities (may specify)
☐ LHOs should have only an occasional role with this EPHS
☐ LHOs should link to other entities who deliver this EPHS in the municipality or district
☐ Other (please explain) _____

☐ No, this EPHS should not apply to LHOs

9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

☐ Yes, this EPHS should apply to LHOs

If yes, please check one below:

☐ LHOs should be the primary municipal source for this EPHS
☐ LHOs should deliver this EPHS, along with other entities (may specify)
☐ LHOs should have only an occasional role with this EPHS
☐ LHOs should link to other entities who deliver this EPHS in the municipality or district
☐ Other (please explain) _____

☐ No, this EPHS should not apply to LHOs

10. Research for new insights and innovative solutions to health problems.*

☐ Yes, this EPHS should apply to LHOs

If yes, please check one below:

☐ LHOs should be the primary municipal source for this EPHS
☐ LHOs should deliver this EPHS, along with other entities (may specify)
☐ LHOs should have only an occasional role with this EPHS
☐ LHOs should link to other entities who deliver this EPHS in the municipality or district
☐ Other (please explain) _____

☐ No, this EPHS should not apply to LHOs

- What services should the LHOs receive from the new District Public Health Offices of Maine CDC/DHHS? (These offices house health inspectors, public health nurses, field epidemiologists, and new district public health officers.) Some possibilities include: training, technical assistance, consultations, etc.

  _____

  _____

  _____

- Rate other key organizations and sectors that LHOs should partner with in a district:

  1 = Strong formal link 2 = Informal link 3 = No link

  _____ CCHCs (comprehensive community health coalitions = Healthy Maine Partnerships)
  _____ Municipal health departments in Bangor and/or Portland
  _____ Hospitals/health care system
  _____ County governments.

  For those rated with a "1", please indicate how the role should be formalized. Please check all that apply:

  ☐ State statute ☐ Contract ☐ Memorandum of understanding (MOU or MOA)
  ☐ Other (Please specify) _____

- What services should LHOs receive from Augusta-based Maine CDC/DHHS, as opposed to their District Offices?

  _____

  _____

  _____

- Which local officials or institutions are best suited to be the primary municipal or local area contact for the following emergency situations?

  Isolation/Quarantine

  ☐ Local Health Officer
  ☐ Municipal Government (including Municipal Emergency Management)
  ☐ District Maine CDC Offices
  ☐ Law Enforcement
  ☐ County Government/County Emergency Management
  ☐ Health Care System

  Vaccine Distribution

  ☐ Local Health Officer
  ☐ Municipal Government (including Municipal Emergency Management)
  ☐ Law Enforcement
  ☐ District Maine CDC Offices
  ☐ County Government/County Emergency Management
  ☐ Health Care System

Implementing Social Distancing Measures (school closures, etc.)

- ☐ Local Health Officer
- ☐ Municipal Government (including Municipal Emergency Management)
- ☐ Law Enforcement
- ☐ District Maine CDC Offices
- ☐ County Government/County Emergency Management
- ☐ Health Care System

- Besides Augusta-based Maine CDC, which are best suited to provide public health consultations to County Emergency Operations Centers in a public health emergency situation?

  - ☐ Maine CDC District Health Officers
  - ☐ Designated Local Health Officer
  - ☐ Designated County Health Officer
  - ☐ Designee from local health care system
  - ☐ Other (please specify) _____

- Are there other trends, factors, or events you believe should be addressed as the LHO system, as part of the public health system, is being revised?

  _____

  _____

  _____

- Are there other concerns you would like us to know about?

  _____

  _____

  _____

Local Health Officer (LHO) Feedback on LHO Qualifications

The following questions refer to statutory language recently adopted:

Title 22, Chapter 153, §451 *The local health officer must be qualified by education, training or experience in the field of public health or a combination as determined by standards adopted by department rule no later than June 1, 2008. A person who is employed as a local health officer who is not qualified by education, training or experience must meet qualification standards adopted by department rule no later than June 1, 2009. On or after June 1, 2009, a person may not be appointed and employed as a local health officer unless that person is first qualified pursuant to the standards set by department rule.*

- Should some trainings be required, regardless of education and experience? If so, please specify.

  _____

  _____

  _____

- About how many hours of training should be required every three years?

  _____

  _____

  _____

- Who should offer the required trainings – Maine CDC central staff; Maine CDC field staff located in health districts; and/or other organizations (please specify names of organizations if possible)?

  _____

  _____

  _____

- Rate your preferences for the way LHO trainings are provided:

  1 – Strongly dislike 2 – Don't prefer 3 – Don't care 4 – Prefer 5 – Strongly prefer

  _____ District in person
  _____ District videoconferencing
  _____ Telephone conferences
  _____ Online
  _____ Other (please specify) _____

- What are some key topic areas the required trainings should focus on - the LHO statutes and their application; most common problems addressed by LHOs; and/or other topics (please specify)?

  _____

  _____

  _____

- What types of educational background should be considered as meeting some, if not all, the requirements? And, should this background meet some or all of the requirements?

  _____

  _____

  _____

- What type of experience should be considered as meeting some, if not all, the requirements? And, should this background meet some or all of the requirements?

_____

_____

_____

- Do you have any other feedback on the upcoming LHO requirements?

_____

_____

_____

Statutory Revision Feedback for LHOs

- Do you think the current statutory duties are insufficient or too many or just right?

_____

_____

_____

What changes, if any, would you like to see to them?

_____

_____

_____

- Do you think the current statutory authorities are insufficient or too many or just right?

_____

_____

_____

What changes, if any, would you like to see to them?

_____

_____

_____

- Do you think the secondary statutory authorities are insufficient or too many or just right?

  _____

  _____

  _____

  What changes, if any, would you like to see to them?

  _____

  _____

  _____

- Are there statutes you think should be eliminated? If so, please name them.

  _____

  _____

  _____

- Are there gaps in current statute that should be addressed? If so, please name them.

  _____

  _____

  _____

- Are there situations that you feel the Maine CDC/DHHS should *not* have oversight of the LHOs? (See statute excerpt below for reference.) If so, please specify these situations.

  > Title 22, Chapter 153, §154:
  > "*local health officer is subject to the supervision and direction of the department"..... "Departmental intervention. If the local health officer, or individual designated as the local health officer pursuant to section 451, fails to perform the duties of the local health officer as those duties are described under this section, the department may intervene to perform those duties."*

  _____

  _____

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  _____

Meeting Evaluation for LHOs

We are planning similar meetings around the state over the next few months. We would greatly appreciate your feedback on this meeting, especially about how we can change the format and content in order to improve being able to achieve the meeting objectives.

Please rate each meeting element below and feel free to write in suggestions on how to change them.

1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent

Did the meeting meet the objectives of: Rating

- Participants will have a better understanding of the
  - definition and core functions of public health…….. _____
  - history of LHO system…….. _____
  - current statutory duties and authorities…….. _____
  - current issues under discussion – new requirements for LHOs and possible revisions to statute…….. _____
- Participants will have an opportunity to provide feedback on the role of LHOs in the public health system, the new requirements for LHOs, and possible revisions to LHO statute…….. _____
- Participants will also have some understanding of some common dilemmas and answers to common questions that arise on the job…….. _____

Please rate each meeting element below and feel free to write in suggestions on how to change them.

1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent

Rating	Element
_____	Overall meeting objectives
_____	Format of the meeting - how the meeting was conducted
_____	Content of the meeting – the actual topics presented
_____	How the topics were presented
_____	Meeting length
_____	Seating arrangement
_____	Handouts

What suggestions do you have for this type of meeting being conducted in your area of the state?

_____

_____

_____

_____

_____