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Resolve, Regarding the Role of Local Regions in Maine's Emerging Public Health Infrastructure

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, the Public Health Work Group was established by the Governor's Office on Health Policy and Finance pursuant to recommendations contained in the 2006 State Health Plan for Maine; and

Whereas, the Public Health Work Group has issued consensus recommendations for the establishment of a regional public health infrastructure, including Regional Coordinating Councils in 8 public health regions, both urban and rural, that will improve the public's health, and calls for certain other functions to be carried out at the local, regional and state levels through a partnership of government and nongovernment entities; and

Whereas, the mechanisms for governance and many matters related to the functioning of the Regional Coordinating Councils have not yet been defined; and

Whereas, an effective regional public health system must incorporate meaningful roles for both the public and private sectors, including, but not limited to, county and municipal governments, hospitals, other providers of medical care and behavioral health services and schools, and ensure that those roles are coordinated, complementary and responsive to local needs and are linked appropriately to state agencies; and

Whereas, Maine's local and county governments, through their elected officials, are uniquely positioned to provide coordination with and accountability to the citizens and taxpayers within their respective communities and regions and, combined with the existing public health capacity within Maine's municipal health departments, together represent a source of considerable expertise; and

Whereas, considerable progress on study and planning related to the establishment of the Regional Coordinating Councils has been made in some counties of the newly designated regions, notably Cumberland, Sagadahoc and Penobscot counties, and this expertise will help guide and inform the Public Health Work Group as it further develops guidance for the establishment, authority and governance of the Regional Coordinating Councils; and

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

Sec. 1 Regional Coordinating Councils Subcommittee established. Resolved: That the Public Health Work Group created pursuant to the State Health Plan, referred to in this resolve as "the work group," shall establish the Regional Coordinating Councils Subcommittee, referred to in this resolve as "the subcommittee," and appoint the members of the subcommittee in compliance with the following.

The subcommittee members must include representatives of the following entities or constituencies: the Maine Center for Disease Control and Prevention and the Office of Substance Abuse within the Department of Health and Human Services, county commissioners, municipal elected officials, municipal health departments, local health officers, hospitals, public health organizations and associations, health care providers, emergency management officials, community social service agencies, voluntary health agencies, comprehensive community health coalitions, education and training institutions, school administrative units and the Governor's Office on Health Policy and Finance. Appointed members may represent multiple constituencies, but the subcommittee may have no fewer than 10 voting members. The entire membership of the subcommittee must reflect all 8 public health regions. The subcommittee must be cochaired by 2 members who are also members of the work group, one a representative of county or local government and the other a representative of a nongovernmental entity. Members must be appointed and the subcommittee must initially convene no later than May 15, 2007 in accordance with procedures established by the work group. The subcommittee shall:

1. Schedule and facilitate meetings in such a manner as to ensure broad regional participation, including holding meetings via teleconference;
2. Agree by consensus upon appointment of a neutral facilitator;
3. Conduct in-depth research and analysis on relevant governance models;
4. Commence its work with consideration of the work group consensus recommendations on the Regional Coordinating Councils; and

5. Develop recommendations for a general framework for the Regional Coordinating Councils in the 8 public health regions, both urban and rural. The recommendations must relate to at least the following aspects of the Regional Coordinating Councils: authority; financing; governance; relationship to the Maine Center for Disease Control and Prevention, other state agencies and local and county governments; scope of functions; and the roles, if any, of local and county elected officials and municipal health departments in the framework ultimately developed. With respect to the roles, if any, of local and county elected officials and municipal health departments, the recommendations must address the following possible roles: convening or coconvening the Regional Coordinating Councils in concert with the Maine Center for Disease Control and Prevention and the comprehensive community health coalitions; gathering information about and providing input into the activities of the Regional Coordinating Councils within their respective regions; providing assistance in securing or leveraging funding to support the functions of the Regional Coordinating Councils; and appointing or coappointing members to serve on the Regional Coordinating Councils in a fair and equitable manner; and be it further

Sec. 2 Reports; authority to submit legislation. Resolved: That the subcommittee shall provide an interim report of its findings and recommendations no later than August 1, 2007 and a final report of its findings and recommendations no later than November 1, 2007 to the work group. The reports must include any draft legislation necessary to carry out the subcommittee's recommendations. The work group shall provide the subcommittee's interim report, together with any vote of the work group on that report, to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on State and Local Government by September 1, 2007. The work group shall provide the subcommittee's final report, together with any vote of the work group on that report, to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on State and Local Government by

December 1, 2007. The Joint Standing Committee on Health and Human Services may submit legislation related to the Regional Coordinating Councils to the Second Regular Session of the 123rd Legislature; and be it further

Sec. 3 Public Health Work Group composition. Resolved: That the voting membership of the work group must be updated, at least 30 days prior to the first scheduled meeting of the subcommittee, to ensure that at minimum the following entities and constituencies are actively and equitably represented and participate regularly in the work group: the Maine Center for Disease Control and Prevention and the Office of Substance Abuse within the Department of Health and Human Services, county commissioners, municipal elected officials or designees, municipal health departments, local health officers, community health centers, health care providers, hospitals, behavioral health provider organizations, public health associations and organizations, emergency management officials, community school service agencies, voluntary health agencies, comprehensive community health coalitions, education and training institutions, the Legislature, school administrative units, the Governor's Office on Health Policy and Finance and environmental health organizations. The membership of the work group must reflect all 8 public health regions. The work group shall seek to ensure broad regional participation in all meetings, including by holding meetings via teleconference. Meetings of the work group must be scheduled and facilitated to ensure representative participation.

At any meeting at which the work group formally considers any draft or final recommendations of the subcommittee, at least 2/3 of the work group voting membership must be in attendance to vote on those recommendations.

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

SUMMARY

This resolve directs the Public Health Work Group to establish the Regional Coordinating Councils Subcommittee to develop recommendations for a general framework for Regional Coordinating Councils in the 8 public health regions. The Regional Coordinating Councils Subcommittee is directed to report to the Public Health Work Group, which is directed to transmit the subcommittee's reports to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on State and Local Government. The Joint Standing Committee on Health and Human Services is authorized to submit legislation regarding the Regional Coordinating Councils to the Second Regular Session of the 123rd Legislature. The resolve also requires changes to the membership of the Public Health Work Group.