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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 nongovernmental entities; and

Whereas, the mechanisms for governance and many matters related to the functioning of the local and regional public health structures 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, 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 Public Health Work Group membership expanded. Resolved: That the Governor shall expand the membership of the Public Health Work Group established under the State Health Plan pursuant to the Maine Revised Statutes, Title 2, chapter 5 to include a statewide family planning organization, aging agencies, emergency medical services, county commissioners, municipal elected officials, municipal health departments, local health officers, small and large hospitals, community health centers, public health organizations and associations, health care providers, behavioral health provider organizations, substance abuse prevention organizations, substance abuse treatment providers, emergency management officials, community social services agencies, statewide voluntary health agencies, comprehensive community health coalitions, education and training institutions, environmental health organizations, school administrative units, tribal representatives, the Department of

Health and Human Services' Maine Center for Disease Control and Prevention and Office of Substance Abuse, the Department of Education and the Governor's Office of Health Policy and Finance. There must be representatives from all 8 public health regions. The Public Health Work Group may not have more than 40 members. The Public Health Work Group shall notify members of the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on State and Local Government of the dates and locations of meetings related to this resolve; and be it further

Sec. 2 Report. Resolved: That the Public Health Work Group shall 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 report must include:

1. A description of current plans for the development of a statewide public health services infrastructure, including the regional coordinating councils;
2. Recommendations for a statewide public health infrastructure to be developed within existing resources over the next 5 years with the goals of ensuring access to public health services and of improving effectiveness and efficiencies of public health services delivery;
3. Recommendations for any necessary changes to public health duties, financing and governance and the roles of public, private, grassroots and nonprofit organizations as well as the scope of functions they perform in the public health system; and
4. Draft legislation, as necessary, to carry out the Public Health Work Group's recommendations.

The Public Health Work Group may form subcommittees as necessary to achieve these purposes. The joint standing committee is authorized to submit legislation to carry out the recommendations of the Public Health Work Group related to this resolve.

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