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INTRODUCED BY *Josh Weber* ~~House~~ BILL NO. 542

A BILL FOR AN ACT ENTITLED: "AN ACT CREATING THE MONTANA PUBLIC HEALTH IMPROVEMENT TASK FORCE; PROVIDING FOR THE APPOINTMENT AND DUTIES OF THE TASK FORCE; REQUIRING A PUBLIC HEALTH IMPROVEMENT PLAN; AUTHORIZING THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES TO AWARD GRANTS FOR PUBLIC HEALTH IMPROVEMENT DEMONSTRATION PROJECTS; APPROPRIATING MONEY; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE AND A TERMINATION DATE."

WHEREAS, core public health functions are vital to protecting the health of Montanans and to reducing health care costs by preventing disease, injury, disability, and premature death; and

WHEREAS, core public health functions are distinct from medical care, and if neglected, the health and economy of the state will suffer; and

WHEREAS, proved public health services are the most inexpensive, effective measures by which to protect Montanans' health; and

WHEREAS, Montana's local public health systems are not adequate to protect the public from preventable public health threats, yet resources are limited.

THEREFORE, the Montana Public Health Improvement Act is enacted to strengthen the ability to prevent health problems and to focus public health resources on the public health threats determined to be priorities in communities and the state.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

NEW SECTION. **Section 1. Short title.** [Sections 1 through 6] may be cited as the "Montana Public Health Improvement Act".

NEW SECTION. **Section 2. Legislative findings and purpose.** (1) The legislature finds that a strong public health system helps control public health care costs through the prevention of disease and premature death. The legislature also finds that many local public health systems in Montana do not have

1 sufficient capacity in core functions, such as prevention of communicable and chronic diseases, provision
2 of public health nursing services, protection of environmental health, and promotion of healthy behaviors
3 to provide adequate protection to Montanans from public health threats.

4 (2) The legislature declares that the purpose of the Montana Public Health Improvement Act is to
5 assist local governments and community organizations to determine the most serious threats to public
6 health, to determine a method to address those threats, and to provide local and state decisionmakers with
7 a framework for prioritizing a public response to those threats.

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9 **NEW SECTION. Section 3. Definitions.** Unless a contrary intent is indicated, the following
10 definitions apply in [sections 1 through 6]:

11 (1) "Core functions" means the ability of a public health department to:

12 (a) prevent epidemics;

13 (b) promote healthy behaviors;

14 (c) provide public health nursing services;

15 (d) provide environmental health protection;

16 (e) monitor health status;

17 (f) develop health-based policies;

18 (g) mobilize communities;

19 (h) respond to disasters; and

20 (i) provide health services to high-risk persons who are hard to reach.

21 (2) "Department" means the department of health and environmental sciences provided for in
22 2-15-2101.

23 (3) "Health care provider" means an individual licensed by the state to provide health care within
24 the scope of the individual's license.

25 (4) "Local board of health" or "local board" means a local board as defined in 50-2-101.

26 (5) "Municipality" means a city or town.

27 (6) "Public health improvement plan" or "plan" means the public health improvement plan required
28 by [section 5].

29 (7) "Rural county" means a county with a population density of six or fewer people per square
30 mile.

1 (8) "Task force" means the Montana public health improvement task force created in [section 4].

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3 **NEW SECTION. Section 4. Montana public health improvement task force.** (1) There is a Montana
4 public health improvement task force consisting of the following members:

5 (a) two representatives of local boards of health or health departments, from one of the state's four
6 largest municipalities, with expertise in each of the following subject areas:

7 (i) one representative, maternal and child health or health promotion; and

8 (ii) one representative, environmental health;

9 (b) two county health officers or county health department directors from the counties containing
10 the state's four largest municipalities;

11 (c) two representatives of local boards of health or health departments from the state's rural
12 counties with populations over 5,000 residents;

13 (d) one public health representative from a county with fewer than 5,000 residents;

14 (e) one representative of the Indian health service or Montana Indian tribes;

15 (f) one member of the Montana house of representatives;

16 (g) one member of the Montana senate;

17 (h) one health care provider;

18 (i) one citizen concerned with public health;

19 (j) one member of the Montana health care authority; and

20 (k) the director and one member of the staff of the department.

21 (2) Members of the task force must be appointed by the governor by June 30, 1995.

22 (3) The director of the department shall serve as presiding officer of the task force.

23 (4) Members of the task force serve without compensation but must be reimbursed for their
24 expenses.

25 (5) The task force is attached to the department for administrative purposes only as provided in
26 2-15-121. The department shall provide staff assistance to the task force.

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28 **NEW SECTION. Section 5. Task force to prepare public health improvement plan.** (1) The task
29 force shall prepare a public health improvement plan that addresses the following subjects:

30 (a) the ability or capacity of local boards to provide core functions and the standards by which that

- 1 capacity must be measured, including:
- 2 (i) a determination of public health strengths and weaknesses in communities and the state;
- 3 (ii) a determination of which municipalities do not meet the capacity standards established by the
- 4 task force;
- 5 (iii) an analysis of the costs and benefits of adoption of capacity standards; and
- 6 (iv) a plan for municipalities in order to achieve the capacity standards established by the task force;
- 7 (b) strategies for improving state and local public health programs, including:
- 8 (i) a determination of the needs of local boards, municipalities, and state agencies in order to
- 9 achieve the capacity standards established by the task force in the most critical core functions;
- 10 (ii) an examination of a strategy, such as establishment of geographic regions, for cost-effective
- 11 administration and delivery of public health services;
- 12 (iii) identification of methods to network local public health services to each other and to state
- 13 public health services; and
- 14 (iv) a review of laws, rules, ordinances, and policies pertaining to public health;
- 15 (c) consideration of population-based public health activities, including:
- 16 (i) assessment of health data;
- 17 (ii) surveillance of chronic and infectious diseases;
- 18 (iii) rapid response to outbreaks of communicable diseases;
- 19 (iv) efforts to prevent and control communicable diseases, such as tuberculosis and acquired
- 20 immunodeficiency syndrome;
- 21 (v) health education to promote healthy behaviors and to reduce the prevalence of chronic
- 22 diseases, such as those linked to the use of tobacco, including poor nutrition, and physical activity,
- 23 cardiovascular disease, cancer, and diabetes;
- 24 (vi) access to primary care in coordination with community-based health care organizations;
- 25 (vii) programs to ensure that children are born as healthy as possible and that they can receive
- 26 immunizations and adequate nutrition;
- 27 (viii) efforts to prevent injury;
- 28 (ix) programs to ensure the safety of drinking water and food supplies;
- 29 (x) control of poisons;
- 30 (xi) services for treatment of trauma; and

1 (xii) other activities that have the potential to improve the health of the population or special
2 populations and to reduce the need for or costs of health services;

3 (d) a plan for the funding of other parts of the plan, including:

4 (i) a recommended level for funding public health services, to be expressed in a percentage of total
5 health services expenditures in the state or in a set per capita amount;

6 (ii) methods to ensure that proposed funding does not supplant existing funding; and

7 (iii) identification of federal and private funding opportunities;

8 (e) identification of methods of integrating health status data into the health planning process and
9 into local and regional planning;

10 (f) recommendations for coordinating public health improvements with health care reform efforts
11 and for continuance of the task force beyond 1996; and

12 (g) a plan for implementing the recommendations contained in the plan in the years 1997 through
13 1999.

14 (2) The task force shall send a copy of the public health improvement plan to the governor and to
15 the legislature on or before September 30, 1996.

16 (3) Local boards, municipalities, and state agencies shall cooperate with the task force in the
17 preparation of the plan required by this section.

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19 **NEW SECTION. Section 6. Department to request proposals for public health improvement**
20 **demonstration projects -- grants to counties or regions.** (1) The department shall advertise for proposals
21 to conduct public health improvement demonstration projects. Proposals may be submitted by counties
22 or by individuals or community organizations within the health care planning regions established by
23 50-4-401. The department shall award at least one demonstration project grant within each region
24 established by 50-4-401, unless the demonstration project proposals submitted from a region fail, in the
25 judgment of the department, to meet the requirements of subsection (2). If a grant is not awarded within
26 a region, the department shall use the project grant money not awarded for grants within other regions.

27 (2) The department shall award a demonstration project grant for a project that will best assist a
28 county or region to:

29 (a) mobilize a local or regional coalition to conduct health monitoring and planning;

30 (b) prepare a local health status profile;

- 1 (c) prepare a community-based action plan to identify and address public health priorities;
- 2 (d) integrate the county or region with the use of a state health data base and state health
- 3 planning; or
- 4 (e) evaluate progress in implementing the public health improvement plan, the effect of the plan
- 5 on health policy, and the use of public health resources.
- 6 (3) The department shall require that each county, individual, or organization receiving a grant
- 7 provide the department with a detailed report, at the time and in the form determined by the department,
- 8 concerning the use of the grant money awarded to the county, individual, or organization.

9

10 **NEW SECTION. Section 7. Appropriation.** (1) The following amounts are appropriated from the

11 general fund to the Montana public health improvement task force established by [section 4] for the

12 purpose of preparing the public health improvement plan:

13	Fiscal year 1996	\$109,910
14	Fiscal year 1997	109,910

15 (2) The following amounts are appropriated from the general fund to the department of health and

16 environmental sciences for the purpose of the public health improvement demonstration project grant

17 program established by [section 6]:

18	Fiscal year 1996	\$30,000
19	Fiscal year 1997	30,000

20

21 **NEW SECTION. Section 8. Effective date.** [This act] is effective on passage and approval.

22

23 **NEW SECTION. Section 9. Termination.** [This act] terminates September 30, 1996.

24

-END-

STATE OF MONTANA - FISCAL NOTE

Fiscal Note for HB0542, as introduced

DESCRIPTION OF PROPOSED LEGISLATION:

An act creating the Montana Public Health Improvement Task Force; providing for the appointment and duties of the task force; requiring a public health improvement plan; authorizing the Department of Health and Environmental Sciences (DHES) to award grants for public health improvement demonstration projects; and appropriating money.

ASSUMPTIONS:

1. The Executive Budget present law base serves as the starting point from which to calculate any fiscal impact due to this proposed legislation.
2. If HB542 passes the general fund appropriations included in the bill will be adopted. The appropriations are \$109,910 each year for funding the Montana Public Health Task Force, and \$30,000 each year for funding the public health improvement demonstration project grant program.
3. All work required beyond the activities for which appropriations are included in the bill are already responsibilities of DHES as funded in the Executive Budget.

FISCAL IMPACT:

Expenditures:

	<u>FY96</u>	<u>FY97</u>
	<u>Difference</u>	<u>Difference</u>
<u>Net Impact to the General Fund Balance:</u>		
General Fund (Cost) (01)	(139,910)	(139,910)

Dave Lewis 2-20-95
DAVE LEWIS, BUDGET DIRECTOR DATE
Office of Budget and Program Planning

BILL TASH, PRIMARY SPONSOR DATE

Fiscal Note for HB0542, as introduced

HB 542

APPROVED BY SELECT
COMMITTEE ON HEALTH CARE

1
2 INTRODUCED BY *Lash* ~~House~~ BILL NO. 542
Water

3
4 A BILL FOR AN ACT ENTITLED: "AN ACT CREATING THE MONTANA PUBLIC HEALTH IMPROVEMENT
5 TASK FORCE; PROVIDING FOR THE APPOINTMENT AND DUTIES OF THE TASK FORCE; REQUIRING A
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7 ENVIRONMENTAL SCIENCES TO AWARD GRANTS FOR PUBLIC HEALTH IMPROVEMENT
8 DEMONSTRATION PROJECTS; APPROPRIATING MONEY; AND PROVIDING AN IMMEDIATE EFFECTIVE
9 DATE AND A TERMINATION DATE."

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15 WHEREAS, proved public health services are the most inexpensive, effective measures by which
16 to protect Montanans' health; and

17 WHEREAS, Montana's local public health systems are not adequate to protect the public from
18 preventable public health threats, yet resources are limited.

19 THEREFORE, the Montana Public Health Improvement Act is enacted to strengthen the ability to
20 prevent health problems and to focus public health resources on the public health threats determined to be
21 priorities in communities and the state.

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23 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

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29 strong public health system helps control public health care costs through the prevention of disease and
30 premature death. The legislature also finds that many local public health systems in Montana do not have



HB 542
SECOND READING

1 sufficient capacity in core functions, such as prevention of communicable and chronic diseases, provision
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4 (2) The legislature declares that the purpose of the Montana Public Health Improvement Act is to
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28 by [section 5].

29 (7) "Rural county" means a county with a population density of six or fewer people per square
30 mile.

1 (8) "Task force" means the Montana public health improvement task force created in [section 4].

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3 **NEW SECTION. Section 4. Montana public health improvement task force.** (1) There is a Montana
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6 largest municipalities, with expertise in each of the following subject areas:

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10 the state's four largest municipalities;

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- 11 administration and delivery of public health services;
- 12 (iii) identification of methods to network local public health services to each other and to state
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11 and for continuance of the task force beyond 1996; and

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13 1999.

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15 the legislature on or before September 30, 1996.

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17 preparation of the plan required by this section.

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24 established by 50-4-401, unless the demonstration project proposals submitted from a region fail, in the
25 judgment of the department, to meet the requirements of subsection (2). If a grant is not awarded within
26 a region, the department shall use the project grant money not awarded for grants within other regions.

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28 county or region to:

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17 program established by [section 6]:

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21 **NEW SECTION. Section 8. Effective date.** [This act] is effective on passage and approval.

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-END-

**REREFERRED AND APPROVED BY COM ON
APPROPRIATIONS**

HOUSE BILL NO. 542

INTRODUCED BY TASH, WATERMAN

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- 23 cardiovascular disease, cancer, and diabetes;
- 24 (vi) access to primary care in coordination with community-based health care organizations;
- 25 (vii) programs to ensure that children are born as healthy as possible and that they can receive
- 26 immunizations and adequate nutrition;
- 27 (viii) efforts to prevent injury;
- 28 (ix) programs to ensure the safety of drinking water and food supplies;
- 29 (x) control of poisons;
- 30 (xi) services for treatment of trauma; and

- 1 (xii) other activities that have the potential to improve the health of the population or special
2 populations and to reduce the need for or costs of health services;
- 3 (d) a plan for the funding of other parts of the plan, including:
- 4 (i) a recommended level for funding public health services, to be expressed in a percentage of total
5 health services expenditures in the state or in a set per capita amount;
- 6 (ii) methods to ensure that proposed funding does not supplant existing funding; and
- 7 (iii) identification of federal and private funding opportunities;
- 8 (e) identification of methods of integrating health status data into the health planning process and
9 into local and regional planning;
- 10 (f) recommendations for coordinating public health improvements with health care reform efforts
11 and for continuance of the task force beyond 1996; and
- 12 (g) a plan for implementing the recommendations contained in the plan in the years 1997 through
13 1999.

14 (2) The task force shall send a copy of the public health improvement plan to the governor and to
15 the legislature on or before September 30, 1996.

16 (3) Local boards, municipalities, and state agencies shall cooperate with the task force in the
17 preparation of the plan required by this section.

18

19 **NEW SECTION. Section 6. Department to request proposals for public health improvement**
20 **demonstration projects -- grants to counties or regions.** (1) The department shall advertise for proposals
21 to conduct public health improvement demonstration projects. Proposals may be submitted by counties
22 or by individuals or community organizations within the health care planning regions established by
23 50-4-401. The department shall award at least one demonstration project grant within each region
24 established by 50-4-401, unless the demonstration project proposals submitted from a region fail, in the
25 judgment of the department, to meet the requirements of subsection (2). If a grant is not awarded within
26 a region, the department shall use the project grant money not awarded for grants within other regions.

27 (2) The department shall award a demonstration project grant for a project that will best assist a
28 county or region to:

- 29 (a) mobilize a local or regional coalition to conduct health monitoring and planning;
- 30 (b) prepare a local health status profile;

- 1 (c) prepare a community-based action plan to identify and address public health priorities;
- 2 (d) integrate the county or region with the use of a state health data base and state health
- 3 planning; or
- 4 (e) evaluate progress in implementing the public health improvement plan, the effect of the plan
- 5 on health policy, and the use of public health resources.

6 (3) The department shall require that each county, individual, or organization receiving a grant
 7 provide the department with a detailed report, at the time and in the form determined by the department,
 8 concerning the use of the grant money awarded to the county, individual, or organization.

9
 10 ~~NEW SECTION. Section 7. Appropriation. (1) The following amounts are appropriated from the~~
 11 ~~general fund to the Montana public health improvement task force established by [section 4] for the~~
 12 ~~purpose of preparing the public health improvement plan:~~

13 ~~Fiscal year 1996 _____ \$109,910~~

14 ~~Fiscal year 1997 _____ 109,910~~

15 ~~(2) The following amounts are appropriated from the general fund to the department of health and~~
 16 ~~environmental sciences for the purpose of the public health improvement demonstration project grant~~
 17 ~~program established by [section 6]:~~

18 ~~Fiscal year 1996 _____ \$30,000~~

19 ~~Fiscal year 1997 _____ 30,000~~

20
 21 NEW SECTION. Section 7. Effective date. [This act] is effective on passage and approval.

22
 23 NEW SECTION. Section 8. Termination. [This act] terminates September 30, 1996.

24 -END-

HOUSE BILL NO. 542

INTRODUCED BY TASH, WATERMAN

A BILL FOR AN ACT ENTITLED: "AN ACT CREATING THE MONTANA PUBLIC HEALTH IMPROVEMENT TASK FORCE; PROVIDING FOR THE APPOINTMENT AND DUTIES OF THE TASK FORCE; REQUIRING A PUBLIC HEALTH IMPROVEMENT PLAN; AUTHORIZING THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES TO AWARD GRANTS FOR PUBLIC HEALTH IMPROVEMENT DEMONSTRATION PROJECTS; ~~APPROPRIATING MONEY~~; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE AND A TERMINATION DATE."

WHEREAS, core public health functions are vital to protecting the health of Montanans and to reducing health care costs by preventing disease, injury, disability, and premature death; and

WHEREAS, core public health functions are distinct from medical care, and if neglected, the health and economy of the state will suffer; and

WHEREAS, proved public health services are the most inexpensive, effective measures by which to protect Montanans' health; and

WHEREAS, Montana's local public health systems are not adequate to protect the public from preventable public health threats, yet resources are limited.

THEREFORE, the Montana Public Health Improvement Act is enacted to strengthen the ability to prevent health problems and to focus public health resources on the public health threats determined to be priorities in communities and the state.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

THERE ARE NO CHANGES IN THIS BILL AND IT WILL NOT BE REPRINTED. PLEASE REFER TO SECOND READING-- SECOND PRINTING--FOR COMPLETE TEXT.

1 HOUSE BILL NO. 542
2 INTRODUCED BY TASH, WATERMAN
3

4 A BILL FOR AN ACT ENTITLED: "AN ACT CREATING THE MONTANA PUBLIC HEALTH IMPROVEMENT
5 TASK FORCE; PROVIDING FOR THE APPOINTMENT AND DUTIES OF THE TASK FORCE; REQUIRING A
6 PUBLIC HEALTH IMPROVEMENT PLAN; AUTHORIZING THE DEPARTMENT OF HEALTH AND
7 ENVIRONMENTAL SCIENCES TO AWARD GRANTS FOR PUBLIC HEALTH IMPROVEMENT
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18 preventable public health threats, yet resources are limited.

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20 prevent health problems and to focus public health resources on the public health threats determined to be
21 priorities in communities and the state.
22

23 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
24

25 NEW SECTION. **Section 1. Short title.** [Sections 1 through 6] may be cited as the "Montana
26 Public Health Improvement Act".
27

28 NEW SECTION. **Section 2. Legislative findings and purpose.** (1) The legislature finds that a
29 strong public health system helps control public health care costs through the prevention of disease and
30 premature death. The legislature also finds that many local public health systems in Montana do not have

1 sufficient capacity in core functions, such as prevention of communicable and chronic diseases, provision
2 of public health nursing services, protection of environmental health, and promotion of healthy behaviors
3 to provide adequate protection to Montanans from public health threats.

4 (2) The legislature declares that the purpose of the Montana Public Health Improvement Act is to
5 assist local governments and community organizations to determine the most serious threats to public
6 health, to determine a method to address those threats, and to provide local and state decisionmakers with
7 a framework for prioritizing a public response to those threats.

8
9 **NEW SECTION. Section 3. Definitions.** Unless a contrary intent is indicated, the following
10 definitions apply in [sections 1 through 6]:

11 (1) "Core functions" means the ability of a public health department to:

- 12 (a) prevent epidemics;
13 (b) promote healthy behaviors;
14 (c) provide public health nursing services;
15 (d) provide environmental health protection;
16 (e) monitor health status;
17 (f) develop health-based policies;
18 (g) mobilize communities;
19 (h) respond to disasters; and
20 (i) provide health services to high-risk persons who are hard to reach.

21 (2) "Department" means the department of health and environmental sciences provided for in
22 2-15-2101.

23 (3) "Health care provider" means an individual licensed by the state to provide health care within
24 the scope of the individual's license.

25 (4) "Local board of health" or "local board" means a local board as defined in 50-2-101.

26 (5) "Municipality" means a city or town.

27 (6) "Public health improvement plan" or "plan" means the public health improvement plan required
28 by [section 5].

29 (7) "Rural county" means a county with a population density of six or fewer people per square
30 mile.

1 (8) "Task force" means the Montana public health improvement task force created in [section 4].

2

3 **NEW SECTION. Section 4. Montana public health improvement task force.** (1) There is a Montana
4 public health improvement task force consisting of the following members:

5 (a) two representatives of local boards of health or health departments, from one of the state's four
6 largest municipalities, with expertise in each of the following subject areas:

7 (i) one representative, maternal and child health or health promotion; and

8 (ii) one representative, environmental health;

9 (b) two county health officers or county health department directors from the counties containing
10 the state's four largest municipalities;

11 (c) two representatives of local boards of health or health departments from the state's rural
12 counties with populations over 5,000 residents;

13 (d) one public health representative from a county with fewer than 5,000 residents;

14 (e) one representative of the Indian health service or Montana Indian tribes;

15 (f) one member of the Montana house of representatives;

16 (g) one member of the Montana senate;

17 (h) one health care provider;

18 (i) one citizen concerned with public health;

19 (j) one member of the Montana health care authority; and

20 (k) the director and one member of the staff of the department.

21 (2) Members of the task force must be appointed by the governor by June 30, 1995.

22 (3) The director of the department shall serve as presiding officer of the task force.

23 (4) Members of the task force serve without compensation but must be reimbursed for their
24 expenses.

25 (5) The task force is attached to the department for administrative purposes only as provided in
26 2-15-121. The department shall provide staff assistance to the task force.

27

28 **NEW SECTION. Section 5. Task force to prepare public health improvement plan.** (1) The task
29 force shall prepare a public health improvement plan that addresses the following subjects:

30 (a) the ability or capacity of local boards to provide core functions and the standards by which that

- 1 capacity must be measured, including:
- 2 (i) a determination of public health strengths and weaknesses in communities and the state;
- 3 (ii) a determination of which municipalities do not meet the capacity standards established by the
- 4 task force;
- 5 (iii) an analysis of the costs and benefits of adoption of capacity standards; and
- 6 (iv) a plan for municipalities in order to achieve the capacity standards established by the task force;
- 7 (b) strategies for improving state and local public health programs, including:
- 8 (i) a determination of the needs of local boards, municipalities, and state agencies in order to
- 9 achieve the capacity standards established by the task force in the most critical core functions;
- 10 (ii) an examination of a strategy, such as establishment of geographic regions, for cost-effective
- 11 administration and delivery of public health services;
- 12 (iii) identification of methods to network local public health services to each other and to state
- 13 public health services; and
- 14 (iv) a review of laws, rules, ordinances, and policies pertaining to public health;
- 15 (c) consideration of population-based public health activities, including:
- 16 (i) assessment of health data;
- 17 (ii) surveillance of chronic and infectious diseases;
- 18 (iii) rapid response to outbreaks of communicable diseases;
- 19 (iv) efforts to prevent and control communicable diseases, such as tuberculosis and acquired
- 20 immunodeficiency syndrome;
- 21 (v) health education to promote healthy behaviors and to reduce the prevalence of chronic
- 22 diseases, such as those linked to the use of tobacco, including poor nutrition, and physical activity,
- 23 cardiovascular disease, cancer, and diabetes;
- 24 (vi) access to primary care in coordination with community-based health care organizations;
- 25 (vii) programs to ensure that children are born as healthy as possible and that they can receive
- 26 immunizations and adequate nutrition;
- 27 (viii) efforts to prevent injury;
- 28 (ix) programs to ensure the safety of drinking water and food supplies;
- 29 (x) control of poisons;
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1 (xii) other activities that have the potential to improve the health of the population or special
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4 (i) a recommended level for funding public health services, to be expressed in a percentage of total
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10 (f) recommendations for coordinating public health improvements with health care reform efforts
11 and for continuance of the task force beyond 1996; and

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14 (2) The task force shall send a copy of the public health improvement plan to the governor and to
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16 (3) Local boards, municipalities, and state agencies shall cooperate with the task force in the
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20 **demonstration projects -- grants to counties or regions.** (1) The department shall advertise for proposals
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