#### **SENATE BILL 672**

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Short Title:	Strengthen Public Health Infrastructure.	(Public)
Sponsors:	Senator Hartsell.	
Referred to:	Health & Human Resources.	

### April 2, 2003

#### A BILL TO BE ENTITLED

1	A BILL TO BE ENTITLED
2	AN ACT TO IMPROVE THE QUALITY AND ACCOUNTABILITY OF THE
3	PUBLIC HEALTH SYSTEM BY STRENGTHENING THE PUBLIC HEALTH
4	INFRASTRUCTURE, TO IMPROVE PUBLIC HEALTH OUTCOMES AND
5	REDUCE HEALTH DISPARITIES BY THE DEVELOPMENT OF STATE AND
6	LOCAL COMPREHENSIVE PUBLIC HEALTH PLANS, AND TO IMPROVE
7	THE PUBLIC HEALTH WORKFORCE BY ENHANCING COLLABORATION
8	WITH PUBLIC AND PRIVATE SECTOR ENTITIES AND IMPOSING
9	PERFORMANCE STANDARDS FOR PUBLIC HEALTH PRACTICE.
10	Whereas, North Carolina has a rich local public health heritage and wishes to
11	continue that heritage by strengthening the State's public health infrastructure;
12	Whereas, the public health system must respond to: new serious public health
13	emergencies, significant changes in population, decreasing funding, and significant
14	variations in public health protection between counties and regions;
15	Whereas, the mission of protecting and promoting the health of the public can
16	most efficiently and effectively be addressed through the coordinated efforts of State
17	and local public health agencies, the collaboration of the public and private sectors
18	within the public health system, and the consolidation of local public health agencies;
19	Whereas, a consensus for establishing, prioritizing and implementing
20	essential public health services and functions can be achieved through locally developed
21	and coordinated health plans that provide the foundation for a comprehensive statewide
22	public health plan; and
23	Whereas, the public and private sectors can demonstrate public accountability
24	and provide high quality services through accreditation, certification, credentialing, and
25	the implementation of performance standards; Now, therefore,
26	The General Assembly of North Carolina enacts:
27	SECTION 1. G.S. 130A-1.1 is repealed.
28	<b>SECTION 2.</b> G.S. 130A-2 reads as rewritten:
29	"§ 130A-2. Definitions.

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1 2	The followir specified:	ng definitions shall apply throughout this Chapter unless otherwise
3	(1)	"Commission" means the Commission for Health Services.
4	(1a)	"Communicable condition" means the state of being infected with a
5	(14)	communicable agent but without symptoms.
6	(1b)	"Communicable disease" means an illness due to an infectious agent or
7		its toxic products which is transmitted directly or indirectly to a person
8		from an infected person or animal through the agency of an
9		intermediate animal, host, or vector, or through the inanimate
10		environment.
11	(2)	"Department" means the Department of Health and Human Services.
12	<u>(2a)</u>	"Essential public health services and functions" means those services
13		and functions listed in G.S. 130A-1.3.
14	(3)	"Imminent hazard" means a situation that is likely to cause an
15		immediate threat to human life, an immediate threat of serious physical
16		injury, an immediate threat of serious adverse health effects, or a
17		serious risk of irreparable damage to the environment if no immediate
18		action is taken.
19	(3a)	"Isolation authority" means the authority to issue an order to limit the
20		freedom of movement or action of a person or animal with a
21		communicable disease or communicable condition for the period of
22		communicability to prevent the direct or indirect conveyance of the
23		infectious agent from the person or animal to other persons or animals
24		who are susceptible or who may spread the agent to others.
25	(4)	"Local board of health" means a district board of health or a public
26		health authority board or a county board of health.
27	(5)	"Local health department" means a district health department or a
28		public health authority or a county health department.
29	(6)	"Local health director" means the administrative head of a local health
30		department appointed pursuant to this Chapter.
31	<u>(6aa)</u>	
32		board of health, and a local health department.
33	(6a)	"Outbreak" means an occurrence of a case or cases of a disease in a
34	( <b>7</b> )	locale in excess of the usual number of cases of the disease.
35	(7)	"Person" means an individual, corporation, company, association,
36	$(7_{2})$	partnership, unit of local government or other legal entity.
37	<u>(7a)</u>	"Private sector partner" means nongovernmental persons, including
38		community organizations, contractors, educational institutions, health
39 40		care facilities, health insurers, private businesses, media, nonprofit
40 41		organizations, and volunteers, that provide essential public health
41 42		services and functions or work to improve public health outcomes in collaboration with the State or a local public health agency and are
42 43		identified in the local public health plans in accordance with G.S.
43 44		130A-2.7.
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1	(7h)	"Public health" means assuring the conditions in which the population
2	<u>(7b)</u>	"Public health" means assuring the conditions in which the population
3		can be healthy. The term includes population-based or individual efforts primarily aimed at the prevention of injury, disease, or
4		
4 5		premature mortality or the promotion of health in the community, such
6		as assessing the health needs and status of the community through
7		public health surveillance and epidemiological research, developing
8		public health policy, and responding to public health needs and
	(7a)	emergencies. "Dublic bashth agangy" magne a fadaral tribal. State, or least rublic
9	<u>(7c)</u>	"Public health agency" means a federal, tribal, State, or local public
10	(74)	health agency.
11	<u>(7d)</u>	"Public health infrastructure" means the competencies and resources
12		that enable public health agencies, in collaboration with other
13		components of the public health system, to provide essential public
14		health services and functions throughout the State.
15	<u>(7e)</u>	"Public health system" means State and local public health agencies
16		and their public and private sector partners.
17	<u>(7f)</u>	"Public health workforce" means State and local public health agents
18		and other persons working within the public health system to provide
19	>	essential public health services and functions in the State.
20	<u>(7g)</u>	"Public sector partner" means international, federal, tribal, or other
21		State or local governments and their public health agencies that
22		provide essential public health services and functions or work to
23		improve public health outcomes with a State or local public health
24		agency.
25	<del>(7a)<u>(</u>7</del>	<u>"A)</u> "Quarantine authority" means the authority to issue an order to
26		limit the freedom of movement or action of persons or animals which
27		have been exposed to or are reasonably suspected of having been
28		exposed to a communicable disease or communicable condition for a
29		period of time as may be necessary to prevent the spread of that
30		disease. Quarantine authority also means the authority to issue an order
31		to limit access by any person or animal to an area or facility that may
32		be contaminated with an infectious agent. The term also means the
33		authority to issue an order to limit the freedom of movement or action
34		of persons who have not received immunizations against a
35		communicable disease when the State Health Director or a local health
36		director determines that the immunizations are required to control an
37		outbreak of that disease.
38	(8)	"Secretary" means the Secretary of Health and Human Services.
39	<u>(8a)</u>	"State public health agency" means the Commission for Health
40		Services, the Department of Health and Human Services, and the
41		Department of Environment and Natural Resources to the extent that
42		the Department of Environment and Natural Resources has jurisdiction
43		to protect the public's health.

1	<u>(8b)</u>	"Tribe" means the same as the term 'Indian Tribe' in 25 U.S.C. §
2		450b(e), section 4(e) of the Indian Self-Determination and Education
3		Assistance Act, Pub. L. 93-638, as amended.
4	<u>(8c)</u>	"Tribal public health agency" means any program or organization
5		operated by a tribe or tribal organization, including boards, agencies,
6		commissions, or offices, that principally acts or is responsible to
7		protect or preserve the public's health and shall include the health
8		programs of any tribal organization that carries out essential public
9		health services and functions or otherwise acts to protect or preserve
10		the public health.
11	<u>(8d)</u>	"Tribal organization" means the same as the term in 25 U.S.C. §
12		450b(1), section 4(1) of the Indian Self-Determination and Education
13		Assistance Act, Pub. L. 93-638, as amended.
14	(9)	"Unit of local government" means a county, city, consolidated
15		city-county, sanitary district or other local political subdivision,
16		authority or agency of local government.
17	(10)	"Vital records" means birth, death, fetal death, marriage, annulment
18		and divorce records registered under the provisions of Article 4 of this
19		Chapter."
20		<b>FION 3.</b> Part 1 of Article 1 of Chapter 130A is amended by adding the
21	following new s	
22		ission statement.
23		policy of the State is to protect and promote the health of the public to
24		ent possible through the public health system while respecting individual
25		integrity, health information privacy, nondiscrimination, due process,
26		y protected interests.
27		mission of the State and local public health agencies is to provide
28		protect and promote the public's health by:
29	<u>(1)</u>	Providing essential public health services and functions as provided in
30		<u>G.S. 130A-1.3.</u>
31	<u>(2)</u>	Encouraging collaboration among public and private sector partners in
32		the public health system.
33	<u>(3)</u>	Seeking adequate funding to provide essential public health services
34		and functions and to accomplish public health goals from public or
35		private sources.
36		ng in this section shall be construed to require the State or local public
37	-	or an individual or agency within the public health system to provide
38	-	ervices or to implement unfunded programs.
39	0 ISUA-2.2.	Responsibilities of State and local governments; private sector
40	<u>colla</u>	poration.
	(a) <u>collal</u>	

1		and local public health agencies shall collaborate with public and
2	-	artners within the public health system to provide essential public health
3		ctions listed in G.S. 130A-33-55.
4	(d) State	or local public health agencies may contract with contractors or other
5		partners for the purpose of providing essential health services and
6	functions direct	ly through these private sector entities if:
7	<u>(1)</u>	The contractor has the potential to improve public health outcomes
8		without causing harm to individuals or the public health system.
9	<u>(2)</u>	Privatized services are fully and regularly monitored by the contracting
10		public health agency or others within the public health system.
11		Nothing is this subdivision shall be construed to require private sector
12		entities to be monitored by other public agencies providing services
13		within the public health system. The State public health agency shall
14		devise, in consultation with others within the public health system,
15		evaluation criteria to be used in conducting performance reviews of
16		any private sector partner that provides privatized services or
17		<u>functions.</u>
18	<u>(3)</u>	Privatized services or functions are subject to other federal, State, or
19		local laws.
20		ssential public health services and functions.
21		and local public health agencies, in collaboration with public and
22	•	artners, shall provide the following essential public health services and
23	functions:	
24	<u>(1)</u>	Monitor health status to identify and solve community health
25		problems.
26	<u>(2)</u>	Diagnose and investigate health problems and health hazards in the
27		<u>community.</u>
28	$\frac{(3)}{(4)}$	Inform people about health issues.
29	<u>(4)</u>	Develop policies and plans that support individual and community
30		health efforts.
31	$\frac{(5)}{(5)}$	Enforce laws and regulations that protect health and ensure safety.
32	<u>(6)</u>	Link individuals to needed personal health services and facilitate the
33		provision of health care when not otherwise available.
34 25	$\frac{(7)}{(9)}$	Monitor and ensure the competency of the public health workforce.
35	<u>(8)</u>	Evaluate effectiveness, accessibility, and quality of personal and
36		population-based health services.
37	<u>(9)</u>	Conduct research to identify new insights and innovative solutions to
38	(10)	health problems.
39	<u>(10)</u>	Promote the availability and accessibility of quality health care
40	/1 1\	services through health care facilities or providers.
41	<u>(11)</u>	When not otherwise available through the private sector, collaborate
42		with other public sector partners to promote the availability of and
43		access to preventive and primary health care, including acute and
44		episodic care, prenatal and postpartum care, child health, family

1		planning, school health, chronic disease preventions, child and adult
2		immunization, dental health, nutrition, and health education and
3		promotion services.
4	(b) The	essential public health services and functions listed in subsection (a) of
5		all not be construed to limit or restrict the powers and duties of the
6		The Department, or the Department of Environment and Natural Resources
7		nferred by State law.
8		ublic health infrastructure.
9		Secretary shall coordinate State and local public health agencies and their
10		vate sector partners to do the following to strengthen and maintain
11	• •	public health infrastructure:
12	<u>(1)</u>	Identify and provide leadership for the provision of essential public
12	<u>\</u>	health services and functions;
14	(2)	Develop management standards for the public health system and
15	<u>(2)</u>	workforce that are tied to improvements in public health outcomes or
16		other measures;
17	<u>(3)</u>	Develop and provide effective training for members of the public
18	<u></u>	health workforce that is focused on performance-based standards;
19	<u>(4)</u>	Evaluate performance management standards and training efforts
20	<u> </u>	within the public health system; and
21	<u>(5)</u>	Comprehensively plan and set priorities for the efficient and effective
22		accomplishment of essential public health services and functions.
23	(b) In pe	erforming the duties set forth in subsection (a) of this section, State and
24	-	alth agencies and their public and private sector partners shall consult
25	-	national guidelines, initiatives, programs, and recommendations relating
26		ts in public health infrastructure that are consistent with accomplishing
27	•	public health in the State.
28	-	ublic health workforce.
29		State public health agency shall manage the public health workforce
30	performance re	elated to public health infrastructure and capacity, processes, and
31	outcomes at the	State and local levels. The State public health agency shall establish and
32	implement perf	formance standards, measures, and processes for quality or performance
33	improvement t	hat are accessible, affordable, and nonpunitive. These include the
34	<u>following:</u>	
35	<u>(1)</u>	Performance measurement standards for the public health system
36		Consistent with the National Public Health Performance Standards
37		Program, the State public health agency shall adopt and administer
38		performance measurements within the public health system as a means
39		of improving the quality of State and local public health practice and
40		improving system accountability.
41	<u>(2)</u>	Accreditation of local public health agencies. – The State public health
42		agency shall adopt and administer a mandatory accreditation program
43		for local public health agencies. The accreditation program shall be
44		based on criteria developed by the State public health agency that

1			focus on the ability of aconging to provide accontial public health
1 2			focus on the ability of agencies to provide essential public health services and functions.
2 3		( <b>2</b> )	
3 4		<u>(3)</u>	<u>Certification or credentialing for the public health workforce.</u> – Consistent with any national system of public health workforce
4 5			certification or credentialing, the State public health agency shall adopt
5 6			and administer public health workforce certification or credentialing
7			programs for members of the public health workforce. These programs
8			shall be designed to develop knowledge, skills, and abilities in relevant
9			and contemporary public health practice areas and must be based on:
9 10			
10			<u>a.</u> <u>Basic, core, or technical competencies for public health</u> workers; or
11			b. Professional codes for public health professionals.
12	(b)	The	State public health agency shall, directly or in conjunction with
13 14			titutions or others within the public health system, make available or
14			e programs, continuing education, or other tools for training public health
16			ers within the public health workforce.
17	(c)		State public health agency may require individuals within the public
18			to meet minimal training requirements to assist the individual in
19		•	tial public health services and functions.
20	(d)		State public health agency may provide incentives to meet performance
21	<u> </u>		training requirements, including:
22	managen	(1)	Organizational accountability awards.
23		$\frac{(1)}{(2)}$	Accreditation recognition for public health agencies or their
24		<u> </u>	contractors or volunteers.
25		(3)	Certification or credentialing titles or recognition for individuals.
26		(4)	Other career development initiatives, including financial benefits.
27	<u>(e)</u>		State public health agency shall:
28		(1)	Adopt a framework for the evaluation of the performance of the local
29			public health agency workforce.
30		(2)	Develop standards to consistently evaluate the effectiveness and
31			delivery of training programs, continuation education, and other tools.
32		(3)	Consistently evaluate performance management and training
33			programs, continuing education, and other tools pursuant to these
34			frameworks or standards.
35	" <u>§ 130A</u>	-2.6. C	<u>omprehensive public health plan.</u>
36	<u>(a)</u>	The	State public health agency shall develop a comprehensive public health
37	<u>plan ("P</u>	lan") ti	hat assesses and sets priorities for the State public health system. The
38	State pu	blic he	alth agency shall develop the Plan in consultation with representatives
39	from its	public	and private sector partners and in consideration of local public health
40	*		d in accordance with G.S. 130A-2.7. The Plan may rely on existing or
41			eillance data or other formation available to the State public health
42			1 as national guidelines or recommendations concerning public health
43	outcome	s and	improvements. The Plan shall cover five years and shall be reviewed

1 2	<u>annually. Futur</u> following:	e Plans shall be developed every five years. The Plan shall include the
23	<u>10110w111g.</u> (1)	Identification and quantification of existing public health problems,
4	<u>(1)</u>	disparities, or threats at the State and local levels.
5	<u>(2)</u>	Identification of areas needing greater resource allocation to
6	<u>(2)</u>	effectively combat public health threats or decrease disparities in the
7		provision of essential public health services and functions.
8	( <b>2</b> )	Goals for targeting essential public health services and functions to
8 9	<u>(3)</u>	address prioritized public health problems, disparities, or threats
10		through program development, implementation, and evaluation and
11		specific recommendations, strategies, and schedules for meeting these
12		goals.
13	<u>(4)</u>	Identification of specific at-risk populations targeted, including criteria
14		for identifying targeted populations.
15	(5)	Goals for increasing the efficiency and effectiveness of the public
16	<u></u>	health system and specific recommendations, strategies and schedules
17		for meeting these goals.
18	(6)	Strategies for coordinating service delivery within the public health
19	<u>x=-</u>	system.
20	(7)	Measurable indicators of effectiveness and success.
21	$\overline{(8)}$	Identification of public and private sector partners.
22	(b) The $\frac{1}{2}$	State public health agency shall submit a copy of the comprehensive
23		alth plan required under this section annually to the Governor and the
24	General Assem	bly upon its convening or reconvening, including any recommendations
25	for legislative a	mendments.
26	" <u>§ 130A-2.7.</u> L	<u>ocal public health plans.</u>
27	(a) Every	county, through its local public health agency, shall provide for the
28	development, re	eview, and approval of a local public health plan consistent with the
29	<u>comprehensive</u>	State public health plan required under G.S. 130A-5.4. The local public
30	<u>health plan sha</u>	ll address how the local public health agency will coordinate with the
31	State public he	alth agency and others within the public health system to accomplish
32	goal and priorit	ies identified in the comprehensive State public health plan. The local
33	public health pl	an shall cover five years and shall be reviewed annually. Future plans
34	shall be develop	bed every five years. In addition to the items listed in G.S. 130A-5.4, the
35	local public hea	<u>Ith plan shall include the following:</u>
36	<u>(1)</u>	Description of the demographics and health indicators of the
37		population being served by the local public health agency.
38	<u>(2)</u>	Description of the numbers and types of professionals in the local
39		public health workforce.
40	<u>(3)</u>	Description of the local public health workforce training needs.
41	<u>(4)</u>	Description of how the local public health agency is accountable to the
42		public in ensuring the provision of essential public health services and
43		functions.

1	(5)	Description of how the local public health agency provides the
2		necessary leadership to ensure that public health services are managed,
3		monitored, and are of the highest quality possible.
4	<u>(6)</u>	Description of how the local public health agency manages its finances
5		and accounts for expenditures of State, local, and all other sources of
6		revenue.
7	<u>(7)</u>	Identification of public and private sector partners.
8	$\frac{(1)}{(8)}$	Other matters determined by the Secretary to be necessary to
9		effectively and efficiently provide essential public health services and
10		functions by a local public health agency.
11	<u>(b)</u> <u>The</u>	ocal public health plan shall be approved and submitted to the Secretary
12	no later than Ju	· · · ·
13	(c) The	State public health agency shall provide technical assistance to local
14	public health ag	gencies that request assistance and shall otherwise work with local public
15	health agencies	to generate the plan."
16	SEC	<b>TION 4.</b> G.S. 130A-5 reads as rewritten:
17	"§ 130A-5. Du	ties of the Secretary.
18	The Secreta	ry shall have the authority:
19	(1)	To enforce the State health laws and the rules of the Commission;
20	(2)	To investigate the causes of epidemics and of infectious,
21		communicable and other diseases affecting the public health in order
22		to control and prevent these diseases; to provide, under the rules of the
23		Commission, for the prevention, detection, reporting and control of
24		communicable, infectious or any other diseases or health hazards
25		considered harmful to the public health; to obtain, notwithstanding the
26		provisions of G.S. 8-53, a copy or a summary of pertinent portions of
27		privileged patient medical records deemed necessary for investigating
28		a disease or health hazard that may present a clear danger to the public
29		health. Records shall be identified as necessary by joint agreement of a
30		Department physician and the patient's attending physician. However,
31		if the Department is unable to contact the attending physician after
32		reasonable attempts to do so, or if the Department determines that
33		contacting all attending physicians of patients involved in an
34		investigation would be impractical or would unreasonably delay the
35		inquiry and thereby endanger the public health, the records shall be
36		identified as necessary by joint agreement of a Department physician
37		and the health care facility's chief of staff. For a facility with no chief
38		of staff, the facility's chief administrator may consent to the
39		Department's review of the records. Any person, authorized to have or
40		handle such records, providing copies or summaries of privileged
41		patient medical records pursuant to this subdivision shall be immune
42		from civil or criminal liability that might otherwise be incurred or
43		imposed based upon invasion of privacy or breach of physician-patient
44		confidentiality arising out of the furnishing of or agreement to furnish;

1	(3)	To develop and carry out reasonable health programs that may be
2		necessary for the protection and promotion of the public health and the
3		control of diseases. the comprehensive State public health plan
4		pursuant to G.S. 130A-33-58. The Commission is authorized to adopt
5		rules to carry out-these programs. the Plan.
6	(4)	To make sanitary and health investigations and inspections;
7	(5)	To investigate occupational health hazards and occupational diseases
8		and to make recommendations for the elimination of the hazards and
9		diseases. The Secretary shall work with the Industrial Commission and
10		shall file sufficient reports with the Industrial Commission to enable it
11		to carry out all of the provisions of the Workers' Compensation Act
12		with respect to occupational disease.
13	(6)	To receive donations of money, securities, equipment, supplies, realty
14		or any other property of any kind or description which shall be used by
15		the Department for the purpose of carrying out its public health
16		programs;
17	(7)	To acquire by purchase, devise or otherwise in the name of the
18		Department equipment, supplies and other property, real or personal,
19		necessary to carry out the public health programs;
20	(8)	To use the official seal of the Department. Copies of documents in the
21	(-)	possession of the Department may be authenticated with the seal of the
22		Department, attested by the signature or a facsimile of the signature of
23		the Secretary, and when authenticated shall have the same evidentiary
24		value as the originals;
25	(9)	To disseminate information to the general public on all matters
26	())	pertaining to public health; to purchase, print, publish, and distribute
27		free, or at cost, documents, reports, bulletins and health informational
28		materials. Money collected from the distribution of these materials
29		shall remain in the Department to be used to replace the materials;
30	(10)	To be the health advisor of the State and to advise State officials in
31	(10)	regard to the location, sanitary construction and health management of
32		all State institutions; to direct the attention of the State to health
33		matters which affect the industries, property, health and lives of the
34		people of the State; to inspect at least annually State institutions and
35		facilities; to make a report as to the health conditions of these
36		institutions or facilities with suggestions and recommendations to the
37		appropriate State agencies. It shall be the duty of the persons in
38		immediate charge of these institutions or facilities to furnish all
39		· · · · · · · · · · · · · · · · · · ·
	(11)	assistance necessary for a thorough inspection;
40	(11)	To establish a schedule of fees based on income to be paid by a
41		recipient for services provided by Migrant Health Clinics and
42		Development Evaluation Centers;

1	(12)	To establish fees for the sale of specimen containers, vaccines and
2		other biologicals. The fees shall not exceed the actual cost of such
3		items, plus transportation costs;
4	(13)	To establish a fee to cover costs of responding to requests by
5		employers for industrial hygiene consultation services and
6		occupational consultation services. The fee shall not exceed two
7		hundred dollars (\$200.00) per on site inspection; and
8	(14)	To establish a fee for companion animal certificate of examination
9		forms to be distributed, upon request, by the Department to licensed
10		veterinarians. The fee shall not exceed the cost of the form and
11		shipping <del>costs.<u>costs;</u></del>
12	<u>(15)</u>	
13		evaluations to improve the public health system and workforce; and
14	<u>(16)</u>	Systematically review, on at least an annual basis, the public health
15		system to recommend modifications in its structure or other features to
16		improve public health outcomes."
17	SECT	<b>FION 5.</b> The Department of Health and Human Services shall do the
18		epare for the development and implementation of the comprehensive
19		Ith plan and the local public health plans:
20	(1)	Develop the State comprehensive public health plan in accordance
21		with G.S. 130A-5.2 not later than January 1, 2005.
22	(2)	Review all rules currently in effect and adopted by the Commission for
23		Health Services and the Secretary and identify rules that are
24		inconsistent with this act.
25	(3)	Review all oversight and monitoring functions currently implemented
26		by the Department with respect to the public health system to
27		determine the effectiveness of the activities on achieving the intent of
28		the act; and improve the oversight and monitoring functions and
29		activities, if necessary; identify areas where additional training is
30		needed and provide it.
31	(4)	Develop service standards, outcomes, and financing strategies
32		necessary to implement this act.
33	(5)	Develop format and required content for local public health plans.
34	(6)	Develop a method for Departmental evaluation of local public health
35		plans.
36	(7)	Develop contractual agreements for the provision of technical
37		assistance by the Department to local public health agencies in the
38		development of local public health plans.
39	(8)	Report to the Joint Legislative Health Care Oversight Committee on
40		the Department's readiness to implement public health infrastructure
41		reform no later than October 1, 2003.
42	(9)	Develop a consolidation plan that will result in no less than 10 and no
43		more than 20 local public health agencies by January 1, 2005.

SECTION 6. There is appropriated from the General Fund to the
Department of Health and Human Services the sum of one million dollars (\$1,000,000)
for the 2003-2004 fiscal year. These funds shall be used to create incentives for counties
to consolidate public health services into multicounty district health departments.
SECTION 7. Section 6 of this act becomes effective July 1, 2003. The

6 remainder of this act is effective when it becomes law.

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