



# 125th MAINE LEGISLATURE

## SECOND REGULAR SESSION-2012

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Legislative Document

No. 1887

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S.P. 664

In Senate, March 19, 2012

### **An Act To Restructure the Department of Health and Human Services**

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Reference to the Committee on Health and Human Services suggested and ordered printed.

*Joseph G. Carleton Jr.*

JOSEPH G. CARLETON, JR.  
Secretary of the Senate

Presented by Senator McCORMICK of Kennebec. (GOVERNOR'S BILL)

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

2 **PART A**

3 **Sec. A-1. 3 MRSA §959, sub-§1, ¶F**, as amended by PL 2007, c. 356, §1 and  
4 affected by c. 695, Pt. D, §3, is further amended to read:

5 F. The joint standing committee of the Legislature having jurisdiction over health  
6 and human services matters shall use the following list as a guideline for scheduling  
7 reviews:

8 ~~(2) Office of Substance Abuse in 2005;~~

9 (6) Department of Health and Human Services in 2009;

10 (7) Board of the Maine Children's Trust Incorporated in 2011; and

11 (9) Maine Developmental Disabilities Council in 2011.

12 **Sec. A-2. 4 MRSA §422, sub-§2, ¶A**, as enacted by PL 1999, c. 780, §1 and  
13 amended by PL 2001, c. 354, §3 and PL 2003, c. 689, Pt. B, §6, is further amended to  
14 read:

15 A. The Department of Health and Human Services, ~~Office of Substance Abuse~~ or  
16 other federal-licensed treatment providers or state-licensed treatment providers to  
17 provide substance abuse services for alcohol and drug treatment program participants.  
18 To the extent possible, the alcohol and drug treatment programs must access existing  
19 substance abuse treatment resources for alcohol and drug treatment program  
20 participants;

21 **Sec. A-3. 5 MRSA §939-A**, as enacted by PL 1993, c. 410, Pt. LL, §1, is repealed.

22 **Sec. A-4. 5 MRSA §19202, sub-§2-B, ¶A**, as enacted by PL 2009, c. 203, §4  
23 and affected by §8, is amended to read:

24 A. The committee includes 7 members as follows, of whom only the Legislators are  
25 voting members:

26 (1) Two members of the Legislature, one Senator nominated by the President of  
27 the Senate and one Representative nominated by the Speaker of the House of  
28 Representatives;

29 (2) The director of the HIV, STD and viral hepatitis program within the  
30 Department of Health and Human Services, Maine Center for Disease Control  
31 and Prevention;

32 (3) A representative of the Department of Education, nominated by the  
33 Commissioner of Education;

34 (4) A representative of the Department of Corrections, nominated by the  
35 Commissioner of Corrections;

36 (5) A representative of the organizational unit of the Department of Health and  
37 Human Services, ~~Office of Substance Abuse~~ that provides programs and services

1            for substance abuse prevention and treatment, nominated by the Commissioner of  
2            Health and Human Services; and

3            (6) A representative of the Department of Health and Human Services, Office of  
4            MaineCare Services, nominated by the Commissioner of Health and Human  
5            Services.

6            **Sec. A-5. 5 MRSA §20002, sub-§§2 and 3**, as amended by PL 2007, c. 116, §1,  
7            are further amended to read:

8            **2. Coordination of activities and services.** To establish ~~a single administrative unit~~  
9            within the Department of Health and Human Services, ~~with the~~ the responsibility for  
10            planning, developing, implementing, coordinating and evaluating all of the State's alcohol  
11            and other drug abuse prevention and treatment activities and services;

12            **3. Tobacco use by juveniles.** To enforce the State's laws relating to the sale and use  
13            of tobacco products by juveniles and to coordinate state and local activities related to  
14            those provisions. The ~~office~~ department shall take all necessary actions to ensure  
15            compliance with the Synar Act, 42 United States Code, Section 300X-26, including the  
16            preparations of reports for the signature of the Governor. All law enforcement agencies,  
17            all state departments, including the Department of Public Safety, and municipalities shall  
18            cooperate with the ~~office~~ department in these efforts.

19            The ~~office~~ department may enter into any contracts or agreements necessary or incidental  
20            to the performance of its duties under this section, subject to section 20005, subsection 6  
21            and section 20005-A. The ~~office~~ department shall provide or assist in the provision of  
22            voluntary training programs regarding the sales of tobacco products to juveniles; and

23            **Sec. A-6. 5 MRSA §20002, sub-§4**, as enacted by PL 2007, c. 116, §1, is  
24            amended to read:

25            **4. Gambling addiction counseling.** To establish standards for the provision of  
26            gambling addiction counseling services and other activities relating to the prevention and  
27            treatment of gambling addiction. The ~~office~~ department may accept private, state and  
28            federal funds to support the performance of its duties under this subsection.

29            **Sec. A-7. 5 MRSA §20003, sub-§2**, as enacted by PL 1989, c. 934, Pt. A, §3, is  
30            amended to read:

31            **2. Approved public treatment facility.** "Approved public treatment facility" means  
32            an alcohol treatment facility operating under the direction and control of the ~~office~~  
33            department or providing treatment under this subchapter through a contract with the  
34            ~~office~~ department under section 20008, or any facility funded in whole or in part by  
35            municipal, state or federal funds.

36            **Sec. A-8. 5 MRSA §20003, sub-§3**, as amended by PL 1991, c. 850, §2, is  
37            further amended to read:

38            **3. Approved treatment facility.** "Approved treatment facility" means a public or  
39            private alcohol treatment facility meeting standards approved by the ~~office~~ department in

1 accordance with section 20005 and licensed pursuant to subchapter ~~¶~~ 5 and other  
2 applicable provisions of state law.

3 **Sec. A-9. 5 MRSA §20003, sub-§3-B**, as enacted by PL 1995, c. 560, Pt. L, §2  
4 and affected by §16 and amended by PL 2001, c. 354, §3, is further amended to read:

5 **3-B. Commissioner.** "Commissioner" means the Commissioner of ~~Behavioral and~~  
6 ~~Development Services~~ Health and Human Services.

7 **Sec. A-10. 5 MRSA §20003, sub-§6**, as amended by PL 1991, c. 601, §4, is  
8 further amended to read:

9 **6. Department.** "Department" means the ~~Executive~~ Department of Health and  
10 Human Services.

11 **Sec. A-11. 5 MRSA §20003, sub-§8**, as enacted by PL 1989, c. 934, Pt. A, §3, is  
12 repealed.

13 **Sec. A-12. 5 MRSA §20003, sub-§17**, as enacted by PL 1989, c. 934, Pt. A, §3,  
14 is repealed.

15 **Sec. A-13. 5 MRSA §20003, sub-§20**, as enacted by PL 1989, c. 934, Pt. A, §3,  
16 is amended to read:

17 **20. Standards.** "Standards" means criteria and rules of ~~the office or~~ the department  
18 that are to be met before and during operation of any treatment facility or treatment  
19 program.

20 **Sec. A-14. 5 MRSA §20004**, as repealed and replaced by PL 1995, c. 560, Pt. L,  
21 §3 and affected by §16 and amended by PL 2001, c. 354, §3 and PL 2003, c. 689, Pt. B,  
22 §6, is repealed.

23 **Sec. A-15. 5 MRSA §20004-A**, as enacted by PL 1993, c. 410, Pt. LL, §6, is  
24 amended to read:

25 **§20004-A. Departments and agencies responsible for cooperation in implementation**

26 All departments and agencies in State Government are required to cooperate with the  
27 ~~office~~ department in its implementation and administration of this chapter.

28 **Sec. A-16. 5 MRSA §20005, first ¶**, as enacted by PL 1989, c. 934, Pt. A, §3, is  
29 amended to read:

30 The ~~office~~ department shall:

31 **Sec. A-17. 5 MRSA §20005, sub-§2**, as amended by PL 1991, c. 601, §6, is  
32 further amended to read:

1           **2. Comprehensive plan.** Develop and provide for the implementation of a  
2 comprehensive state plan for alcohol and drug abuse. Any plan developed by the ~~office~~  
3 department must be subject to public hearing prior to implementation;

4           **Sec. A-18. 5 MRSA §20005, sub-§5**, as amended by PL 1995, c. 560, Pt. L, §4  
5 and affected by §16, is further amended to read:

6           **5. Budget.** Develop and submit to the Legislature by January 15th of the first year  
7 of each legislative biennium recommendations for continuing and supplemental  
8 allocations, deappropriations or reduced allocations and appropriations from all funding  
9 sources for all state alcohol and drug abuse programs. The ~~office~~ department shall make  
10 final recommendations to the Governor before any substance abuse funds are  
11 appropriated or deappropriated in the Governor's proposed budget. The ~~office~~ department  
12 shall formulate all budgetary recommendations for the Driver Education and Evaluation  
13 Programs with the advice, consultation and full participation of the chief executive officer  
14 of the Driver Education and Evaluation Programs.

15 Notwithstanding any other provision of law, funding appropriated and allocated by the  
16 Legislature for the ~~Office of Substance Abuse~~ department for substance abuse prevention  
17 and treatment is restricted solely to ~~the~~ that use of ~~that office~~ and may not be used for  
18 other expenses of ~~any other part of~~ the department. By January 15th of each year, the  
19 ~~director~~ commissioner or the commissioner's designee shall deliver a report of the budget  
20 and expenditures of the ~~office~~ department for substance abuse prevention and treatment to  
21 the joint standing committees of the Legislature having jurisdiction over appropriations  
22 and financial affairs and human resource matters;

23           **Sec. A-19. 5 MRSA §20005, sub-§6**, as amended by PL 2007, c. 116, §§3 and 4,  
24 is further amended to read:

25           **6. Contracts and licensing.** Through the ~~director~~ commissioner:

26           A. Administer all contracts with community service providers for the delivery of  
27 alcohol and drug abuse services;

28           A-1. Administer all contracts with community service providers for the delivery of  
29 gambling addiction counseling services; and

30           B. Establish operating and treatment standards and inspect and issue certificates of  
31 approval for approved treatment facilities, drug abuse treatment facilities or  
32 programs, including residential treatment centers, community-based service providers  
33 and facilities that are private nonmedical institutions pursuant to section 20024 and  
34 subchapter 5.

35 The commissioner may delegate contract and licensing duties under this subsection to ~~the~~  
36 ~~Department of Health and Human Services~~, the Department of Corrections ~~or other~~  
37 ~~divisions of the department~~ as long as that delegation ensures that contracting for alcohol  
38 and other drug abuse services provided in community settings ~~are~~ is consolidated within  
39 the ~~Department of Health and Human Services~~ department, that contracting for alcohol  
40 and other drug abuse services delivered within correctional facilities ~~are~~ is consolidated  
41 within the Department of Corrections and that contracting for alcohol and other drug

1 abuse services delivered within mental health and mental retardation facilities ~~are~~ is  
2 consolidated within the department.

3 The commissioner may not delegate contract and licensing duties if that delegation results  
4 in increased administrative costs.

5 The commissioner may not issue requests for proposals for existing contract services until  
6 the commissioner has adopted rules in accordance with the Maine Administrative  
7 Procedure Act to ensure that the reasons for which existing services are placed out for bid  
8 and the performance standards and manner in which compliance is evaluated are  
9 specified and that any change in provider is accomplished in a manner that fully protects  
10 the consumer of services.

11 The commissioner shall establish a procedure to obtain assistance and advice from  
12 consumers of alcohol and other drug abuse services regarding the selection of contractors  
13 when requests for proposals are issued;

14 **Sec. A-20. 5 MRSA §20005, sub-§12**, as amended by PL 1991, c. 601, §6, is  
15 further amended to read:

16 **12. Rules.** Adopt rules, in accordance with the Maine Administrative Procedure Act,  
17 necessary to carry out the purposes of this chapter and approve any rules adopted by state  
18 agencies for the purpose of implementing alcohol or drug abuse prevention or treatment  
19 programs.

20 All state agencies must comply with rules adopted by the ~~office~~ department regarding  
21 uniform alcohol and other drug abuse contracting requirements, formats, schedules, data  
22 collection and reporting requirements;

23 **Sec. A-21. 5 MRSA §20005, sub-§14**, as enacted by PL 1993, c. 410, Pt. LL,  
24 §10, is further amended to read:

25 **14. Interdepartmental cooperation.** Document to the Legislature's satisfaction;  
26 active participation and cooperation between the ~~office~~ department and the other  
27 departments with which it works through the commission;

28 **Sec. A-22. 5 MRSA §20005, sub-§16**, as enacted by PL 1993, c. 410, Pt. LL,  
29 §10, is amended to read:

30 **16. Substance abuse services plan.** Plan for not only those services funded directly  
31 by the ~~office~~ department, but also those additional services determined by the  
32 commission to be critical and related;

33 **Sec. A-23. 5 MRSA §20006-A**, as amended by PL 2007, c. 539, Pt. N, §7, is  
34 further amended to read:

35 **§20006-A. Commissioner duties**

36 The ~~director~~ commissioner or the commissioner's designee shall:

37 **1. Alternatives.** Propose alternatives to current alcohol and drug abuse prevention  
38 and treatment programs and services;

1           **2. Investigate.** Conduct investigations and studies of any alcohol or drug abuse  
2 program or community service provider operating under the control of the ~~office~~  
3 department or providing treatment under this chapter through a contract with the ~~office~~  
4 department under section 20008, that are licensed pursuant to section 20024 or any  
5 facility funded in whole or in part by municipal, state or local funds, as necessary; and

6           **3. Other duties and powers.** Carry out other duties and exercise other powers  
7 granted to the ~~director~~ commissioner under this Act and ~~delegated to the director by the~~  
8 ~~commissioner~~ under Title 22-A, section 207, subsection 3.

9           **Sec. A-24. 5 MRSA §20006-B**, as enacted by PL 2009, c. 622, §1, is amended to  
10 read:

11           **§20006-B. Gambling Addiction Prevention and Treatment Fund**

12           **1. Fund established.** The Gambling Addiction Prevention and Treatment Fund,  
13 referred to in this section as "the fund," is established for the purpose of supporting  
14 gambling addiction analysis, prevention and treatment to be administered by the ~~office~~  
15 department. The fund is a dedicated, nonlapsing fund into which payments are received  
16 in accordance with Title 8, section 1036, subsection 2.

17           **2. Report.** The ~~director~~ commissioner or the commissioner's designee shall report  
18 annually by March 1st to the joint standing committee of the Legislature having  
19 jurisdiction over gambling matters. The report must include a description of a continuum  
20 of care model used to identify the need for gambling addiction services, prevention  
21 efforts, intervention and treatment provided using money from the fund. The report must  
22 describe any collaborative efforts between the ~~office~~ department, the Gambling Control  
23 Board established under Title 8, section 1002 and slot machine operators licensed in  
24 accordance with Title 8, chapter 31 to support the purpose of the fund described in  
25 subsection 1. The ~~director~~ commissioner may submit recommendations for legislation to  
26 the joint standing committee of the Legislature having jurisdiction over gambling matters,  
27 which is authorized to submit that legislation to the Legislature.

28           **Sec. A-25. 5 MRSA §20007**, as amended by PL 1995, c. 165, §1, is further  
29 amended to read:

30           **§20007. Agency cooperation**

31           State agencies shall cooperate fully with the ~~office~~ department and council in  
32 carrying out this chapter. A state agency may not develop, establish, conduct or  
33 administer any alcohol or drug abuse prevention or treatment program without the  
34 approval of the ~~office~~ department. The ~~office~~ department may request personnel,  
35 facilities and data from other agencies as the ~~director~~ commissioner finds necessary to  
36 fulfill the purposes of this Act.

37           **Sec. A-26. 5 MRSA §20008, first ¶**, as enacted by PL 1989, c. 934, Pt. A, §3, is  
38 amended to read:

1 The ~~office~~ department shall establish and provide for the implementation of a  
2 comprehensive and coordinated program of alcohol and drug abuse prevention and  
3 treatment in accordance with subchapters ~~H~~ 2 and ~~III~~ 3 and the purposes of this Act. The  
4 program must include the following elements.

5 **Sec. A-27. 5 MRSA §20008, sub-§3**, as amended by PL 1991, c. 601, §10, is  
6 further amended to read:

7 **3. Treatment.** The ~~office~~ department shall provide for adequate and appropriate  
8 treatment for alcoholics, ~~drugs~~ drug abusers, drug addicts and drug-dependent persons  
9 admitted under sections 20043 to 20044. Treatment may not be provided at a  
10 correctional institution, except for inmates.

11 **Sec. A-28. 5 MRSA §20008, sub-§4**, as enacted by PL 1991, c. 601, §11, is  
12 amended to read:

13 **4. Contract with facilities.** The ~~office~~ department shall contract with approved  
14 treatment facilities whenever possible. The administrator of any treatment facility may  
15 receive for observation, diagnosis, care and treatment in the facility any person whose  
16 admission is applied for under any of the procedures in this subchapter.

17 **Sec. A-29. 5 MRSA §20009, first ¶**, as enacted by PL 1989, c. 934, Pt. A, §3, is  
18 amended to read:

19 The ~~office~~ department shall plan alcohol and drug abuse prevention and treatment  
20 activities in the State and prepare and submit to the Legislature the following documents:

21 **Sec. A-30. 5 MRSA §20021**, as amended by PL 1991, c. 601, §14, is further  
22 amended to read:

23 **§20021. Public awareness**

24 The ~~office~~ department shall create and maintain a program to increase public  
25 awareness of the impacts and prevalence of alcohol and drug abuse. The public  
26 awareness program must include promotional and technical assistance to local  
27 governments, schools and public and private nonprofit organizations interested in alcohol  
28 and drug abuse prevention.

29 **Sec. A-31. 5 MRSA §20022, first ¶**, as amended by PL 1991, c. 601, §15, is  
30 further amended to read:

31 As part of its comprehensive prevention and treatment program, the ~~office~~  
32 department shall operate an information clearinghouse and oversee, support and  
33 coordinate a resource center within the Department of Education. The information  
34 clearinghouse and resource center constitute a comprehensive reference center of  
35 information related to the nature, prevention and treatment of alcohol and other drug  
36 abuse. In fulfillment of the requirement of this section, the resource center may be  
37 located within the Department of Education and may operate there pursuant to a  
38 memorandum of agreement between the ~~office and the department~~ departments.

1 Information must be available for use by the general public, political subdivisions, public  
2 and private nonprofit agencies and the State.

3 **Sec. A-32. 5 MRSA §20023**, as amended by PL 1991, c. 601, §§16 and 17, is  
4 further amended to read:

5 **§20023. Education**

6 To the fullest extent possible, the Commissioner of Education shall coordinate all  
7 elementary and secondary school alcohol and drug abuse education programs  
8 administered by the Department of Education and funded under the federal Drug-Free  
9 Schools and Communities Act of 1986 with programs administered by the ~~office~~  
10 Department of Health and Human Services. The Commissioner of Education shall  
11 participate in planning, budgeting and evaluation of alcohol and other drug abuse  
12 programs, in cooperation with the Substance Abuse Advisory Group, and ensure that  
13 alcohol and drug abuse education programs administered by the Department of Education  
14 that involve any community participation are coordinated with available treatment  
15 services.

16 ~~The Commissioner of Education, in cooperation with the Substance Abuse Advisory~~  
17 ~~Group, shall prepare a plan to ensure the coordination and consolidation of alcohol and~~  
18 ~~other drug abuse education programs and must present the plan to the director by January~~  
19 ~~1, 1992. The plan must be consistent with requirements of the federal Drug-Free Schools~~  
20 ~~and Communities Act of 1986 and this chapter.~~

21 Nothing in this section interferes with the authority of the Department of Education to  
22 receive and allocate federal funds under the federal Drug-Free Schools and Communities  
23 Act of 1986.

24 **Sec. A-33. 5 MRSA §20024**, as amended by PL 2011, c. 145, §1, is further  
25 amended to read:

26 **§20024. Licensing**

27 The ~~office~~ department shall periodically enter, inspect and examine a treatment  
28 facility or program and examine its books, programs, standards, policies and accounts.  
29 This examination process must include a review of the requirements to be a community-  
30 based service provider pursuant to subchapter ~~V~~ 5. The ~~office~~ department shall fix and  
31 collect the fees for the inspection and certification and shall maintain a list of approved  
32 public and private treatment facilities.

33 Upon request by the ~~office~~ department, each approved public and private treatment  
34 facility must provide data, statistics, schedules and information that the ~~office~~ department  
35 reasonably requires. The ~~director~~ commissioner may remove a facility that fails to  
36 provide such information from the list of approved facilities.

37 An approved public or private treatment facility may not refuse inspection or  
38 examination by the ~~office~~ department under this section.

1 Procedures to decertify any facility or to refuse certification are governed by the  
2 Maine Administrative Procedure Act.

3 A treatment facility or program that receives and maintains accreditation from a  
4 national accrediting body approved by the department must be deemed in compliance  
5 with comparable state licensing rules upon its submission to the department of written  
6 evidence of compliance including, but not limited to, national accreditation approval,  
7 reports, findings and responses. The department may review compliance under this  
8 paragraph in response to a complaint against the facility or program.

9 **Sec. A-34. 5 MRSA §20041, sub-§1**, as amended by PL 1991, c. 601, §20, is  
10 further amended to read:

11 **1. Data collection; sources.** The ~~office~~ department shall collect data and use  
12 information from other sources to evaluate or provide for the evaluation of the impact,  
13 quality and value of alcohol and drug abuse prevention activities, treatment facilities and  
14 other alcohol and other drug abuse programs.

15 **Sec. A-35. 5 MRSA §20042**, as amended by PL 1991, c. 601, §20, is further  
16 amended to read:

17 **§20042. Standards**

18 The ~~office~~ department shall contract for treatment services only with approved  
19 treatment facilities.

20 **Sec. A-36. 5 MRSA §20043, first ¶**, as amended by PL 1991, c. 601, §20, is  
21 further amended to read:

22 The ~~office~~ department shall adopt rules for acceptance of persons into a treatment  
23 program, considering available treatment resources and facilities, for the purpose of early  
24 and effective treatment of alcoholics, drug abusers, drug addicts and drug-dependent  
25 persons.

26 **Sec. A-37. 5 MRSA §20043, 2nd ¶**, as enacted by PL 1989, c. 934, Pt. A, §3, is  
27 amended to read:

28 In establishing rules, the ~~office~~ department must be guided by the following  
29 standards.

30 **Sec. A-38. 5 MRSA §20043, sub-§6**, as amended by PL 1991, c. 601, §20, is  
31 further amended to read:

32 **6. Denial of treatment services.** A person, firm or corporation licensed by the  
33 ~~Office of Substance Abuse~~ department as an approved alcohol or drug treatment facility  
34 under Title 5, section 20005 to provide shelter or detoxification services, and that  
35 receives any funds administered by the ~~office~~ department to provide substance abuse  
36 prevention and treatment services, may not deny treatment to any person because of that  
37 person's inability or failure to pay any assessed fees.

1           **Sec. A-39. 5 MRSA §20044, sub-§2**, as amended by PL 1991, c. 601, §20, is  
2 further amended to read:

3           **2. Determination.** A person who comes voluntarily or is brought to an approved  
4 treatment facility for residential care and treatment must be examined immediately by a  
5 licensed physician. That person may then be admitted or referred to another health  
6 facility based upon the physician's recommendation. Subject to rules adopted by the  
7 ~~office~~ department, the administrator in charge of an approved treatment facility may  
8 determine who may be admitted for treatment. If a person is refused admission to an  
9 approved treatment facility, the administrator, subject to rules adopted by the ~~office~~  
10 department, shall refer the person to another approved treatment facility for treatment if  
11 possible and appropriate.

12           **Sec. A-40. 5 MRSA §20047, sub-§2**, as enacted by PL 1989, c. 934, Pt. A, §3, is  
13 amended to read:

14           **2. Information for research.** Notwithstanding subsection 1, the ~~director~~  
15 commissioner may make available information from patients' records for purposes of  
16 research into the causes and treatment of alcoholism and drug abuse. Information under  
17 this subsection may not be published in a way that discloses patients' names or other  
18 identifying information.

19           **Sec. A-41. 5 MRSA §20048**, as enacted by PL 1989, c. 934, Pt. A, §3, is amended  
20 to read:

21           **§20048. Visitation and communication of patients**

22           **1. Hours of visitation.** Subject to reasonable rules regarding hours of visitation  
23 ~~which that~~ the ~~director~~ commissioner may adopt, patients in any approved treatment  
24 facility must be granted opportunities for adequate consultation with counsel and for  
25 continuing contact with family and friends consistent with an effective treatment  
26 program.

27           **2. Communication.** Mail or other communication to or from a patient in any  
28 approved treatment facility may not be intercepted, read or censored. The ~~director~~  
29 commissioner may adopt reasonable rules regarding the use of telephones by patients in  
30 approved treatment facilities.

31           **3. Restrictions.** The patient may exercise all civil rights, including, but not limited  
32 to, civil service status; the right to vote; rights relating to the granting, renewal, forfeiture  
33 or denial of a license, permit, privilege or benefit pursuant to any law; and the right to  
34 enter contractual relationships and to manage the patient's property, except:

35           A. To the extent the ~~director~~ commissioner determines that it is necessary for the  
36 medical welfare of the patient to impose restrictions, unless the patient has been  
37 restored to legal capacity; or

38           B. When specifically restricted by other laws or rules.

1 Restrictions on the exercise of civil rights may not be imposed on any patient solely  
2 because of the fact of that person's admission to a mental hospital.

3 **Sec. A-42. 5 MRSA §20050, sub-§3**, as enacted by PL 1989, c. 934, Pt. A, §3, is  
4 amended to read:

5 **3. Finances.** The ~~office~~ department shall adopt rules governing financial ability that  
6 take into consideration the patient's income, savings, other personal and real property and  
7 any support being furnished to any other person that the patient is required by law to  
8 support.

9 **Sec. A-43. 5 MRSA §20065, sub-§8**, as amended by PL 1995, c. 560, Pt. L, §9  
10 and affected by §16, is further amended to read:

11 **8. Administrative and financial assistance.** The ~~office~~ department shall provide  
12 the commission administrative or financial assistance that is available from ~~office~~  
13 department resources.

14 **Sec. A-44. 5 MRSA §20067, first ¶**, as enacted by PL 1993, c. 410, Pt. LL, §12,  
15 is amended to read:

16 The commission, in cooperation with the ~~office~~ department, has the following duties.

17 **Sec. A-45. 5 MRSA §20067, sub-§1-A**, as enacted by PL 1995, c. 560, Pt. L,  
18 §11 and affected by §16, is amended to read:

19 **1-A. Advise the department.** The commission shall advise the ~~office~~ department in  
20 the development and implementation of significant policy matters relating to substance  
21 abuse.

22 **Sec. A-46. 5 MRSA §20067, sub-§3**, as enacted by PL 1993, c. 410, Pt. LL, §12,  
23 is amended to read:

24 **3. Serve as advocate; review and evaluate; inform the public.** The commission  
25 shall serve as an advocate on alcoholism and drug abuse prevention, promoting and  
26 assisting activities designed to meet the problems of drug abuse and drug dependence at  
27 the national and state levels. With the support of the ~~office~~ department, the commission  
28 shall review and evaluate on a continuing basis state and federal policies and programs  
29 relating to drug abuse and other activities conducted or assisted by state departments or  
30 agencies that affect persons who abuse or are dependent on drugs. In cooperation with  
31 the ~~office~~ department, the commission shall keep the public informed by collecting and  
32 disseminating information, by conducting or commissioning studies and publishing the  
33 results of those studies, by issuing publications and reports and by providing public  
34 forums, including conferences and workshops.

35 **Sec. A-47. 5 MRSA §20072, first ¶**, as amended by PL 1995, c. 560, Pt. L, §12  
36 and affected by §16, is further amended to read:

37 The Driver Education and Evaluation Programs are established in the ~~office~~  
38 department. The Driver Education and Evaluation Programs shall administer the alcohol

1 and other drug education, evaluation and treatment programs as provided in this chapter.  
2 The ~~office~~ department shall certify to the Secretary of State:

3 **Sec. A-48. 5 MRSA §20073-B**, as enacted by PL 1999, c. 448, §6, is amended to  
4 read:

5 **§20073-B. Programs and components; rules**

6 The ~~office~~ department shall design programs and components that are age-  
7 appropriate and therapeutically appropriate. The ~~office~~ department shall adopt rules  
8 regarding requirements for these programs and components and any other rules necessary  
9 to implement this subchapter. Rules adopted pursuant to this section are routine technical  
10 rules as defined in chapter 375, subchapter ~~H-A~~ 2-A.

11 **Sec. A-49. 5 MRSA §20074**, as amended by PL 1991, c. 850, §9, is further  
12 amended to read:

13 **§20074. Separation of evaluation and treatment functions**

14 A Driver Education and Evaluation Programs private practitioner or a counselor  
15 employed by a substance abuse facility approved or licensed by the ~~office~~ department  
16 providing services under this subchapter may not provide both treatment services and  
17 evaluation services for the same individual participating in programs under this  
18 subchapter unless a waiver is granted on a case-by-case basis by the Driver Education and  
19 Evaluation Programs. The practitioner or counselor providing evaluation services shall  
20 give a client the name of 3 practitioners or counselors who can provide treatment  
21 services, at least one of whom may not be employed by the same agency as the  
22 practitioner or counselor conducting the evaluation.

23 **Sec. A-50. 5 MRSA §20075**, as amended by PL 2001, c. 511, §2, is further  
24 amended to read:

25 **§20075. Certification; recertification**

26 All providers of the evaluation, intervention and treatment components of the Driver  
27 Education and Evaluation Programs must be certified by the ~~office~~ department pursuant  
28 to section 20005, section 20024, section 20073-B and this subchapter. The certification  
29 period for individual providers and agencies is 2 years. The ~~office~~ department shall adopt  
30 rules requiring continuing education for recertification.

31 **Sec. A-51. 5 MRSA §20076-B**, as enacted by PL 1999, c. 448, §9, is amended to  
32 read:

33 **§20076-B. Fees**

34 The ~~office~~ department shall set fees in accordance with the cost of each program. All  
35 fees must be transferred to the General Fund. The ~~office~~ department may waive all or  
36 part of any fee for a client who provides sufficient evidence of inability to pay.

1           **Sec. A-52. 5 MRSA §20077**, as enacted by PL 1991, c. 601, §28, is amended to  
2 read:

3           **§20077. Report**

4           Beginning in 1992, the ~~director~~ commissioner shall report annually by February 1st to  
5 the joint standing committee of the Legislature having jurisdiction over human resource  
6 matters regarding the ~~office's~~ department's activities under this subchapter. A copy of the  
7 report must be sent to the Executive Director of the Legislative Council.

8           **Sec. A-53. 5 MRSA §20078-A, sub-§3**, as enacted by PL 1993, c. 631, §7, is  
9 amended to read:

10           **3. Facilities; staff.** The ~~director~~ commissioner shall provide staff support and  
11 adequate facilities for the board.

12           **Sec. A-54. 5 MRSA §20078-A, sub-§4**, as enacted by PL 1993, c. 631, §7, is  
13 amended to read:

14           **4. Chair; rules.** The board shall elect annually a chair from its members. The  
15 ~~director~~ commissioner shall adopt rules to carry out the purposes of this section.

16           **Sec. A-55. 12 MRSA §10701, sub-§3, ¶D**, as enacted by PL 2003, c. 414, Pt. A,  
17 §2 and affected by c. 614, §9 and amended by c. 689, Pt. B, §6, is further amended to  
18 read:

19           D. In addition to the penalties provided under paragraphs A to C, the court may order  
20 the defendant to participate in the alcohol and other drug education, evaluation and  
21 treatment programs for multiple offenders administered by the Department of Health  
22 and Human Services, ~~Office of Substance Abuse, as established in~~ under Title 5,  
23 chapter 521.

24           **Sec. A-56. 17 MRSA §2005, sub-§3**, as enacted by PL 1997, c. 756, §1 and  
25 amended by PL 2001, c. 354, §3 and PL 2003, c. 689, Pt. B, §6, is further amended to  
26 read:

27           **3. Reporting.** Beginning April 30, 1998 and monthly thereafter, each law  
28 enforcement agency shall submit a copy of its records of all known incidents of public  
29 intoxication to the Department of Public Safety. These records may not include  
30 individuals' names. Beginning June 30, 1998 and quarterly thereafter, the Department of  
31 Public Safety shall forward these records to the Department of Health and Human  
32 Services, ~~Office of Substance Abuse~~. The records must include at least the following  
33 information:

34           A. The number of reported cases of public intoxication;

35           B. The number of persons who are reported more than one time pursuant to  
36 paragraph A;

37           C. The number of persons voluntarily transported to a state-licensed treatment  
38 facility or shelter as a result of reported incidents of public intoxication;

- 1 D. The number of persons voluntarily transported to their residence or left with a  
2 family member or friend as a result of reported incidents of public intoxication; and  
3 E. The number of intoxicated persons left at the scene of the reported incident or at  
4 another public place.

5 **Sec. A-57. 20-A MRSA §6621**, as enacted by PL 2005, c. 674, §3, is amended to  
6 read:

7 **§6621. Performance-enhancing substances**

8 **1. List of banned substances.** ~~By January 1, 2007 the Director of the Office of~~  
9 ~~Substance Abuse within the Department~~ The Commissioner of Health and Human  
10 Services, ~~known in this subchapter as "the director,"~~ shall develop a list of banned  
11 performance-enhancing substances. The list must include, but is not limited to, the  
12 following:

- 13 A. Ephedrine;  
14 B. Synephrine, also known as bitter orange;  
15 C. Dehydroepiandrosterone;  
16 D. All dietary supplements as defined by 21 United States Code, Section 321,  
17 Subsection (ff) that are on a banned substance list maintained by the National  
18 Collegiate Athletic Association or the World Anti-Doping Agency or their successor  
19 organizations; and  
20 E. All other substances that are on a banned substance list maintained by the  
21 National Collegiate Athletic Association or the World Anti-Doping Agency or their  
22 successor organizations except for:  
23 (1) A substance that is otherwise illegal in this State; or  
24 (2) A substance the use of which by minors is illegal in this State.

25 **2. Amendments to list.** ~~The director~~ Commissioner of Health and Human Services  
26 shall amend the banned substances list each time a dietary supplement or other substance  
27 referenced in subsection 1, paragraph D or E is added to the list of banned substances  
28 maintained by the National Collegiate Athletic Association or the World Anti-Doping  
29 Agency or their successor organizations. For a substance to be prohibited under section  
30 6624 in a particular school year, the substance must be added to the banned substances  
31 list maintained under this section no later than July 1st preceding that school year.

32 **3. Notification.** ~~The director~~ Commissioner of Health and Human Services shall  
33 notify the department, the Maine School Management Association and the Maine  
34 Principals' Association or their successor organizations when the initial list of banned  
35 substances is complete and of any subsequent changes to the list. The department shall  
36 notify all school administrative units that have students who participate in sports of the  
37 availability of the list. ~~The director~~ Commissioner of Health and Human Services shall  
38 post the list on ~~its~~ the publicly accessible website of the Department of Health and  
39 Human Services.

1           **Sec. A-58. 22 MRSA §272, sub-§2**, as enacted by PL 1997, c. 560, Pt. D, §2 and  
2 amended by PL 2001, c. 354, §3 and PL 2003, c. 689, Pt. B, §6, is further amended to  
3 read:

4           **2. Tobacco Prevention and Control Advisory Council.** The Tobacco Prevention  
5 and Control Advisory Council is established under Title 5, section 12004-I, subsection  
6 36-D to review the program. The advisory council shall provide advice to the bureau in  
7 carrying out its duties under this section and ensure coordination of the program with  
8 relevant nonprofit and community agencies and the Department of Education, the  
9 department, ~~the Office of Substance Abuse~~ and other relevant state agencies. The  
10 advisory council consists of 9 members, appointed as follows:

11           A. Two public health officials, appointed by the Governor;

12           B. Two representatives of nonprofit organizations involved in seeking to reduce the  
13 use of tobacco products in the State, with one representative appointed by the  
14 President of the Senate and one representative appointed by the Speaker of the House  
15 of Representatives;

16           C. A person who designs and implements issue-oriented public health media  
17 campaigns, appointed by the Governor;

18           D. Two persons involved in designing and implementing community-based  
19 education or cessation programs for the prevention of tobacco products use, one to  
20 focus on adults, appointed by the President of the Senate, and one to focus on youth,  
21 appointed by the Speaker of the House of Representatives; and

22           E. Two members of the public, appointed jointly by the President of the Senate and  
23 the Speaker of the House of Representatives in consultation with the leaders of the  
24 minority political party.

25 Appointments to the advisory council must be made by October 15, 1997. Members  
26 serve for 3-year terms and may be reappointed. When the appointment of all members is  
27 complete, the Governor or the Governor's designee shall convene the first meeting of the  
28 advisory council no later than November 15, 1997. The advisory council shall choose a  
29 chair from among its members and establish its procedure for reaching decisions. The  
30 bureau shall provide staff assistance to the advisory council. The advisory council shall  
31 report annually on the program to the Governor and the Legislature by December 1st and  
32 include any recommendations or proposed legislation to further the purposes of the  
33 program.

34 The appointing authority shall fill a vacancy on the advisory council for the remainder of  
35 the vacant term. Each member who is not a salaried employee is entitled to compensation  
36 as provided in Title 5, section 12004-I, subsection 36-D, following approval of expenses  
37 by the Director of the Bureau of Health.

38           **Sec. A-59. 22 MRSA §1551-A, sub-§5**, as enacted by PL 1995, c. 470, §9 and  
39 affected by §19, is repealed.

40           **Sec. A-60. 22 MRSA §1558, sub-§8, ¶A**, as amended by PL 2005, c. 223, §5, is  
41 further amended to read:

1 A. The District Court shall maintain a record of all fines received by the court. Any  
2 fines received must be credited as follows: 1/2 to the Department of Health and  
3 Human Services in a nonlapsing account to be used by the department to defray  
4 administrative costs of retail tobacco licensing and 1/2 to a nonlapsing account to be  
5 used by the Attorney General to support enforcement and responsible retailing  
6 education programs. Annually, the court shall report to the ~~Office of Substance~~  
7 ~~Abuse~~ department the total amount of fines collected.

8 **Sec. A-61. 22 MRSA §1558-A, sub-§2**, as enacted by PL 1995, c. 470, §9 and  
9 affected by §19 and amended by PL 1999, c. 547, Pt. B, §78 and affected by §80, is  
10 further amended to read:

11 **2. Notice to department.** The District Court shall forward to the department notice  
12 of final disposition of all proceedings conducted pursuant to this subchapter. The  
13 department shall maintain the records of the proceedings for at least 5 years. ~~Annually,~~  
14 ~~the department shall report a summary of the types and number of cases heard and the~~  
15 ~~dispositions of the cases to the Office of Substance Abuse.~~

16 **Sec. A-62. 22 MRSA §2351**, as enacted by PL 2005, c. 430, §5 and affected by  
17 §10, is amended to read:

18 **§2351. Maine Meth Watch Program**

19 **1. Establishment; purpose.** The ~~Office of Substance Abuse~~ department shall  
20 establish the Maine Meth Watch Program to educate retailers, retail employees and the  
21 public in order to help curtail suspicious sales and the theft of methamphetamine  
22 precursor drugs as defined in Title 17-A, section 1101, subsection 4-A and to identify the  
23 location of illicit methamphetamine manufacturing.

24 **2. Rulemaking.** The ~~Office of Substance Abuse~~ department may adopt rules to  
25 carry out the purposes of this chapter. Rules adopted pursuant to this subsection are  
26 routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

27 **Sec. A-63. 22 MRSA §3739, sub-§2, ¶G**, as enacted by PL 1993, c. 158, §2, is  
28 amended to read:

29 G. One employee of the ~~Office of Substance Abuse~~ organizational unit of the  
30 department that provides programs and services for substance abuse prevention and  
31 treatment, appointed by the ~~Director of the Office of Substance Abuse~~ commissioner;

32 **Sec. A-64. 22 MRSA §4004-A, sub-§3**, as corrected by RR 2003, c. 2, §77, is  
33 amended to read:

34 **3. Additional parties.** The Department of Corrections, the Department of  
35 Education, ~~the Office of Substance Abuse~~ and any other appropriate state agency may be  
36 additional parties to the agreement.

37 **Sec. A-65. 22 MRSA §7246, sub-§4**, as enacted by PL 2003, c. 483, §1 and  
38 amended by c. 689, Pt. B, §6, is repealed.

1           **Sec. A-66. 22 MRSA §7247**, as amended by PL 2011, c. 380, Pt. WW, §1, is  
2 further amended to read:

3           **§7247. Controlled Substances Prescription Monitoring Program Fund**

4           The Controlled Substances Prescription Monitoring Program Fund is established  
5 within the ~~office~~ department to be used by the ~~director of the office~~ commissioner to fund  
6 or assist in funding the program. Any balance in the fund does not lapse but is carried  
7 forward to be expended for the same purposes in succeeding fiscal years. The fund must  
8 be deposited with and maintained and administered by the ~~office~~ department. The ~~office~~  
9 commissioner may accept funds into the fund from any source, public or private,  
10 including grants or contributions of money or other things of value, that ~~at~~ the  
11 commissioner determines necessary to carry out the purposes of this chapter. Money  
12 received by the ~~office~~ department to establish and maintain the program must be used for  
13 the expenses of administering this chapter.

14           **Sec. A-67. 22 MRSA §7248**, as enacted by PL 2003, c. 483, §1, is amended to  
15 read:

16           **§7248. Controlled Substances Prescription Monitoring Program**

17           **1. Establishment of monitoring program.** Contingent upon the receipt of funds  
18 pursuant to section 7247 sufficient to carry out the purposes of this chapter, the  
19 Controlled Substances Prescription Monitoring Program is established. No later than  
20 January 2, 2004, to implement the program, the ~~office~~ department shall establish an  
21 electronic system for monitoring any controlled substance that is dispensed to a person in  
22 the State by a dispenser.

23           **2. Contract for services.** The ~~office~~ department may contract with a vendor to  
24 establish and maintain the program pursuant to rules adopted by the ~~office~~ department.

25           **3. Information available.** The program must rapidly provide information in an  
26 electronic format to prescribers and dispensers.

27           **Sec. A-68. 22 MRSA §7249**, as enacted by PL 2003, c. 483, §1, is amended to  
28 read:

29           **§7249. Reporting of prescription monitoring information**

30           **1. Information required.** Each dispenser shall submit to the ~~office~~ department, by  
31 electronic means or other format specified in a waiver granted by the ~~office~~ department,  
32 specific items of information regarding dispensed controlled substances determined by  
33 the office from the following list:

- 34           A. The dispenser identification number;
- 35           B. The date the prescription was filled;
- 36           C. The prescription number;
- 37           D. Whether the prescription is new or is a refill;

- 1 E. The National Drug Code (NDC) for the drug dispensed;
- 2 F. The quantity dispensed;
- 3 G. The dosage;
- 4 H. The patient identification number;
- 5 I. The patient name;
- 6 J. The patient address;
- 7 K. The patient date of birth;
- 8 L. The prescriber identification number;
- 9 M. The date the prescription was issued by the prescriber; and
- 10 N. The ~~office-issued~~ department-issued serial number if the ~~office~~ department
- 11 chooses to establish a serial prescription system.

12 **2. Frequency.** Each dispenser shall submit the information required under  
13 subsection 1 as frequently as specified by the ~~office~~ department.

14 **3. Waiver.** The ~~office~~ department may grant a waiver of the electronic submission  
15 requirement under subsection 1 to any dispenser for good cause, including financial  
16 hardship, as determined by the ~~office~~ department. The waiver must state the format and  
17 frequency with which the dispenser is required to submit the required information.

18 **4. Immunity from liability.** A dispenser is immune from liability for disclosure of  
19 information if the disclosure was made pursuant to and in accordance with this chapter.

20 **Sec. A-69. 22 MRSA §7250**, as amended by PL 2011, c. 218, §§1 to 4, is further  
21 amended to read:

22 **§7250. Access to prescription monitoring information and confidentiality**

23 **1. Confidentiality.** Except as provided in this section, prescription monitoring  
24 information submitted to the ~~office~~ department is confidential and is not a public record  
25 as defined in Title 1, section 402, subsection 3.

26 **2. Review of information.** If the prescription monitoring information surpasses  
27 thresholds as established by the ~~office~~ department, the ~~office~~ department shall notify the  
28 prescriber, the dispenser and, if the ~~office~~ department determines it to be necessary, the  
29 professional licensing entity and provide all relevant prescription monitoring information  
30 to those persons and entities through an established letter of notification.

31 **3. Permissible disclosure of information.** The ~~office~~ department may provide  
32 prescription monitoring information for public research, policy or education purposes as  
33 long as all information reasonably likely to reveal the patient or other person who is the  
34 subject of the information has been removed.

35 **4. Access to information.** The following persons may access prescription  
36 monitoring information:

- 1 A. A prescriber, insofar as the information relates to a patient under the prescriber's  
2 care;
- 3 B. A dispenser, insofar as the information relates to a customer of the dispenser  
4 seeking to have a prescription filled;
- 5 C. The executive director, or a board investigator as designated by each board, of the  
6 state boards of licensure of podiatric medicine, dentistry, pharmacy, medicine,  
7 osteopathy, veterinary medicine, nursing or other boards representing health care  
8 disciplines whose licensees are prescribers, as required for an investigation, with  
9 reasonable cause;
- 10 D. A patient to whom a prescription is written, insofar as the information relates to  
11 that patient;
- 12 E. ~~Office~~ Department personnel or personnel of any vendor or contractor, as  
13 necessary for establishing and maintaining the program's electronic system;
- 14 F. The Office of Chief Medical Examiner for the purpose of conducting an  
15 investigation or inquiry into the cause, manner and circumstances of death in a  
16 medical examiner case as described in section 3025. Prescription monitoring  
17 information in the possession or under the control of the Office of Chief Medical  
18 Examiner is confidential and, notwithstanding section 3022, may not be  
19 disseminated. Information that is not prescription monitoring information and is  
20 separately acquired following access to prescription monitoring information pursuant  
21 to this paragraph remains subject to protection or dissemination in accordance with  
22 section 3022;
- 23 G. The office that administers the MaineCare program pursuant to chapter 855 for  
24 the purposes of managing the care of its members, monitoring the purchase of  
25 controlled substances by its members and avoiding duplicate dispensing of controlled  
26 substances; and
- 27 H. Another state pursuant to subsection 4-A.

28 **4-A. Information sharing with other states.** The ~~office~~ department may provide  
29 prescription monitoring information to and receive prescription monitoring information  
30 from another state that has prescription monitoring information provisions consistent with  
31 this chapter and has entered into a prescription monitoring information sharing agreement  
32 with the ~~office~~ department. The ~~office~~ department may enter into a prescription  
33 monitoring information sharing agreement with another state to establish the terms and  
34 conditions of prescription monitoring information sharing and interoperability of  
35 information systems and to carry out the purposes of this subsection. For ~~purpose~~  
36 purposes of this subsection, "another state" means any state other than Maine and any  
37 territory or possession of the United States, but does not include a foreign country.

38 **5. Purge of information.** The ~~office~~ department shall purge from the program all  
39 information that is more than 6 years old.

40 **Sec. A-70. 22 MRSA §7251, sub-§1,** as enacted by PL 2003, c. 483, §1, is  
41 amended to read:

1           **1. Failure to submit information.** A dispenser who knowingly fails to submit  
2 prescription monitoring information to the ~~office~~ department as required by this chapter is  
3 subject to discipline by the Maine Board of Pharmacy pursuant to Title 32, chapter 117,  
4 subchapter 4 or by the applicable professional licensing entity.

5           **Sec. A-71. 22 MRSA §7252**, as enacted by PL 2003, c. 483, §1, is amended to  
6 read:

7           **§7252. Rulemaking**

8           The ~~office~~ department may adopt rules necessary to implement the provisions of this  
9 chapter. Rules adopted pursuant to this section are major substantive rules as defined in  
10 Title 5, chapter 375, subchapter 2-A.

11           **Sec. A-72. 26 MRSA §683, sub-§1, ¶B**, as amended by PL 1995, c. 283, §1, is  
12 further amended to read:

13           B. The employee assistance program must be certified by the ~~Office of Substance~~  
14 ~~Abuse~~ Department of Health and Human Services under rules adopted pursuant to  
15 section 687. The rules must ensure that the employee assistance programs have the  
16 necessary personnel, facilities and procedures to meet minimum standards of  
17 professionalism and effectiveness in assisting employees.

18           **Sec. A-73. 26 MRSA §687, sub-§1**, as amended by PL 1995, c. 283, §2, is  
19 further amended to read:

20           **1. Department of Health and Human Services.** The ~~Office of Substance Abuse~~  
21 Department of Health and Human Services shall adopt rules under the Maine  
22 Administrative Procedure Act, ~~Title 5, chapter 375~~, as provided in this subchapter.

23           **Sec. A-74. 26 MRSA §688**, as amended by PL 1995, c. 283, §3 and PL 2003, c.  
24 689, Pt. B, §6, is further amended to read:

25           **§688. Substance abuse education**

26           All employers shall cooperate fully with the Department of Labor, ~~Office of~~  
27 ~~Substance Abuse~~, the Department of Health and Human Services, the Department of  
28 Public Safety and any other state agency in programs designed to educate employees  
29 about the dangers of substance abuse and about public and private services available to  
30 employees who have a substance abuse problem.

31           **Sec. A-75. 28-A MRSA §1013**, as enacted by PL 2011, c. 460, §3, is amended to  
32 read:

33           **§1013. Underage drinking prevention**

34           Beginning January 1, 2012, the bureau shall pay \$75 from each license fee collected  
35 under section 1010-A to the Treasurer of State to be credited to the Department of Health  
36 and Human Services, ~~Office of Substance Abuse~~ for the purpose of prevention of  
37 consumption of liquor by minors.

1           **Sec. A-76. 28-A MRSA §1703, sub-§5**, as amended by PL 1997, c. 373, §144, is  
2 further amended to read:

3           **5. Appropriation.** The amount of funds appropriated from the General Fund to the  
4 ~~Office of Substance Abuse, as established in Title 5, chapter 521,~~ Department of Health  
5 and Human Services for substance abuse prevention and treatment may not be less than  
6 the dollar amount collected or received by the alcohol bureau and bureau under this  
7 section.

8           **Sec. A-77. 28-A MRSA §2519, sub-§2, ¶D**, as amended by PL 1999, c. 519, §2,  
9 is further amended to read:

10           D. A representative of the ~~Office of Substance Abuse~~ Department of Health and  
11 Human Services;

12           **Sec. A-78. 29-A MRSA §2401, sub-§1**, as enacted by PL 1993, c. 683, Pt. A, §2  
13 and affected by Pt. B, §5, is amended to read:

14           **1. Alcohol and drug program.** "Alcohol and drug program" means the alcohol and  
15 other drug education, evaluation and treatment program administered by the ~~Office of~~  
16 ~~Substance Abuse~~ Department of Health and Human Services under Title 5, chapter 521,  
17 subchapter ~~5~~ 5.

18           **Sec. A-79. 29-A MRSA §2411, sub-§5, ¶F**, as amended by PL 2001, c. 511, §3  
19 and PL 2003, c. 689, Pt. B, §6, is further amended to read:

20           F. For a person sentenced under paragraph B, C or D, the court shall order the  
21 defendant to participate in the alcohol and other drug program of the Department of  
22 Health and Human Services, ~~Office of Substance Abuse~~. The court may waive the  
23 program pursuant to Title 5, section 20073-B, if the court finds that the defendant has  
24 completed an alcohol or other drug treatment program subsequent to the date of the  
25 offense; and

26           **Sec. A-80. 29-A MRSA §2455, sub-§3, ¶A**, as enacted by PL 1993, c. 683, Pt.  
27 A, §2 and affected by Pt. B, §5, is amended to read:

28           A. Satisfactory completion of the Driver Education and Evaluation Programs of the  
29 ~~Office of Substance Abuse~~ Department of Health and Human Services;

30           **Sec. A-81. 29-A MRSA §2472, sub-§6**, as amended by PL 2001, c. 511, §6, is  
31 further amended to read:

32           **6. Restoration of license.** If a person's license has been suspended under subsection  
33 3 for a first offense, the Secretary of State may issue a license if:

34           A. One half of the suspension period has expired; and

35           B. The Secretary of State has received notice that the person has completed the  
36 alcohol and other drug program of the ~~Office of Substance Abuse~~ Department of  
37 Health and Human Services.

1 A 2nd or subsequent offender may be issued a license following the completion of the  
2 period of suspension ~~provided~~ if the Secretary of State has received notice that the person  
3 has completed the alcohol and other drug program of the ~~Office of Substance Abuse~~  
4 Department of Health and Human Services.

5 **Sec. A-82. 29-A MRSA §2502**, as amended by PL 2011, c. 335, §11, is further  
6 amended to read:

7 **§2502. Special licenses for driver education evaluation program; suspension**

8 **1. Issuance of special license.** Following the expiration of the total period of  
9 suspension imposed on a first-time offender pursuant to Title 15, section 3314 or sections  
10 2411, 2453, 2453-A, 2472 and 2521, the Secretary of State shall issue a special license or  
11 permit to the person if the Secretary of State receives written notice that the person has  
12 completed the assessment components of the alcohol and other drug program pursuant to  
13 Title 5, section 20073-B. First offenders who have registered for the completion of  
14 treatment programs as described in Title 5, section 20072, subsection 2 are entitled to  
15 receive a special license after completion of 3 treatment sessions provided by a counselor  
16 or agency approved by the ~~Office of Substance Abuse~~ Department of Health and Human  
17 Services. A special license or permit may not be issued under this section to 2nd and  
18 subsequent offenders.

19 **2. Suspension of special license.** If the person refuses or fails to complete the  
20 alcohol and other drug program pursuant to Title 5, section 20073-B within 3 months  
21 after receiving a special license, the Secretary of State, following notice of that refusal or  
22 failure, shall suspend the special license until the person completes the program. The  
23 suspension must continue until the Secretary of State receives written notification from  
24 the ~~Office of Substance Abuse~~ Department of Health and Human Services that the person  
25 has satisfactorily completed all required components of that program. The Secretary of  
26 State shall provide notice of suspension and opportunity for hearing pursuant to Title 5,  
27 chapter 375, subchapter 4. The sole issue at the hearing is whether the person has written  
28 notification from the ~~Office of Substance Abuse~~ Department of Health and Human  
29 Services establishing that the person has satisfactorily completed all components of that  
30 program pursuant to Title 5, section 20073-B.

31 **Sec. A-83. 29-A MRSA §2505**, as enacted by PL 1993, c. 683, Pt. A, §2 and  
32 affected by Pt. B, §5, is amended to read:

33 **§2505. Special restricted license for participation in education and treatment**  
34 **programs**

35 Notwithstanding other limitations, the Secretary of State may issue a restricted  
36 license to a person for the purpose of allowing that person to participate in an alcohol and  
37 drug program or other treatment program determined appropriate by the ~~Office of~~  
38 ~~Substance Abuse~~ Department of Health and Human Services.

39 **Sec. A-84. 32 MRSA §6212, sub-§2**, as amended by PL 2007, c. 402, Pt. U, §7,  
40 is further amended to read:

1           **2. Adopt criteria.** The board, in cooperation with the ~~Office of Substance Abuse~~  
2 Department of Health and Human Services, may design, adopt or design and adopt an  
3 examination or other suitable criteria for establishing a candidate's knowledge, skill and  
4 experience in alcohol and drug counseling. Any criteria adopted by the board for  
5 establishing a candidate's knowledge, skill and experience in alcohol and drug counseling  
6 must be clearly defined, have an established baseline scoring procedure that is objectively  
7 measured, be in writing and be available to the public upon request.

8           **Sec. A-85. 32 MRSA §13795, sub-§5**, as amended by PL 2007, c. 695, Pt. B,  
9 §18, is further amended to read:

10           **5. Rulemaking.** The ~~Director of the Office of Substance Abuse within the~~  
11 ~~Department~~ Commissioner of Health and Human Services may adopt rules to implement  
12 this subsection. Rules adopted pursuant to this subsection are major substantive rules as  
13 defined in Title 5, chapter 375, subchapter 2-A.

14           A. If the Director of the Maine Drug Enforcement Agency within the Department of  
15 Public Safety finds that the ease of availability of liquid, liquid-filled capsule or  
16 glycerin matrix forms of products containing ephedrine, pseudoephedrine or  
17 phenylpropanolamine or their salts, isomers or salts of isomers, either alone or in  
18 combination with other ingredients, referred to in this paragraph as "products," is a  
19 threat to the public health, safety and welfare, then the Director of the Maine Drug  
20 Enforcement Agency shall notify the ~~Director of the Office of Substance Abuse~~  
21 Commissioner of Health and Human Services. The ~~Director of the Office of~~  
22 ~~Substance Abuse~~ Commissioner of Health and Human Services shall consult with the  
23 joint standing committee of the Legislature having jurisdiction over health and human  
24 services matters, providing the reasons for undertaking rulemaking, and may, after  
25 consultation, adopt rules designating the products as targeted methamphetamine  
26 precursors pursuant to section 13702-A, subsection 33, paragraph B.

27           B. If the Director of the Maine Drug Enforcement Agency finds that sales of targeted  
28 methamphetamine precursors that are made without verifying the identity of the  
29 purchaser pose a threat to public health, safety and welfare, then the Director of the  
30 Maine Drug Enforcement Agency shall notify the ~~Director of the Office of Substance~~  
31 ~~Abuse~~ Commissioner of Health and Human Services. The ~~Director of the Office of~~  
32 ~~Substance Abuse~~ Commissioner of Health and Human Services shall consult with the  
33 joint standing committee of the Legislature having jurisdiction over health and human  
34 services matters, providing the reasons for undertaking rulemaking, and may, after  
35 consultation, adopt rules requiring a person making a sale of a targeted  
36 methamphetamine precursor pursuant to section 13796 to demand from the purchaser  
37 and to inspect and record prior to the sale proof of identification, including valid  
38 photographic identification, and to keep a log of sales.

39           **Sec. A-86. 34-B MRSA §1219, sub-§1**, as enacted by PL 1995, c. 431, §2 and  
40 amended by PL 2003, c. 689, Pt. B, §6, is further amended to read:

41           **1. Development of state strategy.** The department shall develop a comprehensive  
42 state strategy for preventing the inappropriate incarceration of seriously mentally ill  
43 individuals and for diverting those individuals away from the criminal justice system.

1 This strategy must be developed with the active participation of other agencies and  
2 providers responsible for serving persons with serious mental illness, including: ~~the~~  
3 ~~Department of Health and Human Services; the Department of Corrections; the~~  
4 ~~Department of Health and Human Services, Bureau of Medical Services; and~~  
5 representatives of community mental health centers, area shelters, other community  
6 providers, consumers of services and their families, providers of inpatient mental health  
7 services, advocates for consumers of mental health services, sheriffs' departments, ~~the~~  
8 ~~Office of Substance Abuse~~ and the Department of Public Safety.

9 **Sec. A-87. Maine Revised Statutes headnote amended; revision clause.** In  
10 the Maine Revised Statutes, Title 5, chapter 521, in the chapter headnote, the words  
11 "office of substance abuse" are amended to read "substance abuse prevention and  
12 treatment" and the Revisor of Statutes shall implement this revision when updating,  
13 publishing or republishing the statutes.

## 14 PART B

15 **Sec. B-1. 5 MRSA §1591, sub-§2, ¶A,** as amended by PL 2011, c. 380, Pt.  
16 UUU, §1, is further amended to read:

17 A. Any balance remaining in the accounts of the Department of Health and Human  
18 Services, ~~Bureau of Elder and Adult Services~~ appropriated for the purposes of  
19 homemaker or home-based care services at the end of any fiscal year to be carried  
20 forward for use by either program in the next fiscal year;

21 **Sec. B-2. 22 MRSA §3174-I, sub-§1, ¶B-1,** as enacted by PL 1995, c. 170, §2,  
22 is amended to read:

23 B-1. For persons with severe cognitive impairments who have been assessed and  
24 found ineligible for nursing facility level care, the department, through ~~the Bureau of~~  
25 ~~Elder and Adult Services~~, its community options unit, shall review the assessment  
26 and provide case management to assist consumers and caregivers to receive  
27 appropriate services.

28 **Sec. B-3. 22 MRSA §3472, sub-§2-A,** as amended by PL 2003, c. 653, §2 and c.  
29 689, Pt. B, §6, is repealed.

30 **Sec. B-4. 22 MRSA §5104, sub-§2,** as amended by PL 1989, c. 329, §8 and PL  
31 2003, c. 689, Pt. B, §6, is repealed.

32 **Sec. B-5. 22 MRSA §5104, sub-§6,** as amended by PL 1989, c. 329, §10 and PL  
33 2003, c. 689, Pt. B, §6, is repealed.

34 **Sec. B-6. 22 MRSA §5104-A,** as enacted by PL 1973, c. 793, §4, is amended to  
35 read:

### 36 **§5104-A. State agencies to cooperate**

37 State agencies shall cooperate fully with the ~~bureau and committee~~ department in  
38 carrying out this Part. The ~~bureau and committee are~~ department is authorized to request

1 such personnel, financial assistance, facilities and data as are reasonably required to assist  
2 ~~the bureau and committee~~ it to fulfill ~~their~~ its powers and duties.

3 State agencies proposing to develop, establish, conduct or administer programs or to  
4 assist programs relating to this Part shall, prior to carrying out such actions, consult with  
5 the ~~bureau~~ department.

6 All agencies of State Government shall advise the ~~bureau~~ department of their  
7 proposed administrative fiscal and legislative activities relating to this Part.

8 State agencies, in the implementation of their activities relating to this Part, shall keep  
9 the ~~bureau~~ department fully informed of their progress.

10 **Sec. B-7. 22 MRSA §5105**, as amended by PL 2007, c. 539, Pt. N, §39, is  
11 repealed.

12 **Sec. B-8. 22 MRSA §5106**, as amended by PL 2003, c. 653, §21 and c. 689, Pt. B,  
13 §7, is further amended to read:

14 **§5106. Powers and duties**

15 The ~~bureau~~ department shall establish, in accordance with the purposes and intent of  
16 this Part, ~~with the advice of the committee and subject to the direction of the~~  
17 ~~commissioner~~, the overall planning, policy, objectives and priorities for all functions and  
18 activities conducted or supported in the State ~~which~~ that relate to Maine's aging  
19 population and incapacitated and dependent adults. In order to carry out the above, the  
20 ~~bureau shall have~~ department has the power and duty to:

21 **1. Encourage and assist development.** Encourage and assist development of more  
22 coordinated use of existing and new resources and services relating to Maine's aging  
23 population and incapacitated and dependent adults;

24 **2. Information system.** Develop and maintain an up-to-date information system  
25 related to Maine's aging population and incapacitated and dependent adults. The  
26 information ~~shall~~ must be available for use by the people of Maine, the political  
27 subdivisions, public and private nonprofit agencies and the State. Educational materials  
28 ~~shall~~ must be prepared, published and disseminated. Objective devices and research  
29 methodologies ~~shall~~ must be continuously developed. Maintaining statistical information  
30 through uniform methods ~~which~~ that are reasonably feasible and economically efficient  
31 ~~shall~~ must be specified for use by public and private agencies, organizations and  
32 individuals. Existing sources of information ~~shall~~ must be used to the fullest extent  
33 possible, while maintaining confidentiality safeguards of state and federal law.  
34 Information may be requested and ~~shall be~~ received from any ~~State Government~~ state  
35 government or public or private agency. To the extent reasonable and feasible,  
36 information ~~shall~~ must maintain compatibility with federal information sharing standards.

37 Functions of this information system ~~shall~~ include, but are not ~~be~~ limited to:

38 A. Conducting research on the causes and nature of problems relating to Maine's  
39 aging population and incapacitated and dependent adults;

- 1 B. Collecting, maintaining and disseminating such knowledge, data and statistics  
2 related to Maine's aging population and incapacitated and dependent adults as will  
3 enable the ~~bureau~~ department to fulfill its responsibilities;
- 4 C. Determining through a detailed survey the extent of problems relating to Maine's  
5 aging population and incapacitated and dependent adults and the needs and priorities  
6 for solving such problems in the state and political subdivisions;
- 7 D. Maintaining an inventory of the types and quantity of facilities, programs and  
8 services operated under public or private auspices for Maine's aging population and  
9 incapacitated and dependent adults. This function ~~shall~~ must include: ~~The~~ the  
10 unduplicated count, location and characteristics of people served by each facility,  
11 program or service; and the amount, type and source of resources supporting  
12 functions related to Maine's aging population and incapacitated and dependent adults;  
13 and
- 14 E. Conducting a continuous evaluation of the impact, quality and value of facilities,  
15 programs and services, including their administrative adequacy and capacity.  
16 Activities operated by or with the assistance of the State and the Federal  
17 ~~Governments shall~~ Government must be evaluated. Activities to be included, but to  
18 which the ~~bureau shall~~ department is not ~~be~~ limited, are those relating to education,  
19 employment and vocational services, income, health, housing, transportation,  
20 community, social, rehabilitation, protective services and public guardianship or  
21 conservatorship for older people and incapacitated and dependent adults and  
22 programs such as the supplemental security income program, Medicare, Medicaid,  
23 property tax refunds and the setting of standards for the licensing of nursing,  
24 intermediate care and boarding homes. Included ~~shall be~~ are activities as authorized  
25 by this and so much of the several Acts and amendments to them enacted by the  
26 people of the State, and those authorized by United States Acts and amendments to  
27 them such as the:
- 28 (1) Elderly Householders Tax and Rent Refund Act of 1971;
  - 29 (2) Priority Social Services Act of 1973;
  - 30 (3) Chapter 470 of the public laws of 1969 creating the State Housing Authority;
  - 31 (4) United States Social Security Act of 1935;
  - 32 (5) United States Housing Act of 1937;
  - 33 (6) United States Older Americans Act of 1965;
  - 34 (7) United States Age Discrimination Act of 1967;
  - 35 (8) Home Based Care Act of 1981;
  - 36 (9) Congregate Housing Act of 1979;
  - 37 (10) Adult Day Care Services Act of 1983;
  - 38 (11) Adult Day Care Licensing Act of 1987;
  - 39 (12) Adult Protective Services Act of 1981; and
  - 40 (13) The Uniform Probate Code, Title 18-A;

1           **3. Coordination of efforts.** Assist, ~~with the advice of the committee,~~ the Legislative  
2 and Executive Branches of State Government, especially the Governor, ~~Commissioner of~~  
3 ~~Health and Human Services~~ and the Bureau of the Budget, to coordinate all State  
4 Government efforts relating to Maine's aging population and incapacitated and dependent  
5 adults, by:

6           A. Submitting to each branch of State Government no later than September 1st of  
7 each year an annual report covering its activities for the immediately past fiscal year  
8 and future plans, including recommendations for changes in state and federal laws,  
9 and including reports of the committee;

10           B. Reviewing all proposed legislation, fiscal activities, plans, policies and other  
11 administrative functions relating to Maine's aging population and incapacitated and  
12 dependent adults made by or requested of all state agencies. The ~~bureau shall have~~  
13 department has the authority to submit to those bodies findings, comments and  
14 recommendations, which ~~shall be~~ are advisory. Such findings and comments ~~shall~~  
15 must recommend what modification in proposals or actions ~~shall be taken~~ is required  
16 to make proposed legislation, fiscal activities and administrative activities consistent  
17 with such policies and priorities; and

18           C. Making recommendations to the respective branches of State Government related  
19 to improving the quality of life of Maine's aging population and incapacitated and  
20 dependent adults, and shall consult with and be consulted by all responsible state  
21 agencies regarding the policies, priorities and objectives of functions related to  
22 Maine's aging population and incapacitated and dependent adults;

23           **4. Comprehensive state plan.** Prepare and administer a comprehensive state plan  
24 relating to Maine's aging population and incapacitated and dependent adults, developed  
25 by the ~~bureau with the advice of the committee and~~ department subject to the direction of  
26 the commissioner. The comprehensive state plan ~~shall~~ must be implemented for the  
27 purpose of coordinating all activities and of assuring compliance with applicable state and  
28 federal laws and regulations relating to Maine's aging population and incapacitated and  
29 dependent adults. Implementation of this duty ~~shall mean~~ means that the ~~bureau shall~~  
30 have department has the authority, through a review process, to advise on the preparation  
31 and administration of any portion of any state plan relating to Maine's aging population  
32 and incapacitated and dependent adults, prepared and administered by any agency of  
33 State Government for submission to the Federal Government to obtain federal funding  
34 under federal legislation. Such state plans, or portions thereof, ~~shall~~ must include, but are  
35 not ~~be~~ limited to, all state plans dealing with education, employment and vocational  
36 services, income, health, housing, protective services, public guardianship and  
37 conservatorship, rehabilitation, social services, transportation and welfare. The ~~bureau~~  
38 department shall advise the commissioner and Governor on preparation of and provisions  
39 to be included in such plans relating to Maine's aging population and incapacitated and  
40 dependent adults;

41           **5. Programs.** Plan, establish and maintain necessary or desirable programs for  
42 individuals or groups of individuals. The ~~bureau~~ department may use the full range of its  
43 powers and duties to serve Maine's aging population and incapacitated and dependent  
44 adults through indirect services provided by agreement and through direct services  
45 provided by state employees;

1           **6. Organizational unit.** Function as the organizational unit of State Government  
2 with sole responsibility for conducting and coordinating, with the advice of the  
3 committee and subject to the direction of the commissioner, programs authorized by this  
4 Part and so much of the several Acts, amendments and successors to them enacted by the  
5 people of the State and those authorized by the United States Acts, amendments and  
6 successors to them as relate to Maine's aging population and incapacitated and dependent  
7 adults:

8           A. The 1973 Act of Maine's Elderly;

9           B. The Priority Social Service Act of 1973, including only meals for older people,  
10 transportation for older people and coordinated elderly programs;

11           C. The United States Older Americans Act of 1965; and

12           D. Adult Protective Services Act of 1981.

13 The ~~bureau~~ department is designated as the single agency of State Government solely  
14 responsible for administering, subject to the direction of the commissioner, any state  
15 plans as may be required by the above Acts, and for administering programs of Acts of  
16 the State or United States relating to Maine's aging population and incapacitated and  
17 dependent adults ~~which that~~ are not the specific responsibility of another state agency  
18 under state or federal law;

19           **7. Mobilize resources.** Help communities mobilize their resources to benefit  
20 Maine's aging population and incapacitated and dependent adults. The ~~bureau~~ department  
21 shall provide or coordinate the provision of information, technical assistance and  
22 consultation to state, regional and local governments, and to public and private nonprofit  
23 agencies, institutions, organizations and individuals. The help ~~shall be~~ is for the purpose  
24 of encouraging, developing and assisting with the initiation, establishment and  
25 administration of any plans, programs or services with a view to the establishment of a  
26 statewide network of comprehensive, coordinated services and opportunities for Maine's  
27 aging population and incapacitated and dependent adults. Included in this duty is  
28 authority to coordinate the efforts and enlist the assistance of all public and private  
29 agencies, organizations and individuals interested in Maine's aging population and  
30 incapacitated and dependent adults;

31           **8. Funds.** Seek and receive funds from the Federal Government and private sources  
32 to further its activities. Included in this function is authority to solicit, accept, administer,  
33 disburse and coordinate for the State in accordance with the intent, objectives and  
34 purposes of this Part; and within any limitation ~~which that~~ may apply from the sources of  
35 such funds, the efforts to obtain and the use of any funds from any source to benefit  
36 Maine's aging population and incapacitated and dependent adults. Any gift of money or  
37 property made by will or otherwise, and any grant or other funds appropriated, services or  
38 property available from the Federal Government, the State or any political subdivision  
39 thereof and from all other sources, public or private, may be accepted and administered.  
40 The ~~bureau~~ department may do all things necessary to cooperate with the Federal  
41 Government or any of its agencies in making application for any funds. Included in this  
42 duty is authority to advise regarding the disbursement of all state funds, or funds  
43 administered through agencies of State Government, appropriated or made available to  
44 benefit Maine's aging population and incapacitated and dependent adults;

1           **9. Agreements.** Enter into agreements necessary or incidental to the performance of  
2 its duties. Included is the power to make agreements with qualified community, regional  
3 and state level, private nonprofit and public agencies, organizations and individuals in  
4 this and other states to develop or provide facilities, programs and services for Maine's  
5 aging population and incapacitated and dependent adults. Agreements with such  
6 agencies, organizations and individuals ~~shall~~ may be executed only with agencies  
7 reviewed by ~~the committee pursuant to section 5112, subsection 4, and~~ the area agency  
8 pursuant to section 5116, subsection 1, paragraph B. The ~~bureau~~ department may engage  
9 expert advisors and assistants, who may serve without compensation or may be  
10 compensated to the extent funds may be available by appropriation, grant or allocation  
11 from a state department. The ~~bureau~~ department may pay for such expert advisors or  
12 assistants;

13           **10. Rules.** Prepare, adopt, amend, rescind and administer, with the advice of the  
14 committee and subject to the direction of the commissioner, policies, priorities,  
15 procedures, and rules ~~and regulations~~ to govern its affairs and the development and  
16 operation of facilities, programs and services. The ~~bureau~~ department may adopt rules to  
17 carry out the powers and duties pursuant to this Part and in accordance with the purpose  
18 and objectives of this Part. It shall especially adopt such rules ~~and regulations~~ as may be  
19 necessary to define contractual terms, conditions of agreements and all other rules as are  
20 necessary for the proper administration of this Part. Such adoption, amendment and  
21 rescission ~~shall~~ must be made as provided under the Maine Administrative Procedure  
22 Act, Title 5, chapter 375;

23           **11. Educational program.** Develop and implement, as an integral part of programs,  
24 an educational program. ~~Assist;~~ assist in the development of, and cooperation with,  
25 educational programs for employees of state and local governments and businesses and  
26 industries in the State. ~~Convene;~~ and convene and conduct conferences of public and  
27 private nonprofit organizations concerned with the development and operation of  
28 programs for Maine's aging population and incapacitated and dependent adults. Included  
29 ~~shall be~~ is the power to sponsor in cooperation with the committee the Blaine House  
30 Conference on Aging;

31           **11-A. Elderly Legal Services Program.** Support and maintain an Elderly Legal  
32 Services Program, by agreement with such nonprofit organization as the ~~bureau~~  
33 department finds best able to provide direct services to those of Maine's elderly in  
34 greatest economic and social need throughout the State;

35           **11-B. Adult protective services.** Administer a program of protective services as  
36 provided in chapter 958-A designed to protect incapacitated and dependent adults, ~~other~~  
37 ~~than adults who are mentally retarded,~~ from abuse, neglect, exploitation and physical  
38 danger. The program is described in the Adult Protective Services Act;

39           **11-C. Long-term care ombudsman program.** Support and maintain a long-term  
40 care ombudsman program, in accordance with the federal 1987 Older Americans Act, 42  
41 United States Code, as amended, by agreement with such nonprofit organization as the  
42 ~~bureau~~ department finds best able to provide the services;

1           **12. Training programs.** Foster, develop, organize, conduct or provide for the  
2 conduct of training programs for persons in the field of serving Maine's aging population  
3 and incapacitated and dependent adults;

4           **13. Coordinate activities.** Coordinate activities and cooperate with programs in this  
5 and other states for the common advancement of programs for Maine's aging population  
6 and incapacitated and dependent adults; and

7           ~~**14. Establish and maintain an office.** Establish and maintain an office; and~~

8           **15. Duties.** Do such other acts and exercise such other powers necessary or  
9 convenient to execute and carry out the purposes and authority expressly granted in this  
10 Part.

11           **Sec. B-9. 22 MRSA §5304, sub-§3,** as amended by PL 1989, c. 329, §19 and PL  
12 2003, c. 689, Pt. B, §6, is repealed.

13           **Sec. B-10. 22 MRSA §5304, sub-§9,** as amended by PL 1989, c. 329, §20 and  
14 PL 2003, c. 689, Pt. B, §6, is repealed.

15           **Sec. B-11. 22 MRSA §6108,** as amended by PL 1989, c. 329, §21 and PL 2003, c.  
16 689, Pt. B, §6, is further amended to read:

17           **§6108. Administration of priority social services for Maine's elderly**

18           The ~~Bureau of Elder and Adult Services~~, Department of Health and Human Services  
19 or its successors, is designated as the organizational unit of State Government with sole  
20 responsibility for administrating, ~~with the advice of the Maine Committee on Aging,~~ and  
21 subject to the direction of the commissioner, so much of the Priority Social Services  
22 Program as relates directly to older people, such as, but not limited to, these types of  
23 social services: Meals for older people, transportation for older people and health and  
24 home care needs for the elderly.

25           Regarding priority social services for older people, the ~~Bureau of Elder and Adult~~  
26 ~~Services shall have~~ department has the powers and duty to:

27           **1. Administer priority social services.** Administer priority social services in  
28 accordance with the intent, objectives and purposes of this Part and ~~shall have~~, in any  
29 respects that relate to these priority social services, the powers and duties set forth in  
30 section 5310; and

31           **2. Action to ensure consistency of priority social services.** Prepare, adopt, amend,  
32 rescind and administer, ~~with the advice of the Maine Committee on Aging,~~ policies,  
33 priorities, procedures, and rules ~~and regulations~~. The ~~Bureau of Elder and Adult Services~~  
34 department and the Department of Administrative and Financial Services, Bureau of  
35 Human Resources, respectively, shall take, pertaining to their own policies, priorities,  
36 procedures, and rules ~~and regulations~~, such action as is necessary to ~~insure~~ ensure that  
37 such items pertinent to priority social services are consistent.





1 B. The provisions of this paragraph apply to the appointment, duties and procedures  
2 of the clinical review panel under paragraph A.

3 (1) Within one business day of receiving a request under paragraph A, the  
4 superintendent of a state mental health institute or chief administrative officer of  
5 a designated nonstate mental health institution or that person's designee shall  
6 appoint a clinical review panel of 2 or more licensed professional staff who do  
7 not provide direct care to the patient. At least one person must be a professional  
8 licensed to prescribe medication relevant to the patient's care and treatment. At  
9 the time of appointment of the clinical review panel, the superintendent of a state  
10 mental health institute or chief administrative officer of a designated nonstate  
11 mental health institution or that person's designee shall notify the following  
12 persons in writing that the clinical review panel will be convened:

13 (a) The primary treating physician;

14 (b) ~~The director of the Office of Adult Mental Health Services within the~~  
15 ~~department or that person's~~ commissioner or the commissioner's designee;

16 (c) The patient's designated representative or attorney, if any;

17 (d) The State's designated federal protection and advocacy agency; and

18 (e) The patient. Notice to the patient must inform the patient that the clinical  
19 review panel will be convened and of the right to assistance from a lay  
20 advisor, at no expense to the patient, and the right to obtain an attorney at the  
21 patient's expense. The notice must include contact information for requesting  
22 assistance from a lay advisor, who may be employed by the institute or  
23 institution, and access to a telephone to contact a lay advisor must be  
24 provided to the patient.

25 (2) Within 4 days of receiving a request under paragraph A and no less than 24  
26 hours before the meeting of the clinical review panel, the superintendent of a  
27 state mental health institute or chief administrative officer of a designated  
28 nonstate mental health institution or that person's designee shall provide notice of  
29 the date, time and location of the meeting to the patient's primary treating  
30 physician, the patient and any lay advisor or attorney.

31 (3) The clinical review panel shall hold the meeting and any additional meetings  
32 as necessary, reach a final determination and render a written decision ordering  
33 or denying involuntary treatment.

34 (a) At the meeting, the clinical review panel shall receive information  
35 relevant to the determination of the patient's capacity to give informed  
36 consent to treatment and the need for treatment, review relevant portions of  
37 the patient's medical records, consult with the physician requesting the  
38 treatment, review with the patient that patient's reasons for refusing  
39 treatment, provide the patient and any lay advisor or attorney an opportunity  
40 to ask questions of anyone presenting information to the clinical review panel  
41 at the meeting and determine whether the requirements for ordering  
42 involuntary treatment have been met.

- 1 (b) All meetings of the clinical review panel must be open to the patient and  
2 any lay advisor or attorney, except that any meetings held for the purposes of  
3 deliberating, making findings and reaching final conclusions are confidential  
4 and not open to the patient and any lay advisor or attorney.
- 5 (c) The clinical review panel shall conduct its review in a manner that is  
6 consistent with the patient's rights.
- 7 (d) Involuntary treatment may not be approved and ordered if the patient  
8 affirmatively demonstrates to the clinical review panel that if that patient  
9 possessed capacity, the patient would have refused the treatment on religious  
10 grounds or on the basis of other previously expressed convictions or beliefs.
- 11 (4) The clinical review panel may approve a request for involuntary treatment  
12 and order the treatment if the clinical review panel finds, at a minimum:
- 13 (a) That the patient lacks the capacity to make an informed decision  
14 regarding treatment;
- 15 (b) That the patient is unable or unwilling to comply with the proposed  
16 treatment;
- 17 (c) That the need for the treatment outweighs the risks and side effects; and  
18 (d) That the proposed treatment is the least intrusive appropriate treatment  
19 option.
- 20 (5) The clinical review panel may make additional findings, including but not  
21 limited to findings that:
- 22 (a) Failure to treat the illness is likely to produce lasting or irreparable harm  
23 to the patient; or
- 24 (b) Without the proposed treatment the patient's illness or involuntary  
25 commitment may be significantly extended without addressing the symptoms  
26 that cause the patient to pose a likelihood of serious harm.
- 27 (6) The clinical review panel shall document its findings and conclusions,  
28 including whether the potential benefits of the proposed treatment outweigh the  
29 potential risks.

30 **Sec. D-2. 34-B MRSA §3861, sub-§3, ¶D**, as enacted by PL 2007, c. 580, §2, is  
31 amended to read:

- 32 D. If the clinical review panel under paragraph A approves the request for  
33 involuntary treatment, the clinical review panel shall enter an order for the treatment  
34 in the patient's medical records and immediately notify the superintendent of a state  
35 mental health institute or chief administrative officer of a designated nonstate mental  
36 health institution. The order takes effect:
- 37 (1) For a patient at a state mental health institute, one business day from the date  
38 of entry of the order; or
- 39 (2) For a patient at a designated nonstate mental health institution, one business  
40 day from the date of entry of the order, except that if the patient has requested

1 review of the order by the ~~director of the Office of Adult Mental Health Services~~  
2 ~~within the department~~ commissioner under paragraph F, subparagraph (2), the  
3 order takes effect one business day from the day on which the ~~director~~  
4 ~~commissioner or the commissioner's designee~~ issues a written decision.

5 **Sec. D-3. 34-B MRSA §3861, sub-§3, ¶E**, as enacted by PL 2007, c. 580, §2, is  
6 amended to read:

7 E. The order for treatment under this subsection remains in effect for 120 days or  
8 until the end of the period of commitment, whichever is sooner, unless altered by:

9 (1) An agreement to a different course of treatment by the primary treating  
10 physician and patient;

11 (2) For a patient at a designated nonstate mental health institution, modification  
12 or vacation of the order by the ~~director of the Office of Adult Mental Health~~  
13 ~~Services within the department~~ commissioner or the commissioner's designee; or

14 (3) An alteration or stay of the order entered by the Superior Court after  
15 reviewing the entry of the order by the clinical review panel on appeal under  
16 paragraph F.

17 **Sec. D-4. 34-B MRSA §3861, sub-§3, ¶F**, as enacted by PL 2007, c. 580, §2, is  
18 amended to read:

19 F. The provisions of this paragraph apply to the review and appeal of an order of the  
20 clinical review panel entered under paragraph B.

21 (1) The order of the clinical review panel at a state mental health institute is final  
22 agency action that may be appealed to the Superior Court in accordance with  
23 Rule 80C of the Maine Rules of Civil Procedure.

24 (2) The order of the clinical review panel at a designated nonstate mental health  
25 institution may be reviewed by the ~~director of the Office of Adult Mental Health~~  
26 ~~Services within the department or the designee of the director~~ commissioner or  
27 the commissioner's designee upon receipt of a written request from the patient  
28 submitted no later than one day after the patient receives the order of the clinical  
29 review panel. Within 3 business days of receipt of the request for review, the  
30 ~~director or commissioner or the commissioner's~~ designee shall review the full  
31 clinical review panel record and issue a written decision. The decision of the  
32 ~~director or commissioner or the commissioner's~~ designee may affirm the order,  
33 modify the order or vacate the order. The decision of the ~~director or~~  
34 commissioner or the commissioner's designee takes effect one business day after  
35 the ~~director or commissioner or the commissioner's~~ designee issues a written  
36 decision. The decision of the ~~director or commissioner or the commissioner's~~  
37 designee is final agency action that may be appealed to the Superior Court in  
38 accordance with Rule 80C of the Maine Rules of Civil Procedure.

## 39 PART E

40 **Sec. E-1. 22 MRSA §7924, sub-§1**, as amended by PL 2009, c. 1, Pt. S, §1, is  
41 further amended to read:

1           **1. Alleged violations reported and investigated.** Any person who believes that any  
2 of those rules governing the licensure of long-term care facilities or the operation of  
3 assisted living programs and services authorized pursuant to section 7853 adopted by the  
4 department pertaining to residents' rights and conduct of resident care has been violated  
5 may report the alleged violation to the protection and advocacy agency designated  
6 pursuant to Title 5, section ~~19501~~ 19502; the long-term care ombudsman pursuant to  
7 section 5106, subsection 11-C and section 5107-A; ~~the Office of Advocacy pursuant to~~  
8 ~~Title 34-B, section 5005~~; and any other agency or person whom the commissioner may  
9 designate.

10           **Sec. E-2. 34-B MRSA §1223, sub-§9, ¶F,** as enacted by PL 2007, c. 356, §7 and  
11 affected by c. 695, Pt. D, §3, is amended to read:

12           F. The board may refer individual cases that require investigation or action to the  
13 ~~Office of Adults with Cognitive and Physical Disability Services or the Office of~~  
14 ~~Advocacy within the~~ department, the protection and advocacy agency designated  
15 pursuant to Title 5, section 19502 or other appropriate agency.

16           **Sec. E-3. 34-B MRSA §1223, sub-§10, ¶B,** as enacted by PL 2007, c. 356, §7  
17 and affected by c. 695, Pt. D, §3, is amended to read:

18           B. ~~The chief advocate and the manager of adult protective services in the Office of~~  
19 ~~Adults with Cognitive and Physical Disability Services within the~~ advocacy agency  
20 designated pursuant to Title 5, section 19502 or the department, when requested by  
21 the board or pursuant to a written agreement with the board, shall release to the board  
22 information pertaining to alleged abuse, exploitation or neglect or alleged  
23 dehumanizing practice or violation of rights of a person with ~~mental retardation~~  
24 intellectual disabilities or autism. The board shall maintain the confidentiality of  
25 information disclosed to it or discovered by it as required by section 1207.

26           **Sec. E-4. 34-B MRSA §5005,** as enacted by PL 2007, c. 356, §17 and affected by  
27 §31, is repealed.

28           **Sec. E-5. 34-B MRSA §5005-A** is enacted to read:

29           **§5005-A. Advocacy agency**

30           **1. Agency.** The department shall contract with the agency designated pursuant to  
31 Title 5, section 19502, referred to in this section as "the agency," to provide the services  
32 described in subsection 2 to individuals with intellectual disabilities or autism.

33           **2. Duties.** The department shall contract with the agency to:

34           A. Receive complaints made by or on behalf of individuals with intellectual  
35 disabilities or autism and represent their interests in any matter pertaining to their  
36 rights and dignity;

37           B. Investigate the claims, grievances and allegations of violations of the rights of  
38 individuals with intellectual disabilities or autism;

1 C. Intercede on behalf of individuals with intellectual disabilities or autism with  
2 officials of any provider of service administered, licensed or funded by the  
3 department, except that the agency may refuse to take action on any complaint that it  
4 considers to be trivial or moot or for which there is clearly another remedy available;

5 D. Assist individuals with intellectual disabilities or autism in any hearing or  
6 grievance proceeding pertaining to their rights and dignity;

7 E. Refer individuals with intellectual disabilities or autism to other agencies or  
8 entities and collaborate with those agencies or entities for the purpose of advocating  
9 for the rights and dignity of those individuals;

10 F. Act as an information source regarding the rights of all individuals with  
11 intellectual disabilities or autism, keeping itself informed about all laws,  
12 administrative rules and institutional and other policies relating to the rights and  
13 dignity of those individuals and about relevant legal decisions and other  
14 developments related to the fields of mental health, intellectual disabilities and  
15 autism, both in this State and in other parts of the country; and

16 G. Make and publish reports necessary to the performance of the duties described in  
17 this section. The agency may report its findings to groups outside the department,  
18 such as legislative bodies, advisory committees, commissions, law enforcement  
19 agencies and the press. At least annually, the agency shall report both in person and  
20 in writing to the joint standing committee of the Legislature having jurisdiction over  
21 health and human services matters regarding the performance of the duties described  
22 in this section.

23 **3. Participate in personal planning.** The agency may participate in personal  
24 planning when the agency has concerns regarding the rights or dignity of a person with  
25 intellectual disabilities or autism. A person has the right to refuse such participation.

26 **4. Access to files and records.** The agency has access, limited only by the civil  
27 service law, to the files, records and personnel of any provider of services administered,  
28 licensed or funded by the department and to all reports and related documents submitted  
29 pursuant to section 5604-A.

30 **5. Confidentiality.** Requests for confidentiality are treated as follows.

31 A. Any request by or on behalf of an individual with intellectual disabilities or  
32 autism for action by the agency and all written records or accounts related to the  
33 request are confidential as to the identity of the individual.

34 B. The records and accounts under paragraph A may be released only as provided by  
35 law.

36 **Sec. E-6. 34-B MRSA §5470-B, sub-§7, ¶B,** as enacted by PL 2007, c. 356, §21  
37 and affected by §31, is amended to read:

38 B. The department shall provide the ~~Office of Advocacy~~ advocacy agency  
39 designated pursuant to Title 5, section 19502 with sufficient advance notice of all  
40 scheduled personal planning meetings to permit the ~~office~~ advocacy agency to

1 determine if the attendance or participation of an advocate in the planning process is  
2 appropriate pursuant to the duties and responsibilities of the ~~office~~ advocacy agency.

3 **Sec. E-7. 34-B MRSA §5604, sub-§3, ¶A**, as enacted by PL 2007, c. 356, §23  
4 and affected by §31, is amended to read:

5 A. The department shall provide easily accessible and regular notice of the grievance  
6 process to persons with ~~mental retardation~~ intellectual disabilities or autism served by  
7 the department. This notice must be included in informational materials provided to  
8 such persons, as well as to guardians, families, correspondents and allies. Notice of  
9 the right to appeal must be prominently displayed in regional offices and on the  
10 department's publicly accessible website and must be readily available from provider  
11 agencies. Notice of the right to appeal must be included in all substantive  
12 correspondence regarding personal planning. Written notice of the right to appeal  
13 must also be provided when there is a denial or reduction of services or supports to  
14 persons served by the department. All notices and information regarding the  
15 grievance process must be written in language that is plain and understandable and  
16 must include the address and telephone number of the ~~Office of Advocacy and the~~  
17 protection and advocacy agency designated pursuant to Title 5, section 19502.

18 **Sec. E-8. 34-B MRSA §5604-A, sub-§3**, as enacted by PL 2007, c. 356, §24 and  
19 affected by §31, is amended to read:

20 **3. Violation.** All persons with knowledge of an alleged violation of the rights of an  
21 individual with ~~mental retardation~~ intellectual disabilities or autism as set out in section  
22 5605 shall promptly report the details of the alleged violation to the ~~Office of Advocacy~~  
23 advocacy agency designated pursuant to Title 5, section 19502 as set forth in department  
24 rules.

25 **Sec. E-9. 34-B MRSA §5605, sub-§13, ¶B**, as amended by PL 2011, c. 186, Pt.  
26 A, §27, is further amended to read:

27 B. Behavior modification and behavior management programs may be used only to  
28 correct behavior more harmful to the person than the program and only:

- 29 (1) On the recommendation of the person's personal planning team;
- 30 (2) For an adult 18 years of age or older, with the approval, following a case-by-  
31 case review, of a review team composed of ~~an advocate~~ a representative from the  
32 ~~Office of Advocacy; a representative designated by the Office of Adults with~~  
33 ~~Cognitive and Physical Disability Services; department,~~ a representative from the  
34 advocacy agency designated pursuant to Title 5, section 19502 and a  
35 representative designated by the Maine Developmental Services Oversight and  
36 Advisory Board; and
- 37 (3) For a child under 18 years of age, with the approval, following a case-by-  
38 case review, of a review team composed of ~~an advocate~~ a representative from the  
39 ~~Office of Advocacy~~ advocacy agency designated pursuant to Title 5, section  
40 19502, a team leader of the department's children's services division and the  
41 children's services medical director or the director's designee. Until rules are  
42 adopted by the department to govern behavioral treatment reviews for children,

1 the team may not approve techniques any more aversive or intrusive than are  
2 permitted in rules adopted by the Secretary of the United States Department of  
3 Health and Human Services regarding treatment of children and youth in  
4 nonmedical community-based facilities funded under the Medicaid program.

5 **Sec. E-10. 34-B MRSA §5605, sub-§14-A**, as amended by PL 2011, c. 186, Pt.  
6 A, §28, is further amended to read:

7 **14-A. Restraints.** A person with ~~mental retardation~~ intellectual disabilities or  
8 autism is entitled to be free from restraint unless:

9 A. The restraint is a short-term step to protect the person from imminent injury to  
10 that person or others; or

11 B. The restraint has been approved as a behavior management program in  
12 accordance with this section.

13 A restraint may not be used as punishment, for the convenience of the staff or as a  
14 substitute for habilitative services. A restraint may impose only the least possible  
15 restriction consistent with its purpose and must be removed as soon as the threat of  
16 imminent injury ends. A restraint may not cause physical injury to the person receiving  
17 services and must be designed to allow the greatest possible comfort and safety.

18 Daily records of the use of restraints identified in paragraph A must be kept, which may  
19 be accomplished by meeting reportable event requirements.

20 Daily records of the use of restraints identified in paragraph B must be kept, and a  
21 summary of the daily records pertaining to the person must be made available for review  
22 by the person's planning team, as defined in section 5461, subsection 8-C, on a schedule  
23 determined by the team. The review by the personal planning team may occur no less  
24 frequently than quarterly. The summary of the daily records must state the type of  
25 restraint used, the duration of the use and the reasons for the use. A monthly summary of  
26 all daily records pertaining to all persons must be relayed to the ~~Office of Advocacy~~  
27 advocacy agency designated pursuant to Title 5, section 19502.

28 **Sec. E-11. 34-B MRSA §5606, sub-§1**, as amended by PL 2007, c. 356, §26 and  
29 affected by §31, is further amended to read:

30 **1. Report and investigation.** Any alleged violation of the rights of a person  
31 receiving services must be reported immediately to the ~~Office of Advocacy within the~~  
32 department advocacy agency designated pursuant to Title 5, section 19502, referred to in  
33 this subsection as "the agency," and to the Attorney General's office.

34 A. The ~~Office of Advocacy~~ agency shall conduct an investigation of each alleged  
35 violation pursuant to section ~~5005~~ 5005-A.

36 B. The ~~Office of Advocacy~~ agency shall submit a written report of the findings and  
37 results of the investigation to the chief administrative officer of the facility in which  
38 the rights of the person receiving services were allegedly violated and to the  
39 commissioner within 2 working days after the day of the occurrence or discovery of  
40 the alleged incident.



1	<b>GENERAL FUND</b>	<b>2011-12</b>	<b>2012-13</b>
2	POSITIONS - LEGISLATIVE COUNT	0.000	(9.000)
3	Personal Services	\$0	(\$704,020)
4			
5	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$704,020)</u>

6 **Mental Health Services - Community 0121**

7 Initiative: Eliminates 33 Intensive Case Manager positions, 2 Mental Health Caseworker  
8 Supervisor positions, one Mental Health Worker III position and one Social Services  
9 Manager I position in the Mental Health Services - Community program and increases  
10 All Other funding to expand the Projects for Assistance in Transition from Homelessness  
11 program to a statewide model. The remaining savings will be used to contract for case  
12 management services.

13	<b>GENERAL FUND</b>	<b>2011-12</b>	<b>2012-13</b>
14	POSITIONS - LEGISLATIVE COUNT	0.000	(37.000)
15	Personal Services	\$0	(\$1,883,500)
16	All Other	\$0	\$1,883,500
17			
18	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$0</u>

19 **Mental Health Services - Community 0121**

20 Initiative: Provides for the restructuring of the Department of Health and Human  
21 Services' Office of Substance Abuse and Office of Adult Mental Health Services.

22	<b>GENERAL FUND</b>	<b>2011-12</b>	<b>2012-13</b>
23	POSITIONS - LEGISLATIVE COUNT	0.000	(4.000)
24	Personal Services	\$0	(\$216,208)
25			
26	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$216,208)</u>

27 **Office of Advocacy 0632**

28 Initiative: Eliminates one Public Service Manager II position and 6 full-time and one  
29 part-time Advocate positions to reflect the elimination of the Office of Advocacy and  
30 provides funding in the All Other line category for contracts. This request will reduce  
31 General Fund undedicated revenue by \$140,259.

32	<b>GENERAL FUND</b>	<b>2011-12</b>	<b>2012-13</b>
33	POSITIONS - LEGISLATIVE COUNT	0.000	(7.500)
34	Personal Services	\$0	(\$419,384)
35	All Other	\$0	\$261,708
36			



1	<b>FEDERAL EXPENDITURES FUND</b>	<b>2011-12</b>	<b>2012-13</b>
2	POSITIONS - LEGISLATIVE COUNT	0.000	(27.000)
3	Personal Services	\$0	(\$1,727,713)
4	All Other	\$0	(\$2,656,179)
5			
6	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>(\$4,383,892)</u>

7	<b>OTHER SPECIAL REVENUE FUNDS</b>	<b>2011-12</b>	<b>2012-13</b>
8	POSITIONS - LEGISLATIVE COUNT	0.000	0.000
9	Personal Services	\$0	\$1,479,798
10	All Other	\$0	(\$2,668,528)
11			
12	OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>(\$1,188,730)</u>

13 **Bureau of Child and Family Services - Regional 0452**

14 Initiative: Provides for the restructuring of the Department of Health and Human  
15 Services' Office of Child and Family Services.

16	<b>GENERAL FUND</b>	<b>2011-12</b>	<b>2012-13</b>
17	POSITIONS - LEGISLATIVE COUNT	15.000	(16.000)
18	Personal Services	\$770,674	(\$6,230,149)
19	All Other	\$45,374	\$432,191
20			
21	GENERAL FUND TOTAL	<u>\$816,048</u>	<u>(\$5,797,958)</u>

22	<b>FEDERAL EXPENDITURES FUND</b>	<b>2011-12</b>	<b>2012-13</b>
23	All Other	\$0	(\$21,372)
24			
25	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>(\$21,372)</u>

26	<b>OTHER SPECIAL REVENUE FUNDS</b>	<b>2011-12</b>	<b>2012-13</b>
27	Personal Services	\$230,194	\$7,322,251
28	All Other	\$13,553	\$975,406
29			
30	OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$243,747</u>	<u>\$8,297,657</u>

31 **Bureau of Medical Services 0129**

32 Initiative: Establishes 2 Public Service Coordinator I positions funded 50% General Fund  
33 and 50% Federal Expenditures Fund in the Bureau of Medical Services.

1	<b>GENERAL FUND</b>	<b>2011-12</b>	<b>2012-13</b>
2	Personal Services	\$0	\$83,362
3	All Other	\$0	\$5,000
4			
5	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$88,362</u>

6	<b>FEDERAL EXPENDITURES FUND</b>	<b>2011-12</b>	<b>2012-13</b>
7	POSITIONS - LEGISLATIVE COUNT	0.000	2.000
8	Personal Services	\$0	\$83,362
9	All Other	\$0	\$6,341
10			
11	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$89,703</u>

12      **Child Care Food Program 0454**

13      Initiative: Provides for the restructuring of the Department of Health and Human  
14      Services' Office of Child and Family Services.

15	<b>FEDERAL EXPENDITURES FUND</b>	<b>2011-12</b>	<b>2012-13</b>
16	POSITIONS - LEGISLATIVE COUNT	0.000	(2.000)
17	Personal Services	\$0	(\$82,533)
18	All Other	\$0	(\$327)
19			
20	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$82,860)</u>

21      **Child Care Services 0563**

22      Initiative: Provides for the restructuring of the Department of Health and Human  
23      Services' Office of Child and Family Services.

24	<b>FEDERAL BLOCK GRANT FUND</b>	<b>2011-12</b>	<b>2012-13</b>
25	POSITIONS - LEGISLATIVE COUNT	0.000	7.000
26	Personal Services	\$0	(\$140,825)
27	All Other	\$0	\$41,647
28			
29	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$99,178)</u>

30      **Child Support 0100**

31      Initiative: Establishes 8 Human Services Support Enforcement Agent positions funded  
32      34% General Fund and 66% Federal Expenditures Fund in the Child Support program.  
33      The General Fund portion of the positions is funded by the additional undedicated  
34      revenue generated by these additional positions.

1	<b>GENERAL FUND</b>	<b>2011-12</b>	<b>2012-13</b>
2	Personal Services	\$0	\$174,240
3	All Other	\$0	\$15,000
4			
5	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$189,240</u>
6	<b>FEDERAL EXPENDITURES FUND</b>	<b>2011-12</b>	<b>2012-13</b>
7	POSITIONS - LEGISLATIVE COUNT	0.000	8.000
8	Personal Services	\$0	\$338,240
9	All Other	\$0	\$30,667
10			
11	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$368,907</u>
12	<b>Departmentwide 0640</b>		
13	Initiative: Provides funds in the Departmentwide program within the Department of		
14	Health and Human Services.		
15	<b>GENERAL FUND</b>	<b>2011-12</b>	<b>2012-13</b>
16	All Other	\$232,236	\$871,987
17			
18	GENERAL FUND TOTAL	<u>\$232,236</u>	<u>\$871,987</u>
19	<b>IV-E Foster Care/Adoption Assistance 0137</b>		
20	Initiative: Provides for the restructuring of the Department of Health and Human		
21	Services' Office of Child and Family Services.		
22	<b>GENERAL FUND</b>	<b>2011-12</b>	<b>2012-13</b>
23	All Other	\$0	\$1,418,655
24			
25	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$1,418,655</u>
26	<b>FEDERAL EXPENDITURES FUND</b>	<b>2011-12</b>	<b>2012-13</b>
27	All Other	\$0	(\$15,143,042)
28			
29	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>(\$15,143,042)</u>
30	<b>OTHER SPECIAL REVENUE FUNDS</b>	<b>2011-12</b>	<b>2012-13</b>
31	All Other	\$0	(\$72,393)
32		<u>                    </u>	<u>                    </u>

1 OTHER SPECIAL REVENUE FUNDS TOTAL \$0 (\$72,393)

2 **Purchased Social Services 0228**

3 Initiative: Provides for the restructuring of the Department of Health and Human  
4 Services' Office of Child and Family Services.

5	<b>GENERAL FUND</b>	<b>2011-12</b>	<b>2012-13</b>
6	Personal Services	\$0	\$12,410
7			
8	<b>GENERAL FUND TOTAL</b>	<u>\$0</u>	<u>\$12,410</u>

9 **State-funded Foster Care/Adoption Assistance 0139**

10 Initiative: Provides for the restructuring of the Department of Health and Human  
11 Services' Office of Child and Family Services.

12	<b>GENERAL FUND</b>	<b>2011-12</b>	<b>2012-13</b>
13	POSITIONS - LEGISLATIVE COUNT	(15,000)	(14,000)
14	Personal Services	(\$1,000,868)	(\$1,173,774)
15	All Other	(\$47,416)	\$3,276,335
16			
17	<b>GENERAL FUND TOTAL</b>	<u>(\$1,048,284)</u>	<u>\$2,102,561</u>

18	<b>FEDERAL EXPENDITURES FUND</b>	<b>2011-12</b>	<b>2012-13</b>
19	Personal Services	\$0	\$19,803
20	All Other	\$0	\$386,872
21			
22	<b>FEDERAL EXPENDITURES FUND TOTAL</b>	<u>\$0</u>	<u>\$406,675</u>

23	<b>OTHER SPECIAL REVENUE FUNDS</b>	<b>2011-12</b>	<b>2012-13</b>
24	Personal Services	\$0	\$205,995
25	All Other	\$0	(\$5,652,788)
26			
27	<b>OTHER SPECIAL REVENUE FUNDS TOTAL</b>	<u>\$0</u>	<u>(\$5,446,793)</u>

28 **Office of Elder Services Adult Protective Services Z040**

29 Initiative: Provides for the restructuring of the Department of Health and Human  
30 Services' Office of Aging and Disability Services.

1	<b>GENERAL FUND</b>	<b>2011-12</b>	<b>2012-13</b>
2	POSITIONS - LEGISLATIVE COUNT	0.000	3.000
3	Personal Services	\$0	\$320,194
4	All Other	\$0	\$15,000
5			
6	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$335,194</u>

7	<b>HEALTH AND HUMAN SERVICES,</b>		
8	<b>DEPARTMENT OF (FORMERLY DHS)</b>		
9	<b>DEPARTMENT TOTALS</b>	<b>2011-12</b>	<b>2012-13</b>
10			
11	GENERAL FUND	\$0	\$1,147,222
12	FEDERAL EXPENDITURES FUND	\$0	(\$18,765,881)
13	OTHER SPECIAL REVENUE FUNDS	\$243,747	\$1,589,741
14	FEDERAL BLOCK GRANT FUND	\$0	(\$99,178)
15			
16	DEPARTMENT TOTAL - ALL FUNDS	<u>\$243,747</u>	<u>(\$16,128,096)</u>

17 **SUMMARY**

18 This bill restructures the Department of Health and Human Services. The bill does  
19 not eliminate the duties and functions of those organizational units eliminated in the bill;  
20 under the bill, the department and the Commissioner of Health and Human Services are  
21 directed to carry out those duties and functions.

22 Part A eliminates as a separate and distinct office the Office of Substance Abuse.

23 Part B eliminates as a separate and distinct office the Office of Elder and Adult  
24 Services.

25 Part C eliminates as a separate and distinct office the Office of Adults with Cognitive  
26 and Physical Disabilities.

27 Part D eliminates as a separate and distinct office the Office of Adult Mental Health  
28 Services.

29 Part E eliminates the Office of Advocacy and directs the department to contract with  
30 an agency to provide services to individuals with intellectual disabilities and autism.

31 Part F directs the commissioner to review the current organizational structure,  
32 systems and operations of the department and restructure the department in order to  
33 improve and streamline services.

34 Part F also requires the commissioner and the State Budget Officer to provide a  
35 report to the joint standing committees of the Legislature having jurisdiction over health  
36 and human services matters and appropriations and financial affairs outlining the progress  
37 towards the new organizational structure and any transferred amounts.

1           Part G makes appropriations and allocations to support this restructuring and  
2 authorizes the State Budget Officer to transfer positions, appropriations and allocations  
3 between accounts and line categories by financial order upon approval of the Governor.