

MAINE STATE LEGISLATURE

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FIRST REGULAR SESSION

ONE HUNDRED AND NINTH LEGISLATURE

Legislative Document

No. 387

H. P. 278

House of Representatives, February 7, 1979

Speaker laid before the House and referred to the Committee on Health and Institutional Services. Sent up for concurrence and ordered printed.

EDWIN H. PERT, Clerk

Presented by Mr. Higgins of Scarborough.

Cosponsors: Mrs. Payne of Portland, Mr. Diamond of Windham and Mr. Tarbell of Bangor.

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED
SEVENTY-NINE

AN ACT to Provide Funds to Subsidize Adoption of Handicapped Children.

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

19 MRSA § 541, 2nd ¶, as enacted by PL 1975, c. 263, and as amended by PL 1975, c. 293, § 4, is repealed and the following enacted in its place:

The amount of the subsidy may vary depending upon the resources of the adoptive parents, the special needs of the child as well as the availability of other resources but may not exceed the total cost of caring for the child if the child were to remain in the care or custody of the Department of Human Services without regard to the source of the funds which would have been used to care for the child. The duration of the subsidy may continue until the cessation of legal parental responsibility.

STATEMENT OF FACT

The original Adoption Subsidy Act limited the money available to subsidize an adoption to the state share of the cost of caring for a child if he were to remain in the custody of the Department of Human Services. When a child is eligible for federal funding for foster care, Medicaid or Supplemental Security Income, he

loses that eligibility when placed for adoption, thereby severely limiting the money available to subsidize his adoption and making it less expensive to the State to keep him in foster care rather than adoption. This change in the law would allow the State to subsidize the adoption, subject to the rules for the program, up to the total cost of care of the child if he were to remain in foster care regardless of the source of funds that would have been used.