MAINE STATE LEGISLATURE

The following document is provided by the

LAW AND LEGISLATIVE DIGITAL LIBRARY

at the Maine State Law and Legislative Reference Library

http://legislature.maine.gov/lawlib



Reproduced from scanned originals with text recognition applied (searchable text may contain some errors and/or omissions)

REP. SARA GIDEON CHAIR

SEN, MICHAEL D. THIBODEAU VICE-CHAIR

EXECUTIVE DIRECTOR GRANT T. PENNOYER



128TH MAINE STATE LEGISLATURE LEGISLATIVE COUNCIL SEN. GARRETT P. MASON SEN. ANDRE E. CUSHING SEN. TROY D. JACKSON SEN. NATHAN L. LIBBY REP. ERIN D. HERBIG REP. JARED F. GOLDEN REP. KENNETH W. FREDETTE REP. ELEANOR M. ESPLING

128th Legislature Legislative Council

May 25, 2017 2:00 PM

REVISED AGENDA

		ACC VISED TIGHT (DI	
Page	<u>Item</u>	CALL TO ORDER	Action
		ROLL CALL	
1		SUMMARY OF THE APRIL 27, 2017 MEETING OF THE LEGISLATIVE COUNCIL	Decision
		REPORTS FROM EXECUTIVE DIRECTOR AND STAFF OFFICE DIRECTORS	
13		• Executive Director's Report (Mr. Pennoyer)	Information
14		• Fiscal Report (Mr. Nolan)	Information
		 REPORTS FROM COUNCIL COMMITTEES Personnel Committee No report State House Facilities Committee Legislative Budget Subcommittee 	
		OLD BUSINESS	
18	Item #1:	Council Actions Taken by Ballot (No Action Required)	Information
19	Item #2:	Proposed Amendment to Legislative Council Policy on the Use of Capitol Park	Decision
26	Item #3:	Request for exception to policy to hold Drone Day in the Park	Decision

NEW BUSINESS

* 27	Item #1:	Consideration of After Deadline Bill Requests	Roll Call Vote
30	Item #2:	Proposed Cloture Date & Related Schedule for Second Regular Session (Ms. Gresser)	Decision
33	Item #3:	Submission of the Task Force to Address the Opioid Crisis in the State Interim Report (April 2017)	Acceptance

ANNOUNCEMENTS AND REMARKS

ADJOURNMENT

REP. SARA GIDEON CHAIR

SEN, MICHAEL D. THIBODEAU VICE-CHAIR

EXECUTIVE DIRECTOR GRANT T. PENNOYER



128TH MAINE STATE LEGISLATURE LEGISLATIVE COUNCIL SEN. GARRETT P. MASON SEN. ANDRE E. CUSHING SEN. TROY D. JACKSON SEN. NATHAN L. LIBBY REP. ERIN D. HERBIG REP. JARED F. GOLDEN REP. KENNETH W. FREDETTE REP. ELEANOR M. ESPLING

LEGISLATIVE COUNCIL MEETING SUMMARY April 27, 2017

CALL TO ORDER

Speaker Gideon called the April 27, 2017 meeting of the Legislative Council to order at 2:05 p.m. in the Legislative Council Chamber.

ROLL CALL

Senators:

President Thibodeau, Senator Mason, Senator Jackson and Senator Libby

Absent:

Senator Cushing (arrived late)

Representatives:

Speaker Gideon, Representative Golden, Representative Fredette, and

Representative Espling

Absent:

Representative Herbig

Legislative Officers:

Heather Priest, Secretary of the Senate

Robert Hunt, Clerk of the House

Grant T. Pennoyer, Executive Director of the Legislative Council

Dawna Lopatosky, Legislative Finance Director

Jackie Little, Human Resources Director Suzanne Gresser, Revisor of Statutes

Marion Hylan Barr, Director, Office of Policy and Legal Analysis Chris Nolan, Director, Office of Fiscal and Program Review John Barden, Director, Law and Legislative Reference Library Kevin Dieterich, Director, Legislative Information Technology

Speaker Gideon convened the meeting at 2:05 p.m. with a quorum of members present.

SUMMARY OF FEBRUARY 14, 2017 MEETING OF LEGISLATIVE COUNCIL

Motion: That the Meeting Summary for March 23, 2017 be accepted and placed on file. Motion by Senator Mason. Second by President Thibodeau. Motion passed unanimous (9-0-0-1, with Representative Herbig absent).

REPORTS FROM EXECUTIVE DIRECTOR AND COUNCIL OFFICES

Executive Director's Report

Grant Pennoyer, Executive Director, reported on:

1. Updated Personnel Policies and Guidelines Handbooks

The comprehensive revision of the four Personnel Policies and Guidelines Handbooks that began at the end of 2015 has finally been completed with the final versions of these documents at the printer. They will be distributed to Legislative Staff as soon as they are available.

2. RFP for MELD Drafting System Replacement

As directed to do so by the Legislative Council of the 127th Legislature, we have posted a Request for Proposals (RFP) to solicit bids to replace the Legislature's antiquated bill drafting system, known as MELD. NCSL provided us with a list of firms that had done legislative information technology work in other states. In addition to sending the RFP to these firms, we also posted the RFP on the Executive Director's web page for "Bid Opportunities" and the State's site for RFP's. The proposals are due in mid-May.

3. Legislative Council's Budget Subcommittee

The Legislative Council's Budget Subcommittee is scheduled to meet immediately following this meeting of the Legislative Council. The subcommittee will review and present its recommendations on the provisional budget for the Legislature that was submitted to the Budget Office for inclusion in the 2018-2019 Biennial Budget Bill last September. The subcommittee's recommendations must then be adopted by the Legislative Council and transmitted to the Committee on Appropriations and Financial Affairs. Any changes regarding the Legislature's budget recommended by the Legislative Council must be included in the committee amendment to the Biennial Budget as submitted.

4. Copper Reuse Project - Artist Selection Process

The Artist Selection Committee is currently rating 30 proposals that met the requirements as part of the call for artists to submit ideas to reuse the copper from the State House Dome. The Artist Selection Committee is trying to schedule a meeting in June to advance the selection process to the finalist review phase.

5. Health Insurance Vendor Changes

The plan administrator for the State of Maine Health Plan is changing from Aetna to Anthem effective July 1, 2017. Printed communication should arrive in employee homes by the end of April. Annual open enrollment for health, dental and vision plans occurs May 1 through May 12. This is a time when employees may make changes to employee or dependent coverage without a qualifying event. Health plan premiums are increasing by 3% effective July 1. There is no change in dental or vision insurance premiums.

Fiscal Report

Chris Nolan, Director, Office of Fiscal and Program Review, reported on the following.

General Fund Revenue Update

Total General Fund Revenue - FY 2017 (\$'s in Millions)

	Budget	Actual	Var.	% Var.	Prior Year	% Growth
March	\$212.9	\$195.7	(\$17.2)	-8.1%	\$208.7	-6.2%
FYTD	\$2,391.3	\$2,404.1	\$12.8	0.5%	\$2,348.9	2.3%

General Fund revenue was under budget by \$17.2 million (8.1%) for the month of March but remains over budget by \$12.8 million (0.5%) for the fiscal year to date. Individual income tax revenues were under budget for the month by \$1.2 million but over budget for the fiscal year to date by \$5.9 million. Individual income tax withholding was over budget for March by \$6.6 million. For the fiscal year to date, withholding was under budget by \$11.3 million while estimated payments were over budget by \$18.1 million. Individual income tax refunds were under budget for the month (more refunded than budgeted) by \$12.0 million. Sales and use taxes for March (February sales) were under budget by \$2.7 million for the month and are over budget by \$1.7 million for the fiscal year to date. Corporate income tax revenue was under budget by \$14.3 million in March and by \$5.1 million for the fiscal year to date. This variance appears to be related to the timing of final corporate payments, with March's negative variance likely to be largely offset by a positive variance in April.

Highway Fund Revenue Update

Total Highway Fund Revenue - FY 2017 (\$'s in Millions)

	Budget	Actual	Var.	% Var.	Prior Year	% Growth
March	\$24.5	\$25.5	\$1.0	4.1%	\$25.0	2.0%
FYTD	\$245.9	\$249.1	\$3.2	1.3%	\$247.8	0.6%

Highway Fund revenue was over budget by \$1.0 million (4.1%) for the month of March and over budget for the fiscal year to date by \$3.2 million (1.3%). Fuel taxes were slightly under budget for the month but remain over budget for the fiscal year to date by \$0.8 million, while motor vehicle registrations and fees were over budget by \$1.3 million for the month and over budget by \$3.6 million for the fiscal year to date. Some of this positive variance is likely a timing issue given this category was under budget by \$1.1 million in February.

Cash Balances Update

The average balance in the cash pool for March was \$931.3 million, down from February's average of \$1,030.2 million but well above both last year's average balance for March and the ten-year average for the month. Historically, March is the low point in the year for cash balances that are then usually replenished in April and May. General Fund internal borrowing from other funds was not needed in March. The average Highway Fund balance of \$36.9 million in March increased from February's average of \$28.7 million but was below last year's March average of \$46.6 million.

Mr. Nolan also noted that the Revenue Forecasting Committee will be meeting on Monday, May 1st, for the May revenue forecast. He noted that they are currently preparing for that forecast. A preliminary look at April revenue collections looks like it will be close to budget, although individual income tax estimated payments may be under and reflect a shift of revenue between fiscal year 2017 and fiscal year 2018. Although fiscal year 2017 may be under as a result of estimated payments, the current budgeted balance should minimize negative effects. Also, current preliminary working forecasts indicate that fiscal year 2018 and fiscal year 2019 forecast may be revised upward slightly lessening the impact on the current budget window.

REPORTS FROM COUNCIL COMMITTEES

1. Personnel Committee

Speaker Gideon, Chair, reported that the Personnel Committee met on April 20th to consider the following items.

1. Emergency Preparedness Training for Legislators

Mr. Pennoyer provided the committee with an update regarding emergency preparedness resources for Legislators. Resource materials for both the Senate and the House were developed and distributed to members at their desks. The Secretary of the Senate and the Clerk of the House noted that they are working to keep their chamber staff prepared to handle emergencies and provide guidance to Legislators.

2. Work Life Balance Pilot Project

Ms. Little provided an update on the Work Life Balance Pilot Project. No action required by the Legislative Council.

3. NCSL Staff Classification, Compensation and Job Specifications Review

Ms. Little discussed the need to have NCSL review and update its previous study from 1999 regarding classification, compensation and job specifications for Legislative staff. The committee voted unanimously to recommend approval by the Legislative Council. This will be discussed further under New Business and a motion will be made at that time.

4. SOMER [pronounced SUMMER]: New HR System

Ms. Little provided the committee with information about the new HR system currently being implemented by the administration. The SOMER system will replace the MFASIS [pronounced EM'-fa-sis] HR system currently in place to maintain employee information, process payroll and manage employee benefits. The new system also offers functionality to manage employee timekeeping, accruals and leave time requests. The committee instructed Mr. Pennoyer to explore the SOMER time and attendance module in more depth and report back.

2. State House Facilities Committee

Representative Golden reported that the State House Facilities Committee met on April 25th to consider the following items.

1. Funding for Blaine House Repairs and Renovations

The committee received an update from the Friends of the Blaine House and the Blaine House Director on the Blaine House landscaping project to which the Legislature contributed \$151,000 from the State House Preservation Fund to the Blaine House Renovations and Repairs Fund. The committee also received an update on future needs of projects at the Blaine House.

2. Postal Delivery Changes

Andrew Giroux, Chief Procurement Officer in the Department of Administrative and Financial Services, provided an overview of the pending efficiency changes to postal delivery in many state office buildings, including the Cross Office Building, and indicated that they would like to work with the Legislature to implement something similar in the State House. The committee directed Mr. Pennoyer to work with Mr. Giroux and others in the State House to explore options for consolidated postal delivery.

3. State House Security

The committee reviewed a proposed amendment to the State House Security Policy presented by Mr. Pennoyer that provided some clarity on State House access authority for certain staff of the Administration and staff of the Attorney General. The committee is recommending adoption of the amendment which appears later on today's agenda under new business.

4. Committee Room Food Policy

Mr. Pennoyer presented some amendments designed to address some inconsistencies in several Legislative Council policies on food and beverages in Legislative committee and other rooms, to be consistent with current practice for many committees and to give the Presiding Officers some flexibility on approving the use of other committee rooms for legislative events that involve food and beverages. The committee is recommending adoption of these amendments to these policies. These amendments appear under new business later on today's agenda.

5. Room for Nursing Mothers in the State House

The committee directed Mr. Pennoyer to continue to explore options for a non-bathroom space for nursing mothers in the State House after a brief discussion.

6. Discussion of audio recording of committee meetings

Mr. Pennoyer reviewed a memo that was presented to the 127th Legislative Council summarizing the status of the 127th State House Facilities Committee's inability to reach consensus on a policy for the recording and archiving of committee audio files and possible options for a policy. The committee also received testimony supporting recording and archiving of the audio of committee meetings from the Maine Freedom of Information Coalition. The committee tabled this matter.

7. Drones in Capitol Park

Mr. Pennoyer presented a proposed amendment to the Policy on the use of Capitol Park to address an ambiguity on the use of drones. This was precipitated by a request by the State Library to host a "Drone Day in the Park" as an educational event on the current and future uses of drone technology. The committee recommended adoption of the amendment to the policy by the Legislative Council to address the ambiguity on the use of drones, which appears later under new business. Separately, the committee discussed whether to provide an exception to the general policy for the educational event, "Drone Day in the Park." The committee decided to defer that decision to the full Council for discussion.

OLD BUSINESS

Item #1: Council Actions Taken by Ballot

LR 2305 Resolve, Regarding Legislative Review of Portions of Chapter 11: Rules

> Governing the Controlled Substances Prescription Monitoring Program and Prescription of Opioid Medications, a Late-filed Major Substantive Rule of the

Department of Health and Human Services

Submitted by: Department of Health and Human Services

March 29, 2017 Date: Vote: 10-0-0-0 Passed

LR 2301 Resolve, To Study the Placement of Vehicle Charging Stations on Maine's Highways

Submitted by: Representative Owen Casas

March 30, 2017 Date:

Vote: 8-2-0-0 Passed (with Rep. Fredette and Espling opposed)

LR 2310 An Act Regarding Disclosure of Health Care Information of a Deceased Person

Submitted by: Senator Nathan Libby

Date: April 4, 2017

Vote: 8-2-0-0 Passed (with Rep. Fredette and Espling opposed)

LR 2282 Resolve, Regarding Legislative Review of Portions of Chapter 101:

MaineCare Benefits Manual, Chapter III, Section 29, Allowances for Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder, a Late-filed Major Substantive Rule of the Department of Health and Human

Services

Submitted by: Department of Health and Human Services

Date:

April 7, 2017

Vote:

10-0-0-0 Passed

LR 2311 An Act to Define the Intertidal Zone for the Management and Enforcement of Shellfish Conservation Ordinances

Submitted by: Representative Michael Devin

Date:

April 13, 2017

Vote:

9-1-0-0 Passed (with Rep. Espling opposed)

LR 2331 Resolve, To Establish the Maine Health Advisory Committee

Submitted by: Senator Geoffrey Gratwick

Date:

April 19, 2017

Vote:

8-2-0-0 Passed (with Rep. Fredette and Espling opposed)

LR 2315 An Act to Protect Online Privacy

Submitted by: Senator Shenna Bellows

Date: April 19, 2017

Vote: 7-3-0-0 Passed (with Sen. Thibodeau, Sen. Cushing and Rep. Fredette opposed)

LR 2335 An Act to Validate Certain Proceedings Authorizing the Issuance of Bonds and Notes of Regional School Unit No. 5

Submitted by: Speaker Sara Gideon

Date:

April 20, 2017

Vote:

8-2-0-0 Passed (with Rep. Fredette and Espling opposed)

LR 2338 An Act to Assist Individuals to Obtain a Permit to Grow and Sell Water Spinach

Submitted by: Representative Mark Lawrence

Date:

April 20, 2017

Vote:

8-2-0-0 Passed (with Rep. Fredette and Espling opposed)

LR 2319 An Act to Restrict for a Specified Number of Years the Alteration in the Identities of Principals of Corporations that are Authorized to Apply for Casino Licenses

Submitted by: Senator Ronald Collins

Date:

April 20, 2017

Vote:

9-1-0-0 Passed (with Rep. Fredette opposed)

NEW BUSINESS

Item #1: Consideration of After Deadline Bill Requests

The Legislative Council considered and voted on the bill requests in accordance with the established protocol. Of the 12 new bill requests, the council authorized 7 requests for introduction in the 1st Regular Session of the 128th Legislature, 2 failed, 2 were withdrawn by the sponsor and 1 was tabled. The council took no action on the 2 bill requests previously tabled. Of the 4 joint resolutions, 1 failed and the council took no action on the remaining items. The Legislative Council's actions on the requests are included on the attached list.

Item #2: NCSL

Speaker Gideon and Mr. Pennoyer explained that the legislature has not had the benefit of an NCSL Staff Classification, Compensation and Job Specifications Review since 1999. These are typically done every 7 years so we are very much out of date. In order to make sure that the legislature has appropriate job levels and salaries in order to be competitive, the Personnel Committee recommends that this review be undertaken at this time.

Motion: That upon the unanimous recommendation of the Personnel Committee, that the Legislative Council authorize the executive director to enter into an agreement with NCSL for completion of the proposed Review of Staff Classification, Compensation and Job Specifications; and further authorize the transfer of available balances from

Legislative accounts to fund the cost of the study. Motion by Speaker Gideon. Second by Senator Mason. **Motion passed unanimous** (8-0-0-2, with President Thibodeau and Representative Herbig absent).

Mr. Pennoyer then gave a brief explanation of the NCSL dues funding shortfall. He further explained that by bringing the dues up to date, NCSL would be able to keep the costs of the staff classification review down.

Motion: That the Legislative Council authorizes the executive director to pay the FY17 NCSL outstanding dues assessment of \$9,867; and further authorizes the transfer of available balances from Legislative accounts to fund the payment. Motion by Speaker Gideon. Second by Senator Mason. Motion passed unanimous (8-0-0-2, with President Thibodeau and Representative Herbig absent).

Item #3: Proposed Amendments to Legislative Council Policies pending State House Facilities Committee Review

The following policies were discussed and voted on as follows.

- Policy on Security Screening Protocols for the Maine State House
 Motion: That upon the unanimous recommendation of the State House Facilities
 Committee, the Legislative Council approve the amendments to Legislative Council Policy on Security Screening Protocols for the Maine State House. Motion by
 Representative Golden. Second by Senator Cushing. Motion passed unanimous (8-0-0-2, with President Thibodeau and Representative Herbig absent).
- Food & Beverages in Committee Rooms Policy
 Motion: That upon the unanimous recommendation of the State House Facilities Committee, the Legislative Council repeal the Food & Beverages in Committee Rooms Policy. Motion by Representative Golden. Second by Senator Mason. Motion passed unanimous (8-0-0-2, with President Thibodeau and Representative Herbig absent).
- Policy on the Use of Legislative Committee Rooms & Other Meeting Space
 Motion: That upon the unanimous recommendation of the State House Facilities
 Committee, the Legislative Council approve the amendments to Legislative Council
 Policy on the Use of Legislative Committee Rooms & Other Meeting Space. Motion by
 Representative Golden. Second by Senator Cushing. Motion passed unanimous (8-0-0-2, with President Thibodeau and Representative Herbig absent).
- Policy on the Use of the Legislative Conference Room
 Motion: That upon the unanimous recommendation of the State House Facilities
 Committee, the Legislative Council approve the amendments to Legislative Council
 Policy on the Use of the Legislative Conference Room. Motion by Representative Golden.
 Second by Senator Cushing. Motion passed unanimous (8-0-0-2, with President
 Thibodeau and Representative Herbig absent).
- Policy on the Use of Capitol Park
 After discussion, the Legislative Council decided to table this item for a future meeting.
 Motion by Senator Mason. Second by Senator Libby. Motion passed unanimous (8-0-0-2, with Representative Fredette and Herbig absent).

ANNOUNCEMENTS AND REMARKS

President Thibodeau reminded everyone that the Legislative Council Budget Subcommittee meeting would be taking place immediately following the conclusion of the Legislative Council meeting following a short break.

With no other business to consider or further announcements, the Legislative Council meeting was adjourned at 3:03 p.m.

128th Maine State Legislature Legislative Council Action Taken on Requests to Introduce Legislation First Regular Session As of: 4/27/2017

AFTER DEADLINE BILL REQUESTS

SPONSOR:	Sen. Catherine Breen	
<u>LR#</u> 2307	Title An Act To Exempt from Sales Tax the Fee Associated with the Paint Stewardship Program	Action Passed
SPONSOR:	Sen. Michael E. Carpenter	
<u>LR#</u> 2340	<u>Title</u> An Act Authorizing the Aroostook Band of Micmacs To Benefit from the Operation of an Existing Casino	Action Passed
SPONSOR:	Sen. Justîn Mark Chenette	
<u>LR #</u> 2336	<u>Title</u> An Act To Strengthen the Integrity of the Legislature	Action Failed
SPONSOR:	Rep. Janice E. Cooper	
<u>LR #</u> 2329	<u>Title</u> An Act Regarding Inspection Requirements for Public Safety and Municipal Vehicles Owned by Island Communities	Action Passed
2330	An Act To Allow Nonresidents To Serve on Volunteer Boards in Island Communities	Tabled
SPONSOR:	Rep. Bradlee Thomas Farrin	
<u>LR #</u> 2348	<u>Title</u> An Act To Strengthen Maine Legislative Ethics Standards	<u>Action</u> Failed
2349	An Act To Strengthen the Restrictions Governing Lobbying by Former Legislators and Former Executive Branch Officials	Passed
SPONSOR:	Rep. Margaret M. O'Neil	
<u>LR #</u> 2346	<u>Title</u> An Act To Enhance Funds for Opiate Treatment	Action Passed

<u>LR</u># 2325 Title

An Act To Protect Privacy of Internet Consumers

Action

Withdrawn by Sponsor

SPONSOR:

Rep. Jennifer Ellen Parker

LR#

Title

2306

An Act To Support Employment Opportunity in Maine

Action Passed

SPONSOR:

Rep. Matthew G. Pouliot

LR#

Title

2321

Resolve, To Amend Authorization To Sell Certain Property in

Action Passed

Augusta

SPONSOR:

Rep. Roger E. Reed

LR# 2241 Title

An Act To Require That Maine Taxpayer-subsidized Clean

<u>Action</u>

Tabled 02/14/17 Withdrawn by

Sponsor

TABLED BY THE LEGISLATIVE COUNCIL

AFTER DEADLINE BILL REQUESTS

SPONSOR:

Rep. Henry John Bear

LR#

Title

Action

Tabled 03/24/17

An Act To Encourage Support of the Tribal Government of the 2278 Houlton Band of Maliseet Indians through On-reservation

Election Funds Be Spent in the State

Business Activity

SPONSOR:

Rep. Nathan J. Wadsworth

LR#

Action

2209

An Act To Make Performing Arts Centers Exempt from Sales

Tabled 01/31/17

Tax

JOINT RESOLUTIONS

SPONSOR:

Rep. Seth A. Berry

LR#

Title

<u>Action</u>

1255

JOINT RESOLUTION MEMORIALIZING THE PRESIDENT

OF THE UNITED STATES AND THE UNITED STATES CONGRESS TO ALLOW DRUGS TO BE IMPORTED FROM

CANADA

Tabled 01/31/17

SPONSOR: Rep. Heidi E. Brooks

Title <u>LR #</u> Action

1554 JOINT RESOLUTION MEMORIALIZING THE UNITED Tabled 02/14/17 STATES SENATE TO RATIFY THE UNITED NATIONS

> CONVENTION ON THE ELIMINATION OF ALL FORMS OF **DISCRIMINATION AGAINST WOMEN**

SPONSOR: Sen. Troy D. Jackson

LR# <u>Title</u> Action

2201 JOINT RESOLUTION MEMORIALIZING THE PRESIDENT Tabled 01/31/17

OF THE UNITED STATES AND THE UNITED STATES CONGRESS TO ENDORSE THE AMERICAN RECOVERY

AND REINVESTMENT ACT

SPONSOR: Rep. Deane Rykerson

LR# <u>Title</u> <u>Action</u> 1224 JOINT RESOLUTION MEMORIALIZING THE PRESIDENT Tabled 02/14/17

OF THE UNITED STATES AND THE UNITED STATES

THE PRODUCTION OF CARBON

REP. SARA GIDEON CHAIR

SEN. MICHAEL D. THIBODEAU VICE-CHAIR

EXECUTIVE DIRECTOR GRANT T. PENNOYER



128TH MAINE STATE LEGISLATURE LEGISLATIVE COUNCIL SEN. GARRETT P. MASON SEN. ANDRE E. CUSHING SEN. TROY D. JACKSON SEN. NATHAN L. LIBBY REP. ERIN D. HERBIG REP. JARED F. GOLDEN REP. KENNETH W. FREDETTE REP. ELEANOR M. ESPLING

Executive Director's Report May 25, 2017

1. RFP for MELD Bill Production System Replacement

We held a vendor conference call on Friday, May 5th to receive and answer questions from the firms interested in bidding on our bill production system replacement project. The four major firms with prior legislative experience suggested by NCSL each participated in the conference call. We have also been posting questions posed by each of the vendors with our responses to those questions on the Legislature's web site for all vendors to review. The deadline for submitting the proposals was extended to May 26th based on the lateness of the vendor conference and to give the vendors more time to react to the clarifications provided in the vendor conference call and the posted online responses.

2. Copper Reuse Project - Artist Selection Process

The final stage of the Copper Reuse Project, selecting an artist to reuse the copper from the dome in an art project, is in process. Thirty proposals have been scored by the Artist Selection Committee and the committee is working on scheduling a meeting in June. At that meeting, the Artist Selection Committee will advance the selection process to the finalist review phase by selecting four finalists to present more detailed proposals.

3. Electric Vehicle Charging Stations

The electric vehicle charging stations in the Parking Garage were successfully tested this past week. Rep. Grohman volunteered and successfully charged his vehicle. They still have to test the payment process by credit card through the smart phone app required to operate the stations. The two parking spaces in the Parking Garage have been barricaded off to keep the spaces available for this testing. There are currently plans to add some charging stations on the East Campus when a parking lot is redone. That parking lot project has begun and will be completed this year.

Fiscal Briefing

May 25, 2017

Prepared by the Office of Fiscal & Program Review

1. General Fund Revenue Update (see attached)

Total General Fund Revenue - FY 2017 (\$'s in Millions)

	Budget	Actual	Var.	% Var.	Prior Year	% Growth
April	\$383.4	\$386.5	\$3.2	0.8%	\$402.9	-4.1%
FYTD	\$2,774.7	\$2,790.6	\$15.9	0.6%	\$2,751.8	1.4%

General Fund revenue was over budget by \$3.2 million (0.8%) for the month of April and over budget by \$15.9 million (0.6%) for the fiscal year to date. These variances do not reflect the May revenue forecast, which decreased budgeted revenue for FY 2017 by \$16.8 million. The May monthly revenue report will reflect the new monthly distribution resulting from the May forecast.

Individual income tax revenues were over budget for the month by \$1.6 million and over budget for the fiscal year to date by \$7.6 million. Individual income tax withholding was under budget for April by \$0.6 million and under budget by \$11.9 million for the fiscal year to date. Estimated payments for April, reflecting the first estimated payments for tax year 2017, were under budget by \$8.8 million for the month. Individual income tax refunds were over budget for the month (less refunded than budgeted) by \$8.8 million. Sales and use taxes for April (March sales) were under budget by \$0.3 million for the month and are over budget by \$1.4 million for the fiscal year to date. Corporate income tax revenue was over budget by \$8.2 million in April. This April positive variance is the result of the timing of final corporate payments and largely offsets March's negative variance.

2. Highway Fund Revenue Update (see attached)

Total Highway Fund Revenue - FY 2017 (\$'s in Millions)

	Budget	Actual	Var.	% Vаг.	Prior Year	% Growth
April	\$26.7	\$27.4	\$0.7	2.6%	\$26.2	4.4%
FYTD	\$272.6	\$276.5	\$3.9	1.4%	\$274.0	0.9%

Highway Fund revenue was over budget by \$0.7 million (2.6%) for the month of April and over budget for the fiscal year to date by \$3.9 million (1.4%). These positive variances do not reflect the May revenue forecast, which increased budgeted revenue for FY 2017 by \$1.6 million. Fuel taxes were slightly over budget for the month and over budget for the fiscal year to date by \$1.0 million. Motor vehicle registrations and fees were over budget by \$0.3 million for the month and over budget by \$3.9 million for the fiscal year to date.

3. Cash Balances Update

The average balance in the cash pool for April was \$913.2 million, down from March's average of \$931.3 million but well above both last year's average balance for April and the ten-year average for the month. General Fund internal borrowing from other funds was not needed in April. The average Highway Fund balance of \$50.5 million in April increased from March's average of \$36.9 million but was below last year's April average of \$55.6 million.

General Fund Revenue Fiscal Year Ending June 30, 2017 (FY 2017)

April 2017 Revenue Variance Report

				Fiscal Year-To-Date					
Revenue Category	April '17 Budget	April '17 Actual	April '17 Variance	Budget	Actual	Variance	Variance %	% Change from Prior Year	FY 2017 Budgeted Totals
Sales and Use Tax	100,543,986	100,264,647	(279,339)	1,121,796,792	1,123,211,226	1,414,434	0.1%	5.6%	1,334,011,722
Service Provider Tax	4,700,000	4,958,344	258,344	49,469,493	49,845,678	376,185	0.8%	24.6%	59,149,448
Individual Income Tax	219,698,963	221,336,063	1,637,100	1,242,485,723	1,250,063,472	7,577,749	0.6%	-3.7%	1,530,248,976
Corporate Income Tax	22,500,000	30,667,158	8,167,158	126,503,192	129,531,681	3,028,489	2.4%	27.5%	161,093,471
Cigarette and Tobacco Tax	10,636,791	7,911,353	(2,725,438)	114,786,839	113,651,306	(1,135,533)	-1.0%	-1.9%	139,179,000
Insurance Companies Tax	7,941,202	7,716,455	(224,747)	37,264,559	39,069,520	1,804,961	4.8%	-7.3%	76,700,000
Estate Tax	944,000	44,683	(899,317)	14,491,262	11,884,566	(2,606,696)	-18.0%	-45.6%	16,378,323
Other Taxes and Fees *	10,276,138	8,523,435	(1,752,703)	118,120,362	119,006,030	885,668	0.7%	2.6%	142,973,133
Fines, Forfeits and Penalties	1,549,959	1,645,120	95,161	17,085,893	15,972,769	(1,113,124)	-6.5%	-5.1%	22,237,275
Income from Investments	78,298	259,341	181,043	1,337,814	2,481,695	1,143,881	85.5%	174.0%	1,707,976
Transfer from Lottery Commission	5,278,855	4,583,185	(695,670)	46,453,858	46,348,880	(104,978)	-0.2%	-4.1%	54,900,000
Transfers to Tax Relief Programs *	(110,000)	(1,816,586)	(1,706,586)	(64,270,000)	(63,862,177)	407,823	0.6%	0.8%	(64,448,340)
Transfers for Municipal Revenue Sharing	(3,247,097)	(2,879,104)	367,993	(49,757,553)	(49,765,238)	(7,685)	0.0%	4.4%	(65,484,234)
Other Revenue *	2,559,885	3,324,205	764,320	(1,100,406)	3,169,214	4,269,620	388.0%	22.1%	21,603,304
Totals	383,350,980	386,538,297	3,187,317	2,774,667,828	2,790,608,622	15,940,794	0.6%	1.4%	3,430,250,054

^{*} Additional detail by subcategory for these categories is presented on the following page.

General Fund Revenue Fiscal Year Ending June 30, 2017 (FY 2017)

April 2017 Revenue Variance Report

_				Fiscal Year-To-Date					
	April '17	April '17	April '17					% Change from Prior	FY 2017 Budgeted Totals
Revenue Category	Budget	Actual	Variance	Budget	Actual	Variance	<u> </u>	Year	
Detail of Other Taxes and Fees:									1
- Property Tax - Unorganized Territory	0	0	0	12,771,589	11,500,982	(1,270,607)	-9.9%	2.6%	14,513,169
- Real Estate Transfer Tax	1,247,354	1,068,849	(178,505)	15,324,975	14,454,893	(870,082)	-5.7%	3.2%	18,044,043
- Liquor Taxes and Fees	1,865,971	1,927,620	61,649	17,444,889	18,487,374	1,042,485	6.0%	1.5%	21,415,688
- Corporation Fees and Licenses	1,804,810	1,556,130	(248,680)	5,283,845	5,802,194	518,349	9.8%	5.8%	9,088,649
- Telecommunication Excise Tax	0	0	0	6,500,000	6,248,478	(251,522)	-3.9%	-4.5%	6,500,000
- Finance Industry Fees	2,195,990	2,041,200	(154,790)	22,459,910	24,379,096	1,919,186	8.5%	0.7%	26,851,990
- Milk Handling Fee	491,517	97,142	(394,376)	5,172,867	3,907,657	(1,265,210)	-24.5%	13.2%	6,155,899
- Racino Revenue	736,577	676,582	(59,995)	7,105,623	7,074,686	(30,937)	-0.4%	-3.0%	8, 578,779
- Boat, ATV and Snowmobile Fees	362,116	308,310	(53,806)	2,959,525	2,666,526	(292,999)	-9.9%	-3.4%	4,523,561
- Hunting and Fishing License Fees	814,589	591,978	(222,611)	12,627,789	12,798,787	170,998	1.4%	3.0%	15,878,217
- Other Miscellaneous Taxes and Fees	757,214	255,625	(501,589)	10,469,350	11,685,357	1,216,007	N/A	12.1%	11,423,138
Subtotal - Other Taxes and Fees	10,276,138	8,523,435	(1,752,703)	118,120,362	119,006,030	885,668	N/A	2.6%	142,973,133
Detail of Other Revenue:									
- Liquor Sales and Operations	2,094	3,637	1,543	20,884.00	32,986	12,102	N/A	14.9%	9,845,500
- Targeted Case Management (DHHS)	214,881	287,528	72,647	1,870,238	1,621,264	(248,974)	-13.3%	-10.3%	2,300,000
- State Cost Allocation Program	1,271,762	1,509,197	237,435	14,521,388	16,013,485	1,492,097	10.3%	6.5%	18,296,832
- Unclaimed Property Transfer	0	0	0	0	0	0	N/A	N/A	7,000,000
- Tourism Transfer	0	0	0	(14,601,204)	(14,590,665)	10,539	0.1%	-11.3%	(14,601,204)
- Transfer to Maine Milk Pool	(1,227,087)	(776,498)	450,589	(15,298,510)	(12,843,462)	2,455,048	16.0%	0.7%	(17,049,616)
- Transfer to STAR Transportation Fund	0	0	0	(7,900,000)	(7,908,006)	(8,006)	-0.1%	-8.2%	(7,900,000)
- Other Miscellaneous Revenue	2,298,235	2,300,341	2,106	20,286,798	20,843,613	556,815	2.7%_	9.3%	23,711,792
Subtotal - Other Revenue	2,559,885	3,324,205	764,320	(1,100,406)	3,169,214	4,269,620	388.0%	22.1%	21,603,304
Detail of Transfers to Tax Relief Programs:									
- Me. Resident Prop. Tax Program (Circuitbreaker)	0	2,063	2,063	0	10,684	10,684	N/A	19.9%	0
- BETR - Business Equipment Tax Reimb.	0	(1,786,778)	(1,786,778)	(30,500,000)	(31,480,099)	(980,099)	-3.2%	10.1%	(30,500,000)
- BETE - Municipal Bus. Equip, Tax Reimb.	(110,000)	(31,871)	78,129	(33,770,000)	(32,392,763)	1,377,237	4.1%	-10.3%	(33,948,340)
Subtotal - Tax Relief Transfers	(110,000)	(1,816,586)	(1,706,586)	(64,270,000)	(63,862,177)	407,823	0.6%	0.8%	(64,448,340)
Inland Fisheries and Wildlife Revenue - Total	1,269,842	992,527	(277,315)	16,553,236	16,378,012	(175,224)	-1.1%	N/A	21,499,761

Highway Fund Revenue Fiscal Year Ending June 30, 2017 (FY 2017)

April 2017 Revenue Variance Report

				Fiscal Year-To-Date					FY 2017
Revenue Category	April '17 Budget	April '17 Actual	April '17 Variance	Budget	Actual	Variance	% Variance	% Change from Prior Year	Budgeted Totals
Fuel Taxes:									l i
- Gasoline Tax	15,530,468	15,894,461	363,993	168,128,340	169,428,398	1,300,058	0.8%	2.2%	200,201,200
- Special Fuel and Road Use Taxes	3,401,242	3,263,629	(137,613)	39,737,124	39,697,272	(39,852)	-0.1%	1.9%	47,086,700
- Transcap Transfers - Fuel Taxes	(1,390,750)	(1,407,046)	(16,296)	(15,274,582)	(15,438,263)	(163,681)	-1.1%	-2.5%	(18,171,111)
- Other Fund Gasoline Tax Distributions	(388,371)	(397,473)	(9,102)	(4,204,389)	(4,261,017)	(56,628)	-1.3%	-2.7%	(5,006,432)
Subtotal - Fuel Taxes	17,152,589	17,353,571	200,982	188,386,493	189,426,390	1,039,897	0.6%	2.1%	224,110,357
Motor Vehicle Registration and Fees:									
- Motor Vehicle Registration Fees	6,074,012	5,977,193	(96,819)	52,156,566	53,685,199	1,528,633	2.9%	-1.5%	66,345,787
- License Plate Fees	247,400	238,784	(8,616)	2,706,698	2,884,239	177,541	6.6%	-0.4%	3,458,710
- Long-term Trailer Registration Fees	509,315	754,247	244,932	8,849,223	10,290,329	1,441,106	16.3%	-0.8%	9,884,523
- Title Fees	1,141,682	1,306,719	165,037	10,925,862	11,416,936	491,074	4.5%	-0.3%	13,366,264
- Motor Vehicle Operator License Fees	700,902	703,615	2,713	6,874,139	7,404,724	530,585	7.7%	3.3%	8,499,545
- Transcap Transfers - Motor Vehicle Fees	0	0	0	(11,025,795)	(11,319,345)	(293,550)	-2.7%	0.3%	(15,570,414)
Subtotal - Motor Vehicle Reg. & Fees	8,673,311	8,980,558	307,247	70,486,693	74,362,082	3,875,389	5.5%	-0.9%	85,984,415
Motor Vehicle Inspection Fees	75,208	216,854	141,646	2,832,083	2,721,749	(110,335)	-3.9%	-6.3%	2,982,500
Other Highway Fund Taxes and Fees	111,954	118,759	6,805	1,020,641	1,107,169	86,528	8.5%	-17.1%	1,280,229
Fines, Forfeits and Penalties	75,710	47,939	(27,771)	659,481	614,426	(45,055)	-6.8%	-5.3%	739,039
Interest Earnings	42,355	27,308	(15,047)	509,035	249,719	(259,316)	-50.9%	48.1%	585,484
Other Highway Fund Revenue	552,057	631,376	79,319	8,717,187	8,037,792	(679,395)	-7.8%	-4.2%	9,959,100
Totals	26,683,184	27,376,365	693,181	272,611,613	276,519,327	3,907,714	1.4%	0.9%	325,641,124

Legislative Council Actions Taken by Ballot Since the April 27, 2017 Council Meeting

Requests for Introduction of Legislation:

LR 2352 An Act Regarding the Dispensing of Naloxone Hydrochloride by

Pharmacists

Submitted by: Representative Karen Vachon

Date:

May 3, 2017

Vote:

10-0-0-0 Passed

LR 2353

An Act to Address Vehicle Inspection Stickers

Submitted by: President Michael Thibodeau

Date:

May 8, 2017

Vote:

4-6-0-0 Failed

LR 2355

An Act to Allow Androscoggin County Commissioners to Establish

Reasonable Office Hours for County Offices

Submitted by: Senator Nathan Libby

Date:

May 16, 2017

Vote:

9-1-0-0 Passed



REP. SARA GIDEON CHAIR

SEN. MICHAEL D, THIBODEAU VICE-CHAIR

EXECUTIVE DIRECTOR GRANT T. PENNOYER



128TH MAINE STATE LEGISLATURE LEGISLATIVE COUNCIL SEN. GARRETT P. MASON SEN. ANDRE E. CUSHING SEN. TROY D. JACKSON SEN. NATHAN L. LIBBY REP. ERIN D. HERBIG REP. JARED F. GÖLDEN REP. KENNETH W. FREDETTE REP. ELEANOR M. ESPLING

Legislative Council Policy on the Use of Capitol Park Augusta, Maine

1. Authority

Pursuant to 3 MRSA §162, Capitol Park is State-owned land that is under the jurisdiction of the Maine Legislative Council, Maine Legislature. The Maine Legislative Council ("Legislative Council") is authorized to establish and enforce standards and guidelines that govern all uses of Capitol Park. Pursuant to this authority and as provided in section 5 below, the Legislative Council designates the Chief of the Bureau of the Capitol Police as the Legislative Council's agent for issuing activity permits, and enforcing the standards and guidelines established for Capitol Park by authority delegated to the Chief of Capitol Police by the Commissioner of Public Safety.

2. Location

Capitol Park is located within the municipality of Augusta, immediately east of the Maine State House Grounds. It is bordered on the west by State Street, on the north by Capitol Street, on the south by Union Street and on the east by the Kennebec River. A State-owned road, so-called Gage Street Extension, and a railroad right-of-way cross a portion of the east end of the park. Several residences are in close proximity to the park.

3. Park purpose

Capitol Park was designed to enhance the State House Grounds, and the City of Augusta as Maine's Capital. Capitol Park ("the park") is established and maintained for the passive use and enjoyment of the natural environment and as an area of reflection by residents of the State and visitors. In keeping with its pastoral setting, Capitol Park is intended for non-intensive, non-commercial and non-exclusive use by individuals and groups.

4. Standards and guidelines established

The Maine Legislative Council establishes these standards and guidelines in order to promote the general purposes and the peaceful use of Capitol Park and to protect the public health, safety and welfare.



5. Administration and enforcement

- a. The Legislative Council authorizes and directs the Chief of the Bureau of Capitol Police to enforce the standards and guidelines contained in this policy, and to adopt such measures as may be necessary to enforce them. The Chief of Capitol Police shall not issue an activity permit or take any action that is inconsistent with these standards and guidelines. The Chief of Capitol Police shall deliver a copy of all activity permits issued or denied immediately upon their issuance or denial to the Executive Director of the Legislative Council.
- b. An Activity Permit is required for activities occurring in the park as provided in this policy. Such permit may establish reasonable conditions and limitations of use, including without limitation, period of use, activities permitted, maximum occupancy, use of sanitation facilities, limitations based on weather or condition of park grounds, and designation of areas where activity is permitted or prohibited.
- c. The Activity Permit holder is liable for any damage to the park that is attributable to the permit holder's use of the park or violation of the terms and conditions of any Activity Permit.
- d. An application for an Activity Permit may be turned down if:
 - The proposed use would conflict with other permitted uses or be inconsistent with purposes or authorized uses of the park;
 - ii. The applicant has egregiously or repeatedly violated the standards and guidelines for the park within the prior 24 months, failed to make restoration of any previous damage to the park or fails to meet all applicable permit application requirements; or
 - iii. The application is filed less than three (3) work days prior to the start of the proposed activity even if it would otherwise be in compliance with the standards and guidelines.
- e. The Chief of Capitol Police is authorized to issue and enforce criminal trespass orders to enforce the standards and guidelines established under this policy and activity permits issued pursuant to this policy.

6. Activity permit

- a. A person seeking a use of the park that requires a permit must apply for an Activity Permit by filing an application and supporting information, and applicable park use fee. The application must state with specificity the legal name and address of the person or organization conducting, sponsoring or affiliated with the activity, contact information, anticipated attendance, the activity for which approval is sought and the date and time of the activity.
- b. The application form must be the form approved for use by the Legislative Council.
- c. An applicant must provide evidence of liability insurance if required under section 8 of this policy.
- d. An Activity Permit is non-transferrable and is valid only for the approved uses, dates and times.



7. Park use fee and security deposit

- a. An applicant shall be required to tender a refundable security deposit of \$250 for every 500 participants after the first 200. However, the total amount of the deposit required may not exceed \$2,000. The security deposit shall be released within 3 work days following the permitted activity provided that the deposit is not needed to repair any damage, clean up the park or correct any noncompliance that arises directly or indirectly from the activity.
- b. An applicant shall pay a nonrefundable park use fee as follows. If a use is applicable to more than one category of fee, the larger fee applies. Fees are not cumulative.
 - I. Use that includes placement or use of a tent or other structure: \$50
 - II. Use that includes placement or use of 2 or more tents or other structures: \$100
 - III. Use where the anticipated or actual number of participants is between 100 and 200: \$50
 - IV. Use where the anticipated or actual number of participants is between 201 and 1,000:\$100
 - V. Use where the anticipated or actual number of participants is between 1,001 and 2,500: \$200
 - VI. Use where the anticipated or actual number of participants is between 2,501 and 4,000; \$400
 - VII. Use where the anticipated or actual number of participants more than 4,000; \$500
 - VIII. For all other activities: \$0.
- c. The fee or security deposit may be reduced or waived only upon written petition and a clear and convincing demonstration of financial hardship by the applicant for a permit such that the applicant is unable to pay all or a portion of the fee or deposit. That an applicant is a nonprofit organization or unit of government does not constitute a "financial hardship." No fee or deposit may be required for park use by the Legislative Council.

8. Liability insurance requirement

An applicant shall be required to file a Certificate of Liability Insurance naming the State of Maine as Insured that provides general liability insurance in an amount commensurate with the proposed activities but not less than \$100,000 general aggregate, when such activities include use of energy such as electricity or propane, sale of food, an animal show or competition, or is otherwise required by the State of Maine's insurance policies.

9. Sanitation Facilities

For any activity involving more than 50 but less than 100 people and having a scheduled duration of more than four (4) hours or for an activity involving 100 or more people and having a scheduled duration of more than two (2) hours, the Activity Permit holder must arrange for, at his or her own expense, portable toilets or similar sanitation stations, in a quantity sufficient to accommodate the number of participants, to be on-site at an authorized location for the duration of the event.



10. Park hours

The customary hours when the park is open to the public are from ½ hour after sunrise to ½ hour after sunset, local time. However, the Legislative Council or its designee may close all or portions of the park at any time without prior notice for reasons of safety, weather, park conditions or maintenance.

11. Allowed activities without a permit

- a. The following activities are allowed without an Activity Permit issued by the Legislative Council or its designee:
 - i. Walking, sitting and noncompetitive running or jogging;
 - ii. Photography, bird watching and nature walking;
 - iii. Reading, talking, singing, individual and family picnicking and sunbathing;
 - iv. Dog walking provided the dog is on a leash and under the direct control of the person possessing the dog at all times;
 - v. Bicycling, if the bicycle is equipped with on-road tires;
 - vi. Holding a picnic or birthday party or providing a meal to a group where the reasonably anticipated attendance is 25 or fewer individuals; and
 - vii. Gathering in the park for lunch or other similar purpose of brief duration that is part of a pre-arranged tour of the Capitol or the Maine State Museum by an organized Maine school group of elementary, middle or high school youth;

b. The following activities are allowed upon issuance of an Activity Permit:

- i. Making any public speech or holding any rally or protest;
- ii. Parade or march;
- iii. Concert;
- iv. Distribution of any printed matter as provided herein, or the carrying of signs or bill boards. When permitted, distribution of printer matter may be confined to one or more entrances to Capitol Park;
- Holding a picnic or birthday party or providing a meal to a group where the reasonably anticipated attendance is more than 25 individuals;
- vi. operation of a propane grill or other food preparation equipment;
- vii. Performing a wedding ceremony or memorial service, holding a dedication, holding an awards or any other similar service or ceremony, or holding a wedding or similar reception, whether or not catered;
- viii. Holding an animal show involving 25 or fewer animals;
- ix. Erection or placement of tents, canopies or other similar structures, tables, chairs, platforms or podiums;
- x. Operation of a sound amplification system. For the purposes of this policy, a megaphone is not considered sound amplification equipment;
- xi. Any group gathering of more than 25 individuals for whatever reason;



12. Prohibitions

The following are prohibited:

a. Activities

- i. Overnight use, or habitation on a temporary or permanent basis;
- ii. Fires or other open flames, including charcoal grills
- iii. Organized sporting events, scrimmages, or team training;
- iv. Ball playing or ball games except that informal, noncompetitive individual or family ball tossing that is not disruptive of others is allowed;
- v. Golfing or hitting golf balls;
- vi. Kite-flying except in designated open areas in the park, or balloon release;
- vii. Operation of drones and gas-powered model aircraft;
- viii. Races, human or animal;
- ix. Animal shows or competitions involving more than 25 animals;
- x. Placement of political campaign signs or banners;
- xi. Commercial activities, including offering or solicitation of goods or services, except that the sale of beverages and food items that is ancillary to and occurs in conjunction with an authorized on-site festival sponsored by the city of Augusta or the Legislative Council may be permitted by special exception;
- xii. Climbing, standing or laying on or affixing objects to any monument, gate, fence, bench, table or tree;
- xiii. Digging or other disturbance of soil or sod;
- xiv. Skateboarding, roller blading or roller skating;
- xv. Construction of monuments or memorials;

b. Behaviors

- i. Defacing or destroying any natural feature or built structure in the park;
- ii. Accosting any person or interfering with another person's use or enjoyment of the park;
- iii. Public indecency;
- iv. Panhandling or begging;
- v. Physical or verbal abuse of others;
- vi. Noise-making, including drumbeating or use of horns that is disruptive to another person's use or enjoyment of the park or to area residents;
- vii. Urinating or defecating except within authorized sanitation stations;
- viii. Allowing defecation by animals under a person's control except when the person immediately collects and properly disposes of the animal's feces. Notwithstanding the above, defecation is prohibited on any walking path;
- Disturbing any bird's nest or eggs or damaging or removing any tree, bush, plant, flower or stone;
- x. Smoking except in clearly designated areas established by the Legislative Council;
- xi. Littering or breaking any bottle or other article of glass;
- xii. Entering or remaining in the park whenever the park is closed;



- xiii. Possession or consumption of alcoholic beverages;
- xiv. Possession or use of illegal drugs or substances;
- c. Equipment and animals
 - Possession or use of fireworks, firecrackers, sparklers or other explosive or incendiary devices;
 - ii. Possession or use of paint guns, ammunition or weapons, including firearms, knives, swords or Tasers. Notwithstanding this prohibition, a bona fide military or law enforcement honor guard or military personnel in full dress uniform while participating in a formal military ceremony in the park may be permitted to carry weapons provided all firearms have been disable and are incapable of being discharged. Furthermore an on-duty law enforcement officer is permitted to carry a weapon provided that the officer is in uniform with the officer's badge displayed or an officer who is in plainclothes so discloses possession of the weapon to the Chief of Capitol Police;
 - iii. Possession or use of any combustible or compressed gas, except that bottled propane in an approved 100 pound or less container and used in connection with an outdoor grill may be allowed by permit; if a grill is permitted, the permit holder shall have one or more serviceable fire extinguishers on-site and in close proximity to the grill at all times.
 - iv. Animals, except service dogs and dogs allowed under section 11B above;
 - Motor vehicles, except for authorized service vehicles and equipment used for maintenance and improvement of the park, and if permitted, to transport equipment into or out of the park. In no event, however, may such permitted vehicles travel on or cross any stone-dust path or allee;
 - vi. Mechanical amusement rides;
 - vii. Animal-driven wagons;
 - viii. Electrical or fuel-powered heating or cooling equipment;
 - ix. Electrical generators;
 - x. Cleated footwear
- d. Other

Any other activities, behaviors, equipment or animals not otherwise specified herein if they may damage the park or pose a threat to public health or safety or enjoyment of the park by others.

13. Special Uses

Upon approval of the director of the Maine Historic Preservation Commission, the Legislative Council authorizes use of the park, subject to appropriate conditions, for historic re-enactments or commemorations of significant historical events related to Capitol Park, the State House, the State of Maine or the United States of America.



14. Modification

The Legislative Council reserves all rights to modify this policy at any time as it deems necessary or appropriate. Furthermore that Legislative Council grants authority to its Executive Director to authorize the Chief of Capitol Police to take an action that may be inconsistent with these standards and guidelines in an emergency or unusual circumstance provided that such action is in keeping with the intent of this policy and such action is limited to the duration of the emergency or unusual circumstance.

15. Effective Date

July 9, 2012

This policy is	This policy is adopted by the Maine Legislative Council on June 28, 2012 at augusta, maine.						
ВҮ:							
Exec	Executive Director of the Legislative Council						
Authority:	3 MRSA § 162						
Adopted:	June 28, 2012						

Effective date: July 9, 2012

Amended: May 25, 2017

Drone Day at Capitol Park

The Maine State Library, in partnership with several other professional and hobbyist organizations, wants to sponsor a Maine Drone Day in the summer of 2017. It will be a day of education and demonstration.

Central to the mission of libraries is to expose our communities to new technologies and demonstrate best practices. Drones are a new and rapidly developing technology that people don't quite understand, some are fearful and others are exploring robustly – but without consideration for privacy and law.

The Maine State Library is a supporter and leader in STEM education in libraries around robotics and coding, making and 3D Printing. Drones are another new technology that we are asked to provide guidance to Maine libraries who want to run programs in their towns. By sponsoring our own program here in Augusta we can use our experience to provide guidance to Maine libraries and citizens. Many people will go to their public library with questions before purchasing any new technology. The Maine State Library's Technology Petting Zoo now travels with 3D printers, robots, and other STEM items to demonstrate to libraries and the public.

We want to provide accurate information, answer questions and concerns of Maine citizens and demonstrate the wide array of small business and industry applications as well as the fun aspect of drones. We are contacting a variety of drone users in agriculture, real estate, photography, law enforcement, etc. and hope to provide some legal experts that deal with drone technology.

Proposed programs include: demonstrations of drones flying, a panel of pilots and experts discussing existing laws governing the use of drones and common best practices, as well as people using drones in their work (real estate, photographers, agriculture, warden service, etc.) to speak on specific applications as well as the training needed to operate different types of drones in different industries.

We will provide information and point to resources to those in attendance from the FAA and other drone safety and regulatory organizations as well as an intro to the B4UFly app and information regarding what kinds of drones need to be registered with the FAA.

The event would be approximately 5 hours in length, with booths and demonstration areas clustered in the Capitol Park area. We were considering how best to reach out to local food vendors to provide refreshment, especially in the event of a hot summer day.

Given the proximity to the Augusta Airport and the State House campus, we have been very careful to begin our outreach with both security and best practices as a top priority. We will work with the Augusta airport as well as the park officials and Capitol Police on this event to comply with any regulations.

We hope that the Capitol Police and the Legislative Council look favorably on this educational event sponsored by the Maine State Library. It may be that one day MSL will be delivering books to rural citizens or libraries via drones rather than by van delivery. We hope the "Day of Drones" will attract Maine citizens of all ages who are interested in this new technology.

128th Maine State Legislature Legislative Council Requests to Introduce Legislation First Regular Session As of: 5/18/2017 9:04:47 AM

AFTER DEADLINE BILL REQUESTS

SPONSOR: Rep. Seth A. Berry

LR# <u>Title</u> <u>Action</u>

2358 An Act To Allow Municipalities To Establish Ordinances
Banning or Moratoria on Marijuana Caregivers within 500

Feet of a School

JOINT RESOLUTIONS

SPONSOR: Rep. Walter A. Kumiega III

<u>LR#</u> <u>Title</u> <u>Action</u>

2366 JOINT RESOLUTION MEMORIALIZING THE UNITED STATES CONGRESS TO NEGOTIATE TRADE

AGREEMENTS WITH THE EUROPEAN UNION TO KEEP MAINE AND DOMESTIC LOBSTER AND SEAFOOD PRODUCTS COMPETITIVE WITH CANADIAN LOBSTER

AND SEAFOOD PRODUCTS

TABLED BY THE LEGISLATIVE COUNCIL

AFTER DEADLINE BILL REQUESTS

SPONSOR: Rep. Henry John Bear

LR# Title Action

2278 An Act To Encourage Support of the Tribal Government of the Tabled 03/24/17

Houlton Band of Maliseet Indians through On-reservation

Business Activity

SPONSOR: Rep. Janice E. Cooper

LR # <u>Title</u> <u>Action</u>

2330 An Act To Allow Nonresidents To Serve on Volunteer Boards Tabled 04/27/17

in Island Communities

SPONSOR: Rep. N

Rep. Nathan J. Wadsworth

LR# 2209 <u>Title</u>

An Act To Make Performing Arts Centers Exempt from Sales

<u>Action</u>

Tabled 01/31/17

Tax

JOINT RESOLUTIONS

SPONSOR:

Rep. Seth A. Berry

<u>LR#</u>

Title

1255

JOINT RESOLUTION MEMORIALIZING THE PRESIDENT

OF THE UNITED STATES AND THE UNITED STATES CONGRESS TO ALLOW DRUGS TO BE IMPORTED FROM

CANADA

SPONSOR:

Rep. Heidi E. Brooks

LR#

Title

1554

JOINT RESOLUTION MEMORIALIZING THE UNITED

STATES SENATE TO RATIFY THE UNITED NATIONS CONVENTION ON THE ELIMINATION OF ALL FORMS OF

DISCRIMINATION AGAINST WOMEN

SPONSOR:

Sen. Troy D. Jackson

<u>LR #</u> 2201

Title

JOINT RESOLUTION MEMORIALIZING THE PRESIDENT

OF THE UNITED STATES AND THE UNITED STATES CONGRESS TO ENDORSE THE AMERICAN RECOVERY

AND REINVESTMENT ACT

Action

Tabled 01/31/17

<u>Action</u>

<u>Action</u>

Tabled 01/31/17

Tabled 02/14/17

128th Maine State Legislature

Addendum

Legislative Council Requests to Introduce Legislation First Regular Session

Actions Taken After May 18, 2017

SPONSOR: Sen. Catherine Breen

LR# <u>Title</u> <u>Action</u>

2373 RESOLUTION, Proposing an Amendment to the Constitution of

Maine To Implement Ranked-choice Voting

SPONSOR: Sen. Michael E. Carpenter

LR # Title Action
2375 An Act To Repeal the Ranked-choice Voting Law

SPONSOR: Sen. Geoffrey M. Gratwick

<u>LR#</u> <u>Title</u> <u>Action</u>

2374 Resolve, Directing the Department of Transportation To Place

Signs Directing Motorists to the Katahdin Woods and Waters

National Monument

SUZANNE M. GRESSER REVISOR



MAINE STATE LEGISLATURE OFFICE OF THE REVISOR OF STATUTES STATE HOUSE STATION 7 AUGUSTA, MAINE 04333-0007 (207) 287-1650

FAX: (207) 287-6468

To:

Hon. Sara Gideon, Chair of the Legislative Council

Hon. Michael D. Thibodeau, Vice Chair of the Legislative Council

Members of the Legislative Council

From: Suzanne M. Gresser, Revisor of Statutes

RE:

Proposed Second Session Cloture Schedule and Related Dates

Date: May 25, 2017

Attached for your review and consideration is a proposed schedule that establishes dates and deadlines for cloture and related events for the Second Regular Session of the 128th Legislature. Pursuant to Joint Rule 203, the Legislative Council is charged with establishing the cloture date and procedures for submission of legislation for each second regular session.

Consistent with past Legislative Council policy, the schedule requires that bill requests be accompanied on or before the cloture date by sufficient instructions from which a bill may be fully drafted. The schedule also requires departments and agencies to submit final drafts by the cloture date, which is also consistent with past practice and the rules governing First Regular Session.

During the time between cloture and the meeting of the Legislative Council to undertake the initial screening of Legislators' bill requests, the Revisor's Office will prepare and distribute a packet that includes all requests filed by Legislators that are subject to the Council's vote. Each request to be voted upon will be indexed by subject matter by the Legislative Indexer and given a brief summary by the Revisor's Office. The office, with the assistance of the Office of Policy and Legal Analysis and the Office of Fiscal and Program Review, will also identify requests that appear to be closely related to other requests, to bills carried over to the second regular session or to bills that might be considered finally rejected in the first regular session. The packet also includes a listing of those bills carried over and a listing of bill titles submitted by executive and independent agencies, which, traditionally, have not been subject to the screening process.

After the initial screening of Legislators' requests and decision by the Legislative Council, the Revisor's office will compile the results and notify each individual Legislator of the Council's actions and provide instructions on the procedure to follow if a Legislator wishes to appeal a decision of the Legislative Council.

A supplemental volume will be prepared and distributed between the appeal deadline and the meeting of the Council to hear those appeals.

The schedule also includes a suggested bill signing day. Beginning in the 120th Legislature, the Presiding Officers have established a bill signing day prior to convening the Second Regular Session in order to ensure that all bills that have been drafted will be signed and ready for introduction when the Legislature convenes in January.

In the 127th Legislature, out of 414 pre-cloture Legislator-filed bill requests, the Legislative Council accepted a total of 91. In the 126th Legislature, out of 417 pre-cloture Legislator-filed bill requests, the Legislative Council accepted a total of 132. For both of those years, most of the bills were completed and signed on the applicable bill signing day and transmitted to the Secretary of the Senate and the Clerk of the House for printing and referral to committees before the Second Regular Session convened. Departments and agencies were also subject to the bill signing day, and most of their pre-cloture bill requests were also completed and sent to the chambers before the session convened.

If I can provide you any further information, please do not hesitate to contact me.

Attachment

cc: Grant Pennoyer, Executive Director

128TH LEGISLATIVE COUNCIL SECOND REGULAR SESSION **DRAFT SCHEDULE FOR REVIEW OF LEGISLATOR REQUESTS** TO INTRODUCE LEGISLATION

September 29th (Friday) 4 p.m.

Filing Deadline (Cloture) *

 Legislators (with sufficient information to fully draft)

Department/Agencies (final drafts)

October 26th (Thursday) 10 a.m.

Legislative Council meeting -Consideration of Legislators' requests

October 27th (Friday)

Notification of Council's action mailed to sponsors

November 1st (Wednesday)

Deadline for filing appeals

November 16th (Thursday) 10 a.m.

Legislative Council meeting to

consider appeals

December 18th (Monday) (tentative)

Bill Signing Day (subject to approval by Presiding Officers)

January 3rd (Wednesday)

Legislature convenes

^{*} Legislators are encouraged to file bill requests well in advance of this deadline.

Sun	Mon	Tue	Wed	Thu	Fri	Sat					
	September 2017										
					1_	2					
3	4	5	6	7	8	9					
10	11	12	13	14	15	16					
17	18	19	20	21	22	23					
24	25	26	27	28	29	30					
		Oc	tober 20	17							
1_	2	3	4	5	6	7					
8	9	10	11	12	13	14					
15	16	17	18	19	20	21					
22	23	24	25	26	27	28					
29	30	31									
		Nov	rember 2	017							
			1	2	3	4					
5	6	7	8	9	10	11					
12	13	14	15	16	17	18					
19	20	21	22	23	24	25					
26	27	28	29	30							
		Dec	ember 2	017							
					1	2					
3	4	5	6	7	8	9					
10	11	12	13	14	15	16					
17	18	19	20	21	22	23					
24	25	26	27	28	29	30					
31											



STATE OF MAINE 128th LEGISLATURE FIRST REGULAR SESSION

Task Force to Address the Opioid Crisis in the State Interim Report April 2017

> Members: Sen. Andre E. Cushing III, Chair Sen. Scott W. Cyrway Sen. James F. Dill Sen. Geoffrey M. Gratwick Rep. Joyce "Jay" McCreight, Chair Rep. Anne "Pinny" Beebe-Center Rep. Harold "Trey" L. Stewart III Rep. Karen Vachon Steven Diaz Robert Fowler Vernon Gardner Katie Fullam Harris **Ross Hicks** Hon. Janet T. Mills **Malory Shaughnessy** Gordon H. Smith Hon. William R. Stokes

> > Jeffrey Trafton

Staff:
Lock Kiermaier
OTF@legislature.maine.gov
http://www.maine.gov/legis/opla/OpioidTaskForce.htm

Table of Contents

·	Page
Introduction	1
Approach and Basic Statistics	2
OTF Meetings	3
Conclusions and Topics of Further Inquiry	9
Appendices	
A. Authorizing Joint OrderB. Descriptions of Medications Used to Treat Opioid Use Disorder	:

Introduction

The Task Force to Address the Opioid Crisis in the State was created by the 1st Regular Session of the 128th Maine State Legislature by Joint Order, SP 210 (See Appendix 1). As a general mission, the Opioid Task Force (OTF) was required to "examine the current laws in the State addressing opiate abuse and heroin use, including but not limited to existing laws focused on law enforcement, prevention, treatment and recovery." The OTF was further tasked with the following specific responsibilities:

- Review the 2016 report and recommendations of the Maine Opiate Collaborative;
- Review initiatives undertaken by other states, with particular attention to proposals regarding opioid treatment, enforcement and prevention; and
- Develop recommendations to address Maine's opioid crisis.

Following the spirit of the Joint Order, as a part of its initial review phase, the OTF has also initiated a detailed review of current opioid-related legislation currently before the First Regular Session of the 128th Legislature. This review effort was manifested in an extensive spreadsheet compiling 56 separate bills as of April 17, 2017 and is available for viewing at the OTF website: http://www.maine.gov/legis/opla/OpioidTaskForce.htm.

The 19 members of the OTF were appointed by late March of 2017 and were required by the Joint Order to submit an initial report to the Legislature by April 30, 2017. The OTF is also required to to submit a final report with any recommendations and suggested legislation to the Legislature by December 6, 2017. The OTF is currently composed of the following appointed members:

- Senator Andre E. Cushing III, Chair;
- Senator Scott C. Cyrway;
- Senator Geoffrey M. Gratwick;
- Senator James A. Dill;
- Representative Joyce "Jay" McCreight, Chair;
- Representative Anne "Pinny" Beebe-Center;
- Representative Harold "Trey" L. Stewart III;
- Dr. Steven Diaz, Chief Medical Officer, MaineGeneral Health;
- Katie Fullam Harris, Senior Vice President, Government Relations and Accountable Care, MaineHealth;
- Gordon H. Smith, Executive Vice President, Maine Medical Association;
- Jeffrey Trafton, Sheriff, Waldo County;
- Robert Fowler, LCSW, CCS, Executive Director, Milestone Foundation;
- Dr. Trip Gardner, Chief Psychiatric Officer, Medical Director of Homeless Health Services, Penobscot Community Health Care;
- Ross Hicks, Harm Reduction Coordinator, Health Equity Alliance;
- Malory Shaughnessy, MPPM, Executive Director, Alliance for Addiction and Mental Health Services, Maine Behavioral Health Foundation;
- Janet T. Mills, Attorney General, State of Maine; and
- Hon. William R. Stokes, Justice, Maine Superior Court.

To accomplish the short term goal of submitting the required initial report by April 30, 2017, the OTF met on April 7, 2017 and April 21, 2017.

OTF Approach

Given the relative time limitations of producing an initial report in a month's time, the OTF used the two meetings in April 2017 to:

- · Conduct a broad overview of the major topics pertaining to the opioid crisis in Maine;
- Ascertain the results and recommendations of recent studies; and
- Review and compile current legislative proposals before the First Regular Session of the 128th Maine State Legislature.

The overall purpose of the OTF's first two meetings was to obtain a broad overview of the current dimensions and factors of the opioid epidemic in Maine. The OTF intends to use the information gathered in these first two meetings as a basis for beginning to discern the gaps in the current efforts to stem the opioid crisis, which programming efforts are proving to be most promising and what statutory recommendations can be made to help complete a focused effort to stem the use of opioids in Maine. In considering the mandate contained in the OTF's authorizing legislation, the OTF has used these first meetings as an opportunity to become informed about the various aspects of the opioid crisis and intends to avoid replicating the several existing current reports which have produced a plethora of useful recommendations. The OTF further intends to hone in on the most essential existing recommendations, determine which of these have already been achieved, which ones need further emphasis and what recommendations should be included in the OTF final report, which will be submitted in early December of 2017.

Basic Statistics on the Opioid Crisis in Maine

The OTF was established to deal with the burgeoning opioid crisis in the State of Maine. Due to the rapidly increasing dimensions of this crisis, the most recently available data do not yet fully reflect the current horrific dimensions of how this epidemic is affecting Maine. While Maine is not alone among the states in attempting to deal with what is effectively a nationwide crisis, several of the most recent basic statistics are extremely sobering.

- According to data contained in a report commissioned by the Maine Attorney General titled, "Expanded Maine Drug Death Report for 2016":
 - o In 2016, there were a total of 376 drug-induced deaths in Maine; this number represents a 38% increase from 2015 or an increase of 104 deaths;
 - Of the 376 overdose deaths, 330 (88%) were accidental overdoses, 38 (10%) were suicides and 8 (2%) were of an undetermined nature;
 - o 79% of drug deaths in 2016 were caused by two or more drugs;
 - o 84% of the overdose deaths were caused by at least one opioid, including pharmaceutical and illicit opioid drugs;
 - o 63% of the overdose deaths were attributable to either Fentanyl and/or heroin/morphine;
 - o 16% of the overdose deaths were attributable to cocaine and this cause of overdose deaths has increased by 71% since 2015;
 - Deaths attributable to pharmaceutical opioids have remained relatively stable at 33% of the total;
 and
 - o The average age of drug deaths in Maine for 2016 was 41 and males outnumber females by 2 to 1.
- According to another report commissioned by DHHS in 2015 titled "SEOW Special Report: Heroin, Opioids, and Other Drugs in Maine":
 - 8% of 18 to 25 year olds in Maine are perceived as needing, but not receiving treatment (2012-13);

- o In 2014, about 1 in 4 (24%) primary treatment admissions were related to heroin; up from 7% in 2010; and
- Almost 6 out of 10 admissions for substance abuse treatment also had a previously diagnosed mental health disorder; this rate has steadily increased since 2010.

OTF Meetings

As mentioned earlier, the OTF used its first two meeting in April 2017 to create a systematic and structured overview of the current status of the opioid epidemic in Maine and what efforts currently exist, or are underway, to deal with this crisis. In addition, the OTF has obtained a great deal of information about promising opioid-related programs that have been implemented by other states. The following sections briefly describe the discussions, presentations and materials that were covered in each meeting. It is important to acknowledge that the flow of information to the OTF is continuous and immense; thus, the following descriptions do not itemize every report, article and other inputs that were provided to the OTF during these two meetings. All of the documents cited in this report are posted on the OTF website or can be obtained directly by contacting OTF staff. http://www.maine.gov/legis/opla/OpioidTaskForce.htm

April 7, 2017 OTF Meeting

The first meeting of the OTF on April 7th included the following presentations and materials:

- OTF member Dr. Trip Gardner made a brief presentation regarding the brain chemistry of opioid addiction;
- 2. The largest segment of the April 7th meeting was devoted to several presentations from members of the Maine Opiate Collaborative (MOC). The MOC was formed in response to the heroin/opiate epidemic in late 2015 through the efforts of:
 - a. Thomas E. Delahanty II, US Attorney, District of Maine;
 - b. Janet T. Mills, Attorney General, State of Maine; and
 - c. John E. Morris, Commissioner, Maine Department of Public Safety.

The MOC was composed of three separate task forces:

- a. Prevention/ Harm Reduction;
- b. Treatment; and
- c. Law Enforcement.

In conducting its work, the MOC held more than 20 public forums that were held across the state and were attended by more than 1200 Maine citizens. As a result of these heavily attended public forums and extended meetings, the MOC generated a large number of recommendations which were detailed in a report that was issued in May of 2016. The MOC presentations during the April 7th meeting corresponded to the three task forces used by the MOC to categorize its work:

- a. <u>Law Enforcement Task Force</u> This presentation was made by the Co-Chairs Sheriff Joel Merry (Sagadahoc County) and Portland Chief of Police Michael Sauschuk. Briefly summarized, the recommendations from this task force included:
 - i. Destignatize substance use disorders within the law enforcement community;
 - ii. Identify and prosecute major drug traffickers;
 - iii. Establish pre-charge diversion programs in every public health district;
 - iv. Expand the use of Problem Solving Courts (aka "Drug Courts");
 - v. Provide treatment for county jail inmates with substance abuse disorders;
 - vi. Provide case management services for inmates transitioning from jails.

In his comments, Chief Sauschuk offered his personal opinion that the number one priority was the expansion of Medicaid; he further explained that once an inmate is detoxed there often is no treatment available for uninsured individuals and many released county jail inmates with Opioid Use Disorder do not have any insurance coverage.

- b. <u>Treatment Task Force</u> The Treatment Task Force presentation was made by Eric Haram, LADC. The recommendations from this task force included the following:
 - i. Expand access and availability of the Addiction Recovery Center model (ARC);
 - ii. Expand access to evidence-based programs that integrate Medication Assisted Treatment (MAT) with counseling and provide a wraparound support from the community which reduce recidivism rates;
 - iii. Begin to break down the barriers to the expansion of high quality MAT services in primary care practices throughout the state of Maine; and
 - iv. Reduce harm to the general populace by creating standards for chronic, non-cancer pain.
- c. <u>Prevention and Harm Reduction Task Force</u> The presentation for this task force was made was made by Co-Chair Scott Gagnon, MPP, PS-C, Substance Abuse Prevention Manager for Healthy Androscoggin. The many recommendations from this task force included the following:
 - i. Decrease risk factors for substance abuse among youth;
 - ii. Reduce the instances of over-prescribing of pharmaceutical opioids;
 - iii. Decrease the number of drug-affected babies born in Maine;
 - iv. Increase the availability of naloxone for opioid users; and
 - v. Reduce barriers to treatment.

In addition, the MOC Task force recommendations were supplemented by spreadsheets compiled by OTF staff which comprehensively listed the various recommendations and their corresponding strategies. A copy of the complete MOC report can be viewed at the following link: http://www.maine.gov/legis/opla/OpioidTaskForce.htm.

- 3. The remainder of the available meeting time was devoted to a short presentation of the following spreadsheets compiled by OTF Staff:
 - <u>Proposed Opioid Legislation in Maine ongoing</u> This spreadsheet lists (to date) the
 differing opioid-related legislation proposed during the First Regular Session of the 128th
 Legislature. The spreadsheet includes the following information:
 - o LD number;
 - o Bill title;
 - o Sponsor,
 - o Committee of reference;
 - o Date of public hearing;
 - o Date of work session;
 - o Committee report;
 - o Amendments;
 - o Summary; and
 - Fiscal note.

The intent of this spreadsheet is to provide OTF members with a comprehensive listing of all opioid-related legislation, which can be evaluated at the conclusion of the First Regular

Session to ascertain what actually has become law and to then determine which of the MOC recommendations may have been addressed.

Other State and National Opioid Programs, Laws and Resources — This spreadsheet offers a
partial list and certain details of existing state and national programs and laws that have been
implemented in response to the opioid epidemic. The spreadsheet also lists centralized
resources that are available for further inquiry. The purpose of this spreadsheet is to begin to
address the directive of the OTF's authorizing legislation to review successful initiatives
undertaken by other states.

In addition to the materials and presentations listed for the April 7th meeting, the OTF was provided access through e-mails and web postings to the following documents:

- <u>"State Solutions to the Opioid Epidemic"</u> 3/21/17 webinar presented by the Council on State Governments;
- Presentations on Opioid Addiction and Treatment by MaineHealth to the Health and Human Services Committee, 4/11/17 – these presentations, supplemented by written documents, included;
 - o Medical Basis of Addiction presented by Jonathan C. Fellers, MD, Maine Medical Center, MaineHealth;
 - o <u>The Hub and Spoke Model Works</u> presented by Jonathan C. Fellers, MD, Maine Medical Center, MaineHealth;
 - o Methadone presented by Vijay Amarendran, MD, MS, Acadia Hospital; and
 - o Outpatient Treatment of Individuals with Opioid Use Disorder presented by Kristen Silva, MD, Maine Health; and
- "No opioids, please: A growing movement lets patients refuse prescriptions" -- an AP article
 which appeared in the 3/19/17 edition of State News.

April 21, 2017 OTF Meeting

- 1. The second meeting of the OTF occurred on April 21, 2017 and featured the following presentations arranged by OTF member Bob Fowler:
 - a. <u>Detoxification Services</u> presented by Dr. Mary Dowd, Medical Director of the Milestone Foundation. In her presentation, Dr. Dowd discussed detoxification as but the first step towards opioid treatment and further mentioned that the likelihood of relapse with just detox is up to 95%. Dr. Dowd's presentation included comments on:
 - Population served at Milestone people from all over Maine; half of the admissions are
 for alcoholics and the other half is for opioid addicts. The detox facility includes 16 beds
 with a staff of 2 nurses and one CNA;
 - ii. Other medical problems many patients have serious medical problems including Hepatitis C, blood clots, heart valve infections and PTSD;
 - iii. Why do they come? reasons include inability to quit on their own, self-hatred, behavior which leads to family destruction, desire to regain custody of children and a desire to have a normal life again;
 - iv. What is opioid withdrawal like? symptoms like cramps, nausea, sweats and chills, increased heart rate, and significant anxiety start within 1 to 2 days after last opioid use, worsen over 2 to 3 days and then diminish over the next 3 to 5 days; and

v. <u>How to treat withdrawal?</u> - either for symptoms (generally less effective) or with opioid replacement, usually with suboxone (more effective).

Dr. Dowd supplemented her presentation with the distribution of a handout entitled, "Maintenance Medication for Opiate Addiction: The Foundation of Recovery" (NIH Public Access, Gavin Bart, MD, July 2012).

- b. Opioid Health Homes presented by OTF member Malory Shaughnessy, Executive Director of the Alliance for Addiction and Mental Health Services. Ms. Shaughnessy focused her presentation around a description of a newly implemented DHHS program known as Opioid Health Homes (OHH). Her discussion of OHHs included the following information:
 - i. OHHs are designed to provide coordinated care to patients with multiple chronic health conditions, including mental health and substance abuse disorders;
 - ii. OHHs feature a team based approach which includes the individual and family members;
 - iii. OHHs are located in primary care or behavioral health provider's offices and are not located in residential settings;
 - iv. OHHs must offer six core services:
 - 1. Comprehensive care management;
 - 2. Care coordination;
 - 3. Health promotion;
 - 4. Comprehensive transitional care/follow-up;
 - 5. Individual and family support; and
 - 6. Referral to community and social support services.
 - v. Eligibility for OHHs requires that the individual must be diagnosed with either:
 - 1. One chronic condition with being at risk for a second; or
 - 2. Two chronic conditions; or
 - 3. A serious mental illness; and
 - vi. Those states that have implemented Medicaid health homes receive a 90/10 federal match for the first eight fiscal quarters of the OHH existence.

In additional remarks, Ms. Shaughnessy also commented on several aspects of OHH rulemaking and implementation in Maine:

- a. It appears that DHHS rules may not provide for allowing a relapsed individual to retain services from an OHH;
- b. The number of uninsured individuals receiving treatment at an OHH may be capped at only 170 statewide;
- There may be some redundancy in the licensed professionals that are required to be in the OHH Clinical Team;
- d. The costs of Intensive Outpatient Treatment (IOP) that are frequently used in Maine may not be covered for OHH reimbursement; and

The rule requires that OHHs be licensed as substance abuse treatment facilities. This precludes primary care offices from qualifying as an OHH.

Ms. Shaughnessy also provided OTF members with copies of a recent Bangor Daily News editorial (4/10/17) titled, "Maine's 'Opioid Health Homes' Are So Intricate There Will Probably Be Only a Few".

- c. <u>Intensive Outpatient (IOP) and Outpatient Treatment</u> This presentation was made via speaker phone by Peter McCorison, Behavioral Health Services Director, Aroostook Mental Health Center. In his presentation, Mr. McCorison made the following points:
 - i. Intensive Outpatient Services (IOP) is a level of treatment within a continuum outlined by the American Society of Addiction Medicine;
 - ii. IOPs consist of a group process that meets three times a week for a minimum of three hours per meeting;
 - iii. IOPs represent a multi-disciplinary approach that includes an assessment of the client's overall physical and emotional health and determines the appropriate level of treatment and provides each client with an appropriate and much needed level of structure and support; and
 - iv. IOPs can include "partial hospitalization" as part of the continuum of care; partial hospitalization provides a higher level of support and structure and requires attendance at more group meetings per week.
- 2. For the next part of the April 21st meeting, the OTF had a presentation on Drug Courts by Anne Jordan, Esq., Manager of Criminal Process and Specialty Dockets, State of Maine Judicial Branch. During her presentation, Ms. Jordan offered the following information:
 - There are currently six Adult Drug Treatment Courts (ADTC) in Maine located in York, Cumberland, Androscoggin, Washington, Penobscot and Hancock counties;
 - ii. Each ADTC has a maximum caseload of 30 individuals;
 - iii. Maine's ADTCs differ from other states in that high-risk individuals are required to enter a guilty plea to whatever criminal charge has been made against the individual; in return, successful completion of the ADTC program will result in a significantly less severe sentence;
 - iv. Admission to the ADTC program is dependent upon an evaluation conducted by Maine Pretrial Services to determine whether the individual meets the following eligibility criteria:
 - 1. Referral to the program by an attorney, probation officer or community member;
 - 2. Defendant application and interview;
 - 3. Independent verification of information gathered in interview;
 - 4. Substance abuse, mental health and trauma screening;
 - 5. Review of demographic information;
 - 6. Defendant screening;
 - 7. Document review of defendant's court paperwork;
 - 8. Records request and review for substance abuse, mental health services and treatment;

- 10. Creation, review and execution of informed releases of information; and
- 11. Report to the ADTC team.
- v. Participants are required to meet at least every other week with the presiding judicial officer and to maintain regular contact with the case manager, and, if applicable, the probation officer. Failure to meet any of these requirements can result in termination from the program and/or the imposition of new court sanctions;
- vi. In 2016, the ADTCs had a total participation of 247 participants; of that total, 52 persons graduated from the program, 62 were terminated for noncompliance;
- vii. The ADTC process represents significant savings to the state's criminal justice system; for every \$1 spent of ADTC treatment, \$1.87 in savings is realized. The average savings per ADTC participant is estimated to be \$12,218;
- viii. Participation in the ADTC process has resulted in significantly lower rates of recidivism for successful participants; a recent study showed a recidivism rate of 16% for ADTC graduates as opposed to a rate of up to 49% for participants who were terminated from the program;
 - ix. The ADTCs were first created by Maine law in 2000; and
 - x. Funding for the ADTC has two sources: judge, clerk and marshal time are funded by the Judicial Branch; all other treatment and case management costs are borne by the Office of Substance Abuse and Mental Health Services within DHHS.
- 3. The final part of the April 21st meeting was devoted to determining the content of this report and the direction of future OTF meetings.

In addition to the previously cited documents provided during the course of the April 21st meeting, the following documents were distributed to OTF members either by e-mail or postings to the OTF website at http://www.maine.gov/legis/opla/OpioidTaskForce.htm:

- 2016 Annual report on Maine's Adult Drug Treatment Courts -- State of Maine Judicial Branch;
- <u>Proposed Opioid Legislation in Maine ongoing</u> this previously cited spreadsheet lists (to date) the differing opioid-related legislation proposed during the First Regular Session of the 128th Legislature. As of 4/17/17, this staff-generated spreadsheet compiled vital information on a total of 56 opioid-related pieces of proposed legislation;
- <u>Recovery-Oriented Systems of Care (ROSC) Resource Guide; September 2010</u> Substance Abuse and Mental Health Services Administration;
- Continuum of Care American Society of Addiction Medicine;
- <u>DHHS Substance Abuse Expenditures from FY 12 to FY 16</u> spreadsheet provided by the Office of Substance Abuse and Mental Health Services, DHHS; and
- <u>State Opioid Related Programs Revised</u> this staff-generated spreadsheet compiles basic information on program descriptions within DHHS, Department of Public Safety and the Judicial Branch.

Conclusions and Topics of Further Inquiry

Upon consideration of what to include in this Interim Report, the OTF concluded that, given the early stage of the task force's existence, it would premature for the OTF to make any formal recommendations or draw substantive conclusions about what can be done to stem the opioid crisis in Maine. Instead, the OTF decided to use this Interim Report as a means of providing a "snapshot" of the current status of the in-state efforts to quell the opioid epidemic and to report on the contents of the two OTF meetings that have been held to-date. The OTF is also using this report as an opportunity to identify specific topics for further inquiry. In no particular order, these topics include the following:

- What is the current estimate on the number of individuals with Opioid Use Disorder in Maine?
- What is the current estimate of how many individuals are in opioid-related treatment programs in Maine?
- What is the current estimate of how many individuals are undergoing treatment for Opioid Use Disorder through primary care practitioners?
- How many individuals with Opioid Use Disorder in Maine are currently uninsured?
- How many individuals with Opioid Use Disorder in Maine are currently homeless?
- How many opioid treatment "beds" currently exist in Maine? How many of these slots accept uninsured
 patients? What is the range of cost for these treatment beds? What is the breakdown of currently
 available treatment beds in terms of long term vs. short term?
- How many re-entry programs currently exist in Maine and is there a need for more?
- With regards to MaineCare, under current law (or regulation), what is the process for a former county jail inmate to be reinstated and how long does this usually take?
- What is the relationship between bail conditions and the likelihood of former county jail inmates to be returned to jail as a result of a substance abuse related violation of law?
- How many individuals are currently receiving prescriptions containing each of the following medications: Buprenorphine, Naltrexone and Methadone?
- How many individuals are currently receiving prescriptions containing each of the following medications:

 Buprenorphine, Nattrexone and Methadone per year over the last three years?
- How much is the total spending in Maine for opioid-related programming?
- What is the potential for more detox/residential treatment beds in Maine?
- What are the particulars of current Department of Health and Human Services (DHHS) rulemaking for
 Opioid Health Homes? To what extent do the dictates of 42 Code of Federal Regulations (CFR) impede
 or conflict with the current effort to implement OHHs in Maine?
- What are some of the success stories of other countries in addressing the opioid epidemic?
- What can be done to break the endless cycle that often occurs within the Judicial Branch when an individual is frequently detained on a pre-trial basis for a long period of time, ordered to discontinue the use of illicit drugs (which is the very issue which led to the legal charges), sometimes sentenced to county jail with inadequate treatment resources, eventually released from county jail and required to participate in treatment programs which have a long waiting list, and frequently lapsing back to opioid use which often then leads to repeated violations and the cycle repeats itself.
- In terms of available treatment beds: How many long and short term beds exist in Maine for for the purpose of treating other than Opioid Use Disorder? How many treatment beds are available for specialty populations such as women and adolescents? Where are the treatment beds located throughout the state?
- With regards to treatment options like Intensive Outpatient, how many programs exist and where are they
 located? Do these programs also serve specialty populations such as women and adolescents? Do these
 programs have wait lists and if so, which programs and how long are the wait lists?

- What is the range of rates charged for Opioid Use Disorder treatment options and when were these rates last changed?
- How many individuals with Opioid Use Disorder are currently being incarcerated for low level drug crimes who could be better served by treatment?

Appendix 1

Authorizing Legislation for the Task Force to Address the Opioid Crisis in the State

SP 210, First Regular Session of the 128th Maine State Legislature

Joint Order, Establishing the Task Force to Address the Opioid Crisis in the State

ORDERED, the House concurring, that, notwithstanding Joint Rule 353, the Task Force To Address the Opioid Crisis in the State, referred to in this order as "the task force," is established as follows.

- 1. Appointment; composition. The task force consists of members appointed as follows:
- A. Four members of the Senate, appointed by the President of the Senate, including 2 members of the party holding the largest and 2 members of the party holding the 2nd-largest number of seats in the Senate;
- B. Four members of the House of Representatives, appointed by the Speaker of the House, including 2 members of the party holding the largest and 2 members of the party holding the 2nd-largest number of seats in the House of Representatives;
- C. One member who is an administrator at a hospital in the State, appointed by the President of the Senate;
- D. One member representing the interests of law enforcement, appointed by the President of the Senate;
- E. One member representing the interests of providers of services at opioid treatment facilities, appointed by the President of the Senate;
- F. One member representing a statewide association of physicians in the State, appointed by the President of the Senate;
- G. One member who is recovering from opioid addiction, appointed by the Speaker of the House;
- H. One member representing the interests of providers of substance abuse and recovery services, appointed by the Speaker of the House;
- I. One member who is a physician specializing in addiction treatment, appointed by the Speaker of the House; and
- J. One member who is a behavioral health specialist, appointed by the Speaker of the House.

The President of the Senate and the Speaker of the House shall invite to participate as members of the task force the Governor, or the Governor's designee; the Attorney General, or the Attorney General's designee; and a representative of the judicial branch.

- 2. Chairs. The first-named Senator is the Senate chair of the task force and the first-named member of the House of Representatives is the House chair of the task force.
- 3. Appointments; convening. All appointments must be made no later than 30 days following passage of this order. The appointing authorities shall notify the Executive Director of the Legislative Council once all appointments have been made. When the appointment of all members has been completed, the chairs of the task force shall call and convene the first meeting of the task force. If 30 days or more after the passage of this order a majority of but not all appointments have been made, the chairs may request authority and the Legislative Council may grant authority for the task force to meet and conduct its business.

- 4. Duties. The task force shall examine the current laws in the State addressing opiate abuse and heroin use, including but not limited to existing laws focused on law enforcement, prevention, treatment and recovery. As part of its study, the task force shall review the report and recommendations of the Maine Opiate Collaborative issued on May 6, 2016 as well as initiatives that have been successfully undertaken by other states, including but not limited to proposals for increased law enforcement personnel or funding; substance abuse prevention, treatment and peer recovery services; and substance abuse prevention and education in schools and communities, and shall develop recommendations to address the opioid crisis in the State.
- 5. Compensation. The legislative members of the task force are entitled to receive the legislative per diem, as defined in the Maine Revised Statutes, Title 3, section 2, and reimbursement for travel and other necessary expenses related to their attendance at authorized meetings of the task force. Public members not otherwise compensated by their employers or other entities that they represent are entitled to receive reimbursement of necessary expenses and, upon a demonstration of financial hardship, a per diem equal to the legislative per diem for their attendance at authorized meetings of the task force.
- 6. Quorum. A quorum is a majority of the members of the task force, including those members invited to participate who have accepted the invitation to participate.
- 7. Staffing. The Legislative Council shall contract for necessary staff support for the task force during the legislative session and may contract for such staff support for a longer period to the extent needed and if sufficient funding is available. At the request of the task force, the Legislative Council may provide drafting assistance to the task force during the legislative session and other staffing support to the task force when the Legislature is not in session.
- 8. Reports. No later than April 30, 2017, the task force shall submit an initial report that includes its findings and recommendations, including suggested legislation, for introduction to the First Regular Session of the 128th Legislature. No later than December 6, 2017, the task force shall submit a final report that includes its findings and recommendations, including suggested legislation, for introduction to the Second Regular Session of the 128th Legislature.



Descriptions of Medications Used to Treat Opioid Use Disorder

Source: <u>http://drugabuse.com/library/medication-assisted-treatment/#types-of-medications-used-in-mat</u>

<u>Buprenorphine</u>

Buprenorphine [aka Suboxone], which is a partial opioid agonist, is used to treat someone who is addicted to an opioid – whether the substance being abused is heroin or a prescription painkiller, such as OxyContin or Vicodin. Of the few medications used for opioid dependence, buprenorphine is the first that can be prescribed for and obtained directly from the doctor's office. To date, other drugs used to treat opioid dependency – such as methadone – can only be administered in clinics.

This increased access for buprenorphine reflects a change in the level of urgency that the opioid epidemic presents to the medical community – one that demands broadened patient access to opioid dependency medication and other forms of treatment.

Buprenorphine isn't prescribed in isolation; it's one component of a comprehensive recovery program designed to address the patient's individual needs.

Buprenorphine alone has potential for abuse and prescription diversion due to its opioid effects. However, formulations that contain a combination of buprenorphine and naloxone decrease the potential for abuse because naloxone otherwise blocks a robust opioid effect and, further, will initiate withdrawal symptoms if attempts are made to misuse it via injection.

When used properly, these buprenorphine-containing medications can both alleviate unpleasant opioid withdrawal and decrease associated cravings.

These medications are also difficult to overdose on, due to the ceiling effect that buprenorphine has (and to the opioid antagonism of naloxone, in the combination formulations). Once you reach a certain dose, the effects plateau and don't increase with higher doses.

Probuphine

In May 2016, the FDA approved, the first buprenorphine implant designed to treat opioid dependence. Like methadone and naltrexone, Probuphine is designed to help individuals recover from an opioid addiction by alleviating cravings and withdrawal symptoms without creating a euphoric high. By stabilizing the patient and reducing the sometimes overwhelming cravings associated with opioid addiction, the individual is better able to engage in treatment and therapy.

The Probuphine implant is made of four rods that are inserted into the upper arm. The rods administer a continuous dose of buprenorphine into the bloodstream for a treatment period of 6 months—making it a convenient alternative to the other forms of buprenorphine (daily pills and dissolvable films). The drug is prescribed to patients who are currently stable on low-to-moderate doses of buprenorphine. Probuphine is not recommended beyond two 6-month treatment periods (which would necessitate sequential rod insertion into each arm).

This medication presents advantages over other maintenance medications like methadone. Specifically:

Probuphine does not require daily administration, as it releases a low dose of the drug on a continuous basis.

Probuphine cannot be abused if the implant stays in place.

NOTE: If the implant does get expelled or removed, there is potential for either accidental exposure or intentional misuse.

Methadone

Methadone is a full opioid agonist, which means that it produces similar effects to other opioids. However, because it is longer-acting than drugs like heroin, the effects are milder and shouldn't significantly impact the individual's ability to function.

Methadone is used to alleviate withdrawal symptoms and drug cravings in those addicted to heroin or painkillers. In fact, one dose can prevent cravings and withdrawal for up to a day and a half, according to the Center for Substance Abuse Treatment (CSAT). In order to prevent abuse, methadone is administered in a clinic on a set schedule.

Despite its relatively mild effects (no extreme highs associated with it), those taking methadone would likely still experience unpleasant withdrawal symptoms if methadone therapy were to suddenly stop, so it's important to talk to your doctor if you want to go off methadone.

Naloxone

Naloxone is an opioid antagonist, which means that it blocks the activity of opioids at the receptor sites — potentially reversing or preventing life-threatening overdoses. A naloxone injection may be administered in a medical emergency to those who are experiencing an opioid overdose. As a potentially life-saving intervention, both opioid users and family members should understand how naloxone works and how to use it in the event of an overdose.

Naloxone can come in automatic injection devices, which are sometimes handed out as a harm reduction measure in communities hit hard by heroin abuse. Automatic naloxone injection devices have voice control and walk the injector through administration in a step-by-step manner. If you're using opioids and have been given a naloxone injection device, keep it on you at all times in the event of an emergency.

It's essential to know the warning signs of an opioid overdose so that you can recognize an emergency situation and administer naloxone, if accessible. The following are signs of an opioid overdose:

Tiny, constricted pupils.

Shallow breathing.

Severe drowsiness.

Loss of consciousness.

Unresponsiveness.

Naltrexone

Naltrexone, which can come in an injectable or pill form, is used to treat patients who suffer from an addiction to alcohol or opioids. The injectable version is called Vivitrol. It may be administered intramuscularly, and therefore only requires monthly dosing. Oral dosing occurs once a day. Unlike buprenorphine and methadone, naltrexone lacks potential for diversion and abuse.

Naltrexone works by blocking the opioid receptors. What this means is that if you take the drug and then take alcohol or opioids, you won't experience the usual euphoria or "high" associated with those substances. It may also decrease the general urge to use opioids or alcohol.

It's important to note that naltrexone decreases your tolerance to opioids, so relapse can potentially be dangerous if you return to taking the amount you once did. Overdose and fatal respiratory depression may result.

Conversely, there aren't any risks associated with drinking while taking the appropriate amount of naltrexone. When taken in excess, it can lead to severe liver damage, which is why patients should follow their doctor's instructions carefully. Within prescribed parameters, there aren't any specific contraindications to using naltrexone concurrently with alcohol. Despite any overt effects to serve as a deterrent to drinking however, it will still aid in decreasing drinking behaviors due to the lack of euphoria experienced. While naltrexone blocks the individual from experiencing fully the rewarding effects of alcohol, it does not decrease the other intoxicating effects, such as impaired judgment and coordination.

•			·			
					-	
				•		
<u>.</u>		. • —		_		_
<u>Inserts fo</u>	r Revised II				ce to Ad	dress the
The following ins	erts are intended		risis, April		erim Report	printed and
ublished on Apr	il 28, 2017. The	d to correct omi	issions from th n Report can b	ne original Int be viewed in i		
ublished on Apr	il 28, 2017. The	d to correct omi	issions from th n Report can b	ne original Int be viewed in i		
oublished on Apr vebsite: <u>http://wv</u>	il 28, 2017. The ww.maine.gov/le	d to correct omi e revised Interin egis/opla/OTFF	issions from th n Report can b inalInterimRe	ne original Into pe viewed in in in port.pdf	ts entirety at	the OTF
oublished on Apr vebsite: <u>http://wv</u>	il 28, 2017. The	d to correct omi e revised Interin egis/opla/OTFF	issions from th n Report can b inalInterimRe	ne original Into pe viewed in in in port.pdf	ts entirety at	the OTF
oublished on Apr vebsite: <u>http://wv</u>	il 28, 2017. The	d to correct omi e revised Interin egis/opla/OTFF	issions from th n Report can b inalInterimRe	ne original Int be viewed in i port.pdf	ts entirety at	the OTF
oublished on Apr vebsite: <u>http://wv</u>	il 28, 2017. The	d to correct omic revised Interin	issions from the Report can be inalInterimRe	ne original Int be viewed in i port.pdf	ts entirety at	the OTF
oublished on Apr vebsite: <u>http://wv</u>	il 28, 2017. The	d to correct omic revised Interin	issions from the Report can be inalInterimRe	ne original Int be viewed in i port.pdf	ts entirety at	the OTF
oublished on Apr vebsite: <u>http://wv</u>	il 28, 2017. The	d to correct omic revised Interin	issions from the Report can be inalInterimRe	ne original Int be viewed in i port.pdf	ts entirety at	the OTF
oublished on Apr vebsite: <u>http://wv</u>	il 28, 2017. The	d to correct omic revised Interin	issions from the Report can be inalInterimRe	ne original Int be viewed in i port.pdf	ts entirety at	the OTF
oublished on Apr website: <u>http://wv</u>	il 28, 2017. The	d to correct omic revised Intering	issions from the Report can be inalinterimRe	ne original Int be viewed in i port.pdf	ts entirety at	the OTF
oublished on Apr website: <u>http://wv</u>	il 28, 2017. The	d to correct omi e revised Interin egis/opla/OTFF	issions from the Report can be inalInterimRe	ne original Int be viewed in i <u>port.pdf</u>	ts entirety at	the OTF
oublished on Apr website: <u>http://wv</u>	il 28, 2017. The	d to correct omic revised Interin	issions from the Report can be inalInterimRe	ne original Int be viewed in i <u>port.pdf</u>	ts entirety at	the OTF
oublished on Apr website: <u>http://wv</u>	il 28, 2017. The	d to correct omic revised Interin	issions from the Report can be inalInterimRe	ne original Int be viewed in i <u>port.pdf</u>	ts entirety at	the OTF
	il 28, 2017. The	d to correct omic revised Interin	issions from the Report can be inalInterimRe	ne original Int be viewed in i <u>port.pdf</u>	ts entirety at	the OTF
oublished on Apr website: <u>http://w</u> v	il 28, 2017. The	d to correct omic revised Interin	issions from the Report can be inalInterimRe	ne original Int be viewed in i <u>port.pdf</u>	ts entirety at	the OTF

<u>Insert this section on page 7 after first full paragraph:</u>

<u>Residential Treatment Services</u> – The next presentation was made by Ms. Sara Bachelder, LADC, CCS, Clinical Team Leader of Milestone's Extended Care Program. In her presentation, Ms. Bachelder made the following comments:

- Residential treatment for individuals with opioid use disorder tend to vary in length and
 correspond to treatment needs determined on a Continuum of Care developed by the American
 Cociety of Addiction Medicine, ASAM (see copy:
 http://www.maine.gov/legis/opla/asamcontinuumcare.pdf)
- The residential treatment services provided by Milestones are long term and serve mostly men who are eligible for MaineCare; over 50% of the individuals applying for treatment at Milestones are uninsured and are not eligible for treatment, an estimated 35 to 40% of residential applicants are homeless; 3 beds at Milestones are grant funded for uninsured; wait lists for these beds are up to a year;
- Applicants come to Milestones upon release from correctional centers, detoxification programs and from the community;
- Lengths of stay vary according to the individual's treatment needs as determined by the ASAM
 Continuum of Care model; the more intensive treatment needs fall on the residential treatment
 scale provided by the ASAM Continuum of Care model;
- Milestones and other treatment facilitates use level of care assessment based on the ASAM
 model which helps to determine the level of substance abuse, the current living environment,
 overall medical condition, mental health and the family situation;
- Individuals needing residential services tend to have significant needs in many of the areas addressed the level of care assessment; the needs of these individuals cannot typically be met by out-patient treatment services;
- Residential treatment is important for several reasons. Many studies have shown that the longer
 a person is in treatment the higher their probability of success; stays of 90 days or more have a
 much lower probability of relapse, help individuals to become productive members of society
 and be then be able to return to employment and become insured- therefore saving money for
 residential programs, insurers and individuals; and
- Many individuals in long term care started using substances very early in life such as the age of 12 or 13 do not have important social and problem solving skills, are not able to cope with stress and are impaired in many ways that interfere with their coping skills. Extended residential treatment provides an opportunity to acquire some of these desperately needed skills.

Replace Appendix 2 with the following version of Appendix 2:

Appendix 2

Common Descriptions of Terms Used in Discussing Opioid Use Disorder

Description of Difference Between Opiates and Opioids

Source: http://detoxanswers.com/questions/420/opiate-vs-opioid-what-is-the-difference-between-opiate-and-opioid

"An opiate is a substance derived from the poppy plant (which contains opium). Opiates are sometimes called "natural" since the active ingredient molecules are made by nature, not manufactured by chemical synthesis. Common opiates include morphine and codeine, both made directly from poppy plants.

An opioid is a substance (molecule) that is synthetic or partly synthetic, meaning the active ingredients (molecules) are manufactured via chemical synthesis. Opioids may act just like opiates in the human body, because of the similar molecules.

opiate - narcotic analgesic derived from a opium poppy (natural)

opioid - narcotic analgesic that is at least part synthetic, not found in nature

The terms are often used interchangeably. On the street, "heroin" may mean synthetic, natural, or semi-synthetic compounds. Manufactured opioids like Oxycontin are sometimes called "synthetic heroin", also adding to the confusion. Genuine "heroin" as originally formulated is technically considered an opioid, since it is chemically manufactured, although molecules from the opium plant are used in the process. Some of heroin's active ingredient molecules are not found in nature.

Currently many references are using opioid to refer to all opium-like substances (including opiates and opioids), and limiting the use of "opiates" to only natural opium poppy derived drugs like morphine."

Common Description of Carfentanil / Remifentanil

Source:

https://www.randoxtoxicology.com/products/elisa/carfentanilremifentanil/

Carfentanil or carfentanyl (also known as 4-carbomethoxyfentanyl) is an analog of the synthetic opioid analgesic fentanyl. It is 10,000 times more potent than morphine, making it among the most potent

commercially used opioids. Carfentanil was first synthesized in 1974 by a team of chemists at Janssen Pharmaceutica.

Side effects of carfentanil are similar to those of fentanyl, which include itching, nausea and respiratory depression, which can be life-threatening. Fentanyl analogs have killed hundreds of people throughout Europe and the former Soviet republics since the most recent resurgence in use began in Estonia in the early 2000s, and novel derivatives continue to appear.

Carfentanil is classified as Schedule II under the Controlled Substances Act in the United States. In 2016, carfentanil was identified as an additive in heroin sold in Ohio, leading to a spike in the number of overdose cases.

Descriptions of Medications Used to Treat Opioid Use Disorder

Source: http://drugabuse.com/library/medication-assisted-treatment/#types-of-medications-used-in-mat

Buprenorphine

Buprenorphine [aka Suboxone], which is a partial opioid agonist, is used to treat someone who is addicted to an opioid – whether the substance being abused is heroin or a prescription painkiller, such as OxyContin or Vicodin. Of the few medications used for opioid dependence, buprenorphine is the first that can be prescribed for and obtained directly from the doctor's office. To date, other drugs used to treat opioid dependency – such as methadone – can only be administered in clinics.

This increased access for buprenorphine reflects a change in the level of urgency that the opioid epidemic presents to the medical community — one that demands broadened patient access to opioid dependency medication and other forms of treatment.

Buprenorphine isn't prescribed in isolation; it's one component of a comprehensive recovery program designed to address the patient's individual needs.

Buprenorphine alone has potential for abuse and prescription diversion due to its opioid effects. However, formulations that contain a combination of buprenorphine and naloxone decrease the potential for abuse because naloxone otherwise blocks a robust opioid effect and, further, will initiate withdrawal symptoms if attempts are made to misuse it via injection.

When used properly, these buprenorphine-containing medications can both alleviate unpleasant opioid withdrawal and decrease associated cravings.

These medications are also difficult to overdose on, due to the ceiling effect that buprenorphine has (and to the opioid antagonism of naloxone, in the combination formulations). Once you reach a certain dose, the effects plateau and don't increase with higher doses.

Probuphine

In May 2016, the FDA approved, the first buprenorphine implant designed to treat opioid dependence. Like methadone and naltrexone, Probuphine is designed to help individuals recover from an opioid addiction by alleviating cravings and withdrawal symptoms without creating a euphoric high. By stabilizing the patient and reducing the sometimes overwhelming cravings associated with opioid addiction, the individual is better able to engage in treatment and therapy.

The Probuphine implant is made of four rods that are inserted into the upper arm. The rods administer a continuous dose of buprenorphine into the bloodstream for a treatment period of 6 months—making it a convenient alternative to the other forms of buprenorphine (daily pills and dissolvable films). The drug is prescribed to patients who are currently stable on low-to-moderate doses of buprenorphine. Probuphine is not recommended beyond two 6-month treatment periods (which would necessitate sequential rod insertion into each arm).

This medication presents advantages over other maintenance medications like methadone. Specifically:

Probuphine does not require daily administration, as it releases a low dose of the drug on a continuous basis.

Probuphine cannot be abused if the implant stays in place.

NOTE: If the implant does get expelled or removed, there is potential for either accidental exposure or intentional misuse.

Methadone

Methadone is a full opioid agonist, which means that it produces similar effects to other opioids. However, because it is longer-acting than drugs like heroin, the effects are milder and shouldn't significantly impact the individual's ability to function.

Methadone is used to alleviate withdrawal symptoms and drug cravings in those addicted to heroin or painkillers. In fact, one dose can prevent cravings and withdrawal for up to a day and a half, according to the Center for Substance Abuse Treatment (CSAT). In order to prevent abuse, methadone is administered in a clinic on a set schedule.

Despite its relatively mild effects (no extreme highs associated with it), those taking methadone would likely still experience unpleasant withdrawal symptoms if methadone therapy were to suddenly stop, so it's important to talk to your doctor if you want to go off methadone.

Naloxone

Naloxone is an opioid antagonist, which means that it blocks the activity of opioids at the receptor sites – potentially reversing or preventing life-threatening overdoses. A naloxone injection may be administered in a medical emergency to those who are experiencing an opioid overdose. As a potentially life-saving intervention, both opioid users and family members should understand how naloxone works and how to use it in the event of an overdose.

Naloxone can come in automatic injection devices, which are sometimes handed out as a harm reduction measure in communities hit hard by heroin abuse. Automatic naloxone injection devices have voice control and walk the injector through administration in a step-by-step manner. If you're using opioids and have been given a naloxone injection device, keep it on you at all times in the event of an emergency.

It's essential to know the warning signs of an opioid overdose so that you can recognize an emergency situation and administer naloxone, if accessible. The following are signs of an opioid overdose:

Tiny, constricted pupils.

Shallow breathing.

Severe drowsiness.

Loss of consciousness.

Unresponsiveness.

<u>Naltrexone</u>

Naltrexone, which can come in an injectable or pill form, is used to treat patients who suffer from an addiction to alcohol or opioids. The injectable version is called Vivitrol. It may be administered intramuscularly, and therefore only requires monthly dosing. Oral dosing occurs once a day. Unlike buprenorphine and methadone, naltrexone lacks potential for diversion and abuse.

Naltrexone works by blocking the opioid receptors. What this means is that if you take the drug and then take alcohol or opioids, you won't experience the usual euphoria or "high" associated with those substances. It may also decrease the general urge to use opioids or alcohol.

It's important to note that naltrexone decreases your tolerance to opioids, so relapse can potentially be dangerous if you return to taking the amount you once did. Overdose and fatal respiratory depression may result.

Conversely, there aren't any risks associated with drinking while taking the appropriate amount of naltrexone. When taken in excess, it can lead to severe liver damage, which is why patients should follow their doctor's instructions carefully. Within prescribed parameters, there aren't any specific contraindications to using naltrexone concurrently with alcohol. Despite any overt effects to serve as a deterrent to drinking however, it will still aid in decreasing drinking behaviors due to the lack of euphoria experienced. While naltrexone blocks the individual from experiencing fully the rewarding effects of alcohol, it does not decrease the other intoxicating effects, such as impaired judgment and coordination.