

MAINE STATE LEGISLATURE

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1 FIRST REGULAR SESSION
2

3 ONE HUNDRED AND TWELFTH LEGISLATURE
4

5 Legislative Document

No. 1507

6
7 S.P. 572

In Senate, May 9, 1985

8 Reference to the Committee on Appropriations and Financial Affairs
9 suggested and ordered printed.

10 JOY J. O'BRIEN, Secretary of the Senate

Presented by Senator Andrews of Cumberland.

11 Cosponsored by Representative Cahill of Woolwich, Senator Dow of
Kennebec and Representative Carroll of Gray.

12 STATE OF MAINE
13

14 IN THE YEAR OF OUR LORD
15 NINETEEN HUNDRED AND EIGHTY-FIVE
16

17 AN ACT to Ensure Adequate Services for Head
18 Injured Persons in Maine.
19

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

22 Sec. 1. 22 MRSA c. 714 is enacted to read:

23 CHAPTER 714

24 HEAD INJURY ASSISTANCE ACT

25 §3071. Legislative findings and intent

26 The Legislature finds that each year a significant
27 number of state citizens are hospitalized as a
28 result of traumatic head injury resulting in a combi-
29 nation of central nervous system dysfunctions occur-
30 ring at the brain stem level and above. These
31 dysfunctions create a unique combination and degree
32 of physical, cognitive and emotional disabilities.
33 Significant gains in recovery occur if adequate reha-

1 bilitative services are available early in the recov-
2 ery period. The specialized post-hospital, residen-
3 tial and community care needed by these head injured
4 individuals is currently not available to the extent
5 necessary to meet the needs.

6 It is the purpose of this chapter to make availa-
7 ble an adequate continuum of services for individuals
8 disabled by traumatic head injury to maximize recov-
9 ery of the head injured individual and to minimize
10 the financial and emotional impact on families of
11 head injured persons.

12 §3072. Comprehensive rehabilitation service system

13 The department shall, within the limits of its
14 available resources, develop a comprehensive rehabil-
15 itation service system for head injured persons spe-
16 cifically designed to train, educate and physically
17 rehabilitate the head injured individual. The service
18 programs shall include, but need not be limited to,
19 physical therapy, cognitive retraining, behavior mod-
20 ification, social skills, counseling, vocational re-
21 habilitation and independent living. The department
22 may increase the availability of adequate
23 post-hospital residential facilities designed to meet
24 the unique needs of head injured individuals, includ-
25 ing at least 12 skilled nursing facility beds and 2
26 6-bed licensed boarding home facilities.

27 §3073. Head Injury Rehabilitation Services Fund

28 1. Establishment. A nonlapsing fund, known as
29 the Head Injury Rehabilitation Services Fund is es-
30 tablished to carry out this chapter.

31 2. Revenues. This fund shall receive \$2 from the
32 license fee for each person under the age of 65 who
33 has renewed his license under Title 29, section 542,
34 and may receive funds from any other source.

35 3. Reports. The State Controller shall maintain
36 records and prepare reports in relation to this fund
37 in accordance with Title 5, chapter 143.

38 Sec. 2. 22 MRSa c. 715, as enacted by PL 1983,
39 c. 549, §1, is repealed.

1 priate, to provide independent living rehabilitation
2 services. To the extent possible, priority for fund-
3 ing shall be given to agencies which utilize severely
4 disabled individuals, to a substantial degree, to di-
5 rect or manage activities.

6 3. Eligibility requirements. The bureau shall
7 establish eligibility requirements for independent
8 living rehabilitation services. The bureau may estab-
9 lish an order to be followed in selecting groups of
10 severely disabled individuals to be served when in-
11 sufficient resources preclude serving all eligible
12 persons who apply. No group of individuals may be ex-
13 cluded from service solely on the basis of the type
14 of disability. The basic eligibility criteria shall
15 be:

16 A. Severe physical or mental disability;

17 B. Severe limitation in ability to function in-
18 dependently in family or community or to engage
19 or continue employment; and

20 C. Reasonable expectation that independent liv-
21 ing rehabilitation will assist the individual to
22 improve his ability to function independently.

23 4. Studies. The bureau shall conduct studies of
24 the independent living rehabilitation services needs
25 of severely disabled individuals.

26 5. Evaluation of effectiveness of services. The
27 bureau shall annually evaluate the effectiveness of
28 independent living rehabilitation services.

29 6. Program of staff development. The bureau
30 shall establish and coordinate, in consultation with
31 the Department of Educational and Cultural Services
32 and the Department of Mental Health and Mental Retar-
33 dation, a program of staff development for providers
34 of independent living rehabilitation services.

35 §3086. Independent Living Advisory Committee

36 The bureau shall organize a committee composed of
37 severely disabled individuals to consult on a contin-
38 uing basis on matters of policy and program develop-

1 ment and implementation which affect the administra-
2 tion of the State's Independent Living Rehabilitation
3 Services Program.

4 §3087. Rules

5 The director of the bureau may, acting under Tite
6 5, chapter 375, promulgate all rules necessary to
7 carry out his duties under this chapter.

8 §3088. Hearings and judicial review

9 Any individual applying for or receiving rehabil-
10 itation services under this chapter who is aggrieved
11 by any action or inaction of the bureau shall be en-
12 titled, in accordance with rules, to a fair hearing
13 by the commissioner or his designated representative.
14 An individual aggrieved because of the decision made
15 on the basis of the fair hearing may appeal to the
16 Superior Court.

17 §3089. Grants

18 The department may make grants to establish inde-
19 pendent living rehabilitation services and carry out
20 the purposes of this chapter. Funds shall be dis-
21 bursed and audited in accordance with departmental
22 grant policies and procedures. The department shall
23 submit an annual accounting of the program to the
24 joint standing committee of the Legislature having
25 jurisdiction over appropriations and financial af-
26 fairs.

27 Sec. 4. 29 MRSA §542, first ¶, as amended by PL
28 1981, c. 492, Pt. E, §14, is further amended to
29 read:

30 For persons who have not reached their 65th
31 birthday, all new and renewal licenses to operate mo-
32 tor vehicles shall expire at midnight on the license
33 holder's 4th birthday next following the date of is-
34 suance of license. The fee for such the license
35 shall be ~~16~~ \$18. The Treasurer of State shall credit
36 \$2 of the fee collected from each license renewal un-
37 der this paragraph to the Head Injury Rehabilitation
38 Services Fund established in Title 22, section 3073.

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STATEMENT OF FACT

2 Each year in this State an average of 1,500 per-
3 sons are hospitalized as a result of traumatic head
4 injury. Traumatic brain injury is any combination of
5 central nervous system dysfunctions, occurring at the
6 brain stem level and above, which are the result of
7 the interaction of the body and an external force.
8 Each head injury results in a unique combination and
9 degree of physical, cognitive and emotional disabili-
10 ty. Memory, judgment, concentration and perceptual
11 skills often are impaired. Physical problems include
12 paralysis, seizures, vision and hearing loss and
13 headaches.

14 Today in the State there is a statewide network
15 of community-based programs providing health, voca-
16 tional, recreational, social, independent living,
17 transportation and educational services. Very few of
18 these agencies are serving the head injured and the
19 reason is a simple one, no money to train staff or to
20 develop programs for this population. Another barrier
21 is that categorial funding for community programs re-
22 sults in fairly narrow eligibility criteria and all
23 too often the head injured simply don't "fit."

24 The aftermath of a head injury exacts a huge toll
25 on the individual, the family and society. Stress on
26 families and the high cost of publicly funded reha-
27 bilitation, coupled with the lost earning potential
28 of the head injured person, make it necessary for the
29 State to begin to address the needs of this group in
30 a more systematic and appropriate way.

31 In January of this year the Maine Legislative
32 Task Force on Head Injury issued a report to the Leg-
33 islature with recommendations to address the needs of
34 the head injured person. This bill takes the first
35 step to address these needs by providing 12 skilled
36 nursing facility beds and 2 6-bed group home beds
37 targeted for the head injured person.

38 This bill also revises the authority of the Bu-
39 reau of Rehabilitation's program to provide indepen-
40 dent living services to the severely disabled. This
41 revision provides for an advisory council and expands

1 their capability to encourage and develop community
2 based services for all severely disable individuals,
3 including the head injured.

4 The bill also requires the department to develop
5 a comprehensive rehabilitation service system for
6 head injured persons. This program will be funded by
7 a \$2 increase in the fee for renewal on an operator's
8 license for motor vehicles. The Task Force on Head
9 Injury found that many head injuries are the result
10 of highway accidents and the "head injuries comprise
11 the largest proportion of injuries sustained in high-
12 way accidents."

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