MAINE STATE LEGISLATURE

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	(EMERGENCY) SECOND REGULAR SESSION
	ONE HUNDRED AND TWELFTH LEGISLATURE
Leç	gislative Document No. 1995
	In Senate, February 7, 1986 Submitted by the Department of Mental Health and Mental Retardation suant to Joint Rule 24. Reference to the Committee on Judiciary suggested and ordered printed.
	JOY J. O'BRIEN, Secretary of the Senator Sented by Senator Carpenter of Aroostook. Cosponsored by Representative Cooper of Windham, Representative Paradis of Augusta.
	STATE OF MAINE
	IN THE YEAR OF OUR LORD NINETEEN HUNDRED AND EIGHTY-SIX
	AN ACT to Enhance the Protection of Mental Health Recipients' Rights.
	Emergency preamble. Whereas, Acts of the Legisture do not become effective until 90 days after ournment unless enacted as emergencies; and
gat Hea and	Whereas, this bill is necessary to validly dele- e rule-making power to the Department of Mental alth and Mental Retardation to enact certain rules;
	Whereas, these rules establish important addi- onal due process protection for mental health cli- es; and
the	Whereas, in the judgment of the Legislature, ese facts create an emergency within the meaning of Constitution of Maine and require the following islation as immediately necessary for the preser-

- vation of the public peace, health and safety; now,
 therefore,
- 3 Be it enacted by the People of the State of Maine as 4 follows:
- 5 Sec. 1. 5 MRSA §12004, sub-§10, ¶A, sub-¶58-A is
 6 enacted to read:
- 7 (58-A) Mental Health Mental Health Not 34-B MRSA
 8 and Mental Rights Ad- Author- \$1209-A
 9 Retardation visory Board ized
- Sec. 2. 18-A MRSA §5-501, as enacted by PL 1979, c. 540, §1, is repealed and the following enacted in its place:
- 13 §5-501. When power of attorney not affected by dis-14 ability

If a principal designates another as his attorney-in-fact or agent by a power of attorney in writing and the writing contains the words: "This power of attorney shall not be affected by disability of the principal;" "This power of attorney shall become effective upon the disability of the principal;" or similar words showing the intent of the principal that the authority conferred shall be exercisable notwithstanding his disability, the authority of the attorney-in-fact or agent is exercisable by him as provided in the power, on behalf of the principal, notwithstanding later disability or incapacity of the principal at law or later uncertainty as to whether the principal is dead or alive.

The authority of the attorney-in-fact or agent to act on behalf of the principal shall be set forth in the power and may relate to any act, power, duty, right or obligation which the principal has or may acquire relating to the principal or any matter, transaction or property, real or personal, tangible or intangible, including, but not limited to, the power to consent to or approve on behalf of the principal any medical or other professional care, counsel, treatment or service of or to the principal by a licensed or certified professional person or institu-

- tion engaged in the practice of, or providing, a
 healing art.
- 3 All acts done by the attorney-in-fact or agent pursuant to the power during any period of disability 4 or incompetence or uncertainty as to whether 5 6 principal is dead or alive have the same effect and inure to the benefit of and bind the principal or his 7 8 heirs, devisees and personal representative as if the principal were alive, competent and not disabled. If a conservator thereafter is appointed for the princi-9 10 11 pal, the attorney-in-fact or agent, during the continuance of the appointment, shall account to the 12 13 conservator rather than the principal. The conserva-14 tor has the same power the principal would have had if he were not disabled or incompetent to revoke, 15 suspend or terminate all or any part of the power of 16 17 attorney or agency.
 - Sec. 3. 34-B MRSA §1209-A is enacted to read:
- 19 §1209-A. Mental Health Rights Advisory Board

- 20 <u>1. Establishment. The Mental Health Rights Ad-</u>
 21 <u>visory Board as established pursuant to Title 5, sec-</u>
 22 <u>tion 12004, subsection 10, shall consist of 11 mem-</u>
 23 bers as follows:
- A. Six persons who are consumers of mental health services, including clients, at least 3 of whom have received services from a state institution or a community mental health agency, and their families; and
- B. Five persons who are providers of mental health services, including providers of services in nonstate and state in-patient and out-patient facilities.
- Members shall be appointed by the commissioner for staggered terms not to exceed 2 years.
- At least 3 nominations to the commissioner shall be made by majority vote of the board 30 days before the expiration of a member's term. If the initial nominations are unacceptable, the board shall submit 3 alternative nominations. If a member's term expires

and the commissioner has not appointed a successor,
the member may be reelected by majority vote to continue as a member until the commissioner appoints a successor.

- 2. Chairman. The members of the board shall elect a chairman.
- 3. Meetings. The board shall meet at least quarterly. A representative of the department shall act as liaison between the board and the department and shall have the right to attend all meetings of the board.
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 4. Functions. The primary function of the board
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 is to advise the department in the implementation of
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 its rules promulgated pursuant to chapter 3 and
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 rights of recipients of mental health services.
 - 5. Responsibilities. The board's responsibilities include reviewing and making recommendations regarding the substantive content of the rules and regarding procedural implementation of the rules. The board may review grievances filed alleging violations of the rules and review any other data which illustrates the process of procedural implementation of the rules. Board members shall have direct access to all living and program areas and to all records directly related to resident care, other than personnel records, provided that the access is in conformity with the law regarding confidentiality of mental health information.
 - 6. Duties. The board shall prepare a yearly report for the commissioner of its observations and recommendations regarding the department's implementation of its rules.
- 33 Sec. 4. 34-B MRSA §3003, sub-§2, ¶C, as enacted 34 by PL 1983, c. 459, §7, is amended to read:
 - C. Standards for informed consent to treatment and guidelines for exceptions to informed consent as permitted under applicable law or in emergency situations, including reasonable standards and procedural mechanisms for determining when to treat a client absent his informed consent, consistent with applicable law;

Emergency clause. In view of the emergency cited in the preamble, this Act shall take effect when approved.

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STATEMENT OF FACT

The purpose of this bill is to accomplish the following.

Section 1. All states, including Maine, currently authorize the execution of a durable power of attorney whereby a principal designates in writing other person to act as his agent and to exercise, on his behalf, certain powers the principal possesses law despite the principal's future legal under the disability or incapacity. This bill specifically enables persons who are unimpaired to designate a person of their choice to consent on their writing behalf to the provision of health care services event of future disability and is modeled after the current law in Colorado, another Uniform Probate Code state. The Maine Revised Statutes, Title 18-A, section 5-501, will continue to require a designated agent or attorney-in-fact to account to a legally appointed guardian or conservator, after determination of the principal's legal incapacity, rather than principal, and permits the guardian or conservator to revoke, suspend or terminate all or part of any power of attorney.

Section 2. The rules "Rights of Recipients of Mental Health Services" enacted by the Department of Mental Health and Mental Retardation were the result of the combined efforts of the department, client consumer groups, private and public providers of mental health services and the families of consumers of mental health services. Currently, the department is working to implement these rules in both the institutional and community setting.

The Recipients' Rights Task Force, composed of representatives from the above groups, was actively involved in the drafting of the rules and has advised the department that an on going advisory committee should be established to monitor the implementation

of the rules. The addition of the Maine Revised Statutes, Title 34-B, section 1209-A, provides for the establishment of such a group to fulfill that objective.

Section 3. The Maine Revised Statutes, Title 34-B, section 3003, subsection 2, paragraph C, is amended to clarify that treatment of mental health clients under departmental rules should occur with the informed consent of the client or a substitute decision maker and that treatment of certain mental health clients who refuse treatment or who are unable to give informed consent may only take place pursuant to substantive standards and procedural mechanisms in departmental rules which are consistent with the dictates of applicable law.