



114th MAINE LEGISLATURE

FIRST REGULAR SESSION - 1989

Legislative Document

No. 1683

H.P. 1211

House of Representatives, May 22, 1989

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 27.

Reference to the Committee on Human Resources suggested and ordered printed.

EDWIN H. PERT, Clerk

Presented by Representative MOHOLLAND of Princeton. Cosponsored by Speaker MARTIN of Eagle Lake, President PRAY of Penobscot and Representative LOOK of Jonesboro.

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED AND EIGHTY-NINE

An Act to Ensure the Continuity of Mental Health Services.

(AFTER DEADLINE)

(EMERGENCY)

 Emergency preamble. Whereas, Acts of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

5 Whereas, it is in the best interest of the people of the State to ensure stability in the provision of mental health 7 services; and

9 Whereas, it is generally in the best interest of the consumer to ensure the continuation of existing mental health 11 services by the current provider unless the Department of Mental Health and Mental Retardation determines, after appropriate 13 review and hearing, that adequate cause exists to terminate the service or to change the provider; and

Whereas, the Department of Mental Health and Mental 17 Retardation is proposing to put certain existing mental health services out to bid within the very near future without any prior 19 determination of cause; and

21 Whereas, the bidding of existing services, without cause, has the potential for seriously disrupting the health services 23 delivery system and unnecessarily putting at risk those persons who have come to depend on existing mental health services; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

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

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34-B MRSA §1208, sub-§§6 and 7 are enacted to read:

6. Change of providers of human services. The Department of Mental Health and Mental Retardation shall not change the 37 provider of existing human services unless it determines: 39 A. The existing provider of human services is unable or unwilling to continue to provide such service; 41 43 The existing provider, after due notice from the в. department, has failed to correct deficiencies or improve services in a manner reasonably requested by the department 45 in order to protect the consumer of the human services; 47 C. The existing provider has failed, after due notice, to 49 comply with the terms and conditions of its existing contract for the provision of human services; or 51

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D. There are not sufficient funds available to support the continuation of the human service.

7. Rules. The commissioner shall promulgate rules, subject to the Maine Administrative Procedure Act, Title 5, chapter 375, to ensure:

- A. The stability of the provider system by setting forth the causes for which existing services may be terminated or transferred;
- B. The protection of the consumer of health services so 13 that any change in provider will be accomplished in such manner as to fully protect the consumer; and
- C. The verification of the nonservice revenue portion of17proposed budgets submitted by prospective providers.

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

STATEMENT OF FACT

The purpose of this bill is to ensure the stability of the mental health delivery system and to protect those persons who have come to rely upon existing mental health services. Because of unusual vulnerability associated with the mentally ill, existing services should not be changed without a prior showing of adequate cause by the Department of Mental Health and Mental Retardation. This bill establishes the required showing of cause and further requires the promulgation of rules which will protect both health care service providers and health care service consumers.