MAINE STATE LEGISLATURE

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STATE OF MAINE SENATE 117TH LEGISLATURE FIRST REGULAR SESSION SENATE AMENDMENT "A" to S.P. 600, L.D. 1585, Bill, "Regarding Narcotic Dependency" Amend the bill by striking out all of section inserting in its place the following: Sec. 1. 5 MRSA §\$20052 and 20053 are enacted to read: \$20052. Long-term methadone and other narcotic drug detoxification and maintenance treatment Beginning on the date of commencement of treatment under Long-term Narcotic Dependency Treatment Project authorized section 20053 long-term methadone and other narcotic detoxification and maintenance treatment of narcotic-dependency in a section 20053. Long-term Narcotic Dependency Treatment Project 1. Treatment project established. The Department of Services and the Office of Substance Abuse shall apply waivers from the federal Department of Health and Human Serto undertake a 3-year demonstration project on long methadone and other narcotic drug detoxification and maintereatment for narcotic-dependent persons, referred to in section as the "treatment project." The treatment project commence as close as possible to October 15, 1995.		L.D. 1585
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2	0	section as the "treatment project." The treatment project must
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2 Purpose The Legislature finds that there is a mo	2	2 Purpose The Legislature finds that there is a meed to

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study long-term methadone and other narcotic drug detoxification

and maintenance treatment for narcotic-dependent persons. The purpose of the treatment project is to study the treatment needs of narcotic-dependent people in this State and the efficacy, cost and impact on this State of long-term methadone and other narcotic drug detoxification and maintenance treatment.

3. Project limitation. Participation in the project is limited to 300 clients at any one time receiving long-term methadone and other narcotic drug detoxification and maintenance treatment for narcotic dependency, of whom a maximum of 100 at any one time may receive the treatment under reimbursement from the Medicaid program. Clients of a treatment program that is licensed in the State who are receiving methadone or other narcotic drug detoxification or maintenance treatment on the date of the commencement of the treatment project have priority as clients under the treatment project. Treatment under the treatment project for persons receiving reimbursement under the Medicaid program must be cost-neutral or result in savings to the Medicaid program.

4. Treatment programs. Treatment under the treatment project may be provided by no more than 2 long-term methadone and other narcotic drug detoxification and maintenance programs, each of which must operate from one location. Each treatment program must be approved for participation in the treatment project by the Department of Human Services and the Office of Substance Abuse. Treatment programs licensed in this State on July 1, 1995 have priority as treatment programs under the treatment project.

5. Rulemaking. In order to protect the public health and safety and allow effective administration and evaluation of the treatment project, the Department of Human Services and the Office of Substance Abuse shall adopt rules for long-term methadone and other narcotic drug detoxification or maintenance treatment taking into consideration issues of best medical practice, individual client needs, the role of clinical judgment in determining services and the cost of providing services. The Office of Substance Abuse shall work cooperatively with interested persons in this State pursuant to the Maine Administrative Procedure Act, including existing licensed methadone treatment programs, in developing the rules.

Rulemaking must address the following:

A. License conditions for treatment programs, including, but not limited to, certification of staff persons, safety standards and management policies;

B. Guidelines and treatment protocols for treatment programs that incorporate the standards contained in section 20043 and are compatible with but no more stringent than the

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SENATE AMENDMENT "A" to S.P. 600, L.D. 1585

	applicable federal treatment regulations and guidelines,
2	including, but not limited to, treatment program admission
	criteria. The guidelines and treatment protocols must
4	reflect best medical practice and phases of treatment but
	may not impose uniform treatment standards for clients that
6	interfere with the medical discretion of the medical
	director acting in accordance with recognized, prevailing
8	medical standards, regarding individual client treatment.
	The guidelines and treatment protocols may not cause
10	unreasonable increases in cost unless necessary to protect
	the public health and safety;
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	C. Standards for the distribution of scheduled or
14	prescription drugs and controlled substances and for the
	security of these drugs and controlled substances consistent
16	with the rules adopted by the Board of Commissioners of the
	Profession of Pharmacy, including, but not limited to, the
18	use of identifiable containers in dispensing the drugs and
10	controlled substances;
20	controlled substances,
20	D. Procedures for the immediate disclosure to regulatory
22	and law enforcement authorities by treatment programs of any
22	lost, missing, stolen or diverted scheduled or prescription
24	
24	drugs or controlled substances;
26	E. Standards for evaluating the effectiveness of long-term
20	methadone and other narcotic drug dependency detoxification
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20	and maintenance treatment and the treatment project; and
30	F. Periodic review of the treatment programs to ensure
	compliance with the requirements of the treatment project
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32	and assist in the evaluation performed pursuant to
34	subsection 9, using the standards for evaluation adopted
34	<pre>pursuant to paragraph E, by a clinical review team of professionals and a multidisciplinary advisory group</pre>
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30	appointed by the Office of Substance Abuse, both of which
3 8	groups must include individuals with expertise in methadone
38	detoxification and maintenance.
40	6 Tomostication imposetion To 1881tion to sutition
40	6. Investigation; inspection. In addition to entities
4.0	authorized to investigate and inspect pursuant to Title 32,
42	section 13723, the Department of Human Services and the Office of
	Substance Abuse may investigate and inspect the premises of
44	treatment programs and require the production of information to
	determine compliance with applicable law and rules. As a
46	condition of receiving treatment under the treatment project, all
	clients must sign waivers of confidentiality, which enable access
18	to and use of treatment program and patient records for the
	purposes of listing in a central registry, program oversight and

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monitoring, enforcement of license and certification requirements

SENATE AMENDMENT

- and other law enforcement activities to the extent consistent with federal law protecting confidentiality under 42 United States Code, Section 290dd-2 (1995) and implementing regulations, as amended.
- 7. Employees. Except as authorized by the Director of the Office of Substance Abuse, a person may not be employed by or contract with a treatment program in a capacity in which that person handles or has access to scheduled or prescription drugs or controlled substances if that person has been convicted of a felony or an offense related to the possession, use, sale or distribution of scheduled or prescription drugs or controlled substances under Title 17-A, chapter 45, or under any law of another jurisdiction.
 - 8. Criminal record checks. The treatment programs must perform criminal record checks of all potential and current employees, contractors and volunteers to ensure adherence to the requirements of subsection 7. The treatment programs shall pay for these record checks.
 - 9. Planning: evaluation. The Department of Human Services and the Office of Substance Abuse shall consult with the Center for Substance Abuse Treatment of the federal Department of Health and Human Services and representatives of the medical and substance abuse treatment field to design and implement the treatment project and to evaluate the effectiveness of the treatment programs and the treatment project. Indices for evaluation may include, but are not limited to, reduced drug dependency, work force participation, impact on law enforcement and cost effectiveness.
 - 10. Reports. The Department of Human Services and the Office of Substance Abuse shall submit reports to the joint standing committee of the Legislature having jurisdiction over human resource matters annually beginning on or before January 31, 1996 and at the end of the treatment project. The reports must include the levels of participation and status of the treatment project, the indices of evaluation developed pursuant to subsection 9, the treatment needs of narcotic-dependent people in this State and the efficacy, cost and impact on this State of long-term methadone and other narcotic drug detoxification and maintenance treatment.

Further amend the bill by inserting at the end before the statement of fact the following:

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'FISCAL NOTE

The Department of Human Services and the Office of Substance Abuse within the Executive Department will incur some minor additional costs to seek approval for a home and community-based waiver for the treatment project. These costs can be absorbed within the respective agencies' existing budgeted resources.

The bill requires that the project be cost neutral or generate savings to the Medicaid program. The additional costs and additional savings to the two agencies, by program, can not be determined at this time and will depend on federal approval and on the specific eligibility and treatment standards that are adopted. The net impacts on the individual programs within the two agencies are not expected to be significant.

This bill may increase prosecutions for Class B and Class C crimes. Sentences of more than twelve months imposed for Class B and Class C crimes must be served in a state correctional institution. The cost to the State per sentence is \$81,101 based upon an average length of stay of 2 years and 11 months. The State also must reimburse counties for sentences served in county jails of twelve months or less for Class B and Class C crimes.

This bill may increase prosecutions for Class D crimes. If a jail sentence is imposed, the additional costs to the counties are estimated to be \$83.22 per day per prisoner. These costs are not reimbursed by the State. The number of prosecutions that may result in a jail sentence and the resulting costs to the county jail system are expected to be insignificant.

The Judicial Department may require additional General Fund appropriations to cover indigent defense costs related to these new cases. The amounts can not be estimated at this time. The additional workload and administrative costs associated with the minimal number of new cases filed in the court system can be absorbed within the budgeted resources of the Judicial Department. The collection of additional fines may also increase General Fund revenue by minor amounts.'

STATEMENT OF FACT

This amendment changes the bill as follows.

1. The bill prohibits long-term methadone and other narcotic drug detoxification and maintenance treatment of narcotic-dependent individuals on October 15, 1995. The amendment changes the date of that prohibition to the date of the

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SENATE AMENDMENT "A" to S.P. 600, L.D. 1585

commencement of the Long-term Narcotic Dependency Treatment Project. It provides that the treatment project shall commence as closely as possible to October 15, 1995.

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- 2. The amendment requires treatment guidelines and protocols to reflect best medical practice and phases of treatment and prohibits the guidelines and protocols from imposing uniform treatment standards that interfere with the medical discretion of the medical director regarding individual client treatment. It prohibits guidelines and protocols from being more stringent than federal guidelines and protocols and prohibits the guidelines and protocols from causing unreasonable cost increases unless necessary to protect the public health and safety. It allows license conditions for treatment programs concerning certification of staff persons, safety standards and management policies.
- 18 3. It deletes the requirement that treatment programs maintain toll-free telephone lines to verify whether a person's possession of drugs is in compliance with the law.
 - 4. It adds entities that are currently authorized to investigate and inspect drug outlets and wholesalers of drugs to those authorized to investigate and inspect the premises of the treatment programs.

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- 5. It requires the Department of Human Services and the Office of Substance Abuse to consult with the federal Department of Health and Human Services and representatives of the medical and substance abuse treatment fields to design and implement the treatment project and to evaluate the effectiveness of the treatment programs and the treatment project.
- 6. It requires the Department of Human Services and the Office of Substance Abuse to adopt rules concerning procedures for the immediate disclosure to regulatory and law enforcement authorities by treatment programs of any lost, missing, stolen or diverted scheduled or prescription drugs or controlled substances.
- 7. It changes the report dates to on or before January 31st annually and after the close of the project. It requires that all reports cover the indices of evaluation developed pursuant to the amendment, the levels of participation and status of the treatment project, the treatment needs of narcotic dependent

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SENATE AMENDMENT

if of 3.		SENATE AMENDMENT "A" to S.P. 600, L.D. 1585
	•	persons in the State and the efficacy, costs and impact on the
	2	State of long-term methadone and other narcotic drug
		detoxification and maintenance treatment.
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		8. It adds a fiscal note to the bill.
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	8	SPONSORED BY:
	10	
	10	(Senator PENDEXTER)
	12	COUNTY: Cumberland

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