



## **120th MAINE LEGISLATURE**

## FIRST REGULAR SESSION-2001

Legislative Document

No. 1607

H.P. 1184

House of Representatives, March 13, 2001

An Act to Further Protect the Rights of Persons with Mental Retardation or Autism.

Submitted by the Department of Mental Health, Mental Retardation and Substance Abuse vivices pursuant to Joint Rule 204.

Reference to the Committee on Health and Human Services suggested and ordered printed.

Millicent M. Mac Failand

MILLICENT M. MacFARLAND, Clerk

Presented by Representative FULLER of Manchester. Cosponsored by Senator TURNER of Cumberland and Representatives: BERRY of Livermore, BROOKS of Winterport, DUDLEY of Portland, DUGAY of Cherryfield, NUTTING of Oakland, O'BRIEN of Augusta, SNOWE-MELLO of Poland.

	Be it enacted by the People of the State of Maine as follows:
2	Sec. 1. 34-B MRSA §5605, sub-§13, as amended by PL 1993, c.
4	326, §9, is further amended to read:
6	<b>13. Behavioral treatment.</b> Behavier-medification <u>Behavioral</u> <u>treatment</u> of personsreceivingservices <u>a person with mental</u>
8	retardation or autism is governed as follows.
10	A. A person receiving-services with mental retardation or <u>autism</u> may not be subjected to a treatment program to
12	eliminate <b>bigaffeorunusual</b> <u>dangerous or maladaptive</u> behavior without first being examined by a physician to rule
14	out the possibility that the behavior is organically caused.
16	<u>A-1. Behavioral treatment programs may contain both behavior modification and behavior management components.</u>
18	<u>Behavior modification components consist of interventions</u> <u>designed to assist a person with mental retardation or</u>
20	autism to learn to replace dangerous or maladaptive behavior with safer and more adaptive behavior. Behavior management
22	<u>components consist of systematic strategies to prevent the occurrence of dangerous or maladaptive behaviors by</u>
24	<u>minimizing or eliminating environmental or other factors</u> that cause those behaviors.
26	B. Treatment programs involving the use of noxious or
28	painful stimuli <u>or other aversive</u> or <u>severely intrusive</u> <u>techniques</u> may be used only to correct behavior more harmful
30	to the person receiving-services with mental retardation or <u>autism</u> than is the treatment program <u>and only</u> :
32	(1) On the recommendation of a physician <u>, psychiatrist</u>
34	or psychologist; and
36	(2) With the approval, following a case-by-case review, of the chief administrative officer of the
38	residential facility and an advocate of the department.
40	Sec. 2. 34-B MRSA §5605, sub-§14, $\P$ C, as amended by PL 1993, c. 326, §9, is further amended to read:
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44	C. Physical restraints may not cause physical injury to the person receiving services and must be designed to allow the greatest possible comfort <u>and safety</u> .
46	Sec. 3. 34-B MRSA §5605, sub-§14, ¶D-1 is enacted to read:
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50	<u>D-1. A safety device whose effect is to reduce or inhibit</u> the movement of a person with mental retardation or autism

- in any way, but whose purpose is to maintain or ensure 2 safety of that person, may be used only as allowed by applicable state law and federal rule and regulation. 4 Sec. 4. 34-B MRSA §5605, sub-§14, ¶E, as amended by PL 1993, c. 326,  $\S$ 9, is further amended to read: 6 Daily reports on the use of restraints must be made to 8 Ε. appropriate chief administrative officer of the the 10 facility. The report must be reported to the department in any manner required by the department. 12 (1) The reports must summarize all cases involving the 14 use of restraints, the type of restraints used, the duration of usage and the reasons for the usage. 16 A monthly summary of the reports must be relayed (2) 18 to the Office of Advocacy.
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SUMMARY

This bill enhances protections afforded to persons with 24 mental retardation or autism served by the Department of Mental Health, Mental Retardation and Substance Abuse Services. It 26 updates the law by applying more modern and appropriate concepts regarding behavioral treatment and interventions. This updating 28 of the law also provides a new and more contemporary basis for department rulemaking in this area.