

MAINE STATE LEGISLATURE

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JOEY
ROBS

L.D. 1196

Date: 5/31/11

(Filing No. H-409)

HEALTH AND HUMAN SERVICES

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STATE OF MAINE
HOUSE OF REPRESENTATIVES
125TH LEGISLATURE
FIRST REGULAR SESSION

COMMITTEE AMENDMENT "A" to H.P. 887, L.D. 1196, Bill, "An Act To Clarify Assistance for Persons with Acquired Brain Injury"

Amend the bill by striking out everything after the enacting clause and before the summary and inserting the following:

Sec. 1. 22 MRSA §3086, sub-§1, as repealed and replaced by PL 1989, c. 501, Pt. P, §26, is amended to read:

1. Acquired brain injury. "Head Acquired brain injury" means an insult to the brain resulting directly or indirectly from trauma, anoxia, vascular lesions or infection, which:

- A. Is not of a degenerative or congenital nature;
- B. Can produce a diminished or altered state of consciousness resulting in impairment of cognitive abilities or physical functioning;
- C. Can result in the disturbance of behavioral or emotional functioning;
- D. Can be either temporary or permanent; and
- E. Can cause partial or total functional disability or psychosocial maladjustment.

Sec. 2. 22 MRSA §3087, as amended by PL 1991, c. 155, is repealed.

Sec. 3. 22 MRSA §3088, as enacted by PL 1987, c. 494, is repealed and the following enacted in its place:

§3088. Comprehensive neurorehabilitation service system

The department shall, within the limits of its available resources, develop a comprehensive neurorehabilitation service system designed to assist, educate and rehabilitate the person with an acquired brain injury to attain and sustain the highest function and self-sufficiency possible using home-based and community-based treatments, services and resources to the greatest possible degree. The comprehensive neurorehabilitation service system must include, but is not limited to, care management

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1 and coordination, crisis stabilization services, physical therapy, occupational therapy,
2 speech therapy, neuropsychology, neurocognitive retraining, positive neurobehavioral
3 supports and teaching, social skills retraining, counseling, vocational rehabilitation and
4 independent living skills and supports. The comprehensive neurorehabilitation service
5 system may include a posthospital system of nursing, community residential facilities and
6 community residential support programs designed to meet the needs of persons who have
7 sustained an acquired brain injury and assist in the reintegration of those persons into
8 their communities.

9 **Sec. 4. 22 MRSA §3089**, as enacted by PL 2005, c. 229, §1, is amended to read:

10 **§3089. Acquired brain injury assessments and interventions; protection of rights**

11 The department is designated as the official state agency responsible for acquired
12 brain injury services and programs.

13 **1. Assessments and interventions.** In addition to developing the comprehensive
14 neurorehabilitation service system under section 3088, the department may undertake,
15 within the limits of available resources, appropriate identification and medical and
16 rehabilitative interventions for persons who sustain acquired brain injuries, including, but
17 not limited to, establishing services:

18 A. To assess the needs of persons who sustain acquired brain injuries and to facilitate
19 effective and efficient medical care, neurorehabilitation planning and reintegration;
20 and

21 B. To improve the knowledge and skills of the medical community, including, but
22 not limited to, emergency room physicians, psychiatrists, neurologists,
23 neurosurgeons, neuropsychologists and other professionals who diagnose, evaluate
24 and treat acquired brain injuries.

25 **2. Rights of patients and responsibility of department to protect those rights.**
26 To the extent possible within the limits of available resources and except to the extent
27 that a patient with an acquired brain injury's rights have been suspended as the result of
28 court-ordered guardianship, the department shall:

29 A. Protect the health and safety of that patient;

30 B. Ensure that the patient has access to treatment, individualized planning and
31 services and positive behavioral interventions and protections; and

32 C. Protect the patient's rights to appeal decisions regarding the person's treatment,
33 access to advocacy services and service quality control standards, monitoring and
34 reporting.

35 **3. Rules.** The department shall establish rules under this section. Rules adopted
36 pursuant to this section are routine technical rules as defined in Title 5, chapter 375,
37 subchapter 2-A.

38 **Sec. 5. Maine Revised Statutes headnote amended; revision clause.** In the
39 Maine Revised Statutes, Title 22, chapter 715-A, in the chapter headnote, the words
40 "assistance for survivors of head injury" are amended to read "assistance for survivors of

1 acquired brain injury" and the Revisor of Statutes shall implement this revision when
2 updating, publishing or republishing the statutes.'

3 **SUMMARY**

4 This amendment replaces the bill. It retains the provisions that change "head injury"
5 to "acquired brain injury." It specifies that the Department of Health and Human
6 Services is authorized, rather than required, to undertake appropriate identification and
7 medical and rehabilitative interventions and that whatever services are provided are
8 provided within the limits of available resources. The same limitation is applied to the
9 department's protection of the rights of patients. The amendment also authorizes, rather
10 than requires, the inclusion of certain services in the comprehensive neurorehabilitation
11 service system developed by the department.

FISCAL NOTE REQUIRED
(See attached)

R O F S

Approved: 05/27/11 *mac*



125th MAINE LEGISLATURE

LD 1196

LR 1533(02)

An Act To Clarify Assistance for Persons with Acquired Brain Injury

Fiscal Note for Bill as Amended by Committee Amendment "A"

Committee: Health and Human Services

Fiscal Note Required: Yes

Fiscal Note

Minor cost increase - General Fund

Fiscal Detail and Notes

The additional costs to the Department of Health and Human Services can be absorbed utilizing existing budgeted resources.