# MAINE STATE LEGISLATURE

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## 125th MAINE LEGISLATURE

### FIRST REGULAR SESSION-2011

**Legislative Document** 

No. 1196

H.P. 887

House of Representatives, March 21, 2011

An Act To Clarify Assistance for Persons with Acquired Brain Injury

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

HEATHER J.R. PRIEST Clerk

Presented by Representative GOODE of Bangor.

Cosponsored by Senator CRAVEN of Androscoggin and

Representatives: CAIN of Orono, DAMON of Bangor, EVES of North Berwick, PETERSON of Rumford, SANRORN of Corbon, STEVENS of Bangor, STLICKEY of Bortland

of Rumford, SANBORN of Gorham, STEVENS of Bangor, STUCKEY of Portland,

WILLETTE of Mapleton.

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

- Sec. 1. 22 MRSA §3086, sub-§1, as repealed and replaced by PL 1989, c. 501, Pt.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;
- 10 C. Can result in the disturbance of behavioral or emotional functioning;
- D. Can be either temporary or permanent; and

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- 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- Sec. 2. 22 MRSA §3087, as amended by PL 1991, c. 155, is repealed.
- Sec. 3. 22 MRSA §3088, as enacted by PL 1987, c. 494, is repealed and the following enacted in its place: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 of the person with an acquired brain injury using home-based and community-based treatments, services and resources to the greatest possible degree. The service programs must include, but are not limited to, care management and coordination, crisis stabilization services, physical therapy, occupational therapy, speech therapy, neuropsychology, neurocognitive retraining, positive neurobehavioral supports and teaching, social skills retraining, counseling, vocational rehabilitation and independent living skills and supports. The department shall develop a posthospital system of nursing, community residential facilities and community residential support programs designed to meet the needs of persons who have sustained an acquired brain injury and assist in the reintegration of those persons into their communities.

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

#### §3089. Acquired brain injury services; protection of rights

- The department is designated as the official state agency responsible for acquired brain injury services and programs.
- 1. Services. In addition to developing the comprehensive neurorehabilitation service
  system under section 3088, the department shall ensure that the appropriate identification

1 and medical and rehabilitative interventions are provided for persons who sustain 2 acquired brain injuries, including, but not limited to, establishing services: 3 A. To assess the needs of persons who sustain acquired brain injuries and to facilitate effective and efficient medical care, neurorehabilitation planning and reintegration; 4 5 and 6 B. To improve the knowledge and skills of the medical community, including, but 7 not limited to, emergency room physicians, psychiatrists, neurologists, neurosurgeons, neuropsychologists and other professionals who diagnose, evaluate 8 9 and treat acquired brain injuries. 10 2. Protection of rights. The department shall, within the limits of available resources, seek to ensure the health and safety of persons with acquired brain injuries and 11 protect their rights as citizens of the State and of the United States, except to the extent 12 13 that these rights have been suspended as the result of court-ordered guardianship. 14 The department shall establish rules consistent with its responsibilities under this 15 section, including, but not limited to, rules concerning the rights and treatment of service recipients, individualized planning and services, positive behavioral interventions and 16 17 protections, rights to appeal and to have access to advocacy, service quality standards, monitoring and reporting. Rules adopted pursuant to this section are routine technical 18 19 rules as defined in Title 5, chapter 375, subchapter 2-A. 20 Sec. 5. Maine Revised Statutes headnote amended; revision clause. In the 21 Maine Revised Statutes, Title 22, chapter 715-A, in the chapter headnote, the words "assistance for survivors of head injury" are amended to read "assistance for survivors of 22 23 acquired brain injury" and the Revisor of Statutes shall implement this revision when 24 updating, publishing or republishing the statutes. 25 **SUMMARY** 26 This bill updates the laws relating to head injury to use the more appropriate term 27 "acquired brain injury." The bill also revises the responsibilities of the Department of Health and Human Services with regard to persons who sustain acquired brain injuries, 28

including the provision of appropriate services and the protection of civil rights.

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