

MAINE STATE LEGISLATURE

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R.O.P.S

Date: 5-12-12

MAJORITY

(Filing No. S-512)

APPROPRIATIONS AND FINANCIAL AFFAIRS

Reproduced and distributed under the direction of the Secretary of the Senate.

STATE OF MAINE

SENATE

125TH LEGISLATURE

SECOND REGULAR SESSION

COMMITTEE AMENDMENT "A" to S.P. 600, L.D. 1746, Bill, "An Act To Make Supplemental Appropriations and Allocations for the Expenditures of State Government and To Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2012 and June 30, 2013"

Amend the bill by striking out the title and substituting the following:

'An Act To Make Supplemental Appropriations and Allocations for the Expenditures of State Government and To Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Year Ending June 30, 2013'

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

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

PART A

Sec. A-1. Appropriations and allocations. The following appropriations and allocations are made.

ADMINISTRATIVE AND FINANCIAL SERVICES, DEPARTMENT OF

Revenue Services, Bureau of 0002

Initiative: Provides funding for advertising and mailing costs to implement a use tax compliance program.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$330,000
GENERAL FUND TOTAL	<u> </u>	<u> </u>
	\$0	\$330,000

COMMITTEE AMENDMENT

1 **Revenue Services, Bureau of 0002**

2 Initiative: Provides funding to initiate an overtime project to enhance revenue discovery
 3 and revenue collections. The project will increase gross revenue from income and sales
 4 and use taxes by an estimated \$2,000,000 in fiscal year 2012-13.

5	GENERAL FUND	2011-12	2012-13
6	Personal Services	\$0	\$210,000
7	All Other	\$0	\$20,000
8			
9	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$230,000</u>

10 **Solid Waste Management Fund 0659**

11 Initiative: Provides funding for the operation of the Dolby Landfill in the Town of East
 12 Millinocket.

13	GENERAL FUND	2011-12	2012-13
14	All Other	\$0	\$320,000
15			
16	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$320,000</u>

17 **ADMINISTRATIVE AND FINANCIAL**
 18 **SERVICES, DEPARTMENT OF**
 19 **DEPARTMENT TOTALS**

20		2011-12	2012-13
21	GENERAL FUND	\$0	\$880,000
22			
23	DEPARTMENT TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$880,000</u>

24 **CONSERVATION, DEPARTMENT OF**

25 **Office of the Commissioner 0222**

26 Initiative: Reduces funding by eliminating one Commissioner of Conservation position.
 27 This initiative relates to the creation of the new Department of Agriculture, Conservation
 28 and Forestry.

29	GENERAL FUND	2011-12	2012-13
30	POSITIONS - LEGISLATIVE COUNT	0.000	(1.000)
31	Personal Services	\$0	(\$107,688)
32			
33	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$107,688)</u>

1	CONSERVATION, DEPARTMENT OF		
2	DEPARTMENT TOTALS	2011-12	2012-13
3			
4	GENERAL FUND	\$0	(\$107,688)
5			
6	DEPARTMENT TOTAL - ALL FUNDS	\$0	(\$107,688)

7 **HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY BDS)**
 8 **Developmental Services - Community 0122**

9 Initiative: Provides for the restructuring of the Department of Health and Human
 10 Services, Office of Elder and Adult Services and Office of Adults with Cognitive and
 11 Physical Disability Services.

12	GENERAL FUND	2011-12	2012-13
13	POSITIONS - LEGISLATIVE COUNT	0.000	(3.000)
14	Personal Services	\$0	(\$224,577)
15			
16	GENERAL FUND TOTAL	\$0	(\$224,577)

17 **Developmental Services Waiver - MaineCare 0987**

18 Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary
 19 to make cycle payments through the remainder of the 2012-2013 biennium.

20	GENERAL FUND	2011-12	2012-13
21	All Other	\$0	\$6,299,768
22			
23	GENERAL FUND TOTAL	\$0	\$6,299,768

24 **Developmental Services Waiver - MaineCare 0987**

25 Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal
 26 Medical Assistance Percentage.

27	GENERAL FUND	2011-12	2012-13
28	All Other	\$0	\$1,190,669
29			
30	GENERAL FUND TOTAL	\$0	\$1,190,669

31 **Developmental Services Waiver - Supports Z006**

32 Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary
 33 to make cycle payments through the remainder of the 2012-2013 biennium.

1	GENERAL FUND	2011-12	2012-13
2	All Other	\$0	\$5,658,034
3			
4	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$5,658,034</u>

5 **Developmental Services Waiver - Supports Z006**

6 Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal
7 Medical Assistance Percentage.

8	GENERAL FUND	2011-12	2012-13
9	All Other	\$0	\$91,346
10			
11	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$91,346</u>

12 **Developmental Services Waiver - Supports Z006**

13 Initiative: Provides funds to serve individuals on the waiting list for services under the
14 MaineCare Benefits Manual, Chapter II, Section 29, Support Benefits for Adults with
15 Intellectual Disabilities or Autistic Disorder.

16	GENERAL FUND	2011-12	2012-13
17	All Other	\$0	\$500,000
18			
19	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$500,000</u>

20 **Disproportionate Share - Dorothea Dix Psychiatric Center 0734**

21 Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal
22 Medical Assistance Percentage.

23	GENERAL FUND	2011-12	2012-13
24	Personal Services	\$0	\$73,700
25			
26	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$73,700</u>

27 **Disproportionate Share - Riverview Psychiatric Center 0733**

28 Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal
29 Medical Assistance Percentage.

30	GENERAL FUND	2011-12	2012-13
31	Personal Services	\$0	\$111,280
32	All Other	\$0	\$40,232
33			

1 Initiative: Reduces funding by eliminating optional coverage under the MaineCare
 2 program for persons 19 and 20 years of age with income less than or equal to 150% of the
 3 nonfarm income official poverty line.

4	GENERAL FUND	2011-12	2012-13
5	All Other	\$0	(\$238,173)
6			
7	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$238,173)</u>

8 **Mental Health Services - Child Medicaid 0731**

9 Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary
 10 to make cycle payments through the remainder of the 2012-2013 biennium.

11	GENERAL FUND	2011-12	2012-13
12	All Other	\$0	\$4,709,869
13			
14	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$4,709,869</u>

15 **Mental Health Services - Child Medicaid 0731**

16 Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal
 17 Medical Assistance Percentage.

18	GENERAL FUND	2011-12	2012-13
19	All Other	\$0	\$470,754
20			
21	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$470,754</u>

22 **Mental Health Services - Children 0136**

23 Initiative: Reduces funding by reducing contracts for residential services.

24	GENERAL FUND	2011-12	2012-13
25	All Other	\$0	(\$1,250,000)
26			
27	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$1,250,000)</u>

28 **Mental Health Services - Children 0136**

29 Initiative: Provides for the restructuring of the Department of Health and Human
 30 Services, Office of Child and Family Services.

1	GENERAL FUND	2011-12	2012-13
2	POSITIONS - LEGISLATIVE COUNT	0.000	(9.000)
3	Personal Services	\$0	(\$704,020)
4			
5	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$704,020)</u>

6 **Mental Health Services - Community 0121**

7 Initiative: Eliminates 17 Intensive Case Manager positions, 2 Mental Health Caseworker
 8 Supervisor positions, one Mental Health Worker III position and one Social Services
 9 Manager I position in the Mental Health Services - Community program and increases
 10 All Other funding to expand the department's Projects for Assistance in Transition from
 11 Homelessness program to a statewide model. The remaining savings will be used to
 12 contract for case management services.

13	GENERAL FUND	2011-12	2012-13
14	POSITIONS - LEGISLATIVE COUNT	0.000	(21.000)
15	Personal Services	\$0	(\$1,041,182)
16	All Other	\$0	\$1,041,182
17			
18	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$0</u>

19 **Mental Health Services - Community 0121**

20 Initiative: Provides for the restructuring of the Department of Health and Human
 21 Services, Office of Substance Abuse and Office of Adult Mental Health Services.

22	GENERAL FUND	2011-12	2012-13
23	POSITIONS - LEGISLATIVE COUNT	0.000	(4.000)
24	Personal Services	\$0	(\$216,208)
25			
26	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$216,208)</u>

27 **Mental Health Services - Community 0121**

28 Initiative: Reduces funding from a 6% reduction in mobile outreach crisis contracts.

29	GENERAL FUND	2011-12	2012-13
30	All Other	\$0	(\$277,500)
31			
32	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$277,500)</u>

33 **Mental Health Services - Community Medicaid 0732**

34 Initiative: Reduces funding by eliminating optional coverage under the MaineCare
 35 program for persons 19 and 20 years of age with income less than or equal to 150% of the
 36 nonfarm income official poverty line.

1	GENERAL FUND	2011-12	2012-13
2	All Other	\$0	(\$138,229)
3			
4	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$138,229)</u>

5 **Mental Health Services - Community Medicaid 0732**

6 Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal
7 Medical Assistance Percentage.

8	GENERAL FUND	2011-12	2012-13
9	All Other	\$0	\$614,409
10			
11	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$614,409</u>

12 **Mental Health Services - Community Medicaid 0732**

13 Initiative: Reduces funding from savings from limiting MaineCare reimbursement for
14 methadone for the treatment of addiction to opioids to a lifetime maximum of 24 months
15 except as permitted with prior authorization beyond 24 months.

16	GENERAL FUND	2011-12	2012-13
17	All Other	\$0	(\$491,407)
18			
19	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$491,407)</u>

20 **Office of Advocacy - BDS 0632**

21 Initiative: Eliminates one Public Service Manager II position and one part-time and 6
22 full-time Advocate positions to reflect the elimination of the Office of Advocacy and
23 increases the current All Other appropriation of \$38,292 by \$291,763 in order to provide
24 \$330,055 for a contract for advocacy services. This request will reduce General Fund
25 undedicated revenue by \$140,259.

26	GENERAL FUND	2011-12	2012-13
27	POSITIONS - LEGISLATIVE COUNT	0.000	(7.500)
28	Personal Services	\$0	(\$419,384)
29	All Other	\$0	\$291,763
30			
31	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$127,621)</u>

32 **Office of Substance Abuse 0679**

33 Initiative: Provides for the restructuring of the Department of Health and Human
34 Services, Office of Substance Abuse and Office of Adult Mental Health Services.

1	GENERAL FUND	2011-12	2012-13
2	Personal Services	\$0	\$15,000
3			
4	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$15,000</u>

5	FEDERAL BLOCK GRANT FUND	2011-12	2012-13
6	Personal Services	\$0	\$5,907
7			
8	FEDERAL BLOCK GRANT FUND TOTAL	<u>\$0</u>	<u>\$5,907</u>

9 **Office of Substance Abuse - Medicaid Seed 0844**

10 Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary
11 to make cycle payments through the remainder of the 2012-2013 biennium.

12	GENERAL FUND	2011-12	2012-13
13	All Other	\$0	\$869,928
14			
15	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$869,928</u>

16 **Office of Substance Abuse - Medicaid Seed 0844**

17 Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal
18 Medical Assistance Percentage.

19	GENERAL FUND	2011-12	2012-13
20	All Other	\$0	\$53,748
21			
22	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$53,748</u>

23 **Office of Substance Abuse - Medicaid Seed 0844**

24 Initiative: Reduces funding from savings from limiting MaineCare reimbursement for
25 methadone for the treatment of addiction to opioids to a lifetime maximum of 24 months
26 except as permitted with prior authorization beyond 24 months.

27	GENERAL FUND	2011-12	2012-13
28	All Other	\$0	(\$141,733)
29			
30	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$141,733)</u>

31 **Riverview Psychiatric Center 0105**

1 Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal
 2 Medical Assistance Percentage.

3	OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
4	Personal Services	\$0	(\$111,280)
5	All Other	\$0	(\$40,232)
6			
7	OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>(\$151,512)</u>

8 **Riverview Psychiatric Center 0105**

9 Initiative: Provides funding to offset a reduction in disproportionate share payments for
 10 individuals transferred from jails or prisons, for individuals for whom the court has
 11 ordered evaluations and for individuals determined to be incompetent to stand trial.

12	GENERAL FUND	2011-12	2012-13
13	Unallocated	\$0	\$3,176,972
14			
15	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$3,176,972</u>

16 **Traumatic Brain Injury Seed Z042**

17 Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal
 18 Medical Assistance Percentage.

19	GENERAL FUND	2011-12	2012-13
20	All Other	\$0	\$1,669
21			
22	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$1,669</u>

23 **HEALTH AND HUMAN SERVICES,
 24 DEPARTMENT OF (FORMERLY BDS)
 25 DEPARTMENT TOTALS**

26		2011-12	2012-13
27	GENERAL FUND	\$0	\$21,861,039
28	FUND FOR A HEALTHY MAINE	\$0	\$17,976
29	OTHER SPECIAL REVENUE FUNDS	\$0	(\$225,212)
30	FEDERAL BLOCK GRANT FUND	\$0	\$5,907
31			
32	DEPARTMENT TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$21,659,710</u>

33 **HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY DHS)**
 34 **Bureau of Child and Family Services - Central 0307**

1 Initiative: Provides for the restructuring of the Department of Health and Human
 2 Services, Office of Child and Family Services.

3	GENERAL FUND	2011-12	2012-13
4	POSITIONS - LEGISLATIVE COUNT	0.000	35.000
5	Personal Services	\$0	\$774,988
6	All Other	\$0	\$1,151,783
7			
8	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$1,926,771</u>

9	FEDERAL EXPENDITURES FUND	2011-12	2012-13
10	POSITIONS - LEGISLATIVE COUNT	0.000	(27.000)
11	Personal Services	\$0	(\$1,727,713)
12	All Other	\$0	(\$2,656,179)
13			
14	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>(\$4,383,892)</u>

15	OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
16	Personal Services	\$0	\$1,479,798
17	All Other	\$0	(\$2,668,528)
18			
19	OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>(\$1,188,730)</u>

20 **Bureau of Child and Family Services - Regional 0452**

21 Initiative: Provides for the restructuring of the Department of Health and Human
 22 Services, Office of Child and Family Services.

23	GENERAL FUND	2011-12	2012-13
24	POSITIONS - LEGISLATIVE COUNT	0.000	16.000
25	Personal Services	\$0	(\$6,230,149)
26	All Other	\$0	\$432,191
27			
28	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$5,797,958)</u>

29	FEDERAL EXPENDITURES FUND	2011-12	2012-13
30	All Other	\$0	(\$21,372)
31			
32	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>(\$21,372)</u>

1	OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
2	Personal Services	\$0	\$7,322,251
3	All Other	\$0	\$975,406
4			
5	OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$8,297,657

6 **Bureau of Medical Services 0129**

7 Initiative: Establishes 2 Public Service Coordinator I positions funded 50% General Fund
8 and 50% Federal Expenditures Fund in the Bureau of Medical Services.

9	GENERAL FUND	2011-12	2012-13
10	Personal Services	\$0	\$83,362
11	All Other	\$0	\$5,000
12			
13	GENERAL FUND TOTAL	\$0	\$88,362

14	FEDERAL EXPENDITURES FUND	2011-12	2012-13
15	POSITIONS - LEGISLATIVE COUNT	0.000	2.000
16	Personal Services	\$0	\$83,362
17	All Other	\$0	\$6,341
18			
19	FEDERAL EXPENDITURES FUND TOTAL	\$0	\$89,703

20 **Bureau of Medical Services 0129**

21 Initiative: Provides funding for contract services and other administrative costs of the
22 MaineCare Redesign Task Force established in this Act.

23	GENERAL FUND	2011-12	2012-13
24	All Other	\$0	\$250,000
25			
26	GENERAL FUND TOTAL	\$0	\$250,000

27	FEDERAL EXPENDITURES FUND	2011-12	2012-13
28	All Other	\$0	\$250,000
29			
30	FEDERAL EXPENDITURES FUND TOTAL	\$0	\$250,000

31 **Child Care Food Program 0454**

32 Initiative: Provides for the restructuring of the Department of Health and Human
33 Services, Office of Child and Family Services.

1	FEDERAL EXPENDITURES FUND	2011-12	2012-13
2	POSITIONS - LEGISLATIVE COUNT	0.000	(2.000)
3	Personal Services	\$0	(\$82,533)
4	All Other	\$0	(\$327)
5			
6	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>(\$82,860)</u>

7 **Child Care Services 0563**

8 Initiative: Provides for the restructuring of the Department of Health and Human
 9 Services, Office of Child and Family Services.

10	FEDERAL BLOCK GRANT FUND	2011-12	2012-13
11	POSITIONS - LEGISLATIVE COUNT	0.000	7.000
12	Personal Services	\$0	(\$140,825)
13	All Other	\$0	\$41,647
14			
15	FEDERAL BLOCK GRANT FUND TOTAL	<u>\$0</u>	<u>(\$99,178)</u>

16 **Child Support 0100**

17 Initiative: Establishes 8 Human Services Support Enforcement Agent positions funded
 18 34% General Fund and 66% Federal Expenditures Fund in the Child Support program.
 19 The General Fund portion of the positions is funded by the additional undedicated
 20 revenue generated by these additional positions.

21	GENERAL FUND	2011-12	2012-13
22	Personal Services	\$0	\$174,240
23	All Other	\$0	\$15,000
24			
25	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$189,240</u>

26	FEDERAL EXPENDITURES FUND	2011-12	2012-13
27	POSITIONS - LEGISLATIVE COUNT	0.000	8.000
28	Personal Services	\$0	\$338,240
29	All Other	\$0	\$30,667
30			
31	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$368,907</u>

32 **Departmentwide 0019**

33 Initiative: Reduces funding from salary savings. Notwithstanding any other provision of
 34 law, the State Budget Officer shall calculate the amount of savings in this Part that
 35 applies to each General Fund account in the Department of Health and Human Services
 36 and shall transfer the amounts by financial order upon the approval of the Governor.
 37 These transfers are considered adjustments to appropriations in fiscal year 2012-13.

1	GENERAL FUND	2011-12	2012-13
2	Personal Services	\$0	(\$1,000,000)
3			
4	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$1,000,000)</u>

5 **FHM - Bureau of Health 0953**

6 Initiative: Reduces funding to reflect a redistribution of funding in the Fund for a Healthy
7 Maine.

8	FUND FOR A HEALTHY MAINE	2011-12	2012-13
9	All Other	\$0	(\$5,718,328)
10			
11	FUND FOR A HEALTHY MAINE TOTAL	<u>\$0</u>	<u>(\$5,718,328)</u>

12 **FHM - Drugs for the Elderly and Disabled Z015**

13 Initiative: Reduces funding from reducing income eligibility levels for the Medicare
14 savings program.

15	FUND FOR A HEALTHY MAINE	2011-12	2012-13
16	All Other	\$0	(\$1,219,908)
17			
18	FUND FOR A HEALTHY MAINE TOTAL	<u>\$0</u>	<u>(\$1,219,908)</u>

19 **FHM - Family Planning 0956**

20 Initiative: Reduces funding to reflect a redistribution of funding in the Fund for a Healthy
21 Maine.

22	FUND FOR A HEALTHY MAINE	2011-12	2012-13
23	All Other	\$0	(\$401,430)
24			
25	FUND FOR A HEALTHY MAINE TOTAL	<u>\$0</u>	<u>(\$401,430)</u>

26 **FHM - Medical Care 0960**

27 Initiative: Adjusts funding for Medicaid services as a result of the decrease in the Federal
28 Medical Assistance Percentage.

29	FUND FOR A HEALTHY MAINE	2011-12	2012-13
30	All Other	\$0	\$113,010
31			

1 Initiative: Allocates funds for 7 limited-period Family Independence Specialist positions
 2 in the general assistance program and for other costs of the pilot program to maximize
 3 and expedite the award of federal Supplemental Security Income program benefits for
 4 recipients of general assistance and to identify and assist veterans who receive assistance
 5 through programs administered by the Office for Family Independence who may be
 6 eligible for federal Department of Veterans Affairs cash or medical assistance to access
 7 those benefits. These positions are established through June 15, 2014. This initiative is
 8 estimated to generate \$1,057,903 in 2012-13 in additional dedicated revenue for the
 9 general assistance program. Any dedicated revenue in addition to this estimated level
 10 must be used to offset the savings target of the general assistance working group
 11 established in this Act.

12	OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
13	Personal Services	\$0	\$469,104
14	All Other	\$0	\$976,874
15			
16	OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>\$1,445,978</u>

17 **Head Start 0545**

18 Initiative: Reduces funding for the Head Start program.

19	GENERAL FUND	2011-12	2012-13
20	All Other	\$0	(\$2,000,000)
21			
22	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$2,000,000)</u>

23 **IV-E Foster Care/Adoption Assistance 0137**

24 Initiative: Adjusts funding for Medicaid services as a result of the decrease in the Federal
 25 Medical Assistance Percentage.

26	GENERAL FUND	2011-12	2012-13
27	All Other	\$0	\$13,579
28			
29	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$13,579</u>

30 **IV-E Foster Care/Adoption Assistance 0137**

31 Initiative: Provides for the restructuring of the Department of Health and Human
 32 Services, Office of Child and Family Services.

1	GENERAL FUND	2011-12	2012-13
2	All Other	\$0	\$1,418,655
3			
4	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$1,418,655</u>
5	FEDERAL EXPENDITURES FUND	2011-12	2012-13
6	All Other	\$0	(\$15,143,042)
7			
8	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>(\$15,143,042)</u>
9	OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
10	All Other	\$0	(\$72,393)
11			
12	OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>(\$72,393)</u>
13	Low-cost Drugs To Maine's Elderly 0202		
14	Initiative: Reduces funding from reducing the upper income eligibility level for the Low-		
15	cost Drugs To Maine's Elderly program from 185% to 175% of the federal poverty level.		
16	GENERAL FUND	2011-12	2012-13
17	All Other	\$0	(\$112,154)
18			
19	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$112,154)</u>
20	Medical Care - Payments to Providers 0147		
21	Initiative: Reduces funding from reducing income eligibility for Medicaid services for a		
22	parent or a caretaker relative of an eligible child from a maximum of 133% of the federal		
23	poverty level to 100%.		
24	GENERAL FUND	2011-12	2012-13
25	All Other	\$0	(\$5,866,833)
26			
27	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$5,866,833)</u>
28	FEDERAL EXPENDITURES FUND	2011-12	2012-13
29	All Other	\$0	(\$10,106,031)
30			
31	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>(\$10,106,031)</u>
32	Medical Care - Payments to Providers 0147		

1 Initiative: Reduces funding by eliminating optional coverage under the MaineCare
 2 program for persons 19 and 20 years of age with income less than or equal to 150% of the
 3 nonfarm income official poverty line.

4	GENERAL FUND	2011-12	2012-13
5	All Other	\$0	(\$3,653,598)
6			
7	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$3,653,598)</u>

8	FEDERAL EXPENDITURES FUND	2011-12	2012-13
9	All Other	\$0	(\$6,941,958)
10			
11	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>(\$6,941,958)</u>

12 **Medical Care - Payments to Providers 0147**

13 Initiative: Reduces funding by eliminating ambulatory surgical center services as an
 14 optional service in the MaineCare program.

15	GENERAL FUND	2011-12	2012-13
16	All Other	\$0	(\$77,697)
17			
18	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$77,697)</u>

19	FEDERAL EXPENDITURES FUND	2011-12	2012-13
20	All Other	\$0	(\$133,839)
21			
22	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>(\$133,839)</u>

23 **Medical Care - Payments to Providers 0147**

24 Initiative: Reduces funding by eliminating sexually transmitted disease screening clinic
 25 services as an optional service in the MaineCare program.

26	GENERAL FUND	2011-12	2012-13
27	All Other	\$0	(\$163,463)
28			
29	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$163,463)</u>

1	FEDERAL EXPENDITURES FUND	2011-12	2012-13
2	All Other	\$0	(\$181,178)
3			
4	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>(\$181,178)</u>

5 **Medical Care - Payments to Providers 0147**

6 Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary
7 to make cycle payments through the remainder of the 2012-2013 biennium.

8	GENERAL FUND	2011-12	2012-13
9	All Other	\$0	\$32,808,234
10			
11	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$32,808,234</u>

12	FEDERAL EXPENDITURES FUND	2011-12	2012-13
13	All Other	\$0	\$124,626,202
14			
15	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$124,626,202</u>

16 **Medical Care - Payments to Providers 0147**

17 Initiative: Adjusts funding for Medicaid services as a result of the decrease in the Federal
18 Medical Assistance Percentage.

19	GENERAL FUND	2011-12	2012-13
20	All Other	\$0	\$6,997,873
21			
22	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$6,997,873</u>

23	FEDERAL EXPENDITURES FUND	2011-12	2012-13
24	All Other	\$0	(\$10,382,324)
25			
26	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>(\$10,382,324)</u>

27 **Medical Care - Payments to Providers 0147**

28 Initiative: Reduces funding by eliminating the reimbursement for smoking cessation
29 products.

1	GENERAL FUND	2011-12	2012-13
2	All Other	\$0	(\$179,095)
3			
4	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$179,095)</u>

5	FEDERAL EXPENDITURES FUND	2011-12	2012-13
6	All Other	\$0	(\$308,504)
7			
8	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>(\$308,504)</u>

9 **Medical Care - Payments to Providers 0147**

10 Initiative: Notwithstanding any other provisions of law, adjusts funding by increasing
 11 funding in the FHM - Medical Care program and decreasing funding in the Medical Care
 12 - Payments to Providers program to reflect a redistribution of funding within the Fund for
 13 a Healthy Maine.

14	GENERAL FUND	2011-12	2012-13
15	All Other	\$0	(\$9,876,575)
16			
17	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$9,876,575)</u>

18 **Medical Care - Payments to Providers 0147**

19 Initiative: Reduces funding from savings from limiting MaineCare reimbursement for
 20 methadone for the treatment of addiction to opioids to a lifetime maximum of 24 months
 21 except as permitted with prior authorization beyond 24 months.

22	GENERAL FUND	2011-12	2012-13
23	All Other	\$0	(\$730,977)
24			
25	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$730,977)</u>

26	FEDERAL EXPENDITURES FUND	2011-12	2012-13
27	All Other	\$0	(\$2,297,941)
28			
29	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>(\$2,297,941)</u>

30 **Medical Care - Payments to Providers 0147**

31 Initiative: Reduces funding from savings from utilizing a crisis assessment in emergency
 32 departments and savings from initiatives related to institutes for mental disease and
 33 psychiatric units in private hospitals.

1	GENERAL FUND	2011-12	2012-13
2	All Other	\$0	(\$397,500)
3			
4	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$397,500)</u>

5	FEDERAL EXPENDITURES FUND	2011-12	2012-13
6	All Other	\$0	(\$684,722)
7			
8	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>(\$684,722)</u>

9 **Medical Care - Payments to Providers 0147**

10 Initiative: Reduces funding by requiring hospital-based primary care practices that also
 11 provide mental health services to participate in the Maine Health Access Foundation's
 12 integrated care initiative for outpatient mental health and primary care services effective
 13 July 1, 2012.

14	GENERAL FUND	2011-12	2012-13
15	All Other	\$0	(\$1,500,000)
16			
17	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$1,500,000)</u>

18	FEDERAL EXPENDITURES FUND	2011-12	2012-13
19	All Other	\$0	(\$2,583,855)
20			
21	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>(\$2,583,855)</u>

22 **Medical Care - Payments to Providers 0147**

23 Initiative: Provides funding to offset the reduction made in PL 2011, c. 380, Part A that
 24 proposed to reduce reimbursement for outpatient substance abuse and mental health
 25 services to the MaineCare Benefits Manual, Chapter II, Section 65 rates.

26	GENERAL FUND	2011-12	2012-13
27	All Other	\$0	\$1,000,000
28			
29	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$1,000,000</u>

30	FEDERAL EXPENDITURES FUND	2011-12	2012-13
31	All Other	\$0	\$1,722,570
32			

1 FEDERAL EXPENDITURES FUND TOTAL \$0 \$1,722,570

2 **Medical Care - Payments to Providers 0147**

3 Initiative: Provides funds to serve individuals on the waiting list for services under the
 4 MaineCare Benefits Manual, Chapter II, Section 29, Support Benefits for Adults with
 5 Intellectual Disabilities or Autistic Disorder.

6	FEDERAL EXPENDITURES FUND	2011-12	2012-13
7	All Other	\$0	\$861,285
8			
9	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$861,285</u>

10 **Medical Care - Payments to Providers 0147**

11 Initiative: Reduces funding from a reduction in MaineCare hospital crossover payments
 12 as a result of decreasing income eligibility levels for the Medicare savings program.

13	GENERAL FUND	2011-12	2012-13
14	All Other	\$0	(\$1,663,554)
15			
16	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$1,663,554)</u>

17	FEDERAL EXPENDITURES FUND	2011-12	2012-13
18	All Other	\$0	(\$2,865,588)
19			
20	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>(\$2,865,588)</u>

21 **Medical Care - Payments to Providers 0147**

22 Initiative: Reduces funding from savings from implementing the recommendations of the
 23 MaineCare Redesign Task Force established in this Act.

24	GENERAL FUND	2011-12	2012-13
25	All Other	\$0	(\$5,250,000)
26			
27	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$5,250,000)</u>

28	FEDERAL EXPENDITURES FUND	2011-12	2012-13
29	All Other	\$0	(\$9,043,493)
30			

1 FEDERAL EXPENDITURES FUND TOTAL \$0 (\$9,043,493)

2 **MR/Elderly PNMI Room and Board Z009**

3 Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary
4 to make cycle payments through the remainder of the 2012-2013 biennium.

5	GENERAL FUND	2011-12	2012-13
6	All Other	\$0	\$8,210,778
7			
8	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$8,210,778</u>

9 **Nursing Facilities 0148**

10 Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary
11 to make cycle payments through the remainder of the 2012-2013 biennium.

12	GENERAL FUND	2011-12	2012-13
13	All Other	\$0	\$7,036,142
14			
15	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$7,036,142</u>

16	FEDERAL EXPENDITURES FUND	2011-12	2012-13
17	All Other	\$0	\$11,852,830
18			
19	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$11,852,830</u>

20 **Nursing Facilities 0148**

21 Initiative: Adjusts funding for Medicaid services as a result of the decrease in the Federal
22 Medical Assistance Percentage.

23	GENERAL FUND	2011-12	2012-13
24	All Other	\$0	\$1,538,014
25			
26	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$1,538,014</u>

27	FEDERAL EXPENDITURES FUND	2011-12	2012-13
28	All Other	\$0	(\$1,538,014)
29			
30	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>(\$1,538,014)</u>

1 **Office of Elder Services Adult Protective Services Z040**

2 Initiative: Provides for the restructuring of the Department of Health and Human
 3 Services, Office of Elder and Adult Services and Office of Adults with Cognitive and
 4 Physical Disability Services.

5	GENERAL FUND	2011-12	2012-13
6	POSITIONS - LEGISLATIVE COUNT	0.000	3.000
7	Personal Services	\$0	\$320,194
8	All Other	\$0	\$15,000
9			
10	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$335,194</u>

11 **Purchased Social Services 0228**

12 Initiative: Provides for the restructuring of the Department of Health and Human
 13 Services, Office of Child and Family Services.

14	GENERAL FUND	2011-12	2012-13
15	Personal Services	\$0	\$12,410
16			
17	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$12,410</u>

18 **State-funded Foster Care/Adoption Assistance 0139**

19 Initiative: Reduces funding by reducing contracts in the family reunification program.

20	GENERAL FUND	2011-12	2012-13
21	All Other	\$0	(\$1,249,500)
22			
23	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$1,249,500)</u>

24 **State-funded Foster Care/Adoption Assistance 0139**

25 Initiative: Provides for the restructuring of the Department of Health and Human
 26 Services, Office of Child and Family Services.

27	GENERAL FUND	2011-12	2012-13
28	POSITIONS - LEGISLATIVE COUNT	0.000	(14.000)
29	Personal Services	\$0	(\$1,173,774)
30	All Other	\$0	\$3,276,335
31			
32	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$2,102,561</u>

1	FEDERAL EXPENDITURES FUND	2011-12	2012-13
2	Personal Services	\$0	\$19,803
3	All Other	\$0	\$386,872
4			
5	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$406,675</u>
6	OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
7	Personal Services	\$0	\$205,995
8	All Other	\$0	(\$5,652,788)
9			
10	OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>(\$5,446,793)</u>
11	HEALTH AND HUMAN SERVICES,		
12	DEPARTMENT OF (FORMERLY DHS)		
13	DEPARTMENT TOTALS	2011-12	2012-13
14			
15	GENERAL FUND	\$0	\$28,706,608
16	FEDERAL EXPENDITURES FUND	\$0	\$73,479,559
17	FUND FOR A HEALTHY MAINE	\$0	\$678,801
18	OTHER SPECIAL REVENUE FUNDS	\$0	\$3,485,565
19	FEDERAL BLOCK GRANT FUND	\$0	(\$99,178)
20			
21	DEPARTMENT TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$106,251,355</u>
22	INDIGENT LEGAL SERVICES, MAINE COMMISSION ON		
23	Maine Commission on Indigent Legal Services Z112		
24	Initiative: Provides funding for representation to indigent persons who are entitled to		
25	counsel.		
26	GENERAL FUND	2011-12	2012-13
27	All Other	\$0	\$450,000
28			
29	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$450,000</u>
30	INDIGENT LEGAL SERVICES, MAINE		
31	COMMISSION ON		
32	DEPARTMENT TOTALS	2011-12	2012-13
33			
34	GENERAL FUND	\$0	\$450,000
35			

1	DEPARTMENT TOTAL - ALL FUNDS	\$0	\$450,000
2	PUBLIC UTILITIES COMMISSION		
3	Emergency Services Communication Bureau 0790		
4	Initiative: Provides funding to cover costs incurred as a result of the need to operate 2		
5	systems for a period of time as E-9-1-1 operations transition between them.		
6	GENERAL FUND	2011-12	2012-13
7	All Other	\$0	\$3,785,230
8			
9	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$3,785,230</u>
10	PUBLIC UTILITIES COMMISSION		
11	DEPARTMENT TOTALS	2011-12	2012-13
12			
13	GENERAL FUND	\$0	\$3,785,230
14			
15	DEPARTMENT TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$3,785,230</u>
16	SECTION TOTALS	2011-12	2012-13
17			
18	GENERAL FUND	\$0	\$55,575,189
19	FEDERAL EXPENDITURES FUND	\$0	\$73,479,559
20	FUND FOR A HEALTHY MAINE	\$0	\$696,777
21	OTHER SPECIAL REVENUE FUNDS	\$0	\$3,260,353
22	FEDERAL BLOCK GRANT FUND	\$0	(\$93,271)
23			
24	SECTION TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$132,918,607</u>

25 **PART B**

26 **Sec. B-1. Transfer from available fiscal year 2012-13 Administrative**
 27 **Services - Professional and Financial Regulation, Other Special Revenue**
 28 **Funds balance to General Fund - Professional and Financial Regulation.**
 29 Notwithstanding any other provision of law, at the close of fiscal year 2012-13, the State
 30 Controller shall transfer \$1,500,000 from the available balance in the Administrative
 31 Services - Professional and Financial Regulation program, Other Special Revenue Funds
 32 account within the Department of Professional and Financial Regulation to the General
 33 Fund unappropriated surplus.

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PART C

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Sec. C-1. PL 2011, c. 380, Pt. QQ, §§1 and 3 are amended to read:

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Sec. QQ-1. Transfer from unappropriated surplus at close of fiscal years 2011-12 and 2012-13. Notwithstanding any other provision of law, at the close of fiscal year 2011-12 and fiscal year 2012-13, the State Controller shall transfer up to \$25,000,000 from the unappropriated surplus of the General Fund to the Department of Health and Human Services, Medical Care - Payments to Providers account in the General Fund after all required deductions of appropriations, budgeted financial commitments and adjustments considered necessary by the State Controller have been made and as the first priority after the transfers required pursuant to the Maine Revised Statutes, Title 5, sections 1507, 1511 and 1522 and before the transfers required pursuant to Title 5, section 1536.

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Sec. QQ-3. Transfer considered adjustments to appropriations. Notwithstanding the Maine Revised Statutes, Title 5, section 1585 or any other provision of law, amounts transferred pursuant to this Part are considered adjustments to appropriations ~~in fiscal year 2012-13 only~~. These funds may be allotted by financial order upon recommendation of the State Budget Officer and approval of the Governor.

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Sec. C-2. Transfer of excess revenue from Oxford Casino. In fiscal year 2012-13 only, all funds credited pursuant to the Maine Revised Statutes, Title 8, section 1036, subsection 2-A, paragraph A and subsection 2-B, paragraph A to the Department of Education for essential programs and services for kindergarten to grade 12 under Title 20-A, chapter 606-B in excess of \$10,607,813 must be transferred to the Department of Health and Human Services, Medical Care - Payments to Providers Other Special Revenue Funds account to be expended for hospital settlements.

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PART D

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Sec. D-1. Transfer from unappropriated surplus; Maine Budget Stabilization Fund. Notwithstanding any other provision of law, the State Controller shall transfer \$10,000,000 during fiscal year 2012-13 from the General Fund unappropriated surplus to the Maine Budget Stabilization Fund established in the Maine Revised Statutes, Title 5, chapter 142.

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Sec. D-2. Transfer for program funding shortfall. Prior to the close of fiscal year 2012-13, if the Commissioner of Health and Human Services and the Commissioner of Administrative and Financial Services determine that the Riverview Psychiatric Center program, General Fund account in the Department of Health and Human Services has insufficient resources as a result of a requirement to repay federal funds in that fiscal year, the commissioners may declare a budget emergency and the State Controller shall transfer from the available balance in the Maine Budget Stabilization Fund established in the Maine Revised Statutes, Title 5, chapter 142 to the Riverview Psychiatric Center program, General Fund account in the Department of Health and Human Services up to the amount of the resources necessary to repay the federal funds up to a maximum amount of \$7,360,045. Amounts transferred may be expended based on allotment established by financial order approved by the Governor. The Governor shall inform the

1 Legislative Council and the joint standing committee of the Legislature having
2 jurisdiction over appropriations and financial affairs immediately upon such a transfer
3 from the Maine Budget Stabilization Fund.

4 **PART E**

5 **Sec. E-1. 8 MRSA §1036, sub-§2, ¶E**, as amended by PL 2011, c. 477, Pt. DD,
6 §1, is further amended to read:

7 E. Ten percent of the net slot machine income must be forwarded by the board to the
8 State Controller and except as otherwise provided in this paragraph credited to the
9 Fund for a Healthy Maine established by Title 22, section 1511 and segregated into a
10 separate account under Title 22, section 1511, subsection 11, with the use of funds in
11 the account restricted to the purposes described in Title 22, section 1511, subsection
12 6, paragraph E. For the fiscal years ending June 30, 2010, June 30, 2011 and June 30,
13 2012, the amount credited annually by the State Controller to the Fund for a Healthy
14 Maine under this paragraph may not exceed \$4,500,000 annually and any funds in
15 excess of \$4,500,000 annually during these fiscal years must be credited as General
16 Fund undedicated revenue, and, for the fiscal year ending June 30, 2013, the amount
17 credited by the State Controller to the Fund for a Healthy Maine under this paragraph
18 is ~~\$2,500,000~~ \$0;

19 **PART F**

20 **Sec. F-1. 5 MRSA §1511**, as amended by PL 2005, c. 519, Pt. VV, §2, is further
21 amended to read:

22 **§1511. Loan Insurance Reserve**

23 The State Controller may, at the close of each fiscal year, as the next priority after the
24 transfers authorized pursuant to section 1507, transfer from the Unappropriated Surplus
25 of the General Fund to the Loan Insurance Reserve amounts as may be available from
26 time to time, up to an amount of \$1,000,000 per year after the transfers have been made
27 pursuant to section 1507. The balance of this reserve must be paid to the Finance
28 Authority of Maine if such payment does not cause the balance in the reserve fund
29 maintained by the authority, when added to amounts held in the Finance Authority of
30 Maine Mortgage Insurance Fund that are not committed or encumbered for another
31 purpose, to exceed ~~\$35,000,000~~ \$40,000,000. Any balance in the Loan Insurance
32 Reserve is appropriated for this purpose.

33 **Sec. F-2. PL 2011, c. 477, Pt. U, §1**, as amended by PL 2011, c. 575, Pt. B, §1, is
34 further amended to read:

35 **Sec. U-1. Payments to State from Loan Insurance Reserve Fund.**
36 Notwithstanding any other provision of law, the Finance Authority of Maine shall
37 transfer \$2,000,000 from the Loan Insurance Reserve Fund to the State as undedicated
38 General Fund revenue no later than June 30, 2012 and an additional ~~\$1,000,000~~
39 \$3,000,000 from the Loan Insurance Reserve Fund to the State as undedicated General
40 Fund revenue no later than June 30, 2013.

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PART G

Sec. G-1. Implementation of reductions in Fund for a Healthy Maine funding for community school grants. Notwithstanding any other provision of law, in implementing the reduction in Fund for a Healthy Maine funding in this Act for the FHM - Bureau of Health program, Community School Grants account, the Department of Health and Human Services may not reduce the number of Healthy Maine Partnerships coalitions established under the Maine Revised Statutes, Title 22, section 412, subsection 2 from the one tribal and 26 geographic comprehensive community health coalitions that are approved for funding for fiscal year 2012-13 as of May 1, 2012 and are in compliance with the terms of their contracts, except as provided in this section. If the department determines that fewer Healthy Maine Partnerships coalitions are required, the department must seek and receive approval of a majority of the members of the Statewide Coordinating Council for Public Health established under Title 5, section 12004-G, subsection 14-G for a reduction in the number of coalitions.

PART H

Sec. H-1. 22 MRSA §1714-D is enacted to read:

§1714-D. Critical access hospital reimbursement

Beginning April 1, 2012, the department shall reimburse licensed critical access hospitals at 109% of MaineCare allowable costs for both inpatient and outpatient services provided to patients covered by the MaineCare program. Of the total allocated from hospital tax revenues under Title 36, chapter 375, \$1,000,000 in state and federal funds must be distributed annually among critical access hospitals for staff enhancement payments.

Sec. H-2. 22 MRSA §3174-NN, as enacted by PL 2009, c. 213, Pt. CC, §5, is repealed.

Sec. H-3. 22 MRSA §3174-OO, as enacted by PL 2009, c. 213, Pt. CC, §6, is repealed.

Sec. H-4. Rules for hospital reimbursement. By September 1, 2012, the Department of Health and Human Services shall adopt rules to implement hospital reimbursement under this Part. Rules adopted pursuant to this section are routine technical rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

Sec. H-5. Retroactivity. This Part applies retroactively to April 1, 2012.

PART I

Sec. I-1. 5 MRSA §17001, sub-§19, ¶¶E and F, as enacted by PL 1985, c. 801, §§5 and 7, are amended to read:

E. Any entity participating in the retirement system before January 1, 1976; ~~or~~

1 F. Any educational institution in the State teaching courses equivalent to or higher
2 than secondary institutions; or

3 **Sec. I-2. 5 MRSA §17001, sub-§19, ¶G** is enacted to read:

4 G. Any public charter school, as authorized by Title 20-A, chapter 112.

5 **Sec. I-3. 5 MRSA §17001, sub-§30, ¶B**, as enacted by PL 1985, c. 801, §§5 and
6 7, is amended to read:

7 B. "Public school" does not include:

8 (1) Maine Wesleyan Seminary and College, commonly known as Kents Hill
9 School, as of September 23, 1971;

10 (2) Bridgton Academy, as of September 1, 1979;

11 (3) Gould Academy, as of September 1, 1979; ~~and~~

12 (4) North Yarmouth Academy, as of September 1, 1979; and

13 (5) Public charter schools, as authorized by Title 20-A, chapter 112.

14 **PART J**

15 **Sec. J-1. Development of proposed legislation for new retirement benefit**
16 **plan for state employees and teachers.** The Maine Public Employees Retirement
17 System, referred to in this section as "the system," with assistance from the Office of
18 Policy and Legal Analysis and the Office of the Revisor of Statutes, shall develop
19 proposed legislation to implement the combination defined benefit and defined
20 contribution retirement plan selected pursuant to Public Law 2011, chapter 380, Part U,
21 and described in the "New Pension Plan Design and Implementation Plan" report dated
22 March 2012 that was submitted to the Joint Standing Committee on Appropriations and
23 Financial Affairs in accordance with Public Law 2011, chapter 380, Part U, section 2. No
24 later than January 15, 2013, the system shall submit the proposed legislation to the joint
25 standing committee of the Legislature having jurisdiction over state employee and teacher
26 retirement matters. After receipt and review of the suggested legislation, the joint
27 standing committee of the Legislature having jurisdiction over state employee and teacher
28 retirement matters may submit a bill to the First Regular Session of the 126th Legislature
29 to implement a new retirement plan.

30 **Sec. J-2. Additional supporting work.** Upon submission of the proposed
31 legislation pursuant to section 1, the Maine Public Employees Retirement System, at the
32 request of the joint standing committee of the Legislature having jurisdiction over state
33 employee and teacher retirement matters, shall present sufficient details concerning each
34 component of the proposed combination defined benefit and defined contribution
35 retirement plan as necessary to build a benefit and cost structure, evaluate investment
36 alternatives, implement a program for outreach to members, provide an estimate of
37 associated administrative costs, evaluate legal considerations, including the form of plan
38 documents, and address other policy considerations including costs.

1 insecticides, fungicides and weed killers, for use in the commercial agricultural
2 ~~production of an agricultural or silvicultural crop~~ as defined in section 2013, subsection 1,
3 paragraph A.

4 **Sec. N-2. 36 MRSA §2013**, as amended by PL 2011, c. 285, §8 and affected by
5 §15 and amended by c. 380, Pt. EEEE, §§1 and 2 and affected by §3, is further amended
6 to read:

7 **§2013. Refund of sales tax on depreciable machinery and equipment purchases**

8 **1. Definitions.** As used in this section, unless the context otherwise indicates, the
9 following words have the following meanings.

10 A. "Commercial agricultural production" means commercial production of crops ~~for~~
11 ~~human and animal consumption, including the commercial production of sod, an~~
12 ~~agricultural composting operation as defined in Title 7, section 152, subsection 1, the~~
13 ~~commercial production of seed to be used primarily to raise crops for nourishment of~~
14 ~~humans or animals and the production of livestock, including the removal and storage~~
15 ~~of manure from that livestock, plants, trees, compost and livestock.~~

16 A-1. "Commercial aquacultural production" means the commercial production of
17 cultured fish, shellfish, seaweed or other marine plants for human and animal
18 consumption, including:

19 (1) All cultivating activities occurring at hatcheries or nurseries, from the egg,
20 larval or spore stages to the transfer of the product to a growing site; and

21 (2) All cultivating activities occurring on water, from the receipt of fish,
22 shellfish, seaweed or other marine plants from onshore facilities to the delivery of
23 harvested products to onshore facilities for processing.

24 B. "Commercial fishing" means attempting to catch fish or any other marine
25 animals or organisms with the intent of disposing of them for profit or trade in
26 commercial channels and does not include subsistence fishing for personal use, sport
27 fishing or charter boat fishing where the vessel is used for carrying sport anglers to
28 available fishing grounds.

29 B-1. "Commercial wood harvesting" means the commercial severance and yarding of
30 trees for sale or for processing into logs, pulpwood, bolt wood, wood chips, stud
31 wood, poles, pilings, biomass or fuel wood or other products commonly known as
32 forest products.

33 C. "Depreciable machinery and equipment" means, except as otherwise provided by
34 this paragraph, that part of the following machinery and equipment for which
35 depreciation is allowable under the Code and repair parts for that machinery and
36 equipment:

37 (1) New or used machinery and equipment for use directly and primarily in
38 commercial agricultural production, including self-propelled vehicles, ~~but~~
39 ~~excluding motor vehicles as defined in section 1752, subsection 7;~~ attachments
40 and equipment for the production of field and orchard crops; new or used
41 machinery and equipment for use directly and primarily in production of milk,
42 animal husbandry and production of livestock, including poultry; new or used

1 machinery and equipment used in the removal and storage of manure; and new or
2 used machinery and equipment not used directly and primarily in commercial
3 agricultural production, but used to transport potatoes from a truck into a storage
4 location;

5 (2) New or used watercraft, nets, traps, cables, tackle and related equipment
6 necessary to and used directly and primarily in ~~the operation of a commercial~~
7 ~~fishing venture, but excluding motor vehicles as defined in section 1752,~~
8 ~~subsection 7; or~~

9 (3) New or used watercraft, machinery or equipment used directly and primarily
10 for commercial aquacultural production, including, but not limited to: nets; ropes;
11 cables; anchors and anchor weights; shackles and other hardware; buoys; fish
12 tanks; fish totes; oxygen tanks; pumping systems; generators; water-heating
13 systems; boilers and related pumping systems; diving equipment; feeders and
14 related equipment; power-generating equipment; tank water-level sensors;
15 aboveground piping; water-oxygenating systems; fish-grading equipment; safety
16 equipment; and sea cage systems, including walkways and frames, lights, netting,
17 buoys, shackles, ropes, cables, anchors and anchor weights; ~~but excluding motor~~
18 ~~vehicles as defined in section 1752, subsection 7; and~~

19 (4) New or used machinery and equipment for use directly and primarily in
20 commercial wood harvesting, including, but not limited to, chain saws, skidders,
21 delimiters, forwarders, slashers, feller bunchers and wood chippers.

22 "Depreciable machinery and equipment" does not include a motor vehicle as defined
23 in section 1752, subsection 7 or a trailer as defined in section 1752, subsection 19-A.

24 **2. Refund authorized.** Any person, association of persons, firm or corporation that
25 purchases electricity, or that purchases or leases depreciable machinery or equipment, for
26 use in commercial agricultural production, commercial fishing ~~or~~, commercial
27 aquacultural production or commercial wood harvesting or that purchases fuel for use in a
28 commercial fishing vessel must be refunded the amount of sales tax paid upon presenting
29 to the State Tax Assessor evidence that the purchase is eligible for refund under this
30 section.

31 Evidence required by the assessor may include a copy or copies of that portion of the
32 purchaser's or lessee's most recent filing under the United States Internal Revenue Code
33 that indicates that the purchaser or lessee is engaged in commercial agricultural
34 production, commercial fishing ~~or~~, commercial aquacultural production or commercial
35 wood harvesting and that the purchased machinery or equipment is depreciable for those
36 purposes or would be depreciable for those purposes if owned by the lessee.

37 In the event that any piece of machinery or equipment is only partially depreciable under
38 the United States Internal Revenue Code, any reimbursement of the sales tax must be
39 prorated accordingly. In the event that electricity or fuel for a commercial fishing vessel
40 is used in qualifying and nonqualifying activities, any reimbursement of the sales tax
41 must be prorated accordingly.

42 Application for refunds must be filed with the assessor within 36 months of the date of
43 purchase or execution of the lease.

1 **2. Treatment of long-term chronic pain.** Reimbursement for opioid drugs beyond
2 the limit set in subsection 1 is allowed by prior authorization if the MaineCare member
3 participates in one or more alternative intervention treatments established by the
4 department through rulemaking.

5 In order to qualify for reimbursement for opioid drugs under this subsection, the
6 MaineCare member must:

7 A. Have failed to have an adequate response to the prescribed alternative
8 intervention treatment;

9 B. Have completed the prescribed alternative intervention treatment in accordance
10 with the guidelines and show signs of regression; or

11 C. Have completed at least 50% of the prescribed alternative intervention treatment
12 under this subsection, after which the prescriber recommends that adequate control of
13 pain will not be obtained under the alternative intervention treatment.

14 The department shall limit reimbursement for opioids for a MaineCare member who fails
15 to have an adequate response to the prescribed alternative intervention treatment, subject
16 to exception based on medical necessity. The department may include in rulemaking the
17 establishment of a daily dosing limit, subject to exception.

18 The department may waive the requirement of an alternative intervention treatment
19 through prior authorization when participation is not feasible and opioid treatment is
20 medically necessary.

21 The department may allow a MaineCare member who is participating in a course of
22 treatment recommended by a prescriber, including alternatives, in accordance with rules
23 adopted by the department to obtain a prior authorization for physical therapy in excess of
24 2 visits to a maximum of 6 visits.

25 **3. Second opinion.** In order for a prescription to qualify for reimbursement under
26 this section, prior to prescribing an opioid drug for a MaineCare member who suffers
27 from one of the medical diagnoses known typically to have a poor response to opioid
28 drugs, a prescriber shall obtain an evaluation from a prescriber from outside the practice
29 of the prescriber.

30 **4. Current use.** The department may delay until January 1, 2013 the application of
31 this section to the reimbursement for opioid drugs for MaineCare members who have
32 been receiving such treatment consistently for 6 months or longer on the effective date of
33 this section. The department may require the development of a protocol for proper, safe
34 and effective tapering from opioid use when appropriate and may adopt exceptions to the
35 requirements of this section based on diagnosis or condition or on the basis of daily
36 doses.

37 **5. Collaboration.** The department shall seek input from pain specialists, addiction
38 medicine specialists and members of the department's physician advisory committee in
39 the development of rules governing this section.

40 **6. Morphine equivalent dose.** The department may establish and utilize a total
41 daily morphine equivalent dose calculation when developing rules to implement this
42 section.

1 3, paragraph G is \$10,000,000 whether made by one or several qualified community
2 development entities. With respect to investments in a qualified low-income
3 community business that is a manufacturing or value-added production enterprise that
4 projects to create or retain more than 200 jobs, the limit on the qualified low-income
5 community investment is \$40,000,000.

6 **PART Q**

7 **Sec. Q-1. 36 MRSA c. 914-D** is enacted to read:

8 **CHAPTER 914-D**

9 **2012 MAINE USE TAX COMPLIANCE PROGRAM**

10 **§6611. Program established**

11 The 2012 Maine Use Tax Compliance Program, referred to in this chapter as "the
12 program," is established to encourage delinquent taxpayers to comply with the provisions
13 of chapter 215, to enable the State Tax Assessor to identify and collect previously
14 unreported use tax and to improve compliance with the State's use tax laws. The program
15 applies to use tax liabilities incurred by a person prior to January 1, 2012.

16 **§6612. Definitions**

17 As used in this chapter, unless the context otherwise indicates, the following terms
18 have the following meanings.

19 **1. Lookback period.** "Lookback period" means the period from January 1, 2006 to
20 December 31, 2011.

21 **2. Program period.** "Program period" means the period from September 1, 2012 to
22 November 30, 2012.

23 **§6613. Administration; conditions for participation**

24 The State Tax Assessor shall administer the program. Participation in the program is
25 conditioned upon each participating taxpayer's agreement to forgo the right to protest or
26 pursue an administrative or judicial proceeding with regard to use taxes paid under the
27 program. A participating taxpayer that timely submits the special use tax return as
28 required by subsection 2 with no material misrepresentations or material omissions and
29 that timely makes the use tax payment or payments required by subsection 3 is absolved
30 from further liability for use taxes incurred prior to January 1, 2012 and is also absolved
31 from liability for criminal prosecution and civil penalties related to those taxes. The
32 following conditions apply to the program.

33 **1. Limited to unknown liabilities.** The program is limited to unknown liabilities
34 only. For purposes of this subsection, "unknown liability" means a use tax liability that
35 has not been assessed at the time the special use tax return described in section 6614 is
36 received by the assessor.

37 **2. Return filed and tax liability reported.** A participating taxpayer must properly
38 complete and file with the assessor, before the end of the program period, a special use

1 tax return as described in section 6614 reporting all previously unreported and unpaid
2 State of Maine use tax liabilities incurred by the taxpayer during the lookback period.

3 **3. Tax paid; 3 high years.** A participating taxpayer must pay in full, by the end of
4 the program period, the use tax liability incurred by the taxpayer during the 3 calendar
5 years of the lookback period with the highest use tax liability as reported on the special
6 use tax return described in section 6614. A participating taxpayer must agree to forgo the
7 right to seek a refund of, or file a petition for reconsideration with respect to, the tax paid
8 with the return.

9 **§6614. Program return**

10 The State Tax Assessor shall prepare and make available special use tax returns for
11 taxpayers who wish to participate in the program. The return must be signed by the
12 taxpayer under penalty of perjury. The return and associated program guidelines
13 prepared by the assessor are not rules within the meaning of that term in the Maine
14 Administrative Procedure Act. The assessor shall deny any special use tax return that is
15 inconsistent with the provisions of this chapter or that is filed after the conclusion of the
16 program period.

17 **§6615. Undisclosed and future use tax liabilities; other settlements**

18 This chapter may not be construed to prohibit the State Tax Assessor from instituting
19 civil or criminal proceedings, including but not limited to an audit, against any taxpayer
20 with respect to any amount of use tax incurred during or after the lookback period that is
21 not disclosed on either the special use tax return filed by the taxpayer in connection with
22 the program or another return filed by the taxpayer with the assessor. This chapter may
23 not be construed to limit a taxpayer's right to protest or pursue an administrative or
24 judicial proceeding with regard to an assessment of such undisclosed taxes.
25 Notwithstanding any other provision of law, the assessor may, prior to September 1,
26 2012, compromise an unknown use tax liability on terms substantially equal to the terms
27 set forth in this chapter, and in such a case the taxpayer is absolved from liability for
28 criminal prosecution and civil penalties related to those taxes.

29 **PART R**

30 **Sec. R-1. 36 MRSA §5122, sub-§2, ¶M,** as amended by PL 2005, c. 218, §53, is
31 further amended to read:

32 M. For each individual who is a primary recipient of pension benefits under an
33 employee retirement plan, an amount that is the lesser of:

34 (1) Six thousand dollars reduced by the total amount of the individual's social
35 security benefits and railroad retirement benefits paid by the United States, but
36 not less than \$0. The reduction does not apply to benefits paid under a military
37 retirement plan; or

38 (2) The aggregate of pension benefits under employee retirement plans included
39 in the individual's federal adjusted gross income.

1 For purposes of this paragraph, the following terms have the following meanings.
2 "Primary recipient" means the individual upon whose earnings the employee
3 retirement plan benefits are based or the surviving spouse of that individual.
4 "Pension benefits" means employee retirement plan benefits reported as pension or
5 annuity income for federal income tax purposes. "Employee retirement plan" means
6 a state, federal or military retirement plan or any other retirement benefit plan
7 established and maintained by an employer for the benefit of its employees under the
8 Code, Section 401(a), Section 403 or Section 457(b), except that distributions made
9 pursuant to a Section 457(b) plan are not eligible for the deduction provided by this
10 paragraph if they are made prior to age 55 and are not part of a series of substantially
11 equal periodic payments made for the life of the primary recipient or the joint lives of
12 the primary recipient and that recipient's designated beneficiary. "Employee
13 retirement plan" does not include an individual retirement account under Section 408
14 of the Code, a Roth IRA under Section 408A of the Code, a rollover individual
15 retirement account, a simplified employee pension under Section 408(k) of the Code
16 or an ineligible deferred compensation plan under Section 457(f) of the Code.
17 Pension benefits under an employee retirement plan do not include distributions that
18 are subject to the tax imposed by the Code, Section 72(t). "Military retirement plan"
19 means benefits received as a result of service in the active or reserve components of
20 the Army, Navy, Air Force, Marines or Coast Guard.

21 This paragraph does not apply to tax years beginning on or after January 1, 2014;

22 **Sec. R-2. 36 MRS.A §5122, sub-§2, ¶M-1** is enacted to read:

23 M-1. For tax years beginning on or after January 1, 2014, for each individual who is
24 a primary recipient of retirement plan benefits under an employee retirement plan or
25 an individual retirement account, an amount that is the lesser of the aggregate of
26 retirement plan benefits under employee retirement plans or individual retirement
27 accounts included in the individual's federal adjusted gross income and the pension
28 deduction amount reduced by the total amount of the individual's social security
29 benefits and railroad retirement benefits paid by the United States, but not less than
30 \$0. The social security benefits and railroad retirement benefits reduction does not
31 apply to benefits paid under a military retirement plan.

32 For purposes of this paragraph, the following terms have the following meanings.

33 (1) "Employee retirement plan" means a state, federal or military retirement plan
34 or any other retirement benefit plan established and maintained by an employer
35 for the benefit of its employees under the Code, Section 401(a), Section 403 or
36 Section 457(b), except that distributions made pursuant to a Section 457(b) plan
37 are not eligible for the deduction provided by this paragraph if they are made
38 prior to age 55 and are not part of a series of substantially equal periodic
39 payments made for the life of the primary recipient or the joint lives of the
40 primary recipient and that recipient's designated beneficiary.

41 (2) "Individual retirement account" means an individual retirement account
42 under Section 408 of the Code, a Roth IRA under Section 408A of the Code, a
43 simplified employee pension under Section 408(k) of the Code or a simple
44 retirement account for employees under Section 408(p) of the Code.

1 for state Medicaid programs and realize General Fund savings in fiscal year 2012-13 of
2 \$5,250,000.

3 **Sec. T-2. Task force membership.** Notwithstanding Joint Rule 353, the task
4 force consists of the Commissioner of Health and Human Services or the commissioner's
5 designee, who serves as chair of the task force, and the following 8 members who are
6 appointed by the commissioner:

7 1. Two members of the MaineCare Advisory Committee, established pursuant to rule
8 of the Department of Health and Human Services, who represent MaineCare members;

9 2. Two members of the MaineCare Advisory Committee, established pursuant to rule
10 of the Department of Health and Human Services, who represent providers of MaineCare
11 services;

12 3. One member of the public who has expertise in public health care policy;

13 4. One member of the public who has expertise in public health care financing;

14 5. One member of the public who has expertise in state fiscal policy; and

15 6. One member of the public who has expertise in economic policy.

16 **Sec. T-3. Convening of task force.** The task force shall convene no later than
17 September 1, 2012.

18 **Sec. T-4. Duties.** The task force shall undertake a comprehensive review of the
19 MaineCare program established pursuant to the Maine Revised Statutes, Title 22, chapter
20 855. The task force shall report on the following issues with regard to the MaineCare
21 program:

22 1. Current eligibility levels, options for eligibility levels and changes to eligibility
23 levels, including any changes that will be required pursuant to the federal Patient
24 Protection and Affordable Care Act of 2010;

25 2. Current benefits, options for benefits and any changes to benefits, including any
26 changes that will be required pursuant to the federal Patient Protection and Affordable
27 Care Act of 2010;

28 3. Current premiums, cost-sharing and participation requirements, options for
29 premiums, cost-sharing and participation requirements and any changes to premiums,
30 cost-sharing and participation requirements, including any changes that will be required
31 pursuant to the federal Patient Protection and Affordable Care Act of 2010;

32 4. The current fiscal status of the MaineCare program, including an analysis of
33 MaineCare spending for the most recent 4 fiscal years and for the current biennium, with
34 spending analysis detail provided by provider type, by eligibility level and by funding
35 source;

36 5. Current management and administrative strategies and options for management
37 and administrative strategies, including managed care, management of high-cost care and
38 high-cost utilization, prior authorization, accountable care organizations, value-based
39 purchasing and contracted and in-house administrative services;

1 MaineCare waivers, the intent of which is to allow the State greater flexibility to manage
2 programs more efficiently, to cap total MaineCare spending, to implement effective
3 member cost sharing and to use innovative payment reform opportunities to support
4 high-quality, efficient health care delivery.

5 **Sec. U-2. Legislative review of the Medicaid global waiver.** By October 1,
6 2012, the Commissioner of Health and Human Services shall submit the proposed
7 Medicaid global waiver prepared pursuant to section 1 of this Part for review to the Joint
8 Standing Committee on Appropriations and Financial Affairs and the Joint Standing
9 Committee on Health and Human Services.

10 **Sec. U-3. Submission of a resolve to the 126th Legislature.** By January 15,
11 2013, the Commissioner of Health and Human Services shall submit a resolve containing
12 the proposed Medicaid global waiver prepared under this Part for approval by the 126th
13 Legislature.

14 **PART V**

15 **Sec. V-1. 7-A MRSA** is enacted to read:

16 **TITLE 7-A**

17 **AGRICULTURE, CONSERVATION AND FORESTRY**

18 **SUBTITLE 1**

19 **DEPARTMENT OF AGRICULTURE, CONSERVATION AND FORESTRY**

20 **CHAPTER 1**

21 **DEPARTMENTAL ORGANIZATION AND OPERATION**

22 **SUBCHAPTER 1**

23 **GENERAL PROVISIONS**

24 **§101. Definitions**

25 As used in this Title, unless the context otherwise indicates, the following terms have
26 the following meanings.

27 **1. Commissioner.** "Commissioner" means the Commissioner of Agriculture,
28 Conservation and Forestry.

29 **2. Department.** "Department" means the Department of Agriculture, Conservation
30 and Forestry.

31 **3. Seal.** The department has an official seal, which must be judicially noticed.

32 **SUBCHAPTER 2**

33 **ORGANIZATION**

1 **§201. Department**

2 **1. Establishment.** The Department of Agriculture, Conservation and Forestry is
3 established as a cabinet-level department.

4 **2. Divisions.** The department consists of the divisions necessary to carry out the
5 work of the department.

6 **§202. Mission; guiding principles**

7 **1. Mission.** The mission of the department is to serve as the steward of Maine's
8 agricultural, forestry, water and land resources for the State.

9 **2. Guiding principles.** The following principles are adopted to guide the
10 department in the performance of its duties:

11 A. Forestry, farming, conservation, public lands and other natural resource-based
12 economic activity are important to the State's economy and quality of life; and

13 B. Strengthening farming, forestry, conservation, recreation, state parks, public lands
14 and public access to the State's natural resources is vital to enhancing the State's
15 natural resources economy.

16 **§203. Commissioner**

17 The department is under the control and supervision of the Commissioner of
18 Agriculture, Conservation and Forestry, who reports directly to the Governor.

19 **1. Appointment.** The Governor shall appoint the commissioner, subject to review
20 by the joint standing committee of the Legislature having jurisdiction over agriculture,
21 conservation and forestry matters and confirmation by the Senate. The commissioner
22 serves at the pleasure of the Governor.

23 **2. Deputies; staff.** The commissioner shall appoint 2 deputy commissioners, one of
24 whom assists the commissioner with operations and administration of the department and
25 one of whom assists the commissioner with agriculture, forestry and natural resources-
26 based economic development.

27 **3. Vacancy; commissioner.** A vacancy in the office of the commissioner must be
28 filled as follows.

29 A. A vacancy in the commissioner's position must be filled in accordance with Title
30 5, section 1.

31 B. The commissioner shall appoint one of the department's deputy commissioners to
32 perform the duties of the commissioner, in addition to the duties of that deputy
33 commissioner, during the commissioner's temporary absence or disability.

34 **§204. Powers and duties of commissioner**

35 The commissioner has all of the powers and duties necessary to carry out the mission
36 and responsibilities of the department. The commissioner has the power to distribute the
37 functions and duties given to the commissioner under this Title, Title 7 and Title 12
38 among the various divisions of the department so as to integrate the work properly and to
39 promote the most economical and efficient administration of the department. Powers and

1 duties given to the commissioner or the department in this Title, Title 7 or Title 12 must
2 be assumed and carried out by the divisions that the commissioner designates and may in
3 turn be delegated to subordinates by division directors with the approval of the
4 commissioner.

5 **1. Administration.** The commissioner shall administer the department in
6 accordance with the requirements of this Title and shall fulfill the duties prescribed to the
7 commissioner by state and federal law.

8 **2. Rulemaking.** The commissioner shall adopt rules to implement this Title. Rules
9 adopted pursuant to this subsection are routine technical rules, as defined in Title 5,
10 chapter 375, subchapter 2-A, unless otherwise specified.

11 **3. Employees.** The commissioner may employ personnel as necessary to carry out
12 the work of the department. Except as otherwise provided by law, all personnel of the
13 department are under the immediate supervision, direction and control of the
14 commissioner. Department personnel are subject to the Civil Service Law, except for
15 positions subject to appointment by the commissioner under subsection 4 and as
16 otherwise specified.

17 **4. Appointments.** The deputy commissioners and division directors of the
18 department are appointed by the commissioner and serve at the pleasure of the
19 commissioner, except as otherwise provided by law. Deputy commissioners and division
20 directors appointed pursuant to this Title must have educational qualifications and
21 professional experience directly related to the functions of and services provided by the
22 relevant unit or division.

23 **§205. Department organization; divisions**

24 The department is composed of the following divisions, each of which is under the
25 direction and supervision of a director:

26 **1. Division of Agricultural Resource Development.** The Division of Agricultural
27 Resource Development, whose director must be qualified by training, experience and
28 skill in agricultural management;

29 **2. Division of Forestry.** The Division of Forestry, also known as the Maine Forest
30 Service, whose director must be qualified by training, experience and skill in forestry;

31 **3. Division of Parks and Public Lands.** The Division of Parks and Public Lands,
32 whose director must be qualified by training, experience and skill in parks, public lands,
33 outdoor recreation or natural resource management. The commissioner shall appoint a
34 deputy director to assist the director. The deputy director serves at the pleasure of the
35 commissioner;

36 **4. Division of Quality Assurance and Regulation.** The Division of Quality
37 Assurance and Regulation, whose director must be qualified by training, experience and
38 skill in food quality and regulatory inspections;

39 **5. Division of Animal and Plant Health.** The Division of Animal and Plant Health,
40 whose director must be qualified by training, experience and skill in scientific crop and
41 animal production;

1 Department of Conservation to the Department of Agriculture, Conservation and
2 Forestry.

3 1. The Department of Agriculture, Food and Rural Resources and the Department of
4 Conservation as heretofore created and established by law are incorporated into the
5 Department of Agriculture, Conservation and Forestry. All references to, responsibilities
6 of and authority conferred upon the Department of Agriculture, Food and Rural
7 Resources and the Department of Conservation, and those departments' predecessors,
8 throughout the Maine Revised Statutes are deemed to refer to and vest in the Department
9 of Agriculture, Conservation and Forestry created by this Act, as the successor
10 department. The Department of Agriculture, Conservation and Forestry is the successor
11 in every way to the powers, duties and functions as assigned in the Maine Revised
12 Statutes, Title 7 to the Department of Agriculture, Food and Rural Resources and Title 12
13 to the Department of Conservation, as they pertain to services provided in agriculture,
14 conservation and forestry under this Act.

15 2. Notwithstanding the provisions of the Maine Revised Statutes, Title 5, all accrued
16 expenditures, assets, liabilities, balances of appropriations, allocations, transfers, revenues
17 and other available funds in an account or subdivision of an account of the Department of
18 Agriculture, Food and Rural Resources and the Department of Conservation that pertain
19 to the duties of the Department of Agriculture, Conservation and Forestry as set forth in
20 this Act must be transferred to the proper accounts of the Department of Agriculture,
21 Conservation and Forestry by the State Controller or by financial order upon the request
22 of the State Budget Officer and with the approval of the Governor.

23 3. All rules of the Department of Agriculture, Food and Rural Resources and the
24 Department of Conservation, as they pertain to the duties of the Department of
25 Agriculture, Conservation and Forestry as set forth in this Act, that are in effect on the
26 effective date of this Act remain in effect until rescinded, revised or amended.

27 4. All contracts, agreements and compacts of the Department of Agriculture, Food
28 and Rural Resources and the Department of Conservation, as they pertain to the duties set
29 forth in this Act, that are in effect on the effective date of this Act remain in effect until
30 they expire or are altered by the parties involved in the contracts, agreements or
31 compacts. The Department of Agriculture, Conservation and Forestry is the successor
32 agency for all federal grants and programs administered by the United States Department
33 of Agriculture and any other federal programs, grants and contracts.

34 5. All records of the Department of Agriculture, Food and Rural Resources and the
35 Department of Conservation, as they pertain to the duties set forth in this Act, must be
36 transferred to the Department of Agriculture, Conservation and Forestry as necessary to
37 implement this Act.

38 6. All property and equipment of any bureau, division or program of the Department
39 of Agriculture, Food and Rural Resources and the Department of Conservation pertaining
40 to the duties set forth in this Act are transferred to the Department of Agriculture,
41 Conservation and Forestry as necessary to implement this Act.

42 7. Notwithstanding the Maine Revised Statutes, Title 7-A, section 203 or any other
43 provision of law, upon the effective date of this Act, the individual holding the position of
44 Commissioner of Agriculture, Food and Rural Resources becomes the Commissioner of

1 Agriculture, Conservation and Forestry without the need of appointment or confirmation.
2 The Commissioner of Agriculture, Conservation and Forestry shall assume and is vested
3 with all of the duties and powers of that office, as well as the duties and powers of the
4 office of the Commissioner of Agriculture, Food and Rural Resources and the office of
5 the Commissioner of Conservation. This provision is intended to change the procedure
6 for appointment and confirmation of the first Commissioner of Agriculture, Conservation
7 and Forestry.

8 8. Employees of the Department of Agriculture, Conservation and Forestry who were
9 employees of the Department of Agriculture, Food and Rural Resources and the
10 Department of Conservation immediately prior to the effective date of this Act retain all
11 their employee rights, privileges and benefits, including sick leave, vacation and
12 seniority, provided under the Civil Service Law or collective bargaining agreements. The
13 Department of Administrative and Financial Services, Bureau of Human Resources shall
14 provide assistance to the affected departments and shall assist with the orderly
15 implementation of this subsection.

16 **Sec. W-2. Conflicts and inconsistencies.** If the Commissioner of Agriculture,
17 Conservation and Forestry finds a conflict or inconsistency between provisions in the
18 Maine Revised Statutes, Title 7 and Title 12 or rules adopted under those titles, the
19 commissioner shall attempt to resolve that conflict or inconsistency by interpreting the
20 laws or rules together to give effect to the intent of the Legislature or agency, as the case
21 may be. If the commissioner determines rulemaking is required to resolve a conflict or
22 inconsistency, the commissioner may adopt rules as authorized under Title 7-A, section
23 204, subsection 2. In adopting rules under this section, the commissioner has sole
24 discretion to determine whether an emergency exists. The commissioner shall notify the
25 members of the joint standing committee of the Legislature having jurisdiction over
26 agriculture, conservation and forestry matters prior to adopting any emergency rule under
27 this section.

28 **Sec. W-3. Interim meetings; authorized.** The joint standing committee of the
29 Legislature having jurisdiction over agriculture, conservation and forestry matters is
30 authorized to meet up to 6 times during the 2012 legislative interim to hear and discuss
31 reports regarding planning, program operation and implementation issues related to the
32 establishment of the Department of Agriculture, Conservation and Forestry. At these
33 meetings, the Commissioner of Agriculture, Conservation and Forestry shall brief the
34 committee on program operation issues, progress, challenges and the timeline for
35 implementation. The committee shall provide opportunities for stakeholders to
36 communicate with the committee.

37 **Sec. W-4. Legislation; review.** Following the development of a department
38 budget pursuant to section 9, the Department of Agriculture, Conservation and Forestry
39 shall review those provisions of the Maine Revised Statutes governing the Department of
40 Agriculture, Conservation and Forestry, including but not limited to the Maine Revised
41 Statutes, Titles 7, 7-A and 12. Based upon the review, the department, working with the
42 joint standing committee of the Legislature having jurisdiction over agriculture,
43 conservation and forestry matters, shall develop and submit a bill for introduction to the
44 126th Legislature to consolidate existing law into Title 7-A, to update Title 7-A and to
45 correct any errors and inconsistencies in law that result from this Part.

1 **Sec. W-5. Maine Revised Statutes amended; revision clause.** Wherever in
2 the Maine Revised Statutes the words "Department of Agriculture, Food and Rural
3 Resources" or "Department of Conservation" appear or reference is made to either or both
4 of those departments with reference to the duties transferred to the Department of
5 Agriculture, Conservation and Forestry as set forth in this Act, they are amended to read
6 or mean, as appropriate, "Department of Agriculture, Conservation and Forestry." The
7 Revisor of Statutes shall implement this revision when updating, publishing or
8 republishing the statutes.

9 **Sec. W-6. Maine Revised Statutes amended; revision clause.** Wherever in
10 the Maine Revised Statutes the words "Commissioner of Agriculture, Food and Rural
11 Resources" or "Commissioner of Conservation" appear or reference is made to either or
12 both of these positions with reference to the duties transferred to the Commissioner of
13 Agriculture, Conservation and Forestry as set forth in this Act, they are amended to read
14 or mean, as appropriate, "Commissioner of Agriculture, Conservation and Forestry." The
15 Revisor of Statutes shall implement this revision when updating, publishing or
16 republishing the statutes.

17 **Sec. W-7. Maine Revised Statutes amended; revision clause.** Wherever in
18 the Maine Revised Statutes the words "Bureau of Forestry," "Bureau of Parks and Lands"
19 or "Bureau of Geology and Natural Areas" appear or reference is made to any of these
20 bureaus with reference to the duties transferred to the Department of Agriculture,
21 Conservation and Forestry as set forth in this Act, they are amended to read or mean, as
22 appropriate, "Division of Forestry," "Division of Parks and Public Lands," "Division of
23 Geology and Natural Areas" or "the division." The Revisor of Statutes shall implement
24 this revision when updating, publishing or republishing the statutes.

25 **Sec. W-8. Maine Revised Statutes amended; revision clause.** Wherever in
26 the Maine Revised Statutes the words "Division of Forest Protection" appear or reference
27 is made to the Division of Forest Protection, they are amended to read or mean "the forest
28 protection unit within the Department of Agriculture, Conservation and Forestry." The
29 Revisor of Statutes shall implement this revision when updating, publishing or
30 republishing the statutes.

31 **Sec. W-9. Budget.** The Department of Administrative and Financial Services,
32 Bureau of the Budget shall work with the employees of the Department of Agriculture,
33 Food and Rural Resources and the Department of Conservation with regard to the duties
34 transferred to the Department of Agriculture, Conservation and Forestry as set forth in
35 this Act to develop the budget for the Department of Agriculture, Conservation and
36 Forestry in conjunction with the Natural Resources Service Center of the Department of
37 Administrative and Financial Services.

38 **Sec. W-10. Federal approval.** If the Commissioner of Agriculture, Conservation
39 and Forestry determines that federal approval will not be obtained for any part of this Part
40 that requires federal approval, the commissioner shall notify the joint standing committee
41 of the Legislature having jurisdiction over agriculture, conservation and forestry matters,
42 the joint standing committee of the Legislature having jurisdiction over appropriations
43 and financial affairs and the Executive Director of the Legislative Council.

Sec. W-11. Functions and duties; rules, guidelines, policies and manuals.

1
2 Notwithstanding any provision of law to the contrary, the divisions established within the
3 Department of Agriculture, Conservation and Forestry pursuant to the Maine Revised
4 Statutes, Title 7-A, section 205 shall assume the functions and the duties of the bureaus,
5 divisions and offices within the former Department of Agriculture, Food and Rural
6 Resources and the former Department of Conservation in accordance with all rules,
7 guidelines, policies, manuals and similar documents adopted by or distributed by either
8 the former Department of Agriculture, Food and Rural Resources or the former
9 Department of Conservation that are in effect on the effective date of this Act. These
10 rules, guidelines, policies, manuals and similar documents remain in effect until
11 rescinded, revised or amended, without regard to references therein to departmental
12 offices, bureaus, divisions, units or employee titles or classifications that may no longer
13 exist or that may be changed in the future.

14 **PART X**

15 **Sec. X-1. 5 MRSA §7-B**, as amended by PL 2003, c. 688, Pt. A, §1, is further
16 amended to read:

17 **§7-B. Use of state vehicles for commuting**

18 A state-owned or state-leased vehicle may not be used by any employee to commute
19 between home and work, except for those vehicles authorized and assigned to employees
20 of the Baxter State Park Authority and to law enforcement officials within the following
21 organizational units: Bureau of State Police; Maine Drug Enforcement Agency; Office of
22 the State Fire Marshal; the division within the Department of Public Safety designated by
23 the Commissioner of Public Safety to enforce the law relating to the manufacture,
24 importation, storage, transportation and sale of all liquor and to administer those laws
25 relating to licensing and collection of taxes on malt liquor and wine; Bureau of Motor
26 Vehicles; Bureau of Marine Patrol; ~~Bureau of Forestry, Division of Forest Protection~~ the
27 forest protection unit within the Division of Forestry; Bureau of Warden Service; and
28 ~~Bureau of Parks and Lands~~ Division of Parks and Public Lands.

29 **Sec. X-2. 5 MRSA §1582, sub-§4**, as amended by PL 2011, c. 1, Pt. S, §1, is
30 further amended to read:

31 **4. Use of savings; personal services funds.** Savings accrued from unused funding
32 of employee benefits may not be used to increase services provided by employees.
33 Accrued salary savings generated within an appropriation or allocation for Personal
34 Services may be used for the payment of nonrecurring Personal Services costs only
35 within the account where the savings exist. Accrued savings generated from vacant
36 positions within a General Fund account's appropriation for Personal Services may be
37 used to offset Personal Services shortfalls in other General Fund accounts that occur as a
38 direct result of Personal Services appropriation reductions for projected vacancies, and
39 accrued savings generated within a Highway Fund account's allocations for Personal
40 Services may be used to offset Personal Services shortfalls in other Highway Fund
41 accounts that occur as a direct result of Personal Services allocation reductions for
42 projected vacancies; except that the transfer of such accrued savings is subject to review
43 by the joint standing committee of the Legislature having jurisdiction over appropriations

1 and financial affairs. Costs related to acting capacity appointments and emergency,
2 unbudgeted overtime for which it is impractical to budget in advance may be used with
3 the approval of the appointing authority. Other actions such as retroactive compensation
4 for reclassifications or reallocations and retroactive or one-time settlements related to
5 arbitrator or court decisions must be recommended by the department or agency head and
6 approved by the State Budget Officer. Salary and employee benefits savings may not be
7 used to fund recurring Personal Services actions either in the account where the savings
8 exist or in another account. At the close of each fiscal year, except for the ~~Division of~~
9 ~~Forest Protection~~ forest protection unit account within the Department of Agriculture,
10 Conservation and Forestry, the Disproportionate Share - Riverview Psychiatric Center
11 and the Disproportionate Share - Dorothea Dix Psychiatric Center accounts within the
12 Department of Health and Human Services and the Education in the Unorganized
13 Territory account within the Department of Education, any unexpended General Fund
14 Personal Services appropriations to executive branch agencies including accounts that are
15 authorized to carry unexpended balances forward must lapse to the Salary Plan program,
16 General Fund account in the Department of Administrative and Financial Services.

17 **Sec. X-3. 5 MRSA §6204, sub-§1**, as amended by PL 2011, c. 655, Pt. II, §1, is
18 further amended to read:

19 **1. Composition.** The board consists of ~~11~~ 9 members, ~~7~~ 6 who are private citizens
20 and ~~4~~ 3 who are permanent members. The permanent members are ~~the Commissioner~~
21 ~~of Conservation~~; the Commissioner of Inland Fisheries and Wildlife; the Commissioner
22 of Marine Resources; and the Commissioner of Agriculture, ~~Food and Rural Resources~~
23 Conservation and Forestry.

24 **Sec. X-4. 5 MRSA §6204, sub-§6**, as amended by PL 2011, c. 655, Pt. II, §2, is
25 further amended to read:

26 **6. Assistance.** ~~The Department of Conservation;~~ the Department of Inland Fisheries
27 and Wildlife; the Department of Transportation; the Department of Agriculture, ~~Food and~~
28 ~~Rural Resources~~ Conservation and Forestry; and all other state agencies shall provide
29 staff support and assistance considered necessary by the board to fulfill the objectives of
30 this chapter. If agency assistance is not available, consultants may be hired from the
31 proceeds of either the Land for Maine's Future Fund or the Public Access to Maine
32 Waters Fund to assist the board in carrying out its responsibilities.

33 **Sec. X-5. 12 MRSA §8003, sub-§3, ¶M**, as amended by PL 1999, c. 155, Pt. A,
34 §2, is further amended to read:

35 M. Except for lands acquired under the authority of paragraph N, the director is
36 authorized, with the consent of the commissioner, to sell, grant, lease, transfer or
37 otherwise convey any real or personal property under the jurisdiction of the ~~bureau~~
38 division. The director shall deposit the proceeds from the sale or lease of property
39 into the ~~Division of Forest Protection Account~~ forest protection unit account. At least
40 60 days prior to offering any surplus property for sale under this paragraph, the
41 director shall notify the Executive Director of the Legislative Council and the joint
42 standing committee of the Legislature having jurisdiction over forest resources of the
43 director's intent to sell the property.

1 **Sec. X-6. 12 MRSA §8003, sub-§3, ¶M-1**, as amended by PL 1999, c. 155, Pt.
2 A, §3, is further amended to read:

3 M-1. The proceeds under paragraph M may be used only to upgrade existing
4 structures owned by the ~~Division of Forest Protection~~ forest protection unit within the
5 division, to consolidate operations of the ~~division~~ unit through the improvement,
6 repair, replacement, purchase or construction of structures and to purchase land upon
7 which to build structures. Ownership of any land purchased under this paragraph or
8 structures purchased or constructed under this paragraph must be held in the name of
9 the ~~division~~ unit. Ownership of land or property purchased under this paragraph may
10 also be held in the name of the Bureau of General Services when the ~~division~~ unit
11 participates in the consolidation of facilities with other state agencies. Any purchase
12 of land or a structure pursuant to this paragraph must be approved by the Director of
13 the Bureau of General Services.

14 **Sec. X-7. 12 MRSA §8901, sub-§1**, as amended by PL 1999, c. 155, Pt. A, §4, is
15 further amended to read:

16 **1. Appointment.** The Director of the ~~Bureau~~ Division of Forestry shall appoint
17 forest rangers, subject to the Civil Service Law and the State Supervisor, ~~Division of~~
18 ~~Forest Protection~~ of the forest protection unit of the Division of Forestry. Rangers
19 assigned to posts at Clayton Lake, St. Pamphile, Estcourt Station, Daaquam, Musquacook
20 Lake, Snare Brook and Baker Lake must be bilingual in French and English.

21 **Sec. X-8. 38 MRSA §1871, sub-§1**, as enacted by PL 2001, c. 434, Pt. B, §2 and
22 amended by PL 2003, c. 689, Pt. B, §7, is further amended to read:

23 **1. Membership.** The task force consists of ~~17~~ 16 members as follows:

24 A. The following ~~5~~ 4 ex officio voting members:

25 (1) The commissioner or the commissioner's designee, who serves as the chair of
26 the task force;

27 (2) The Commissioner of Inland Fisheries and Wildlife or the commissioner's
28 designee;

29 (3) The Commissioner of Health and Human Services or the commissioner's
30 designee; and

31 (4) The Commissioner of Agriculture, ~~Food and Rural Resources~~ Conservation
32 and Forestry or the commissioner's designee; and

33 ~~(5) The Commissioner of Conservation or the commissioner's designee; and~~

34 B. Twelve members representing the public appointed by the Governor:

35 (1) One representative of the State's lake associations;

36 (2) One representative of a statewide recreational watercraft owners association;

37 (3) One representative of a statewide organization of marina owners;

38 (4) One representative of a lakes education program;

- 1 (5) One representative of public drinking water utilities;
- 2 (6) One representative of commercial tree and garden nurseries;
- 3 (7) One representative of home gardeners;
- 4 (8) One representative of municipal government;
- 5 (9) One representative of a statewide sporting association;
- 6 (10) One representative of a statewide outdoor recreational group;
- 7 (11) One person with demonstrated expertise in lake ecology; and
- 8 (12) One public member who has demonstrated experience or interest in the area
- 9 of threats to fish and wildlife posed by invasive aquatic plants and nuisance
- 10 species.

11 **PART Y**

12 **Sec. Y-1. 2 MRSA §6, sub-§1**, as repealed and replaced by PL 2005, c. 397, Pt.
13 A, §1, is amended to read:

14 **1. Range 91.** The salaries of the following state officials and employees are within
15 salary range 91:

- 16 Commissioner of Transportation;
- 17 ~~Commissioner of Conservation;~~
- 18 Commissioner of Agriculture, Conservation and Forestry;
- 19 Commissioner of Administrative and Financial Services;
- 20 Commissioner of Education;
- 21 Commissioner of Environmental Protection;
- 22 Executive Director of Dirigo Health;
- 23 Commissioner of Public Safety;
- 24 Commissioner of Professional and Financial Regulation;
- 25 Commissioner of Labor;
- 26 ~~Commissioner of Agriculture, Food and Rural Resources;~~
- 27 Commissioner of Inland Fisheries and Wildlife;
- 28 Commissioner of Marine Resources;
- 29 Commissioner of Corrections;
- 30 Commissioner of Economic and Community Development;
- 31 Commissioner of Defense, Veterans and Emergency Management; and
- 32 Executive Director, Workers' Compensation Board.

1 subject to adjustment by the commissioner under this paragraph. Medicaid services
2 provided under this paragraph must be provided within the limits of the program
3 budget. Funds appropriated for services under this paragraph must include an annual
4 inflationary adjustment equivalent to the rate of inflation in the Medicaid program.
5 On a quarterly basis, the commissioner shall determine the fiscal status of program
6 expenditures under this paragraph. If the commissioner determines that expenditures
7 will exceed the funds available to provide Medicaid coverage pursuant to this
8 paragraph, the commissioner must adjust the income eligibility limit for new
9 applicants to the extent necessary to operate the program within the program budget.
10 If, after an adjustment has occurred pursuant to this paragraph, expenditures fall
11 below the program budget, the commissioner must raise the income eligibility limit to
12 the extent necessary to provide services to as many eligible persons as possible within
13 the fiscal constraints of the program budget, as long as on or before September 30,
14 2012 the income limit does not exceed 200% of the nonfarm income official poverty
15 line and, beginning October 1, 2012, the income limit does not exceed 133% of the
16 nonfarm income official poverty line;

17 **Sec. Z-2. Contingent effective date.** This Part takes effect only if:

18 1. The Commissioner of Health and Human Services receives written approval of the
19 application for a waiver of the maintenance of effort requirements of the federal Patient
20 Protection and Affordable Care Act for the changes in section 1 from the federal Centers
21 for Medicare and Medicaid Services or the commissioner receives written notification
22 from the Centers for Medicare and Medicaid Services that such a waiver is not necessary;
23 and

24 2. The Commissioner of Health and Human Services notifies the Secretary of State,
25 the Secretary of the Senate, the Clerk of the House of Representatives and the Revisor of
26 Statutes that written approval of the application for a waiver or written notification that
27 such a waiver is not necessary has been received.

28 **PART AA**

29 **Sec. AA-1. 3 MRSA §959, sub-§1, ¶F,** as amended by PL 2007, c. 356, §1 and
30 affected by c. 695, Pt. D, §3, is further amended to read:

31 F. The joint standing committee of the Legislature having jurisdiction over health
32 and human services matters shall use the following list as a guideline for scheduling
33 reviews:

- 34 ~~(2) Office of Substance Abuse in 2005;~~
35 (6) Department of Health and Human Services in 2009;
36 (7) Board of the Maine Children's Trust Incorporated in 2011; and
37 (9) Maine Developmental Disabilities Council in 2011.

38 **Sec. AA-2. 4 MRSA §422, sub-§2, ¶A,** as enacted by PL 1999, c. 780, §1 and
39 amended by PL 2001, c. 354, §3 and PL 2003, c. 689, Pt. B, §6, is further amended to
40 read:

1 A. The Department of Health and Human Services, ~~Office of Substance Abuse~~ or
2 other federal-licensed treatment providers or state-licensed treatment providers to
3 provide substance abuse services for alcohol and drug treatment program participants.
4 To the extent possible, the alcohol and drug treatment programs must access existing
5 substance abuse treatment resources for alcohol and drug treatment program
6 participants;

7 **Sec. AA-3. 5 MRSA §939-A**, as enacted by PL 1993, c. 410, Pt. LL, §1, is
8 repealed.

9 **Sec. AA-4. 5 MRSA §19202, sub-§2-B, ¶A**, as enacted by PL 2009, c. 203, §4
10 and affected by §8, is amended to read:

11 A. The committee includes 7 members as follows, of whom only the Legislators are
12 voting members:

13 (1) Two members of the Legislature, one Senator nominated by the President of
14 the Senate and one Representative nominated by the Speaker of the House of
15 Representatives;

16 (2) The director of the HIV, STD and viral hepatitis program within the
17 Department of Health and Human Services, Maine Center for Disease Control
18 and Prevention;

19 (3) A representative of the Department of Education, nominated by the
20 Commissioner of Education;

21 (4) A representative of the Department of Corrections, nominated by the
22 Commissioner of Corrections;

23 (5) A representative of the organizational unit of the Department of Health and
24 Human Services, ~~Office of Substance Abuse~~ that provides programs and services
25 for substance abuse prevention and treatment, nominated by the Commissioner of
26 Health and Human Services; and

27 (6) A representative of the Department of Health and Human Services, Office of
28 MaineCare Services, nominated by the Commissioner of Health and Human
29 Services.

30 **Sec. AA-5. 5 MRSA §20002, sub-§§2 and 3**, as amended by PL 2007, c. 116,
31 §1, are further amended to read:

32 **2. Coordination of activities and services.** To establish a ~~single administrative unit~~
33 within the Department of Health and Human Services, ~~with the~~ responsibility for
34 planning, developing, implementing, coordinating and evaluating all of the State's alcohol
35 and other drug abuse prevention and treatment activities and services;

36 **3. Tobacco use by juveniles.** To enforce the State's laws relating to the sale and use
37 of tobacco products by juveniles and to coordinate state and local activities related to
38 those provisions. The ~~office~~ department shall take all necessary actions to ensure
39 compliance with the Synar Act, 42 United States Code, Section 300X-26, including the
40 preparations of reports for the signature of the Governor. All law enforcement agencies,

1 all state departments, including the Department of Public Safety, and municipalities shall
2 cooperate with the ~~office~~ department in these efforts.

3 The ~~office~~ department may enter into any contracts or agreements necessary or incidental
4 to the performance of its duties under this section, subject to section 20005, subsection 6
5 and section 20005-A. The ~~office~~ department shall provide or assist in the provision of
6 voluntary training programs regarding the sales of tobacco products to juveniles; and

7 **Sec. AA-6. 5 MRSA §20002, sub-§4**, as enacted by PL 2007, c. 116, §1, is
8 amended to read:

9 **4. Gambling addiction counseling.** To establish standards for the provision of
10 gambling addiction counseling services and other activities relating to the prevention and
11 treatment of gambling addiction. The ~~office~~ department may accept private, state and
12 federal funds to support the performance of its duties under this subsection.

13 **Sec. AA-7. 5 MRSA §20003, sub-§2**, as enacted by PL 1989, c. 934, Pt. A, §3, is
14 amended to read:

15 **2. Approved public treatment facility.** "Approved public treatment facility" means
16 an alcohol treatment facility operating under the direction and control of the ~~office~~
17 department or providing treatment under this subchapter through a contract with the
18 ~~office~~ department under section 20008, or any facility funded in whole or in part by
19 municipal, state or federal funds.

20 **Sec. AA-8. 5 MRSA §20003, sub-§3**, as amended by PL 1991, c. 850, §2, is
21 further amended to read:

22 **3. Approved treatment facility.** "Approved treatment facility" means a public or
23 private alcohol treatment facility meeting standards approved by the ~~office~~ department in
24 accordance with section 20005 and licensed pursuant to subchapter ~~¶~~ 5 and other
25 applicable provisions of state law.

26 **Sec. AA-9. 5 MRSA §20003, sub-§3-B**, as enacted by PL 1995, c. 560, Pt. L, §2
27 and affected by §16 and amended by PL 2001, c. 354, §3, is further amended to read:

28 **3-B. Commissioner.** "Commissioner" means the Commissioner of ~~Behavioral and~~
29 ~~Development Services~~ Health and Human Services.

30 **Sec. AA-10. 5 MRSA §20003, sub-§6**, as amended by PL 1991, c. 601, §4, is
31 further amended to read:

32 **6. Department.** "Department" means the ~~Executive~~ Department of Health and
33 Human Services.

34 **Sec. AA-11. 5 MRSA §20003, sub-§8**, as enacted by PL 1989, c. 934, Pt. A, §3,
35 is repealed.

36 **Sec. AA-12. 5 MRSA §20003, sub-§17**, as enacted by PL 1989, c. 934, Pt. A,
37 §3, is repealed.

38 **Sec. AA-13. 5 MRSA §20003, sub-§20**, as enacted by PL 1989, c. 934, Pt. A,
39 §3, is amended to read:

1 **20. Standards.** "Standards" means criteria and rules of ~~the office or~~ the department
2 that are to be met before and during operation of any treatment facility or treatment
3 program.

4 **Sec. AA-14. 5 MRSA §20004**, as repealed and replaced by PL 1995, c. 560, Pt.
5 L, §3 and affected by §16 and amended by PL 2001, c. 354, §3 and PL 2003, c. 689, Pt.
6 B, §6, is repealed.

7 **Sec. AA-15. 5 MRSA §20004-A**, as enacted by PL 1993, c. 410, Pt. LL, §6, is
8 amended to read:

9 **§20004-A. Departments and agencies responsible for cooperation in implementation**

10 All departments and agencies in State Government are required to cooperate with the
11 ~~office~~ department in its implementation and administration of this chapter.

12 **Sec. AA-16. 5 MRSA §20005, first ¶**, as enacted by PL 1989, c. 934, Pt. A, §3,
13 is amended to read:

14 The ~~office~~ department shall:

15 **Sec. AA-17. 5 MRSA §20005, sub-§2**, as amended by PL 1991, c. 601, §6, is
16 further amended to read:

17 **2. Comprehensive plan.** Develop and provide for the implementation of a
18 comprehensive state plan for alcohol and drug abuse. Any plan developed by the ~~office~~
19 department must be subject to public hearing prior to implementation;

20 **Sec. AA-18. 5 MRSA §20005, sub-§5**, as amended by PL 1995, c. 560, Pt. L, §4
21 and affected by §16, is further amended to read:

22 **5. Budget.** Develop and submit to the Legislature by January 15th of the first year
23 of each legislative biennium recommendations for continuing and supplemental
24 allocations, deappropriations or reduced allocations and appropriations from all funding
25 sources for all state alcohol and drug abuse programs. The ~~office~~ department shall make
26 final recommendations to the Governor before any substance abuse funds are
27 appropriated or deappropriated in the Governor's proposed budget. The ~~office~~ department
28 shall formulate all budgetary recommendations for the Driver Education and Evaluation
29 Programs with the advice, consultation and full participation of the chief executive officer
30 of the Driver Education and Evaluation Programs.

31 Notwithstanding any other provision of law, funding appropriated and allocated by the
32 Legislature for the ~~Office of Substance Abuse~~ department for substance abuse prevention
33 and treatment is restricted solely to the ~~that use of that office~~ and may not be used for
34 other expenses of ~~any other part~~ of the department. By January 15th of each year, the
35 ~~director~~ commissioner or the commissioner's designee shall deliver a report of the budget
36 and expenditures of the ~~office~~ department for substance abuse prevention and treatment to
37 the joint standing committees of the Legislature having jurisdiction over appropriations
38 and financial affairs and human resource matters;

39 **Sec. AA-19. 5 MRSA §20005, sub-§6**, as amended by PL 2011, c. 542, Pt. A,
40 §6, is further amended to read:

41 **6. Contracts and licensing.** Through the ~~director~~ commissioner:

1 A. Administer all contracts with community service providers for the delivery of
2 alcohol and drug abuse services;

3 A-1. Administer all contracts with community service providers for the delivery of
4 gambling addiction counseling services; and

5 B. Establish operating and treatment standards and inspect and issue certificates of
6 approval for approved treatment facilities, drug abuse treatment facilities or
7 programs, including residential treatment centers, community-based service providers
8 and facilities that are private nonmedical institutions pursuant to section 20024 and
9 subchapter 5.

10 The commissioner may delegate contract and licensing duties under this subsection to ~~the~~
11 ~~Department of Health and Human Services~~, the Department of Corrections or ~~other~~
12 ~~divisions of the department~~ as long as that delegation ensures that contracting for alcohol
13 and other drug abuse services provided in community settings ~~are~~ is consolidated within
14 the ~~Department of Health and Human Services~~ department, that contracting for alcohol
15 and other drug abuse services delivered within correctional facilities ~~are~~ is consolidated
16 within the Department of Corrections and that contracting for alcohol and other drug
17 abuse services delivered within mental health facilities or as a component of programs
18 serving persons with intellectual disabilities or autism ~~are~~ is consolidated within the
19 department.

20 The commissioner may not delegate contract and licensing duties if that delegation results
21 in increased administrative costs.

22 The commissioner may not issue requests for proposals for existing contract services until
23 the commissioner has adopted rules in accordance with the Maine Administrative
24 Procedure Act to ensure that the reasons for which existing services are placed out for bid
25 and the performance standards and manner in which compliance is evaluated are
26 specified and that any change in provider is accomplished in a manner that fully protects
27 the consumer of services.

28 The commissioner shall establish a procedure to obtain assistance and advice from
29 consumers of alcohol and other drug abuse services regarding the selection of contractors
30 when requests for proposals are issued;

31 **Sec. AA-20. 5 MRSA §20005, sub-§12**, as amended by PL 1991, c. 601, §6, is
32 further amended to read:

33 **12. Rules.** Adopt rules, in accordance with the Maine Administrative Procedure Act,
34 necessary to carry out the purposes of this chapter and approve any rules adopted by state
35 agencies for the purpose of implementing alcohol or drug abuse prevention or treatment
36 programs.

37 All state agencies must comply with rules adopted by the ~~office~~ department regarding
38 uniform alcohol and other drug abuse contracting requirements, formats, schedules, data
39 collection and reporting requirements;

40 **Sec. AA-21. 5 MRSA §20005, sub-§14**, as enacted by PL 1993, c. 410, Pt. LL,
41 §10, is amended to read:

1 **14. Interdepartmental cooperation.** Document to the Legislature's satisfaction,
2 active participation and cooperation between the ~~office~~ department and the other
3 departments with which it works through the commission;

4 **Sec. AA-22. 5 MRSA §20005, sub-§16**, as enacted by PL 1993, c. 410, Pt. LL,
5 §10, is amended to read:

6 **16. Substance abuse services plan.** Plan for not only those services funded directly
7 by the ~~office~~ department, but also those additional services determined by the
8 commission to be critical and related;

9 **Sec. AA-23. 5 MRSA §20006-A**, as amended by PL 2007, c. 539, Pt. N, §7, is
10 further amended to read:

11 **§20006-A. Commissioner duties**

12 The ~~director~~ commissioner or the commissioner's designee shall:

13 **1. Alternatives.** Propose alternatives to current alcohol and drug abuse prevention
14 and treatment programs and services;

15 **2. Investigate.** Conduct investigations and studies of any alcohol or drug abuse
16 program or community service provider operating under the control of the ~~office~~
17 department or providing treatment under this chapter through a contract with the ~~office~~
18 department under section 20008; that are licensed pursuant to section 20024 or any
19 facility funded in whole or in part by municipal, state or local funds, as necessary; and

20 **3. Other duties and powers.** Carry out other duties and exercise other powers
21 granted to the ~~director~~ commissioner under this Act and ~~delegated to the director by the~~
22 ~~commissioner~~ under Title 22-A, section 207, subsection 3.

23 **Sec. AA-24. 5 MRSA §20006-B**, as enacted by PL 2009, c. 622, §1, is amended
24 to read:

25 **§20006-B. Gambling Addiction Prevention and Treatment Fund**

26 **1. Fund established.** The Gambling Addiction Prevention and Treatment Fund,
27 referred to in this section as "the fund," is established for the purpose of supporting
28 gambling addiction analysis, prevention and treatment to be administered by the ~~office~~
29 department. The fund is a dedicated, nonlapsing fund into which payments are received
30 in accordance with Title 8, section 1036, subsection 2.

31 **2. Report.** The ~~director~~ commissioner or the commissioner's designee shall report
32 annually by March 1st to the joint standing committee of the Legislature having
33 jurisdiction over gambling matters. The report must include a description of a continuum
34 of care model used to identify the need for gambling addiction services, prevention
35 efforts, intervention and treatment provided using money from the fund. The report must
36 describe any collaborative efforts between the ~~office~~ department, the Gambling Control
37 Board established under Title 8, section 1002 and slot machine operators licensed in
38 accordance with Title 8, chapter 31 to support the purpose of the fund described in
39 subsection 1. The ~~director~~ commissioner may submit recommendations for legislation to
40 the joint standing committee of the Legislature having jurisdiction over gambling matters,
41 which is authorized to submit that legislation to the Legislature.

1 **Sec. AA-25. 5 MRSA §20007**, as amended by PL 1995, c. 165, §1, is further
2 amended to read:

3 **§20007. Agency cooperation**

4 State agencies shall cooperate fully with the ~~office and council~~ department in
5 carrying out this chapter. A state agency may not develop, establish, conduct or
6 administer any alcohol or drug abuse prevention or treatment program without the
7 approval of the ~~office~~ department. The ~~office~~ department may request personnel,
8 facilities and data from other agencies as the ~~director~~ commissioner finds necessary to
9 fulfill the purposes of this Act.

10 **Sec. AA-26. 5 MRSA §20008, first ¶**, as enacted by PL 1989, c. 934, Pt. A, §3,
11 is amended to read:

12 The ~~office~~ department shall establish and provide for the implementation of a
13 comprehensive and coordinated program of alcohol and drug abuse prevention and
14 treatment in accordance with subchapters H 2 and III 3 and the purposes of this Act. The
15 program must include the following elements.

16 **Sec. AA-27. 5 MRSA §20008, sub-§3**, as amended by PL 1991, c. 601, §10, is
17 further amended to read:

18 **3. Treatment.** The ~~office~~ department shall provide for adequate and appropriate
19 treatment for alcoholics, ~~drugs~~ drug abusers, drug addicts and drug-dependent persons
20 admitted under sections 20043 to 20044. Treatment may not be provided at a
21 correctional institution, except for inmates.

22 **Sec. AA-28. 5 MRSA §20008, sub-§4**, as enacted by PL 1991, c. 601, §11, is
23 amended to read:

24 **4. Contract with facilities.** The ~~office~~ department shall contract with approved
25 treatment facilities whenever possible. The administrator of any treatment facility may
26 receive for observation, diagnosis, care and treatment in the facility any person whose
27 admission is applied for under any of the procedures in this subchapter.

28 **Sec. AA-29. 5 MRSA §20009, first ¶**, as enacted by PL 1989, c. 934, Pt. A, §3,
29 is amended to read:

30 The ~~office~~ department shall plan alcohol and drug abuse prevention and treatment
31 activities in the State and prepare and submit to the Legislature the following documents:

32 **Sec. AA-30. 5 MRSA §20021**, as amended by PL 1991, c. 601, §14, is further
33 amended to read:

34 **§20021. Public awareness**

35 The ~~office~~ department shall create and maintain a program to increase public
36 awareness of the impacts and prevalence of alcohol and drug abuse. The public
37 awareness program must include promotional and technical assistance to local
38 governments, schools and public and private nonprofit organizations interested in alcohol
39 and drug abuse prevention.

1 **Sec. AA-31. 5 MRSA §20022, first ¶**, as amended by PL 1991, c. 601, §15, is
2 further amended to read:

3 As part of its comprehensive prevention and treatment program, the ~~office~~
4 department shall operate an information clearinghouse and oversee, support and
5 coordinate a resource center within the Department of Education. The information
6 clearinghouse and resource center constitute a comprehensive reference center of
7 information related to the nature, prevention and treatment of alcohol and other drug
8 abuse. In fulfillment of the requirement of this section, the resource center may be
9 located within the Department of Education and may operate there pursuant to a
10 memorandum of agreement between the ~~office and the department~~ departments.
11 Information must be available for use by the general public, political subdivisions, public
12 and private nonprofit agencies and the State.

13 **Sec. AA-32. 5 MRSA §20023**, as amended by PL 1991, c. 601, §§16 and 17, is
14 further amended to read:

15 **§20023. Education**

16 To the fullest extent possible, the Commissioner of Education shall coordinate all
17 elementary and secondary school alcohol and drug abuse education programs
18 administered by the Department of Education and funded under the federal Drug-Free
19 Schools and Communities Act of 1986 with programs administered by the ~~office~~
20 Department of Health and Human Services. The Commissioner of Education shall
21 participate in planning, budgeting and evaluation of alcohol and other drug abuse
22 programs, in cooperation with the Substance Abuse Advisory Group, and ensure that
23 alcohol and drug abuse education programs administered by the Department of Education
24 that involve any community participation are coordinated with available treatment
25 services.

26 ~~The Commissioner of Education, in cooperation with the Substance Abuse Advisory~~
27 ~~Group, shall prepare a plan to ensure the coordination and consolidation of alcohol and~~
28 ~~other drug abuse education programs and must present the plan to the director by January~~
29 ~~1, 1992. The plan must be consistent with requirements of the federal Drug-Free Schools~~
30 ~~and Communities Act of 1986 and this chapter.~~

31 Nothing in this section interferes with the authority of the Department of Education to
32 receive and allocate federal funds under the federal Drug-Free Schools and Communities
33 Act of 1986.

34 **Sec. AA-33. 5 MRSA §20024**, as amended by PL 2011, c. 145, §1, is further
35 amended to read:

36 **§20024. Licensing**

37 The ~~office~~ department shall periodically enter, inspect and examine a treatment
38 facility or program and examine its books, programs, standards, policies and accounts.
39 This examination process must include a review of the requirements to be a community-
40 based service provider pursuant to subchapter ~~V~~ 5. The ~~office~~ department shall fix and
41 collect the fees for the inspection and certification and shall maintain a list of approved
42 public and private treatment facilities.

1 Upon request by the office department, each approved public and private treatment
2 facility must provide data, statistics, schedules and information that the office department
3 reasonably requires. The ~~director~~ commissioner may remove a facility that fails to
4 provide such information from the list of approved facilities.

5 An approved public or private treatment facility may not refuse inspection or
6 examination by the office department under this section.

7 Procedures to decertify any facility or to refuse certification are governed by the
8 Maine Administrative Procedure Act.

9 A treatment facility or program that receives and maintains accreditation from a
10 national accrediting body approved by the department must be deemed in compliance
11 with comparable state licensing rules upon its submission to the department of written
12 evidence of compliance including, but not limited to, national accreditation approval,
13 reports, findings and responses. The department may review compliance under this
14 paragraph in response to a complaint against the facility or program.

15 **Sec. AA-34. 5 MRSA §20041, sub-§1**, as amended by PL 1991, c. 601, §20, is
16 further amended to read:

17 **1. Data collection; sources.** The office department shall collect data and use
18 information from other sources to evaluate or provide for the evaluation of the impact,
19 quality and value of alcohol and drug abuse prevention activities, treatment facilities and
20 other alcohol and other drug abuse programs.

21 **Sec. AA-35. 5 MRSA §20042**, as amended by PL 1991, c. 601, §20, is further
22 amended to read:

23 **§20042. Standards**

24 The office department shall contract for treatment services only with approved
25 treatment facilities.

26 **Sec. AA-36. 5 MRSA §20043, first ¶**, as amended by PL 1991, c. 601, §20, is
27 further amended to read:

28 The office department shall adopt rules for acceptance of persons into a treatment
29 program, considering available treatment resources and facilities, for the purpose of early
30 and effective treatment of alcoholics, drug abusers, drug addicts and drug-dependent
31 persons.

32 **Sec. AA-37. 5 MRSA §20043, 2nd ¶**, as enacted by PL 1989, c. 934, Pt. A, §3,
33 is amended to read:

34 In establishing rules, the office department must be guided by the following
35 standards.

36 **Sec. AA-38. 5 MRSA §20043, sub-§6**, as amended by PL 1991, c. 601, §20, is
37 further amended to read:

38 **6. Denial of treatment services.** A person, firm or corporation licensed by the
39 ~~Office of Substance Abuse~~ department as an approved alcohol or drug treatment facility
40 under Title 5, section 20005 to provide shelter or detoxification services, and that

1 receives any funds administered by the ~~office~~ department to provide substance abuse
2 prevention and treatment services, may not deny treatment to any person because of that
3 person's inability or failure to pay any assessed fees.

4 **Sec. AA-39. 5 MRSA §20044, sub-§2**, as amended by PL 1991, c. 601, §20, is
5 further amended to read:

6 **2. Determination.** A person who comes voluntarily or is brought to an approved
7 treatment facility for residential care and treatment must be examined immediately by a
8 licensed physician. That person may then be admitted or referred to another health
9 facility based upon the physician's recommendation. Subject to rules adopted by the
10 ~~office~~ department, the administrator in charge of an approved treatment facility may
11 determine who may be admitted for treatment. If a person is refused admission to an
12 approved treatment facility, the administrator, subject to rules adopted by the ~~office~~
13 department, shall refer the person to another approved treatment facility for treatment if
14 possible and appropriate.

15 **Sec. AA-40. 5 MRSA §20047, sub-§2**, as enacted by PL 1989, c. 934, Pt. A, §3,
16 is amended to read:

17 **2. Information for research.** Notwithstanding subsection 1, the ~~director~~
18 commissioner may make available information from patients' records for purposes of
19 research into the causes and treatment of alcoholism and drug abuse. Information under
20 this subsection may not be published in a way that discloses patients' names or other
21 identifying information.

22 **Sec. AA-41. 5 MRSA §20048**, as enacted by PL 1989, c. 934, Pt. A, §3, is
23 amended to read:

24 **§20048. Visitation and communication of patients**

25 **1. Hours of visitation.** Subject to reasonable rules regarding hours of visitation
26 ~~which that~~ the ~~director~~ commissioner may adopt, patients in any approved treatment
27 facility must be granted opportunities for adequate consultation with counsel and for
28 continuing contact with family and friends consistent with an effective treatment
29 program.

30 **2. Communication.** Mail or other communication to or from a patient in any
31 approved treatment facility may not be intercepted, read or censored. The ~~director~~
32 commissioner may adopt reasonable rules regarding the use of telephones by patients in
33 approved treatment facilities.

34 **3. Restrictions.** The patient may exercise all civil rights, including, but not limited
35 to, civil service status; the right to vote; rights relating to the granting, renewal, forfeiture
36 or denial of a license, permit, privilege or benefit pursuant to any law; and the right to
37 enter contractual relationships and to manage the patient's property, except:

38 A. To the extent the ~~director~~ commissioner determines that it is necessary for the
39 medical welfare of the patient to impose restrictions, unless the patient has been
40 restored to legal capacity; or

41 B. When specifically restricted by other laws or rules.

1 Restrictions on the exercise of civil rights may not be imposed on any patient solely
2 because of the fact of that person's admission to a mental hospital.

3 **Sec. AA-42. 5 MRSA §20050, sub-§3**, as enacted by PL 1989, c. 934, Pt. A, §3,
4 is amended to read:

5 **3. Finances.** The office department shall adopt rules governing financial ability that
6 take into consideration the patient's income, savings, other personal and real property and
7 any support being furnished to any other person that the patient is required by law to
8 support.

9 **Sec. AA-43. 5 MRSA §20065, sub-§8**, as amended by PL 1995, c. 560, Pt. L, §9
10 and affected by §16, is further amended to read:

11 **8. Administrative and financial assistance.** The office department shall provide
12 the commission administrative or financial assistance that is available from office
13 department resources.

14 **Sec. AA-44. 5 MRSA §20067, first ¶**, as enacted by PL 1993, c. 410, Pt. LL,
15 §12, is amended to read:

16 The commission, in cooperation with the office department, has the following duties.

17 **Sec. AA-45. 5 MRSA §20067, sub-§1-A**, as enacted by PL 1995, c. 560, Pt. L,
18 §11 and affected by §16, is amended to read:

19 **1-A. Advise the department.** The commission shall advise the office department in
20 the development and implementation of significant policy matters relating to substance
21 abuse.

22 **Sec. AA-46. 5 MRSA §20067, sub-§3**, as enacted by PL 1993, c. 410, Pt. LL,
23 §12, is amended to read:

24 **3. Serve as advocate; review and evaluate; inform the public.** The commission
25 shall serve as an advocate on alcoholism and drug abuse prevention, promoting and
26 assisting activities designed to meet the problems of drug abuse and drug dependence at
27 the national and state levels. With the support of the office department, the commission
28 shall review and evaluate on a continuing basis state and federal policies and programs
29 relating to drug abuse and other activities conducted or assisted by state departments or
30 agencies that affect persons who abuse or are dependent on drugs. In cooperation with
31 the office department, the commission shall keep the public informed by collecting and
32 disseminating information, by conducting or commissioning studies and publishing the
33 results of those studies, by issuing publications and reports and by providing public
34 forums, including conferences and workshops.

35 **Sec. AA-47. 5 MRSA §20072, first ¶**, as amended by PL 1995, c. 560, Pt. L,
36 §12 and affected by §16, is further amended to read:

37 The Driver Education and Evaluation Programs are established in the office
38 department. The Driver Education and Evaluation Programs shall administer the alcohol
39 and other drug education, evaluation and treatment programs as provided in this chapter.
40 The office department shall certify to the Secretary of State:

1 **Sec. AA-48. 5 MRSA §20073-B**, as enacted by PL 1999, c. 448, §6, is amended
2 to read:

3 **§20073-B. Programs and components; rules**

4 The ~~office~~ department shall design programs and components that are age-
5 appropriate and therapeutically appropriate. The ~~office~~ department shall adopt rules
6 regarding requirements for these programs and components and any other rules necessary
7 to implement this subchapter. Rules adopted pursuant to this section are routine technical
8 rules as defined in chapter 375, subchapter ~~H-A~~ 2-A.

9 **Sec. AA-49. 5 MRSA §20074**, as amended by PL 1991, c. 850, §9, is further
10 amended to read:

11 **§20074. Separation of evaluation and treatment functions**

12 A Driver Education and Evaluation Programs private practitioner or a counselor
13 employed by a substance abuse facility approved or licensed by the ~~office~~ department
14 providing services under this subchapter may not provide both treatment services and
15 evaluation services for the same individual participating in programs under this
16 subchapter unless a waiver is granted on a case-by-case basis by the Driver Education and
17 Evaluation Programs. The practitioner or counselor providing evaluation services shall
18 give a client the name of 3 practitioners or counselors who can provide treatment
19 services, at least one of whom may not be employed by the same agency as the
20 practitioner or counselor conducting the evaluation.

21 **Sec. AA-50. 5 MRSA §20075**, as amended by PL 2001, c. 511, §2, is further
22 amended to read:

23 **§20075. Certification; recertification**

24 All providers of the evaluation, intervention and treatment components of the Driver
25 Education and Evaluation Programs must be certified by the ~~office~~ department pursuant
26 to section 20005, section 20024, section 20073-B and this subchapter. The certification
27 period for individual providers and agencies is 2 years. The ~~office~~ department shall adopt
28 rules requiring continuing education for recertification.

29 **Sec. AA-51. 5 MRSA §20076-B**, as enacted by PL 1999, c. 448, §9, is amended
30 to read:

31 **§20076-B. Fees**

32 The ~~office~~ department shall set fees in accordance with the cost of each program. All
33 fees must be transferred to the General Fund. The ~~office~~ department may waive all or
34 part of any fee for a client who provides sufficient evidence of inability to pay.

35 **Sec. AA-52. 5 MRSA §20077**, as enacted by PL 1991, c. 601, §28, is amended to
36 read:

37 **§20077. Report**

38 Beginning in 1992, the ~~director~~ commissioner shall report annually by February 1st to
39 the joint standing committee of the Legislature having jurisdiction over human resource

1 matters regarding the ~~office's~~ department's activities under this subchapter. A copy of the
2 report must be sent to the Executive Director of the Legislative Council.

3 **Sec. AA-53. 5 MRSA §20078-A, sub-§3**, as enacted by PL 1993, c. 631, §7, is
4 amended to read:

5 **3. Facilities; staff.** The ~~director~~ commissioner shall provide staff support and
6 adequate facilities for the board.

7 **Sec. AA-54. 5 MRSA §20078-A, sub-§4**, as enacted by PL 1993, c. 631, §7, is
8 amended to read:

9 **4. Chair; rules.** The board shall elect annually a chair from its members. The
10 ~~director~~ commissioner shall adopt rules to carry out the purposes of this section.

11 **Sec. AA-55. 12 MRSA §10701, sub-§3, ¶D**, as enacted by PL 2003, c. 414, Pt.
12 A, §2 and affected by c. 614, §9 and amended by c. 689, Pt. B, §6, is further amended to
13 read:

14 D. In addition to the penalties provided under paragraphs A to C, the court may order
15 the defendant to participate in the alcohol and other drug education, evaluation and
16 treatment programs for multiple offenders administered by the Department of Health
17 and Human Services, ~~Office of Substance Abuse, as established in~~ under Title 5,
18 chapter 521.

19 **Sec. AA-56. 17 MRSA §2005, sub-§3**, as enacted by PL 1997, c. 756, §1 and
20 amended by PL 2001, c. 354, §3 and PL 2003, c. 689, Pt. B, §6, is further amended to
21 read:

22 **3. Reporting.** Beginning April 30, 1998 and monthly thereafter, each law
23 enforcement agency shall submit a copy of its records of all known incidents of public
24 intoxication to the Department of Public Safety. These records may not include
25 individuals' names. Beginning June 30, 1998 and quarterly thereafter, the Department of
26 Public Safety shall forward these records to the Department of Health and Human
27 Services, ~~Office of Substance Abuse~~. The records must include at least the following
28 information:

29 A. The number of reported cases of public intoxication;

30 B. The number of persons who are reported more than one time pursuant to
31 paragraph A;

32 C. The number of persons voluntarily transported to a state-licensed treatment
33 facility or shelter as a result of reported incidents of public intoxication;

34 D. The number of persons voluntarily transported to their residence or left with a
35 family member or friend as a result of reported incidents of public intoxication; and

36 E. The number of intoxicated persons left at the scene of the reported incident or at
37 another public place.

38 **Sec. AA-57. 20-A MRSA §6621**, as enacted by PL 2005, c. 674, §3, is amended
39 to read:

1 **§6621. Performance-enhancing substances**

2 **1. List of banned substances.** ~~By January 1, 2007 the Director of the Office of~~
3 ~~Substance Abuse within the Department~~ The Commissioner of Health and Human
4 ~~Services, known in this subchapter as "the director,"~~ shall develop a list of banned
5 performance-enhancing substances. The list must include, but is not limited to, the
6 following:

7 A. Ephedrine;

8 B. Synephrine, also known as bitter orange;

9 C. Dehydroepiandrosterone;

10 D. All dietary supplements as defined by 21 United States Code, Section 321,
11 Subsection (ff) that are on a banned substance list maintained by the National
12 Collegiate Athletic Association or the World Anti-Doping Agency or their successor
13 organizations; and

14 E. All other substances that are on a banned substance list maintained by the
15 National Collegiate Athletic Association or the World Anti-Doping Agency or their
16 successor organizations except for:

17 (1) A substance that is otherwise illegal in this State; or

18 (2) A substance the use of which by minors is illegal in this State.

19 **2. Amendments to list.** ~~The director~~ Commissioner of Health and Human Services
20 shall amend the banned substances list each time a dietary supplement or other substance
21 referenced in subsection 1, paragraph D or E is added to the list of banned substances
22 maintained by the National Collegiate Athletic Association or the World Anti-Doping
23 Agency or their successor organizations. For a substance to be prohibited under section
24 6624 in a particular school year, the substance must be added to the banned substances
25 list maintained under this section no later than July 1st preceding that school year.

26 **3. Notification.** ~~The director~~ Commissioner of Health and Human Services shall
27 notify the department, the Maine School Management Association and the Maine
28 Principals' Association or their successor organizations when the initial list of banned
29 substances is complete and of any subsequent changes to the list. The department shall
30 notify all school administrative units that have students who participate in sports of the
31 availability of the list. ~~The director~~ Commissioner of Health and Human Services shall
32 post the list on ~~its~~ the publicly accessible website of the Department of Health and
33 Human Services.

34 **Sec. AA-58. 22 MRSA §272, sub-§2,** as enacted by PL 1997, c. 560, Pt. D, §2
35 and amended by PL 2001, c. 354, §3 and PL 2003, c. 689, Pt. B, §6, is further amended to
36 read:

37 **2. Tobacco Prevention and Control Advisory Council.** The Tobacco Prevention
38 and Control Advisory Council is established under Title 5, section 12004-I, subsection
39 36-D to review the program. The advisory council shall provide advice to the bureau in
40 carrying out its duties under this section and ensure coordination of the program with
41 relevant nonprofit and community agencies and the Department of Education, the

1 department, ~~the Office of Substance Abuse~~ and other relevant state agencies. The
2 advisory council consists of 9 members, appointed as follows:

3 A. Two public health officials, appointed by the Governor;

4 B. Two representatives of nonprofit organizations involved in seeking to reduce the
5 use of tobacco products in the State, with one representative appointed by the
6 President of the Senate and one representative appointed by the Speaker of the House
7 of Representatives;

8 C. A person who designs and implements issue-oriented public health media
9 campaigns, appointed by the Governor;

10 D. Two persons involved in designing and implementing community-based
11 education or cessation programs for the prevention of tobacco products use, one to
12 focus on adults, appointed by the President of the Senate, and one to focus on youth,
13 appointed by the Speaker of the House of Representatives; and

14 E. Two members of the public, appointed jointly by the President of the Senate and
15 the Speaker of the House of Representatives in consultation with the leaders of the
16 minority political party.

17 Appointments to the advisory council must be made by October 15, 1997. Members
18 serve for 3-year terms and may be reappointed. When the appointment of all members is
19 complete, the Governor or the Governor's designee shall convene the first meeting of the
20 advisory council no later than November 15, 1997. The advisory council shall choose a
21 chair from among its members and establish its procedure for reaching decisions. The
22 bureau shall provide staff assistance to the advisory council. The advisory council shall
23 report annually on the program to the Governor and the Legislature by December 1st and
24 include any recommendations or proposed legislation to further the purposes of the
25 program.

26 The appointing authority shall fill a vacancy on the advisory council for the remainder of
27 the vacant term. Each member who is not a salaried employee is entitled to compensation
28 as provided in Title 5, section 12004-I, subsection 36-D, following approval of expenses
29 by the Director of the Bureau of Health.

30 **Sec. AA-59. 22 MRSA §1551-A, sub-§5**, as enacted by PL 1995, c. 470, §9 and
31 affected by §19, is repealed.

32 **Sec. AA-60. 22 MRSA §1558, sub-§8, ¶A**, as amended by PL 2005, c. 223, §5,
33 is further amended to read:

34 A. The District Court shall maintain a record of all fines received by the court. Any
35 fines received must be credited as follows: 1/2 to the Department of Health and
36 Human Services in a nonlapsing account to be used by the department to defray
37 administrative costs of retail tobacco licensing and 1/2 to a nonlapsing account to be
38 used by the Attorney General to support enforcement and responsible retailing
39 education programs. Annually, the court shall report to the ~~Office of Substance~~
40 ~~Abuse~~ department the total amount of fines collected.

1 **Sec. AA-61. 22 MRSA §1558-A, sub-§2**, as enacted by PL 1995, c. 470, §9 and
2 affected by §19 and amended by PL 1999, c. 547, Pt. B, §78 and affected by §80, is
3 further amended to read:

4 **2. Notice to department.** The District Court shall forward to the department notice
5 of final disposition of all proceedings conducted pursuant to this subchapter. The
6 department shall maintain the records of the proceedings for at least 5 years. ~~Annually,~~
7 ~~the department shall report a summary of the types and number of cases heard and the~~
8 ~~dispositions of the cases to the Office of Substance Abuse.~~

9 **Sec. AA-62. 22 MRSA §2351**, as enacted by PL 2005, c. 430, §5 and affected by
10 §10, is amended to read:

11 **§2351. Maine Meth Watch Program**

12 **1. Establishment; purpose.** The ~~Office of Substance Abuse~~ department shall
13 establish the Maine Meth Watch Program to educate retailers, retail employees and the
14 public in order to help curtail suspicious sales and the theft of methamphetamine
15 precursor drugs as defined in Title 17-A, section 1101, subsection 4-A and to identify the
16 location of illicit methamphetamine manufacturing.

17 **2. Rulemaking.** The ~~Office of Substance Abuse~~ department may adopt rules to
18 carry out the purposes of this chapter. Rules adopted pursuant to this subsection are
19 routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

20 **Sec. AA-63. 22 MRSA §3739, sub-§2, ¶G**, as enacted by PL 1993, c. 158, §2, is
21 amended to read:

22 G. One employee of the ~~Office of Substance Abuse~~ organizational unit of the
23 department that provides programs and services for substance abuse prevention and
24 treatment, appointed by the ~~Director of the Office of Substance Abuse~~ commissioner;

25 **Sec. AA-64. 22 MRSA §4004-A, sub-§3**, as corrected by RR 2003, c. 2, §77, is
26 amended to read:

27 **3. Additional parties.** The Department of Corrections, the Department of
28 Education, ~~the Office of Substance Abuse~~ and any other appropriate state agency may be
29 additional parties to the agreement.

30 **Sec. AA-65. 22 MRSA §7246, sub-§4**, as enacted by PL 2003, c. 483, §1 and
31 amended by c. 689, Pt. B, §6, is repealed.

32 **Sec. AA-66. 22 MRSA §7247**, as amended by PL 2011, c. 380, Pt. WW, §1, is
33 further amended to read:

34 **§7247. Controlled Substances Prescription Monitoring Program Fund**

35 The Controlled Substances Prescription Monitoring Program Fund is established
36 within the ~~office~~ department to be used by the ~~director of the office~~ commissioner to fund
37 or assist in funding the program. Any balance in the fund does not lapse but is carried
38 forward to be expended for the same purposes in succeeding fiscal years. The fund must
39 be deposited with and maintained and administered by the ~~office~~ department. The ~~office~~
40 commissioner may accept funds into the fund from any source, public or private,

1 including grants or contributions of money or other things of value, that ~~it~~ the
2 commissioner determines necessary to carry out the purposes of this chapter. Money
3 received by the ~~office~~ department to establish and maintain the program must be used for
4 the expenses of administering this chapter.

5 **Sec. AA-67. 22 MRSA §7248**, as enacted by PL 2003, c. 483, §1, is amended to
6 read:

7 **§7248. Controlled Substances Prescription Monitoring Program**

8 **1. Establishment of monitoring program.** Contingent upon the receipt of funds
9 pursuant to section 7247 sufficient to carry out the purposes of this chapter, the
10 Controlled Substances Prescription Monitoring Program is established. No later than
11 January 2, 2004, to implement the program, the ~~office~~ department shall establish an
12 electronic system for monitoring any controlled substance that is dispensed to a person in
13 the State by a dispenser.

14 **2. Contract for services.** The ~~office~~ department may contract with a vendor to
15 establish and maintain the program pursuant to rules adopted by the ~~office~~ department.

16 **3. Information available.** The program must rapidly provide information in an
17 electronic format to prescribers and dispensers.

18 **Sec. AA-68. 22 MRSA §7249**, as amended by PL 2011, c. 477, Pt. K, §1, is
19 further amended to read:

20 **§7249. Reporting of prescription monitoring information**

21 **1. Information required.** Each dispenser shall submit to the ~~office~~ department, by
22 electronic means or other format specified in a waiver granted by the ~~office~~ department,
23 specific items of information regarding dispensed controlled substances determined by
24 the office from the following list:

- 25 A. The dispenser identification number;
- 26 B. The date the prescription was filled;
- 27 C. The prescription number;
- 28 D. Whether the prescription is new or is a refill;
- 29 E. The National Drug Code (NDC) for the drug dispensed;
- 30 F. The quantity dispensed;
- 31 G. The dosage;
- 32 H. The patient identification number;
- 33 I. The patient name;
- 34 J. The patient address;
- 35 K. The patient date of birth;
- 36 L. The prescriber identification number;
- 37 M. The date the prescription was issued by the prescriber; and

1 N. The ~~office-issued~~ department-issued serial number if the ~~office~~ department
2 chooses to establish a serial prescription system.

3 **2. Frequency.** Each dispenser shall submit the information required under
4 subsection 1 as frequently as specified by the ~~office~~ department.

5 **3. Waiver.** The ~~office~~ department may grant a waiver of the electronic submission
6 requirement under subsection 1 to any dispenser for good cause, including financial
7 hardship, as determined by the ~~office~~ department. The waiver must state the format and
8 frequency with which the dispenser is required to submit the required information.

9 **4. Immunity from liability.** A dispenser is immune from liability for disclosure of
10 information if the disclosure was made pursuant to and in accordance with this chapter.

11 **5. Participation requirements.** If less than 90% of the prescribers in a class of
12 prescribers described in paragraphs A to F are registered in the program on January 1,
13 2014, then all the members of that class of prescribers shall register in the program by
14 March 1, 2014. The following are the classes of prescribers that are subject to the
15 provisions of this subsection:

- 16 A. Allopathic physicians licensed pursuant to Title 32, chapter 48, subchapter 2;
- 17 B. Osteopathic physicians licensed pursuant to Title 32, chapter 36;
- 18 C. Dentists licensed pursuant to Title 32, chapter 16, subchapter 3;
- 19 D. Physician assistants licensed pursuant to Title 32, chapter 48, subchapter 2;
- 20 E. Podiatrists licensed pursuant to Title 32, chapter 51; and
- 21 F. Advanced practice registered nurses licensed pursuant to Title 32, chapter 31,
22 subchapter 3.

23 **Sec. AA-69. 22 MRSA §7250**, as amended by PL 2011, c. 218, §§1 to 4, is
24 further amended to read:

25 **§7250. Access to prescription monitoring information and confidentiality**

26 **1. Confidentiality.** Except as provided in this section, prescription monitoring
27 information submitted to the ~~office~~ department is confidential and is not a public record
28 as defined in Title 1, section 402, subsection 3.

29 **2. Review of information.** If the prescription monitoring information surpasses
30 thresholds as established by the ~~office~~ department, the ~~office~~ department shall notify the
31 prescriber, the dispenser and, if the ~~office~~ department determines it to be necessary, the
32 professional licensing entity and provide all relevant prescription monitoring information
33 to those persons and entities through an established letter of notification.

34 **3. Permissible disclosure of information.** The ~~office~~ department may provide
35 prescription monitoring information for public research, policy or education purposes as
36 long as all information reasonably likely to reveal the patient or other person who is the
37 subject of the information has been removed.

38 **4. Access to information.** The following persons may access prescription
39 monitoring information:

- 1 A. A prescriber, insofar as the information relates to a patient under the prescriber's
2 care;
- 3 B. A dispenser, insofar as the information relates to a customer of the dispenser
4 seeking to have a prescription filled;
- 5 C. The executive director, or a board investigator as designated by each board, of the
6 state boards of licensure of podiatric medicine, dentistry, pharmacy, medicine,
7 osteopathy, veterinary medicine, nursing or other boards representing health care
8 disciplines whose licensees are prescribers, as required for an investigation, with
9 reasonable cause;
- 10 D. A patient to whom a prescription is written, insofar as the information relates to
11 that patient;
- 12 E. ~~Office~~ Department personnel or personnel of any vendor or contractor, as
13 necessary for establishing and maintaining the program's electronic system;
- 14 F. The Office of Chief Medical Examiner for the purpose of conducting an
15 investigation or inquiry into the cause, manner and circumstances of death in a
16 medical examiner case as described in section 3025. Prescription monitoring
17 information in the possession or under the control of the Office of Chief Medical
18 Examiner is confidential and, notwithstanding section 3022, may not be
19 disseminated. Information that is not prescription monitoring information and is
20 separately acquired following access to prescription monitoring information pursuant
21 to this paragraph remains subject to protection or dissemination in accordance with
22 section 3022;
- 23 G. The office that administers the MaineCare program pursuant to chapter 855 for
24 the purposes of managing the care of its members, monitoring the purchase of
25 controlled substances by its members and avoiding duplicate dispensing of controlled
26 substances; and
- 27 H. Another state pursuant to subsection 4-A.
- 28 **4-A. Information sharing with other states.** The ~~office~~ department may provide
29 prescription monitoring information to and receive prescription monitoring information
30 from another state that has prescription monitoring information provisions consistent with
31 this chapter and has entered into a prescription monitoring information sharing agreement
32 with the ~~office~~ department. The ~~office~~ department may enter into a prescription
33 monitoring information sharing agreement with another state to establish the terms and
34 conditions of prescription monitoring information sharing and interoperability of
35 information systems and to carry out the purposes of this subsection. For ~~purpose~~
36 purposes of this subsection, "another state" means any state other than Maine and any
37 territory or possession of the United States, but does not include a foreign country.
- 38 **5. Purge of information.** The ~~office~~ department shall purge from the program all
39 information that is more than 6 years old.
- 40 **Sec. AA-70. 22 MRSA §7251, sub-§1,** as enacted by PL 2003, c. 483, §1, is
41 amended to read:

1 **1. Failure to submit information.** A dispenser who knowingly fails to submit
2 prescription monitoring information to the ~~office~~ department as required by this chapter is
3 subject to discipline by the Maine Board of Pharmacy pursuant to Title 32, chapter 117,
4 subchapter 4 or by the applicable professional licensing entity.

5 **Sec. AA-71. 22 MRSA §7252**, as enacted by PL 2003, c. 483, §1, is amended to
6 read:

7 **§7252. Rulemaking**

8 The ~~office~~ department may adopt rules necessary to implement the provisions of this
9 chapter. Rules adopted pursuant to this section are major substantive rules as defined in
10 Title 5, chapter 375, subchapter 2-A.

11 **Sec. AA-72. 26 MRSA §683, sub-§1, ¶B**, as amended by PL 1995, c. 283, §1, is
12 further amended to read:

13 B. The employee assistance program must be certified by the ~~Office of Substance~~
14 ~~Abuse~~ Department of Health and Human Services under rules adopted pursuant to
15 section 687. The rules must ensure that the employee assistance programs have the
16 necessary personnel, facilities and procedures to meet minimum standards of
17 professionalism and effectiveness in assisting employees.

18 **Sec. AA-73. 26 MRSA §687, sub-§1**, as amended by PL 1995, c. 283, §2, is
19 further amended to read:

20 **1. Department of Health and Human Services.** The ~~Office of Substance Abuse~~
21 Department of Health and Human Services shall adopt rules under the Maine
22 Administrative Procedure Act, ~~Title 5, chapter 375~~, as provided in this subchapter.

23 **Sec. AA-74. 26 MRSA §688**, as amended by PL 1995, c. 283, §3 and PL 2003, c.
24 689, Pt. B, §6, is further amended to read:

25 **§688. Substance abuse education**

26 All employers shall cooperate fully with the Department of Labor, ~~Office of~~
27 ~~Substance Abuse~~, the Department of Health and Human Services, the Department of
28 Public Safety and any other state agency in programs designed to educate employees
29 about the dangers of substance abuse and about public and private services available to
30 employees who have a substance abuse problem.

31 **Sec. AA-75. 28-A MRSA §1703, sub-§5**, as amended by PL 1997, c. 373, §144,
32 is further amended to read:

33 **5. Appropriation.** The amount of funds appropriated from the General Fund to the
34 ~~Office of Substance Abuse~~, as established in ~~Title 5, chapter 521~~, Department of Health
35 and Human Services for substance abuse prevention and treatment may not be less than
36 the dollar amount collected or received by the alcohol bureau and bureau under this
37 section.

38 **Sec. AA-76. 28-A MRSA §2519, sub-§2, ¶D**, as amended by PL 1999, c. 519,
39 §2, is further amended to read:

1 D. A representative of the ~~Office of Substance Abuse~~ Department of Health and
2 Human Services;

3 **Sec. AA-77. 29-A MRSA §2401, sub-§1**, as enacted by PL 1993, c. 683, Pt. A,
4 §2 and affected by Pt. B, §5, is amended to read:

5 **1. Alcohol and drug program.** "Alcohol and drug program" means the alcohol and
6 other drug education, evaluation and treatment program administered by the ~~Office of~~
7 ~~Substance Abuse~~ Department of Health and Human Services under Title 5, chapter 521,
8 subchapter ~~V~~ 5.

9 **Sec. AA-78. 29-A MRSA §2411, sub-§5, ¶F**, as amended by PL 2001, c. 511,
10 §3 and PL 2003, c. 689, Pt. B, §6, is further amended to read:

11 F. For a person sentenced under paragraph B, C or D, the court shall order the
12 defendant to participate in the alcohol and other drug program of the Department of
13 Health and Human Services, ~~Office of Substance Abuse~~. The court may waive the
14 program pursuant to Title 5, section 20073-B, if the court finds that the defendant has
15 completed an alcohol or other drug treatment program subsequent to the date of the
16 offense; and

17 **Sec. AA-79. 29-A MRSA §2455, sub-§3, ¶A**, as enacted by PL 1993, c. 683, Pt.
18 A, §2 and affected by Pt. B, §5, is amended to read:

19 A. Satisfactory completion of the Driver Education and Evaluation Programs of the
20 ~~Office of Substance Abuse~~ Department of Health and Human Services;

21 **Sec. AA-80. 29-A MRSA §2472, sub-§6**, as amended by PL 2001, c. 511, §6, is
22 further amended to read:

23 **6. Restoration of license.** If a person's license has been suspended under subsection
24 3 for a first offense, the Secretary of State may issue a license if:

25 A. One half of the suspension period has expired; and

26 B. The Secretary of State has received notice that the person has completed the
27 alcohol and other drug program of the ~~Office of Substance Abuse~~ Department of
28 Health and Human Services.

29 A 2nd or subsequent offender may be issued a license following the completion of the
30 period of suspension ~~provided~~ if the Secretary of State has received notice that the person
31 has completed the alcohol and other drug program of the ~~Office of Substance Abuse~~
32 Department of Health and Human Services.

33 **Sec. AA-81. 29-A MRSA §2502**, as amended by PL 2011, c. 335, §11, is further
34 amended to read:

35 **§2502. Special licenses for driver education evaluation program; suspension**

36 **1. Issuance of special license.** Following the expiration of the total period of
37 suspension imposed on a first-time offender pursuant to Title 15, section 3314 or sections
38 2411, 2453, 2453-A, 2472 and 2521, the Secretary of State shall issue a special license or
39 permit to the person if the Secretary of State receives written notice that the person has
40 completed the assessment components of the alcohol and other drug program pursuant to

1 Title 5, section 20073-B. First offenders who have registered for the completion of
2 treatment programs as described in Title 5, section 20072, subsection 2 are entitled to
3 receive a special license after completion of 3 treatment sessions provided by a counselor
4 or agency approved by the ~~Office of Substance Abuse~~ Department of Health and Human
5 Services. A special license or permit may not be issued under this section to 2nd and
6 subsequent offenders.

7 **2. Suspension of special license.** If the person refuses or fails to complete the
8 alcohol and other drug program pursuant to Title 5, section 20073-B within 3 months
9 after receiving a special license, the Secretary of State, following notice of that refusal or
10 failure, shall suspend the special license until the person completes the program. The
11 suspension must continue until the Secretary of State receives written notification from
12 the ~~Office of Substance Abuse~~ Department of Health and Human Services that the person
13 has satisfactorily completed all required components of that program. The Secretary of
14 State shall provide notice of suspension and opportunity for hearing pursuant to Title 5,
15 chapter 375, subchapter 4. The sole issue at the hearing is whether the person has written
16 notification from the ~~Office of Substance Abuse~~ Department of Health and Human
17 Services establishing that the person has satisfactorily completed all components of that
18 program pursuant to Title 5, section 20073-B.

19 **Sec. AA-82. 29-A MRSA §2505**, as enacted by PL 1993, c. 683, Pt. A, §2 and
20 affected by Pt. B, §5, is amended to read:

21 **§2505. Special restricted license for participation in education and treatment**
22 **programs**

23 Notwithstanding other limitations, the Secretary of State may issue a restricted
24 license to a person for the purpose of allowing that person to participate in an alcohol and
25 drug program or other treatment program determined appropriate by the ~~Office of~~
26 ~~Substance Abuse~~ Department of Health and Human Services.

27 **Sec. AA-83. 32 MRSA §6212, sub-§2**, as amended by PL 2007, c. 402, Pt. U,
28 §7, is further amended to read:

29 **2. Adopt criteria.** The board, in cooperation with the ~~Office of Substance Abuse~~
30 Department of Health and Human Services, may design, adopt or design and adopt an
31 examination or other suitable criteria for establishing a candidate's knowledge, skill and
32 experience in alcohol and drug counseling. Any criteria adopted by the board for
33 establishing a candidate's knowledge, skill and experience in alcohol and drug counseling
34 must be clearly defined, have an established baseline scoring procedure that is objectively
35 measured, be in writing and be available to the public upon request.

36 **Sec. AA-84. 32 MRSA §13795, sub-§5**, as amended by PL 2007, c. 695, Pt. B,
37 §18, is further amended to read:

38 **5. Rulemaking.** The ~~Director of the Office of Substance Abuse within the~~
39 ~~Department~~ Commissioner of Health and Human Services may adopt rules to implement
40 this subsection. Rules adopted pursuant to this subsection are major substantive rules as
41 defined in Title 5, chapter 375, subchapter 2-A.

42 A. If the Director of the Maine Drug Enforcement Agency within the Department of
43 Public Safety finds that the ease of availability of liquid, liquid-filled capsule or

1 glycerin matrix forms of products containing ephedrine, pseudoephedrine or
 2 phenylpropanolamine or their salts, isomers or salts of isomers, either alone or in
 3 combination with other ingredients, referred to in this paragraph as "products," is a
 4 threat to the public health, safety and welfare, then the Director of the Maine Drug
 5 Enforcement Agency shall notify the ~~Director of the Office of Substance Abuse~~
 6 Commissioner of Health and Human Services. The ~~Director of the Office of~~
 7 ~~Substance Abuse~~ Commissioner of Health and Human Services shall consult with the
 8 joint standing committee of the Legislature having jurisdiction over health and human
 9 services matters, providing the reasons for undertaking rulemaking, and may, after
 10 consultation, adopt rules designating the products as targeted methamphetamine
 11 precursors pursuant to section 13702-A, subsection 33, paragraph B.

12 B. If the Director of the Maine Drug Enforcement Agency finds that sales of targeted
 13 methamphetamine precursors that are made without verifying the identity of the
 14 purchaser pose a threat to public health, safety and welfare, then the Director of the
 15 Maine Drug Enforcement Agency shall notify the ~~Director of the Office of Substance~~
 16 ~~Abuse~~ Commissioner of Health and Human Services. The ~~Director of the Office of~~
 17 ~~Substance Abuse~~ Commissioner of Health and Human Services shall consult with the
 18 joint standing committee of the Legislature having jurisdiction over health and human
 19 services matters, providing the reasons for undertaking rulemaking, and may, after
 20 consultation, adopt rules requiring a person making a sale of a targeted
 21 methamphetamine precursor pursuant to section 13796 to demand from the purchaser
 22 and to inspect and record prior to the sale proof of identification, including valid
 23 photographic identification, and to keep a log of sales.

24 **Sec. AA-85. 34-B MRSA §1219, sub-§1**, as enacted by PL 1995, c. 431, §2 and
 25 amended by PL 2003, c. 689, Pt. B, §6, is further amended to read:

26 **1. Development of state strategy.** The department shall develop a comprehensive
 27 state strategy for preventing the inappropriate incarceration of seriously mentally ill
 28 individuals and for diverting those individuals away from the criminal justice system.
 29 This strategy must be developed with the active participation of other agencies and
 30 providers responsible for serving persons with serious mental illness, including: ~~the~~
 31 ~~Department of Health and Human Services; the Department of Corrections; the~~
 32 ~~Department of Health and Human Services, Bureau of Medical Services; and~~
 33 representatives of community mental health centers, area shelters, other community
 34 providers, consumers of services and their families, providers of inpatient mental health
 35 services, advocates for consumers of mental health services, sheriffs' departments, ~~the~~
 36 ~~Office of Substance Abuse~~ and the Department of Public Safety.

37 **Sec. AA-86. Maine Revised Statutes headnote amended; revision clause.**
 38 In the Maine Revised Statutes, Title 5, chapter 521, in the chapter headnote, the words
 39 "office of substance abuse" are amended to read "substance abuse prevention and
 40 treatment" and the Revisor of Statutes shall implement this revision when updating,
 41 publishing or republishing the statutes.

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PART BB

Sec. BB-1. 5 MRSA §1591, sub-§2, ¶A, as amended by PL 2011, c. 380, Pt. UUU, §1, is further amended to read:

A. Any balance remaining in the accounts of the Department of Health and Human Services, ~~Bureau of Elder and Adult Services~~ appropriated for the purposes of homemaker or home-based care services at the end of any fiscal year to be carried forward for use by either program in the next fiscal year;

Sec. BB-2. 22 MRSA §3174-I, sub-§1, ¶B-1, as enacted by PL 1995, c. 170, §2, is amended to read:

B-1. For persons with severe cognitive impairments who have been assessed and found ineligible for nursing facility level care, the department, through ~~the Bureau of Elder and Adult Services~~, its community options unit, shall review the assessment and provide case management to assist consumers and caregivers to receive appropriate services.

Sec. BB-3. 22 MRSA §3472, sub-§2-A, as amended by PL 2003, c. 653, §2 and c. 689, Pt. B, §6, is repealed.

Sec. BB-4. 22 MRSA §5104, sub-§2, as amended by PL 1989, c. 329, §8 and PL 2003, c. 689, Pt. B, §6, is repealed.

Sec. BB-5. 22 MRSA §5104, sub-§4, as repealed and replaced by PL 1973, c. 793, §3, is repealed.

Sec. BB-6. 22 MRSA §5104, sub-§6, as amended by PL 1989, c. 329, §10 and PL 2003, c. 689, Pt. B, §6, is repealed.

Sec. BB-7. 22 MRSA §5104-A, as enacted by PL 1973, c. 793, §4, is amended to read:

§5104-A. State agencies to cooperate

State agencies shall cooperate fully with the ~~bureau and committee~~ department in carrying out this Part. The ~~bureau and committee are~~ department is authorized to request such personnel, financial assistance, facilities and data as are reasonably required to assist ~~the bureau and committee~~ it to fulfill their ~~its~~ powers and duties.

State agencies proposing to develop, establish, conduct or administer programs or to assist programs relating to this Part shall, prior to carrying out such actions, consult with the ~~bureau~~ department.

All agencies of State Government shall advise the ~~bureau~~ department of their proposed administrative fiscal and legislative activities relating to this Part.

State agencies, in the implementation of their activities relating to this Part, shall keep the ~~bureau~~ department fully informed of their progress.

Sec. BB-8. 22 MRSA §5105, as amended by PL 2007, c. 539, Pt. N, §39, is repealed.

1 **Sec. BB-9. 22 MRSA §5106**, as amended by PL 2011, c. 542, Pt. A, §§39 and 40,
2 is further amended to read:

3 **§5106. Powers and duties**

4 The ~~bureau~~ department shall establish, in accordance with the purposes and intent of
5 this Part, ~~with the advice of the committee and subject to the direction of the~~
6 ~~commissioner~~, the overall planning, policy, objectives and priorities for all functions and
7 activities conducted or supported in the State ~~which that~~ relate to Maine's aging
8 population and incapacitated and dependent adults. In order to carry out the above, the
9 ~~bureau shall have~~ department has the power and duty to:

10 **1. Encourage and assist development.** Encourage and assist development of more
11 coordinated use of existing and new resources and services relating to Maine's aging
12 population and incapacitated and dependent adults;

13 **2. Information system.** Develop and maintain an up-to-date information system
14 related to Maine's aging population and incapacitated and dependent adults. The
15 information ~~shall~~ must be available for use by the people of Maine, the political
16 subdivisions, public and private nonprofit agencies and the State. Educational materials
17 ~~shall~~ must be prepared, published and disseminated. Objective devices and research
18 methodologies ~~shall~~ must be continuously developed. Maintaining statistical information
19 through uniform methods ~~which that~~ are reasonably feasible and economically efficient
20 ~~shall~~ must be specified for use by public and private agencies, organizations and
21 individuals. Existing sources of information ~~shall~~ must be used to the fullest extent
22 possible, while maintaining confidentiality safeguards of state and federal law.
23 Information may be requested and ~~shall be~~ received from any ~~State Government~~ state
24 government or public or private agency. To the extent reasonable and feasible,
25 information ~~shall~~ must maintain compatibility with federal information sharing standards.

26 Functions of this information system ~~shall~~ include, but are not ~~be~~ limited to:

27 A. Conducting research on the causes and nature of problems relating to Maine's
28 aging population and incapacitated and dependent adults;

29 B. Collecting, maintaining and disseminating such knowledge, data and statistics
30 related to Maine's aging population and incapacitated and dependent adults as will
31 enable the ~~bureau~~ department to fulfill its responsibilities;

32 C. Determining through a detailed survey the extent of problems relating to Maine's
33 aging population and incapacitated and dependent adults and the needs and priorities
34 for solving such problems in the state and political subdivisions;

35 D. Maintaining an inventory of the types and quantity of facilities, programs and
36 services operated under public or private auspices for Maine's aging population and
37 incapacitated and dependent adults. This function ~~shall~~ must include: ~~The~~ the
38 unduplicated count, location and characteristics of people served by each facility,
39 program or service; and the amount, type and source of resources supporting
40 functions related to Maine's aging population and incapacitated and dependent adults;
41 and

1 E. Conducting a continuous evaluation of the impact, quality and value of facilities,
2 programs and services, including their administrative adequacy and capacity.
3 Activities operated by or with the assistance of the State and the Federal
4 ~~Governments~~ Government must be evaluated. Activities to be included, but to which
5 the ~~bureau~~ department is not limited, are those relating to education, employment and
6 vocational services, income, health, housing, transportation, community, social,
7 rehabilitation, protective services and public guardianship or conservatorship for
8 older people and incapacitated and dependent adults and programs such as the
9 supplemental security income program, Medicare, Medicaid, property tax refunds
10 and the setting of standards for the licensing of nursing, intermediate care and
11 boarding homes. Included are activities as authorized by this and so much of the
12 several Acts and amendments to them enacted by the people of the State and those
13 authorized by United States Acts and amendments to them such as the:

- 14 (1) Elderly Householders Tax and Rent Refund Act of 1971;
- 15 (2) Priority Social Services Act of 1973;
- 16 (3) Chapter 470 of the public laws of 1969 creating the State Housing Authority;
- 17 (4) United States Social Security Act of 1935;
- 18 (5) United States Housing Act of 1937;
- 19 (6) United States Older Americans Act of 1965;
- 20 (7) United States Age Discrimination Act of 1967;
- 21 (8) Home Based Care Act of 1981;
- 22 (9) Congregate Housing Act of 1979;
- 23 (10) Adult Day Care Services Act of 1983;
- 24 (11) Adult Day Care Licensing Act of 1987;
- 25 (12) Adult Protective Services Act of 1981;
- 26 (13) The Uniform Probate Code, Title 18-A;
- 27 (14) The Americans with Disabilities Act of 1990;
- 28 (15) The Developmental Disabilities Assistance and Bill of Rights Act of 2000;
- 29 and
- 30 (16) The ADA Amendments Act of 2008;

31 **3. Coordination of efforts.** Assist, ~~with the advice of the committee,~~ the Legislative
32 and Executive Branches of State Government, especially the Governor, ~~Commissioner of~~
33 ~~Health and Human Services~~ and the Bureau of the Budget, to coordinate all State
34 Government efforts relating to Maine's aging population and incapacitated and dependent
35 adults, by:

36 A. Submitting to each branch of State Government no later than September 1st of
37 each year an annual report covering its activities for the immediately past fiscal year

1 and future plans, including recommendations for changes in state and federal laws,
2 ~~and including reports of the committee;~~

3 B. Reviewing all proposed legislation, fiscal activities, plans, policies and other
4 administrative functions relating to Maine's aging population and incapacitated and
5 dependent adults made by or requested of all state agencies. The ~~bureau shall have~~
6 department has the authority to submit to those bodies findings, comments and
7 recommendations, which ~~shall be~~ are advisory. Such findings and comments ~~shall~~
8 must recommend what modification in proposals or actions ~~shall be taken~~ is required
9 to make proposed legislation, fiscal activities and administrative activities consistent
10 with such policies and priorities; and

11 C. Making recommendations to the respective branches of State Government related
12 to improving the quality of life of Maine's aging population and incapacitated and
13 dependent adults, and shall consult with and be consulted by all responsible state
14 agencies regarding the policies, priorities and objectives of functions related to
15 Maine's aging population and incapacitated and dependent adults;

16 **4. Comprehensive state plan.** Prepare and administer a comprehensive state plan
17 relating to Maine's aging population and incapacitated and dependent adults, developed
18 by the ~~bureau with the advice of the committee and~~ department subject to the direction of
19 the commissioner. The comprehensive state plan ~~shall~~ must be implemented for the
20 purpose of coordinating all activities and of assuring compliance with applicable state and
21 federal laws and regulations relating to Maine's aging population and incapacitated and
22 dependent adults. Implementation of this duty ~~shall mean~~ means that the ~~bureau shall~~
23 have department has the authority, through a review process, to advise on the preparation
24 and administration of any portion of any state plan relating to Maine's aging population
25 and incapacitated and dependent adults, prepared and administered by any agency of
26 State Government for submission to the Federal Government to obtain federal funding
27 under federal legislation. Such state plans, or portions thereof, ~~shall~~ must include, but are
28 not ~~be~~ limited to, all state plans dealing with education, employment and vocational
29 services, income, health, housing, protective services, public guardianship and
30 conservatorship, rehabilitation, social services, transportation and welfare. The ~~bureau~~
31 department shall advise the commissioner and Governor on preparation of and provisions
32 to be included in such plans relating to Maine's aging population and incapacitated and
33 dependent adults;

34 **5. Programs.** Plan, establish and maintain necessary or desirable programs for
35 individuals or groups of individuals. The ~~bureau~~ department may use the full range of its
36 powers and duties to serve Maine's aging population and incapacitated and dependent
37 adults through indirect services provided by agreement and through direct services
38 provided by state employees;

39 **6. Organizational unit.** Function as the organizational unit of State Government
40 with sole responsibility for conducting and coordinating, ~~with the advice of the~~
41 ~~committee and~~ subject to the direction of the commissioner, programs authorized by this
42 Part and so much of the several Acts, amendments and successors to them enacted by the
43 people of the State and those authorized by the United States Acts, amendments and
44 successors to them as relate to Maine's aging population and incapacitated and dependent
45 adults;

COMMITTEE AMENDMENT

- 1 A. The 1973 Act of Maine's Elderly;
- 2 B. The Priority Social Service Act of 1973, including only meals for older people,
- 3 transportation for older people and coordinated elderly programs;
- 4 C. The United States Older Americans Act of 1965; and
- 5 D. Adult Protective Services Act of 1981.

6 The ~~bureau~~ department is designated as the single agency of State Government solely
7 responsible for administering, subject to the direction of the commissioner, any state
8 plans as may be required by the above Acts, and for administering programs of Acts of
9 the State or United States relating to Maine's aging population and incapacitated and
10 dependent adults ~~which that~~ are not the specific responsibility of another state agency
11 under state or federal law;

12 **7. Mobilize resources.** Help communities mobilize their resources to benefit
13 Maine's aging population and incapacitated and dependent adults. The ~~bureau~~ department
14 shall provide or coordinate the provision of information, technical assistance and
15 consultation to state, regional and local governments, and to public and private nonprofit
16 agencies, institutions, organizations and individuals. The help ~~shall be~~ is for the purpose
17 of encouraging, developing and assisting with the initiation, establishment and
18 administration of any plans, programs or services with a view to the establishment of a
19 statewide network of comprehensive, coordinated services and opportunities for Maine's
20 aging population and incapacitated and dependent adults. Included in this duty is
21 authority to coordinate the efforts and enlist the assistance of all public and private
22 agencies, organizations and individuals interested in Maine's aging population and
23 incapacitated and dependent adults;

24 **8. Funds.** Seek and receive funds from the Federal Government and private sources
25 to further its activities. Included in this function is authority to solicit, accept, administer,
26 disburse and coordinate for the State in accordance with the intent, objectives and
27 purposes of this Part; and within any limitation ~~which that~~ may apply from the sources of
28 such funds, the efforts to obtain and the use of any funds from any source to benefit
29 Maine's aging population and incapacitated and dependent adults. Any gift of money or
30 property made by will or otherwise, and any grant or other funds appropriated, services or
31 property available from the Federal Government, the State or any political subdivision
32 thereof and from all other sources, public or private, may be accepted and administered.
33 The ~~bureau~~ department may do all things necessary to cooperate with the Federal
34 Government or any of its agencies in making application for any funds. Included in this
35 duty is authority to advise regarding the disbursement of all state funds, or funds
36 administered through agencies of State Government, appropriated or made available to
37 benefit Maine's aging population and incapacitated and dependent adults;

38 **9. Agreements.** Enter into agreements necessary or incidental to the performance of
39 its duties. Included is the power to make agreements with qualified community, regional
40 and state level, private nonprofit and public agencies, organizations and individuals in
41 this and other states to develop or provide facilities, programs and services for Maine's
42 aging population and incapacitated and dependent adults. Agreements with such
43 agencies, organizations and individuals ~~shall~~ may be executed only with agencies
44 reviewed by ~~the committee pursuant to section 5112, subsection 4,~~ and the area agency

1 pursuant to section 5116, subsection 1, paragraph B. The ~~bureau~~ department may engage
2 expert advisors and assistants, who may serve without compensation or may be
3 compensated to the extent funds may be available by appropriation, grant or allocation
4 from a state department. The ~~bureau~~ department may pay for such expert advisors or
5 assistants;

6 **10. Rules.** Prepare, adopt, amend, rescind and administer, ~~with the advice of the~~
7 ~~committee and~~ subject to the direction of the commissioner, policies, priorities,
8 procedures, ~~and~~ rules ~~and regulations~~ to govern its affairs and the development and
9 operation of facilities, programs and services. The ~~bureau~~ department may adopt rules to
10 carry out the powers and duties pursuant to this Part and in accordance with the purpose
11 and objectives of this Part. It shall especially adopt such rules ~~and regulations~~ as may be
12 necessary to define contractual terms, conditions of agreements and all other rules as are
13 necessary for the proper administration of this Part. Such adoption, amendment and
14 rescission ~~shall~~ must be made as provided under the Maine Administrative Procedure
15 Act, ~~Title 5, chapter 375;~~

16 **11. Educational program.** Develop and implement, as an integral part of programs,
17 an educational program. ~~Assist,~~ assist in the development of, and cooperation with,
18 educational programs for employees of state and local governments and businesses and
19 industries in the State. ~~Convene;~~ and convene and conduct conferences of public and
20 private nonprofit organizations concerned with the development and operation of
21 programs for Maine's aging population and incapacitated and dependent adults. Included
22 ~~shall be~~ is the power to sponsor ~~in cooperation with the committee~~ the Blaine House
23 Conference on Aging;

24 **11-A. Elderly Legal Services Program.** Support and maintain an Elderly Legal
25 Services Program, by agreement with such nonprofit organization as the ~~bureau~~
26 department finds best able to provide direct services to those of Maine's elderly in
27 greatest economic and social need throughout the State;

28 **11-B. Adult protective services.** Administer a program of protective services as
29 provided in chapter 958-A designed to protect incapacitated and dependent adults from
30 abuse, neglect, exploitation and physical danger. The program is described in the Adult
31 Protective Services Act;

32 **11-C. Long-term care ombudsman program.** Support and maintain a long-term
33 care ombudsman program, in accordance with the federal 1987 Older Americans Act, 42
34 United States Code, as amended, by agreement with such nonprofit organization as the
35 ~~bureau~~ department finds best able to provide the services;

36 **12. Training programs.** Foster, develop, organize, conduct or provide for the
37 conduct of training programs for persons in the field of serving Maine's aging population
38 and incapacitated and dependent adults;

39 **13. Coordinate activities.** Coordinate activities and cooperate with programs in this
40 and other states for the common advancement of programs for Maine's aging population
41 and incapacitated and dependent adults; and

42 **14. ~~Establish and maintain an office.~~** ~~Establish and maintain an office; and~~

1 **15. Duties.** Do such other acts and exercise such other powers necessary or
2 convenient to execute and carry out the purposes and authority expressly granted in this
3 Part.

4 **Sec. BB-10. 22 MRSA §5304, sub-§3,** as amended by PL 1989, c. 329, §19 and
5 PL 2003, c. 689, Pt. B, §6, is repealed.

6 **Sec. BB-11. 22 MRSA §5304, sub-§9,** as amended by PL 1989, c. 329, §20 and
7 PL 2003, c. 689, Pt. B, §6, is repealed.

8 **Sec. BB-12. 22 MRSA §6108,** as amended by PL 1989, c. 329, §21 and PL 2003,
9 c. 689, Pt. B, §6, is further amended to read:

10 **§6108. Administration of priority social services for Maine's elderly**

11 The ~~Bureau of Elder and Adult Services~~, Department of Health and Human Services
12 or its successors, is designated as the organizational unit of State Government with sole
13 responsibility for administrating, ~~with the advice of the Maine Committee on Aging,~~ and
14 subject to the direction of the commissioner, so much of the Priority Social Services
15 Program as relates directly to older people, such as, but not limited to, these types of
16 social services: ~~Meals~~ meals for older people, transportation for older people and health
17 and home care needs for the elderly.

18 Regarding priority social services for older people, the ~~Bureau of Elder and Adult~~
19 ~~Services~~ shall have department has the powers and duty to:

20 **1. Administer priority social services.** Administer priority social services in
21 accordance with the intent, objectives and purposes of this Part and ~~shall have~~ has, in any
22 respects that relate to these priority social services, the powers and duties set forth in
23 section 5310; and

24 **2. Action to ensure consistency of priority social services.** Prepare, adopt, amend,
25 rescind and administer, ~~with the advice of the Maine Committee on Aging,~~ policies,
26 priorities, procedures, and rules ~~and regulations~~. The ~~Bureau of Elder and Adult Services~~
27 department and the Department of Administrative and Financial Services, Bureau of
28 Human Resources, respectively, shall take, pertaining to their own policies, priorities,
29 procedures, and rules ~~and regulations~~, such action as is necessary to ~~insure~~ ensure that
30 such items pertinent to priority social services are consistent.

31 **Sec. BB-13. 22 MRSA §6202, sub-§5,** as amended by PL 1989, c. 347, §5 and c.
32 878, Pt. B, §19; and PL 2003, c. 689, Pt. B, §6, is repealed.

33 **Sec. BB-14. 22 MRSA §7861, first ¶,** as enacted by PL 2001, c. 596, Pt. A, §1
34 and affected by Pt. B, §25 and amended by PL 2003, c. 689, Pt. B, §6, is further amended
35 to read:

36 The Department of Health and Human Services, ~~Bureau of Elder and Adult Services~~,
37 with advice from the Maine State Housing Authority, the Rural Housing Services or any
38 other housing agency financing assisted housing programs, shall administer state-funded
39 assisted housing programs. Administration must include, but is not limited to:

40 **Sec. BB-15. 36 MRSA §6220,** as amended by PL 1997, c. 668, §40, is further
41 amended to read:

- 1 (b) ~~The director of the Office of Adult Mental Health Services within the~~
2 ~~department or that person's~~ commissioner or the commissioner's designee;
- 3 (c) The patient's designated representative or attorney, if any;
- 4 (d) The State's designated federal protection and advocacy agency; and
- 5 (e) The patient. Notice to the patient must inform the patient that the clinical
6 review panel will be convened and of the right to assistance from a lay
7 advisor, at no expense to the patient, and the right to obtain an attorney at the
8 patient's expense. The notice must include contact information for requesting
9 assistance from a lay advisor, who may be employed by the institute or
10 institution, and access to a telephone to contact a lay advisor must be
11 provided to the patient.
- 12 (2) Within 4 days of receiving a request under paragraph A and no less than 24
13 hours before the meeting of the clinical review panel, the superintendent of a
14 state mental health institute or chief administrative officer of a designated
15 nonstate mental health institution or that person's designee shall provide notice of
16 the date, time and location of the meeting to the patient's primary treating
17 physician, the patient and any lay advisor or attorney.
- 18 (3) The clinical review panel shall hold the meeting and any additional meetings
19 as necessary, reach a final determination and render a written decision ordering
20 or denying involuntary treatment.
- 21 (a) At the meeting, the clinical review panel shall receive information
22 relevant to the determination of the patient's capacity to give informed
23 consent to treatment and the need for treatment, review relevant portions of
24 the patient's medical records, consult with the physician requesting the
25 treatment, review with the patient that patient's reasons for refusing
26 treatment, provide the patient and any lay advisor or attorney an opportunity
27 to ask questions of anyone presenting information to the clinical review panel
28 at the meeting and determine whether the requirements for ordering
29 involuntary treatment have been met.
- 30 (b) All meetings of the clinical review panel must be open to the patient and
31 any lay advisor or attorney, except that any meetings held for the purposes of
32 deliberating, making findings and reaching final conclusions are confidential
33 and not open to the patient and any lay advisor or attorney.
- 34 (c) The clinical review panel shall conduct its review in a manner that is
35 consistent with the patient's rights.
- 36 (d) Involuntary treatment may not be approved and ordered if the patient
37 affirmatively demonstrates to the clinical review panel that if that patient
38 possessed capacity, the patient would have refused the treatment on religious
39 grounds or on the basis of other previously expressed convictions or beliefs.
- 40 (4) The clinical review panel may approve a request for involuntary treatment
41 and order the treatment if the clinical review panel finds, at a minimum:

- 1 (a) That the patient lacks the capacity to make an informed decision
2 regarding treatment;
- 3 (b) That the patient is unable or unwilling to comply with the proposed
4 treatment;
- 5 (c) That the need for the treatment outweighs the risks and side effects; and
- 6 (d) That the proposed treatment is the least intrusive appropriate treatment
7 option.
- 8 (5) The clinical review panel may make additional findings, including but not
9 limited to findings that:
- 10 (a) Failure to treat the illness is likely to produce lasting or irreparable harm
11 to the patient; or
- 12 (b) Without the proposed treatment the patient's illness or involuntary
13 commitment may be significantly extended without addressing the symptoms
14 that cause the patient to pose a likelihood of serious harm.
- 15 (6) The clinical review panel shall document its findings and conclusions,
16 including whether the potential benefits of the proposed treatment outweigh the
17 potential risks.

18 **Sec. DD-2. 34-B MRSA §3861, sub-§3, ¶D**, as enacted by PL 2007, c. 580, §2,
19 is amended to read:

20 D. If the clinical review panel under paragraph A approves the request for
21 involuntary treatment, the clinical review panel shall enter an order for the treatment
22 in the patient's medical records and immediately notify the superintendent of a state
23 mental health institute or chief administrative officer of a designated nonstate mental
24 health institution. The order takes effect:

25 (1) For a patient at a state mental health institute, one business day from the date
26 of entry of the order; or

27 (2) For a patient at a designated nonstate mental health institution, one business
28 day from the date of entry of the order, except that if the patient has requested
29 review of the order by the ~~director of the Office of Adult Mental Health Services~~
30 ~~within the department commissioner~~ commissioner under paragraph F, subparagraph (2), the
31 order takes effect one business day from the day on which the ~~director~~
32 commissioner or the commissioner's designee issues a written decision.

33 **Sec. DD-3. 34-B MRSA §3861, sub-§3, ¶E**, as enacted by PL 2007, c. 580, §2,
34 is amended to read:

35 E. The order for treatment under this subsection remains in effect for 120 days or
36 until the end of the period of commitment, whichever is sooner, unless altered by:

37 (1) An agreement to a different course of treatment by the primary treating
38 physician and patient;

1 (2) For a patient at a designated nonstate mental health institution, modification
2 or vacation of the order by the ~~director of the Office of Adult Mental Health~~
3 ~~Services within the department~~ commissioner or the commissioner's designee; or

4 (3) An alteration or stay of the order entered by the Superior Court after
5 reviewing the entry of the order by the clinical review panel on appeal under
6 paragraph F.

7 **Sec. DD-4. 34-B MRSA §3861, sub-§3, ¶F**, as enacted by PL 2007, c. 580, §2,
8 is amended to read:

9 F. The provisions of this paragraph apply to the review and appeal of an order of the
10 clinical review panel entered under paragraph B.

11 (1) The order of the clinical review panel at a state mental health institute is final
12 agency action that may be appealed to the Superior Court in accordance with
13 Rule 80C of the Maine Rules of Civil Procedure.

14 (2) The order of the clinical review panel at a designated nonstate mental health
15 institution may be reviewed by the ~~director of the Office of Adult Mental Health~~
16 ~~Services within the department or the designee of the director~~ commissioner or
17 the commissioner's designee upon receipt of a written request from the patient
18 submitted no later than one day after the patient receives the order of the clinical
19 review panel. Within 3 business days of receipt of the request for review, the
20 ~~director or~~ commissioner or the commissioner's designee shall review the full
21 clinical review panel record and issue a written decision. The decision of the
22 ~~director or~~ commissioner or the commissioner's designee may affirm the order,
23 modify the order or vacate the order. The decision of the ~~director or~~
24 commissioner or the commissioner's designee takes effect one business day after
25 the ~~director or~~ commissioner or the commissioner's designee issues a written
26 decision. The decision of the ~~director or~~ commissioner or the commissioner's
27 designee is final agency action that may be appealed to the Superior Court in
28 accordance with Rule 80C of the Maine Rules of Civil Procedure.

29 **PART EE**

30 **Sec. EE-1. 22 MRSA §7924, sub-§1**, as amended by PL 2009, c. 1, Pt. S, §1, is
31 further amended to read:

32 **1. Alleged violations reported and investigated.** Any person who believes that any
33 of those rules governing the licensure of long-term care facilities or the operation of
34 assisted living programs and services authorized pursuant to section 7853 adopted by the
35 department pertaining to residents' rights and conduct of resident care has been violated
36 may report the alleged violation to the protection and advocacy agency designated
37 pursuant to Title 5, section ~~19501~~ 19502; the long-term care ombudsman pursuant to
38 section 5106, subsection 11-C and section 5107-A; ~~the Office of Advocacy pursuant to~~
39 ~~Title 34-B, section 5005~~; and any other agency or person whom the commissioner may
40 designate.

1 **Sec. EE-2. 34-B MRSA §1223, sub-§9, ¶F**, as enacted by PL 2007, c. 356, §7
2 and affected by c. 695, Pt. D, §3, is amended to read:

3 F. ~~The board may refer individual cases that require investigation or action to the~~
4 ~~Office of Adults with Cognitive and Physical Disability Services or the Office of~~
5 ~~Advocacy within the department, the protection and advocacy agency designated~~
6 ~~pursuant to Title 5, section 19502 or other appropriate agency.~~

7 **Sec. EE-3. 34-B MRSA §1223, sub-§10, ¶B**, as amended by PL 2011, c. 542,
8 Pt. A, §68, is further amended to read:

9 B. ~~The chief advocate and the manager of adult protective services in the Office of~~
10 ~~Adults with Cognitive and Physical Disability Services within~~ advocacy agency
11 designated pursuant to Title 5, section 19502, or the department, when requested by
12 the board or pursuant to a written agreement with the board, shall release to the board
13 information pertaining to alleged abuse, exploitation or neglect or alleged
14 dehumanizing practice or violation of rights of a person with intellectual disabilities
15 or autism. The board shall maintain the confidentiality of information disclosed to it
16 or discovered by it as required by section 1207.

17 **Sec. EE-4. 34-B MRSA §5005**, as amended by PL 2011, c. 542, Pt. A, §§85 to
18 90, is repealed.

19 **Sec. EE-5. 34-B MRSA §5005-A** is enacted to read:

20 **§5005-A. Advocacy agency**

21 **1. Agency.** The department shall contract with the agency designated pursuant to
22 Title 5, section 19502, referred to in this section as "the agency," to provide the services
23 described in subsection 2 to individuals with intellectual disabilities or autism.

24 **2. Duties.** The department shall contract with the agency to:

25 A. Receive complaints made by or on behalf of individuals with intellectual
26 disabilities or autism and represent their interests in any matter pertaining to their
27 rights and dignity;

28 B. Investigate the claims, grievances and allegations of violations of the rights of
29 individuals with intellectual disabilities or autism;

30 C. Intercede on behalf of individuals with intellectual disabilities or autism with
31 officials of any provider of service administered, licensed or funded by the
32 department, except that the agency may refuse to take action on any complaint that it
33 considers to be trivial or moot or for which there is clearly another remedy available;

34 D. Assist individuals with intellectual disabilities or autism in any hearing or
35 grievance proceeding pertaining to their rights and dignity;

36 E. Refer individuals with intellectual disabilities or autism to other agencies or
37 entities and collaborate with those agencies or entities for the purpose of advocating
38 for the rights and dignity of those individuals;

39 F. Act as an information source regarding the rights of all individuals with
40 intellectual disabilities or autism, keeping itself informed about all laws,

1 administrative rules and institutional and other policies relating to the rights and
2 dignity of those individuals and about relevant legal decisions and other
3 developments related to the fields of mental health, intellectual disabilities and
4 autism, both in this State and in other parts of the country; and

5 G. Make and publish reports necessary to the performance of the duties described in
6 this section. The agency may report its findings to groups outside the department,
7 such as legislative bodies, advisory committees, commissions, law enforcement
8 agencies and the press. At least annually, the agency shall report both in person and
9 in writing to the joint standing committee of the Legislature having jurisdiction over
10 health and human services matters regarding the performance of the duties described
11 in this section.

12 **3. Participate in personal planning.** The agency may participate in personal
13 planning when the agency has concerns regarding the rights or dignity of a person with
14 intellectual disabilities or autism. A person has the right to refuse such participation.

15 **4. Access to files and records.** The agency has access, limited only by the civil
16 service law, to the files, records and personnel of any provider of services administered,
17 licensed or funded by the department and to all reports and related documents submitted
18 pursuant to section 5604-A.

19 **5. Confidentiality.** Requests for confidentiality are treated as follows.

20 A. Any request by or on behalf of an individual with intellectual disabilities or
21 autism for action by the agency and all written records or accounts related to the
22 request are confidential as to the identity of the individual.

23 B. The records and accounts under paragraph A may be released only as provided by
24 law.

25 **Sec. EE-6. 34-B MRSA §5470-B, sub-§7, ¶B,** as enacted by PL 2007, c. 356,
26 §21 and affected by §31, is amended to read:

27 B. The department shall provide the ~~Office of Advocacy~~ advocacy agency
28 designated pursuant to Title 5, section 19502 with sufficient advance notice of all
29 scheduled personal planning meetings to permit the ~~office~~ advocacy agency to
30 determine if the attendance or participation of an advocate in the planning process is
31 appropriate pursuant to the duties and responsibilities of the ~~office~~ advocacy agency.

32 **Sec. EE-7. 34-B MRSA §5604, sub-§3, ¶A,** as amended by PL 2011, c. 542, Pt.
33 A, §127, is further amended to read:

34 A. The department shall provide easily accessible and regular notice of the grievance
35 process to persons with intellectual disabilities or autism served by the department.
36 This notice must be included in informational materials provided to such persons, as
37 well as to guardians, families, correspondents and allies. Notice of the right to appeal
38 must be prominently displayed in regional offices and on the department's publicly
39 accessible website and must be readily available from provider agencies. Notice of
40 the right to appeal must be included in all substantive correspondence regarding
41 personal planning. Written notice of the right to appeal must also be provided when
42 there is a denial or reduction of services or supports to persons served by the
43 department. All notices and information regarding the grievance process must be

1 written in language that is plain and understandable and must include the address and
2 telephone number of the ~~Office of Advocacy~~ and the protection and advocacy agency
3 designated pursuant to Title 5, section 19502.

4 **Sec. EE-8. 34-B MRSA §5604-A, sub-§3**, as amended by PL 2011, c. 542, Pt.
5 A, §128, is further amended to read:

6 **3. Violation.** All persons with knowledge of an alleged violation of the rights of an
7 individual with an intellectual disability or autism as set out in section 5605 shall
8 promptly report the details of the alleged violation to the ~~Office of Advocacy~~ advocacy
9 agency designated pursuant to Title 5, section 19502 as set forth in department rules.

10 **Sec. EE-9. 34-B MRSA §5605, sub-§13, ¶B**, as amended by PL 2011, c. 186,
11 Pt. A, §27, is further amended to read:

12 B. Behavior modification and behavior management programs may be used only to
13 correct behavior more harmful to the person than the program and only:

14 (1) On the recommendation of the person's personal planning team;

15 (2) For an adult 18 years of age or older, with the approval, following a case-by-
16 case review, of a review team composed of ~~an advocate~~ a representative from the
17 ~~Office of Advocacy; a representative designated by the Office of Adults with~~
18 ~~Cognitive and Physical Disability Services;~~ department, a representative from the
19 advocacy agency designated pursuant to Title 5, section 19502 and a
20 representative designated by the Maine Developmental Services Oversight and
21 Advisory Board; and

22 (3) For a child under 18 years of age, with the approval, following a case-by-
23 case review, of a review team composed of ~~an advocate~~ a representative from the
24 ~~Office of Advocacy~~ advocacy agency designated pursuant to Title 5, section
25 19502, a team leader of the department's children's services division and the
26 children's services medical director or the director's designee. Until rules are
27 adopted by the department to govern behavioral treatment reviews for children,
28 the team may not approve techniques any more aversive or intrusive than are
29 permitted in rules adopted by the Secretary of the United States Department of
30 Health and Human Services regarding treatment of children and youth in
31 nonmedical community-based facilities funded under the Medicaid program.

32 **Sec. EE-10. 34-B MRSA §5605, sub-§14-A**, as amended by PL 2011, c. 542,
33 Pt. A, §129, is further amended to read:

34 **14-A. Restraints.** A person with an intellectual disability or autism is entitled to be
35 free from restraint unless:

36 A. The restraint is a short-term step to protect the person from imminent injury to
37 that person or others; or

38 B. The restraint has been approved as a behavior management program in
39 accordance with this section.

40 A restraint may not be used as punishment, for the convenience of the staff or as a
41 substitute for habilitative services. A restraint may impose only the least possible

1 restriction consistent with its purpose and must be removed as soon as the threat of
2 imminent injury ends. A restraint may not cause physical injury to the person receiving
3 services and must be designed to allow the greatest possible comfort and safety.

4 Daily records of the use of restraints identified in paragraph A must be kept, which may
5 be accomplished by meeting reportable event requirements.

6 Daily records of the use of restraints identified in paragraph B must be kept, and a
7 summary of the daily records pertaining to the person must be made available for review
8 by the person's planning team, as defined in section 5461, subsection 8-C, on a schedule
9 determined by the team. The review by the personal planning team may occur no less
10 frequently than quarterly. The summary of the daily records must state the type of
11 restraint used, the duration of the use and the reasons for the use. A monthly summary of
12 all daily records pertaining to all persons must be relayed to the ~~Office of Advocacy~~
13 advocacy agency designated pursuant to Title 5, section 19502.

14 **Sec. EE-11. 34-B MRSA §5606, sub-§1**, as amended by PL 2007, c. 356, §26
15 and affected by §31, is further amended to read:

16 **1. Report and investigation.** Any alleged violation of the rights of a person
17 receiving services must be reported immediately to the ~~Office of Advocacy within the~~
18 department advocacy agency designated pursuant to Title 5, section 19502, referred to in
19 this subsection as "the agency," and to the Attorney General's office.

20 A. The ~~Office of Advocacy~~ agency shall conduct an investigation of each alleged
21 violation pursuant to section ~~5005~~ 5005-A.

22 B. The ~~Office of Advocacy~~ agency shall submit a written report of the findings and
23 results of the investigation to the chief administrative officer of the facility in which
24 the rights of the person receiving services were allegedly violated and to the
25 commissioner within 2 working days after the day of the occurrence or discovery of
26 the alleged incident.

27 **Sec. EE-12. 34-B MRSA §5608, sub-§2**, as amended by PL 2011, c. 186, Pt. A,
28 §36, is further amended to read:

29 **2. Duties.** The residential council shall work closely with the ~~Office of Adults with~~
30 Cognitive and Physical Disability Services department and the ~~Office of Advocacy~~
31 advocacy agency designated pursuant to Title 5, section 19502 to promote the interests
32 and welfare of all persons receiving services from the provider.

33 PART FF

34 **Sec. FF-1. Restructuring.** The Commissioner of Health and Human Services
35 shall review the current organizational structure, systems and operations of the
36 Department of Health and Human Services and restructure the department in order to
37 achieve the provisions of this Act. Notwithstanding any other provision of law, the State
38 Budget Officer shall transfer positions, appropriations and allocations between accounts
39 and line categories by financial order upon approval of the Governor in order to achieve
40 the provisions of this Act. Transfers by the State Budget Officer made prior to September
41 1, 2012 are considered adjustments to authorized position count, appropriations and

1 allocations in fiscal year 2012-13. On or before December 1, 2012, the commissioner
2 and the State Budget Officer shall provide the joint standing committees of the
3 Legislature having jurisdiction over health and human services matters and appropriations
4 and financial affairs a report outlining the progress towards the new organizational
5 structure and any transferred amounts. On or before June 30, 2013, the commissioner and
6 the State Budget Officer shall provide the joint standing committees of the Legislature
7 having jurisdiction over health and human services matters and appropriations and
8 financial affairs a report updating the progress towards the new organizational structure
9 and any transferred amounts made subsequent to the December 1, 2012 report.

10

PART GG

11 **Sec. GG-1. Medicaid state plan amendment for individuals who are 19 or**
12 **20 years of age.** The Department of Health and Human Services shall prepare and
13 submit a Medicaid state plan amendment to the federal Centers for Medicare and
14 Medicaid Services that, effective October 1, 2012, eliminates Medicaid coverage for
15 individuals who are 19 or 20 years of age, who have incomes less than or equal to 150%
16 of the nonfarm income official poverty line as defined by the federal Office of
17 Management and Budget, who do not live with a dependent child and who are not
18 otherwise eligible for Medicaid.

19 **Sec. GG-2. Contingent effective date.** This Part takes effect only if:

20 1. The Commissioner of Health and Human Services receives written approval of the
21 application for a waiver of the maintenance of effort requirements of the federal Patient
22 Protection and Affordable Care Act for the changes in section 1 from the federal Centers
23 for Medicare and Medicaid Services or the commissioner receives written notification
24 from the federal Centers for Medicare and Medicaid Services that such a waiver is not
25 necessary; and

26 2. The Commissioner of Health and Human Services notifies the Secretary of State,
27 the Secretary of the Senate, the Clerk of the House of Representatives and the Revisor of
28 Statutes that written approval of the application for a waiver or written notification that
29 such a waiver is not necessary has been received.

30

PART HH

31 **Sec. HH-1. 22 MRS §254-D, sub-§4, ¶D,** as enacted by PL 2005, c. 401, Pt.
32 A, §2, is amended to read:

33 D. Income eligibility of individuals must be determined by this paragraph and by
34 reference to the federal poverty guidelines for the 48 contiguous states and the
35 District of Columbia, as defined by the federal Office of Management and Budget
36 and revised annually in accordance with the United States Omnibus Budget
37 Reconciliation Act of 1981, Section 673, Subsection 2, Public Law 97-35,
38 reauthorized by Public Law 105-285, Section 201 (1998). If the household income is
39 not more than ~~185%~~ 175% of the federal poverty guideline applicable to the
40 household, the individual is eligible for the basic program and the supplemental
41 program. Individuals are also eligible for the basic and the supplemental program if

1 the household spends at least 40% of its income on unreimbursed direct medical
2 expenses for prescription drugs and medications and the household income is not
3 more than 25% higher than the levels specified in this paragraph. For the purposes of
4 this paragraph, the cost of drugs provided to a household under this section is
5 considered a cost incurred by the household for eligibility determination purposes.

6 **Sec. HH-2. Medicaid state plan amendment for the Medicare savings**
7 **program.** The Department of Health and Human Services shall prepare and submit a
8 Medicaid state plan amendment to the federal Centers for Medicare and Medicaid
9 Services that, effective October 1, 2012, effectively reduces income eligibility levels for
10 the Medicare savings program as follows: for the Qualified Medicare Beneficiary
11 program, to income not more than 140% of the federal poverty level; for the Specified
12 Low-Income Medicare Beneficiary program, to income more than 140% but not more
13 than 160% of the federal poverty level; and for the Qualified Individuals program, to
14 income more than 160% but not more than 175% of the federal poverty level.

15 **Sec. HH-3. Contingent effective date.** Section 2 of this Part takes effect only if:

16 1. The Commissioner of Health and Human Services receives written approval of the
17 application for a waiver of the maintenance of effort requirements of the federal Patient
18 Protection and Affordable Care Act for the changes in section 2 from the federal Centers
19 for Medicare and Medicaid Services or the commissioner receives written notification
20 from the Centers for Medicare and Medicaid Services that such a waiver is not necessary;
21 and

22 2. The Commissioner of Health and Human Services notifies the Secretary of State,
23 the Secretary of the Senate, the Clerk of the House of Representatives and the Revisor of
24 Statutes that written approval of the application for a waiver or written notification that
25 such a waiver is not necessary has been received.'

26 **SUMMARY**

27 **PART A**

28
29 This Part makes appropriations and allocations.

30 **PART B**

31
32 This Part transfers \$1,500,000 from the available balance in the Administrative
33 Services - Professional and Financial Regulation program, Other Special Revenue Funds
34 account within the Department of Professional and Financial Regulation to the General
35 Fund unappropriated surplus at the close of fiscal year 2012-13.

36 **PART C**

37
38 This Part requires a transfer of up to \$25,000,000 from the General Fund
39 unappropriated surplus at the close of fiscal year 2012-13 for hospital settlements. This
40 year-end transfer is in addition to the \$25,000,000 transfer previously authorized at the
41 close of fiscal year 2011-12. These hospital settlement transfers are the next priority in
42 the list of "cascade" transfers after the transfer to the reserve for retirement costs that

1 provides resources for ad hoc cost-of-living adjustments for retirees of the Maine Public
2 Employees Retirement System.

3 This Part also transfers any excess funds above the amounts currently budgeted to be
4 credited to the Department of Education for essential programs and services for
5 kindergarten to grade 12 under the Maine Revised Statutes, Title 20-A, chapter 606-B in
6 fiscal year 2012-13 from the Oxford Casino slot machine and table game proceeds to the
7 Medical Care - Payments to Providers Other Special Revenue Funds account to be used
8 to fund hospital settlements.

9 **PART D**

10
11 This Part transfers \$10,000,000 from the General Fund unappropriated surplus to the
12 Maine Budget Stabilization Fund during fiscal year 2012-13. This Part also authorizes an
13 emergency transfer from the Maine Budget Stabilization Fund to the Riverview
14 Psychiatric Center program, General Fund account in the Department of Health and
15 Human Services in the event that the Commissioner of Health and Human Services and
16 the Commissioner of Administrative and Financial Services determine that this program
17 has insufficient resources as a result of a requirement to repay federal funds in fiscal year
18 2012-13. The amount transferred from the Maine Budget Stabilization Fund may not
19 exceed \$7,360,045.

20 **PART E**

21
22 This Part eliminates the transfer of up to \$2,500,000 of slot machine income to the
23 Fund for a Healthy Maine for the fiscal year ending June 30, 2013.

24 **PART F**

25
26 This Part does the following.

27 1. It increases the cap on the combined amount that the Finance Authority of Maine
28 may have in its Loan Insurance Reserve and Maine Mortgage Insurance Fund from
29 \$35,000,000 to \$40,000,000.

30 2. It also increases the amount required to be paid by the Finance Authority of Maine
31 from the Loan Insurance Reserve Fund to the State as undedicated General Fund revenue
32 by June 30, 2013 from \$1,000,000 to \$3,000,000.

33 **PART G**

34
35 This Part specifies how the reduction in Fund for a Healthy Maine funding for
36 community school grants is to be implemented.

37 **PART H**

38
39 This Part continues MaineCare funding for critical access hospitals at 109% of
40 MaineCare allowable costs for both inpatient and outpatient services and continues
41 funding for critical access hospital staff enhancement payments, both effective
42 retroactively to April 1, 2012. This Part also repeals the provisions in current law

1 requiring the Department of Health and Human Services to change to a system of
2 reimbursement to critical access hospitals for inpatient services based on
3 diagnosis-related groupings and for outpatient services based on ambulatory payment
4 classifications.

5 **PART I**

6
7 This Part adds public charter schools to the definition of "local district" to allow those
8 schools to be eligible to participate in the Maine Public Employees Retirement System as
9 participating local districts. This Part also provides language to clarify that public charter
10 schools are not included in the definition of "public school."

11 **PART J**

12
13 This Part requires the Maine Public Employees Retirement System to submit, no later
14 than January 15, 2013, proposed legislation to implement a new combination defined
15 benefit and defined contribution retirement plan selected by the working group
16 established pursuant to Public Law 2011, chapter 380, Part U, section 2 and described in
17 the "New Pension Plan Design and Implementation Plan" report dated March 2012
18 submitted to the Joint Standing Committee on Appropriations and Financial Affairs in
19 response to Public Law 2011, chapter 380, Part U. This Part also requires the Maine
20 Public Employees Retirement System, at the request of the legislative committee, to
21 present sufficient details concerning each component of the proposed plan and allows the
22 executive director to convene a working group composed of the members of the working
23 group that was established pursuant to Public Law 2011, chapter 380, Part U. This Part
24 authorizes the joint standing committee of the Legislature having jurisdiction over state
25 employee and teacher retirement matters to submit a bill to implement a new retirement
26 plan to the First Regular Session of the 126th Legislature.

27 **PART K**

28
29 This Part transfers \$500,000 from the Ground Water Oil Clean-up Fund, Other
30 Special Revenue Funds account in the Department of Environmental Protection to
31 General Fund unappropriated surplus at the close of fiscal year 2012-13.

32 **PART L**

33
34 This Part gives the Department of Health and Human Services the authority to adopt
35 emergency rules to implement any provisions of this legislation over which the
36 department has subject matter jurisdiction for which specific authority has not been
37 addressed by some other part of this legislation.

38 **PART M**

39
40 This Part exempts from Maine income tax active duty military pay earned outside of
41 Maine for service performed pursuant to written military orders during tax years
42 beginning on or after January 1, 2014.

43 **PART N**

1

2 This Part expands, beginning January 1, 2014, the scope of the Maine Revised
3 Statutes, Title 36, section 2013, which provides for the refund of sales tax on purchases of
4 depreciable machinery and equipment used for commercial agricultural production and
5 certain other purposes, to include items used in commercial wood harvesting and in the
6 commercial production of crops, plants, trees, compost and livestock, which is intended
7 to include greenhouse and nursery products.

8

PART O

9

10 This Part repeals the restriction on MaineCare reimbursement for opioid drugs
11 enacted in Public Law 2011, chapter 477, Part O and enacts a replacement protocol for
12 prescribing and requirements for reimbursement for opioid drugs.

13

PART P

14

15 This Part amends the Maine New Markets Tax Credit program to increase the
16 maximum amount of capital or equity investment in, or loan to, a qualified active low-
17 income community business from \$10,000,000 to \$40,000,000 if the qualified low-
18 income community business is a manufacturing or value-added production enterprise that
19 projects to create or retain more than 200 jobs.

20

PART Q

21

22 This Part establishes the 2012 Maine Use Tax Compliance Program to run from
23 September 1, 2012 to November 30, 2012 to facilitate the discovery and recovery of
24 unreported use tax. The program provides for the waiver of penalties if the tax and
25 interest are paid during the program period, absolves participating taxpayers meeting the
26 conditions of the program from further liability for use taxes incurred prior to January 1,
27 2012 and absolves such taxpayers from liability for criminal prosecution and civil
28 penalties related to those taxes.

29

PART R

30

31 This Part amends the income tax subtraction modification for certain retirement
32 benefits to raise the \$6,000 limit to \$10,000 for tax years beginning on or after January 1,
33 2014. The subtraction modification is expanded to include all federally taxable pension
34 income, annuity income and individual retirement account distributions, except pick-up
35 contributions for which a deduction has been allowed.

36

PART S

37

38 This Part includes the provisions of Committee Amendment "A" to L.D. 1840, An
39 Act To Limit MaineCare Reimbursement for Methadone Treatment. It provides that,
40 effective January 1, 2013, reimbursement under the MaineCare program for methadone
41 for the treatment of addiction to opiates is limited to a lifetime maximum of 24 months,
42 except that reimbursement may be provided for longer than 24 months if prior
43 authorization is received from the Department of Health and Human Services. It requires

1 the Department of Health and Human Services to adopt routine technical rules to
2 implement this provision.

3 **PART T**
4

5 This Part establishes the MaineCare Redesign Task Force to make recommendations
6 to the joint standing committees of the Legislature having jurisdiction over appropriations
7 and financial affairs and health and human services matters on the redesign of the
8 MaineCare program in order to achieve General Fund savings of \$5,250,000 in fiscal year
9 2012-13. This Part provides a process for the Legislature's obtaining adequate
10 information to achieve MaineCare redesign and provides for curtailment of allotments by
11 the Governor in the event the Legislature does not enact a redesign plan.

12 **PART U**
13

14 This Part requires the Department of Health and Human Services to prepare a global
15 Medicaid waiver, submit the proposed waiver for review by the Joint Standing
16 Committee on Appropriations and Financial Affairs and the Joint Standing Committee on
17 Health and Human Services and submit the waiver as a resolve for approval by the 126th
18 Legislature.

19 **PART V**
20

21 This Part establishes the Department of Agriculture, Conservation and Forestry and:

22 1. It directs the Department of Agriculture, Conservation and Forestry to assume the
23 duties and responsibilities of the current Department of Agriculture, Food and Rural
24 Resources and the current Department of Conservation;

25 2. It does not repeal any provisions of the Maine Revised Statutes, Title 7, which sets
26 forth the laws and policies implemented by the current Department of Agriculture, Food
27 and Rural Resources, or of Title 12, which sets forth the laws and policies implemented
28 by the current Department of Conservation;

29 3. It eliminates one commissioner position;

30 4. It enacts a provision expressing the intent of the Legislature that a bill to
31 consolidate relevant portions of the Maine Revised Statutes, Title 7 and Title 12 in the
32 new Title 7-A, which is enacted by this Part, be enacted into law by the 126th
33 Legislature; and

34 5. It provides that if a bill that consolidates the relevant portions of the Maine
35 Revised Statutes, Title 7 and Title 12 in the new Title 7-A is not enacted into law by the
36 date on which the 127th Legislature convenes, the statute that establishes the consolidated
37 department is repealed.

38 **PART W**
39

40 This Part contains transition provisions for the establishment of the Department of
41 Agriculture, Conservation and Forestry.

42 **PART X**

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This Part effectuates the renaming of the Bureau of Forestry, Division of Forest Protection and amends the membership of the Land for Maine's Future Board and the Interagency Task Force on Invasive Aquatic Plants and Nuisance Species to reflect the consolidation of the Department of Agriculture, Food and Rural Resources and the Department of Conservation into one department with one commissioner.

PART Y

This Part amends the lists of officials in certain salary ranges to reflect changes made by the consolidation of the Department of Agriculture, Food and Rural Resources and the Department of Conservation into the Department of Agriculture, Conservation and Forestry.

PART Z

This Part reduces the eligibility threshold for Medicaid services for a parent or a caretaker relative of an eligible child from a maximum of 133% of the nonfarm income official poverty line to 100% effective October 1, 2012, contingent upon the Department of Health and Human Services' receiving a waiver of the maintenance of effort requirements of the federal Patient Protection and Affordable Care Act or being notified that such a waiver is not necessary.

PART AA

This Part eliminates as a separate and distinct office within the Department of Health and Human Services the Office of Substance Abuse. It does not eliminate the duties and functions of the office; it directs the Commissioner of Health and Human Services to carry out the duties and functions of the office.

PART BB

This Part eliminates as a separate and distinct office within the Department of Health and Human Services the Office of Elder and Adult Services. It does not eliminate the duties or functions of the office; it directs the department and Commissioner of Health and Human Services to carry out the duties and functions of the office.

PART CC

This Part eliminates as a separate and distinct office within the Department of Health and Human Services the Office of Adults with Cognitive and Physical Disability Services. It does not eliminate the duties and functions of the office; it directs the department and the Commissioner of Health and Human Services to carry out the duties and functions of the office.

PART DD

1 This Part eliminates as a separate and distinct office within the Department of Health
2 and Human Services the Office of Adult Mental Health Services. It does not eliminate
3 the duties and functions of the office; it directs the department and the Commissioner of
4 Health and Human Services to carry out the duties and functions of the office.

5 **PART EE**

6
7 This Part eliminates the Office of Advocacy within the Department of Health and
8 Human Services and directs the department to contract with an agency to provide services
9 to individuals with intellectual disabilities and autism.

10 **PART FF**

11
12 This Part directs the Commissioner of Health and Human Services to review the
13 current organizational structure, systems and operations of the Department of Health and
14 Human Services and restructure the department in order to improve and streamline
15 services.

16 **PART GG**

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18 This Part requires the Department of Health and Human Services to submit a
19 Medicaid state plan amendment effective October 1, 2012 to eliminate Medicaid
20 coverage for individuals who are 19 or 20 years of age, who have incomes less than or
21 equal to 150% of the nonfarm income official poverty line, who do not live with a
22 dependent child and who are not otherwise eligible for Medicaid, subject to a contingency
23 that the department receive a waiver of the maintenance of effort requirements of the
24 federal Patient Protection and Affordable Care Act or is notified that such a waiver is not
25 necessary.

26 **PART HH**

27
28 This Part reduces income eligibility for the Department of Health and Human
29 Services' elderly low-cost drug program from 185% to 175% of the federal poverty level
30 and for the Medicare savings program as follows: for the Qualified Medicare Beneficiary
31 program, to income not more than 140% of the federal poverty level; for the Specified
32 Low-Income Medicare Beneficiary program, to income more than 140% but not more
33 than 160% of the federal poverty level; and for the Qualified Individuals program, to
34 income more than 160% but not more than 175% of the federal poverty level. This Part
35 also provides that the changes in income eligibility levels for the Medicare savings
36 program are subject to the department's receiving written approval of the application for a
37 waiver of the maintenance of effort requirements of the federal Patient Protection and
38 Affordable Care Act or receiving written notification that such a waiver is not necessary.

39 **FISCAL NOTE REQUIRED**

40 (See attached)

**125th MAINE LEGISLATURE****LD 1746****LR 2678(02)**

An Act To Make Supplemental Appropriations and Allocations for the Expenditures of State Government and To Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2012 and June 30, 2013

Fiscal Note for Bill as Amended by Committee Amendment "A" S-572

Committee: Appropriations and Financial Affairs

Fiscal Note Required: Yes

Fiscal Note

	FY 2011-12	FY 2012-13	Projections FY 2013-14	Projections FY 2014-15
Net Cost (Savings)				
General Fund	\$0	\$51,995,448	\$56,407,590	\$68,286,372
Fund for a Healthy Maine	\$0	\$3,196,777	\$696,777	\$696,777
Appropriations/Allocations				
General Fund	\$0	\$55,575,189	\$46,911,743	\$44,274,505
Federal Expenditures Fund	\$0	\$73,479,559	\$62,787,470	\$62,745,172
Fund for a Healthy Maine	\$0	\$696,777	\$696,777	\$696,777
Other Special Revenue Funds	\$0	\$3,260,353	\$3,524,666	\$2,342,967
Federal Block Grant Fund	\$0	(\$93,271)	(\$97,318)	(\$101,487)
Revenue				
General Fund	\$0	\$11,579,741	(\$9,495,847)	(\$24,011,867)
Fund for a Healthy Maine	\$0	(\$2,500,000)	\$0	\$0
Other Special Revenue Funds	\$0	\$1,437,903	\$572,641	(\$1,261,795)
Transfers				
General Fund	\$0	(\$8,000,000)	\$0	\$0
Other Special Revenue Funds	\$0	(\$2,000,000)	\$0	\$0

	FY 2011-12	FY 2012-13	Projections FY 2013-14	Projections FY 2014-15
Fund Detail by Section				
Appropriations/Allocations				
General Fund				
PART A, Section 1	\$0	\$55,575,189	\$46,911,743	\$44,274,505
Federal Expenditures Fund				
PART A, Section 1	\$0	\$73,479,559	\$62,787,470	\$62,745,172
Fund for a Healthy Maine				
PART A, Section 1	\$0	\$696,777	\$696,777	\$696,777
Other Special Revenue Funds				
PART A, Section 1	\$0	\$3,260,353	\$3,524,666	\$2,342,967
Federal Block Grant Fund				
PART A, Section 1	\$0	(\$93,271)	(\$97,318)	(\$101,487)
Revenue				
General Fund				
PART A, Section 1	\$0	\$1,759,741	(\$750,259)	(\$512,759)
PART E, Section 1	\$0	\$2,500,000	\$0	\$0
PART F, Section 1	\$0	\$2,000,000	\$0	\$0
PART M	\$0	\$0	(\$741,000)	(\$1,873,400)
PART N	\$0	\$0	(\$805,488)	(\$825,708)
PART Q	\$0	\$5,320,000	\$0	\$0
PART R	\$0	\$0	(\$7,199,100)	(\$20,800,000)
Fund for a Healthy Maine				
PART E, Section 1	\$0	(\$2,500,000)	\$0	\$0
Other Special Revenue Funds				
PART A, Section 1	\$0	\$1,157,903	\$1,032,903	(\$25,000)
PART M	\$0	\$0	(\$39,000)	(\$98,600)
PART N	\$0	\$0	(\$42,362)	(\$43,458)
PART Q	\$0	\$280,000	\$0	\$0
PART R	\$0	\$0	(\$378,900)	(\$1,094,737)
Transfers				
General Fund				
PART B, Section 1	\$0	\$1,500,000	\$0	\$0
PART D, Section 1	\$0	(\$10,000,000)	\$0	\$0
PART K, Section 1	\$0	\$500,000	\$0	\$0
Other Special Revenue Funds				
PART B, Section 1	\$0	(\$1,500,000)	\$0	\$0
PART K, Section 1	\$0	(\$500,000)	\$0	\$0