

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied
(searchable text may contain some errors and/or omissions)

3MG
BOFS

Date: 5-12-12

(Filing No. S-513)

MINORITY

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 "B" 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>\$0</u>	<u>\$330,000</u>

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

20	GENERAL FUND	2011-12	2012-13
21	All Other	\$0	\$1,190,669
22			
23	GENERAL FUND TOTAL	\$0	\$1,190,669

24 **Developmental Services Waiver - MaineCare 0987**
 25 Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary
 26 to make cycle payments through the remainder of the 2012-2013 biennium.

27	GENERAL FUND	2011-12	2012-13
28	All Other	\$0	\$6,299,768
29			
30	GENERAL FUND TOTAL	\$0	\$6,299,768

31 **Developmental Services Waiver - Supports Z006**
 32 Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal
 33 Medical Assistance Percentage.

1	GENERAL FUND	2011-12	2012-13
2	All Other	\$0	\$91,346
3			
4	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$91,346</u>

Developmental Services Waiver - Supports Z006

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

8	GENERAL FUND	2011-12	2012-13
9	All Other	\$0	\$5,658,034
10			
11	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$5,658,034</u>

Disproportionate Share - Dorothea Dix Psychiatric Center 0734

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

15	GENERAL FUND	2011-12	2012-13
16	Personal Services	\$0	\$73,700
17			
18	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$73,700</u>

Disproportionate Share - Riverview Psychiatric Center 0733

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

22	GENERAL FUND	2011-12	2012-13
23	Personal Services	\$0	\$111,280
24	All Other	\$0	\$40,232
25			
26	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$151,512</u>

Dorothea Dix Psychiatric Center 0120

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

30	OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
31	Personal Services	\$0	(\$73,700)
32			
33	OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>(\$73,700)</u>

1 **FHM - Substance Abuse 0948**

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

4	FUND FOR A HEALTHY MAINE	2011-12	2012-13
5	All Other	\$0	\$17,976
6			
7	FUND FOR A HEALTHY MAINE TOTAL	<u>\$0</u>	<u>\$17,976</u>

8 **Medicaid Services - Developmental Services 0705**

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

11	GENERAL FUND	2011-12	2012-13
12	All Other	\$0	\$592,079
13			
14	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$592,079</u>

15 **Medicaid Services - Developmental Services 0705**

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

18	GENERAL FUND	2011-12	2012-13
19	All Other	\$0	\$1,201,050
20			
21	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$1,201,050</u>

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

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

25	GENERAL FUND	2011-12	2012-13
26	All Other	\$0	\$470,754
27			
28	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$470,754</u>

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

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

1	GENERAL FUND	2011-12	2012-13
2	All Other	\$0	\$4,709,869
3			
4	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$4,709,869</u>

5 **Mental Health Services - Children 0136**

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

8	GENERAL FUND	2011-12	2012-13
9	POSITIONS - LEGISLATIVE COUNT	0.000	(9,000)
10	Personal Services	\$0	(\$704,020)
11			
12	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$704,020)</u>

13 **Mental Health Services - Community 0121**

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

20	GENERAL FUND	2011-12	2012-13
21	POSITIONS - LEGISLATIVE COUNT	0.000	(21,000)
22	Personal Services	\$0	(\$1,041,182)
23	All Other	\$0	\$1,041,182
24			
25	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$0</u>

26 **Mental Health Services - Community 0121**

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

29	GENERAL FUND	2011-12	2012-13
30	POSITIONS - LEGISLATIVE COUNT	0.000	(4,000)
31	Personal Services	\$0	(\$216,208)
32			
33	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$216,208)</u>

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

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

3	GENERAL FUND	2011-12	2012-13
4	All Other	\$0	\$614,409
5			
6	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$614,409</u>

7 **Office of Advocacy - BDS 0632**

8 Initiative: Eliminates one Public Service Manager II position and one part-time and 6
 9 full-time Advocate positions to reflect the elimination of the Office of Advocacy and
 10 increases the current All Other appropriation of \$38,292 by \$291,763 in order to provide
 11 \$330,055 for a contract for advocacy services. This request will reduce General Fund
 12 undedicated revenue by \$140,259.

13	GENERAL FUND	2011-12	2012-13
14	POSITIONS - LEGISLATIVE COUNT	0.000	(7.500)
15	Personal Services	\$0	(\$419,384)
16	All Other	\$0	\$291,763
17			
18	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$127,621)</u>

19 **Office of Substance Abuse 0679**

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	Personal Services	\$0	\$15,000
24			
25	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$15,000</u>

26	FEDERAL BLOCK GRANT FUND	2011-12	2012-13
27	Personal Services	\$0	\$5,907
28			
29	FEDERAL BLOCK GRANT FUND TOTAL	<u>\$0</u>	<u>\$5,907</u>

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

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

1	GENERAL FUND	2011-12	2012-13
2	All Other	\$0	\$53,748
3			
4	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$53,748</u>

Office of Substance Abuse - Medicaid Seed 0844

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

8	GENERAL FUND	2011-12	2012-13
9	All Other	\$0	\$869,928
10			
11	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$869,928</u>

Riverview Psychiatric Center 0105

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

15	OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
16	Personal Services	\$0	(\$111,280)
17	All Other	\$0	(\$40,232)
18			
19	OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>(\$151,512)</u>

Traumatic Brain Injury Seed Z042

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

23	GENERAL FUND	2011-12	2012-13
24	All Other	\$0	\$1,669
25			
26	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$1,669</u>

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

27		2011-12	2012-13
28			
29			
30			
31	GENERAL FUND	\$0	\$20,721,109
32	FUND FOR A HEALTHY MAINE	\$0	\$17,976
33	OTHER SPECIAL REVENUE FUNDS	\$0	(\$225,212)
34	FEDERAL BLOCK GRANT FUND	\$0	\$5,907

1			
2	DEPARTMENT TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$20,519,780</u>
3	HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY DHS)		
4	Bureau of Child and Family Services - Central 0307		
5	Initiative: Provides for the restructuring of the Department of Health and Human		
6	Services, Office of Child and Family Services.		
7	GENERAL FUND	2011-12	2012-13
8	POSITIONS - LEGISLATIVE COUNT	0.000	35.000
9	Personal Services	\$0	\$774,988
10	All Other	\$0	\$1,151,783
11			
12	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$1,926,771</u>
13	FEDERAL EXPENDITURES FUND	2011-12	2012-13
14	POSITIONS - LEGISLATIVE COUNT	0.000	(27.000)
15	Personal Services	\$0	(\$1,727,713)
16	All Other	\$0	(\$2,656,179)
17			
18	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>(\$4,383,892)</u>
19	OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
20	Personal Services	\$0	\$1,479,798
21	All Other	\$0	(\$2,668,528)
22			
23	OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>(\$1,188,730)</u>
24	Bureau of Child and Family Services - Regional 0452		
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	16.000
29	Personal Services	\$0	(\$6,230,149)
30	All Other	\$0	\$432,191
31			
32	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$5,797,958)</u>

1	FEDERAL EXPENDITURES FUND	2011-12	2012-13
2	All Other	\$0	(\$21,372)
3			
4	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>(\$21,372)</u>

5	OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
6	Personal Services	\$0	\$7,322,251
7	All Other	\$0	\$975,406
8			
9	OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>\$8,297,657</u>

10 **Bureau of Medical Services 0129**

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

13	GENERAL FUND	2011-12	2012-13
14	Personal Services	\$0	\$83,362
15	All Other	\$0	\$5,000
16			
17	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$88,362</u>

18	FEDERAL EXPENDITURES FUND	2011-12	2012-13
19	POSITIONS - LEGISLATIVE COUNT	0.000	2.000
20	Personal Services	\$0	\$83,362
21	All Other	\$0	\$6,341
22			
23	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$89,703</u>

24 **Child Care Food Program 0454**

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

27	FEDERAL EXPENDITURES FUND	2011-12	2012-13
28	POSITIONS - LEGISLATIVE COUNT	0.000	(2.000)
29	Personal Services	\$0	(\$82,533)
30	All Other	\$0	(\$327)
31			
32	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>(\$82,860)</u>

33 **Child Care Services 0563**

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

3	FEDERAL BLOCK GRANT FUND	2011-12	2012-13
4	POSITIONS - LEGISLATIVE COUNT	0.000	7.000
5	Personal Services	\$0	(\$140,825)
6	All Other	\$0	\$41,647
7			
8	FEDERAL BLOCK GRANT FUND TOTAL	<u>\$0</u>	<u>(\$99,178)</u>

9 **Child Support 0100**

10 Initiative: Establishes 8 Human Services Support Enforcement Agent positions funded
 11 34% General Fund and 66% Federal Expenditures Fund in the Child Support program.
 12 The General Fund portion of the positions is funded by the additional undedicated
 13 revenue generated by these additional positions.

14	GENERAL FUND	2011-12	2012-13
15	Personal Services	\$0	\$174,240
16	All Other	\$0	\$15,000
17			
18	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$189,240</u>

19	FEDERAL EXPENDITURES FUND	2011-12	2012-13
20	POSITIONS - LEGISLATIVE COUNT	0.000	8.000
21	Personal Services	\$0	\$338,240
22	All Other	\$0	\$30,667
23			
24	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$368,907</u>

25 **Departmentwide 0019**

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

31	GENERAL FUND	2011-12	2012-13
32	Personal Services	\$0	(\$1,000,000)
33			
34	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$1,000,000)</u>

35 **FHM - Medical Care 0960**

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

3	FUND FOR A HEALTHY MAINE	2011-12	2012-13
4	All Other	\$0	\$113,010
5			
6	FUND FOR A HEALTHY MAINE TOTAL	\$0	\$113,010

7 **General Assistance - Reimbursement to Cities and Towns 0130**

8 Initiative: Provides funding for general assistance benefits.

9	GENERAL FUND	2011-12	2012-13
10	All Other	\$0	\$4,297,699
11			
12	GENERAL FUND TOTAL	\$0	\$4,297,699

13 **General Assistance - Reimbursement to Cities and Towns 0130**

14 Initiative: Provides funding in the General Assistance - Reimbursement to Cities and
 15 Towns program to bring allocations into line with anticipated resources.

16	OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
17	All Other	\$0	\$449,846
18			
19	OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$449,846

20 **General Assistance - Reimbursement to Cities and Towns 0130**

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

32	OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
33	Personal Services	\$0	\$469,104
34	All Other	\$0	\$976,874

1			
2	OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$1,445,978
3	IV-E Foster Care/Adoption Assistance 0137		
4	Initiative: Adjusts funding for Medicaid services as a result of the decrease in the Federal		
5	Medical Assistance Percentage.		
6	GENERAL FUND	2011-12	2012-13
7	All Other	\$0	\$13,579
8			
9	GENERAL FUND TOTAL	\$0	\$13,579
10	IV-E Foster Care/Adoption Assistance 0137		
11	Initiative: Provides for the restructuring of the Department of Health and Human		
12	Services, Office of Child and Family Services.		
13	GENERAL FUND	2011-12	2012-13
14	All Other	\$0	\$1,418,655
15			
16	GENERAL FUND TOTAL	\$0	\$1,418,655
17	FEDERAL EXPENDITURES FUND	2011-12	2012-13
18	All Other	\$0	(\$15,143,042)
19			
20	FEDERAL EXPENDITURES FUND TOTAL	\$0	(\$15,143,042)
21	OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
22	All Other	\$0	(\$72,393)
23			
24	OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	(\$72,393)
25	Medical Care - Payments to Providers 0147		
26	Initiative: Adjusts funding for Medicaid services as a result of the decrease in the Federal		
27	Medical Assistance Percentage.		
28	GENERAL FUND	2011-12	2012-13
29	All Other	\$0	\$6,997,873
30			

1	GENERAL FUND TOTAL	\$0	\$6,997,873
2	FEDERAL EXPENDITURES FUND	2011-12	2012-13
3	All Other	\$0	(\$10,382,324)
4			
5	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>(\$10,382,324)</u>

6 **Medical Care - Payments to Providers 0147**
 7 Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary
 8 to make cycle payments through the remainder of the 2012-2013 biennium.

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

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

17 **Medical Care - Payments to Providers 0147**
 18 Initiative: Provides funding to offset the reduction made in PL 2011, c. 380, Part A that
 19 proposed to reduce reimbursement for outpatient substance abuse and mental health
 20 services to the MaineCare Benefits Manual, Chapter II, Section 65 rates.

21	GENERAL FUND	2011-12	2012-13
22	All Other	\$0	\$1,000,000
23			
24	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$1,000,000</u>

25	FEDERAL EXPENDITURES FUND	2011-12	2012-13
26	All Other	\$0	\$1,722,570
27			
28	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$1,722,570</u>

29 **Medical Care - Payments to Providers 0147**
 30 Initiative: Reduces funding by requiring hospital-based primary care practices that also
 31 provide mental health services to participate in the Maine Health Access Foundation's

1 integrated care initiative for outpatient mental health and primary care services effective
 2 July 1, 2012.

3	GENERAL FUND	2011-12	2012-13
4	All Other	\$0	(\$1,500,000)
5			
6	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$1,500,000)</u>

7	FEDERAL EXPENDITURES FUND	2011-12	2012-13
8	All Other	\$0	(\$2,583,855)
9			
10	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>(\$2,583,855)</u>

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

12 Initiative: Reduces funding from savings from implementing the recommendations of the
 13 MaineCare Restructuring Task Force established in this Act.

14	GENERAL FUND	2011-12	2012-13
15	All Other	\$0	(\$10,000,000)
16			
17	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$10,000,000)</u>

18	FEDERAL EXPENDITURES FUND	2011-12	2012-13
19	All Other	\$0	(\$17,225,701)
20			
21	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>(\$17,225,701)</u>

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

23 Initiative: Adjusts funds as a result of savings from the MaineCare provider fraud
 24 investigation and recovery initiative required in this Act.

25	GENERAL FUND	2011-12	2012-13
26	All Other	\$0	(\$5,500,000)
27			
28	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$5,500,000)</u>

1	OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
2	All Other	\$0	\$5,500,000
3			
4	OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$5,500,000

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

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	\$8,210,778
10			
11	GENERAL FUND TOTAL	\$0	\$8,210,778

12 **Nursing Facilities 0148**

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

15	GENERAL FUND	2011-12	2012-13
16	All Other	\$0	\$1,538,014
17			
18	GENERAL FUND TOTAL	\$0	\$1,538,014

19	FEDERAL EXPENDITURES FUND	2011-12	2012-13
20	All Other	\$0	(\$1,538,014)
21			
22	FEDERAL EXPENDITURES FUND TOTAL	\$0	(\$1,538,014)

23 **Nursing Facilities 0148**

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

26	GENERAL FUND	2011-12	2012-13
27	All Other	\$0	\$7,036,142
28			
29	GENERAL FUND TOTAL	\$0	\$7,036,142

1	FEDERAL EXPENDITURES FUND	2011-12	2012-13
2	All Other	\$0	\$11,852,830
3			
4	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$11,852,830</u>

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

6 Initiative: Provides for the restructuring of the Department of Health and Human
 7 Services, Office of Elder and Adult Services and Office of Adults with Cognitive and
 8 Physical Disability Services.

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

15 **Purchased Social Services 0228**

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

18	GENERAL FUND	2011-12	2012-13
19	Personal Services	\$0	\$12,410
20			
21	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$12,410</u>

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

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

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

31	FEDERAL EXPENDITURES FUND	2011-12	2012-13
32	Personal Services	\$0	\$19,803
33	All Other	\$0	\$386,872
34		<u> </u>	<u> </u>

1	FEDERAL EXPENDITURES FUND TOTAL	\$0	\$406,675
2	OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
3	Personal Services	\$0	\$205,995
4	All Other	\$0	(\$5,652,788)
5			
6	OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>(\$5,446,793)</u>
7	HEALTH AND HUMAN SERVICES,		
8	DEPARTMENT OF (FORMERLY DHS)		
9	DEPARTMENT TOTALS	2011-12	2012-13
10			
11	GENERAL FUND	\$0	\$44,177,554
12	FEDERAL EXPENDITURES FUND	\$0	\$87,705,827
13	FUND FOR A HEALTHY MAINE	\$0	\$113,010
14	OTHER SPECIAL REVENUE FUNDS	\$0	\$8,985,565
15	FEDERAL BLOCK GRANT FUND	\$0	(\$99,178)
16			
17	DEPARTMENT TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$140,882,778</u>
18	SECTION TOTALS	2011-12	2012-13
19			
20	GENERAL FUND	\$0	\$65,670,975
21	FEDERAL EXPENDITURES FUND	\$0	\$87,705,827
22	FUND FOR A HEALTHY MAINE	\$0	\$130,986
23	OTHER SPECIAL REVENUE FUNDS	\$0	\$8,760,353
24	FEDERAL BLOCK GRANT FUND	\$0	(\$93,271)
25			
26	SECTION TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$162,174,870</u>

27 **PART B**

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

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37

PART C

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

§1511. Loan Insurance Reserve

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

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

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

PART D

Sec. D-1. Transfer from unappropriated surplus; Maine Budget Stabilization Fund. Notwithstanding any other provision of law, the State Controller shall transfer \$5,000,000 during fiscal year 2012-13 from the General Fund unappropriated surplus to the Maine Budget Stabilization Fund within the Department of Administrative and Financial Services.

PART E

Sec. E-1. Transfer; unexpended funds; Ground Water Oil Clean-up Fund account. Notwithstanding any other provision of law, the State Controller shall transfer \$500,000 in unexpended funds from the Ground Water Oil Clean-up Fund, Other Special Revenue Funds account in the Department of Environmental Protection to General Fund unappropriated surplus at the close of fiscal year 2012-13.

PART F

Sec. F-1. MaineCare provider fraud investigation plan. The Department of Health and Human Services shall develop a comprehensive plan to investigate MaineCare

1 provider fraud, including pharmacy fraud. The plan must include the timeline for
2 investigation, the scope of the investigation and the means that the department will use to
3 uncover fraud. By November 1, 2012, the plan must be submitted to the Joint Standing
4 Committee on Appropriations and Financial Affairs and the Joint Standing Committee on
5 Health and Human Services, referred to in this section as "the committees."

6 **1. Legislative review of plan.** Following receipt and review of the plan, the
7 committees shall provide the Commissioner of Health and Human Services with their
8 evaluation of the plan and any recommended changes to the plan by December 1, 2012.

9 **2. Implementation of plan.** Upon receipt of the evaluation from the committees,
10 the Department of Health and Human Services shall review any changes recommended
11 by the committees and implement the plan in order to achieve the greatest possible
12 savings. At a minimum, the department shall establish a target of \$5,500,000 in General
13 Fund savings in fiscal year 2012-13.

14 **3. Monthly progress reports.** The Commissioner of Health and Human Services
15 shall provide the committees with monthly reports showing the progress of the
16 MaineCare provider fraud investigation and the amount of funds recovered.

17 **4. Recovered funds from fraud investigation.** The state share of revenue
18 recovered from the MaineCare provider fraud investigation must be credited to the
19 Medical Care - Payments to Providers program, Other Special Revenue Funds account to
20 be used to offset the General Fund costs of the MaineCare program.

21 **PART G**

22 **Sec. G-1. 36 MRSA c. 914-D** is enacted to read:

23 **CHAPTER 914-D**

24 **2012 MAINE USE TAX COMPLIANCE PROGRAM**

25 **§6611. Program established**

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

31 **§6612. Definitions**

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

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

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

1 **§6613. Administration; conditions for participation**

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

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

15 **2. Return filed and tax liability reported.** A participating taxpayer shall properly
16 complete and file with the assessor, before the end of the program period, a special use
17 tax return as described in section 6614 reporting all previously unreported and unpaid
18 State of Maine use tax liabilities incurred by the taxpayer during the lookback period.

19 **3. Tax paid; 3 high years.** A participating taxpayer shall pay in full, by the end of
20 the program period, the use tax liability incurred by the taxpayer during the 3 calendar
21 years of the lookback period with the highest use tax liability as reported on the special
22 use tax return described in section 6614. A participating taxpayer shall agree to forgo the
23 right to seek a refund of, or file a petition for reconsideration with respect to, the tax paid
24 with the return.

25 **§6614. Program return**

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

33 **§6615. Undisclosed and future use tax liabilities; other settlements**

34 This chapter may not be construed to prohibit the State Tax Assessor from instituting
35 civil or criminal proceedings, including but not limited to an audit, against any taxpayer
36 with respect to any amount of use tax incurred during or after the lookback period that is
37 not disclosed on either the special use tax return filed by the taxpayer in connection with
38 the program or another return filed by the taxpayer with the assessor. This chapter may
39 not be construed to limit a taxpayer's right to protest or pursue an administrative or
40 judicial proceeding with regard to an assessment of such undisclosed taxes.
41 Notwithstanding any other provision of law, the assessor may, prior to September 1,
42 2012, compromise an unknown use tax liability on terms substantially equal to the terms

1 set forth in this chapter, and in such a case, the taxpayer is absolved from liability for
2 criminal prosecution and civil penalties related to those taxes.

3 **PART H**

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

5 **§1714-D. Critical access hospital reimbursement**

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

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

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

16 **Sec. H-4. Rules for hospital reimbursement.** By September 1, 2012, the
17 Department of Health and Human Services shall adopt rules to implement hospital
18 reimbursement under this Part. Rules adopted pursuant to this section are routine
19 technical rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter
20 2-A.

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

22 **PART I**

23 **Sec. I-1. 22 MRSA §3174-TT**, as enacted by PL 2011, c. 477, Pt. O, §1, is
24 repealed.

25 **Sec. I-2. 22 MRSA §3174-UU** is enacted to read:

26 **§3174-UU. Reimbursement for opioid drugs for the treatment of pain**

27 This section applies to reimbursement under the MaineCare program for opioid drugs
28 for the treatment of pain.

29 **1. Treatment of a new onset of acute pain.** The department shall establish limits
30 for MaineCare reimbursement of opioid drugs that are prescribed as medically necessary
31 in response to a new onset of acute pain. The limits established may not exceed 45 days
32 per year without prior authorization. In order to qualify for reimbursement under this
33 subsection, a prescription may not provide for more than 15 days of medication and
34 requires a face-to-face visit between the prescriber and the MaineCare member.
35 Notwithstanding the provisions of this subsection, the department shall limit to a period
36 of 60 days following the surgical procedure MaineCare reimbursement for opioid drugs
37 prescribed following a surgical procedure for which the medical standard of care includes

1 the use of opioids. A MaineCare member who suffers from intractable pain and for
2 whom opioid drugs are medically necessary beyond the limits set by this subsection may
3 qualify for opioid drugs under subsection 2 as treatment for long-term chronic pain.

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

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

10 A. Have failed to have an adequate response to the prescribed alternative
11 intervention treatment;

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

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

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

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

24 The department may allow a MaineCare member who is participating in a course of
25 treatment recommended by a prescriber, including alternatives, in accordance with rules
26 adopted by the department to obtain a prior authorization for physical therapy in excess of
27 2 visits to a maximum of 6 visits.

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

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

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

1 **1. Findings.** When conducting its work, the task force shall recognize that the
2 Legislature finds that:

3 A. The cost of health care has dramatically increased in recent years in the State and
4 throughout the nation;

5 B. Cost containment is essential in the MaineCare program not only for the State to
6 continue to provide health care assistance for the State's most vulnerable populations,
7 but also to ensure a healthy workforce to enable the State's economy to grow;

8 C. Removing populations from MaineCare coverage who are unable to pay for their
9 own health care increases uncompensated care costs for hospitals and health
10 insurance premiums and places an additional burden on property taxpayers to the
11 extent that health care costs are paid under general assistance programs; and

12 D. Health care is a basic need that should be supported for vulnerable populations.
13 Better managing the care and cost of care of MaineCare recipients will allow both the
14 State and MaineCare recipients to benefit substantially.

15 **Sec. J-2. Appointments of members.** The task force consists of 19 members,
16 who must be appointed as follows within 20 days after the effective date of this Part.

17 **1. Governor.** The Governor shall appoint 4 members:

18 A. A representative of the Department of Health and Human Services; and

19 B. From a list of names provided by the Maine State Chamber of Commerce, 2
20 individuals representing small businesses and one individual representing health
21 insurers.

22 **2. President of the Senate.** The President of the Senate shall appoint 3 members:

23 A. A hospital administrator;

24 B. A nursing home administrator; and

25 C. A pharmacist.

26 **3. Speaker of the House of Representatives.** The Speaker of the House of
27 Representatives shall appoint 4 members:

28 A. A physician;

29 B. A home health care provider; and

30 C. Two members of the public.

31 **4. Senate minority leader.** The leader of the party having the 2nd largest number of
32 members in the Senate shall appoint 4 members:

33 A. An individual representing persons over 60 years of age from a list of candidates
34 provided by an organization representing retired individuals; and

35 B. Three representatives of agencies that advocate for health care consumers,
36 including one representative of an agency that advocates for children and families.

37 **5. House minority leader.** The leader of the party having the 2nd largest number of
38 members in the House of Representatives shall appoint 4 members:

39 A. A provider of substance abuse services;

1 B. A provider of mental health services; and

2 C. Two recipients of MaineCare services.

3 **Sec. J-3. Convening; selection of officers.** The task force must be convened by
4 the Executive Director of the Legislative Council. The task force shall elect a chair and a
5 vice-chair from among its members.

6 **Sec. J-4. Responsibilities.** The responsibilities of the task force include the
7 following.

8 **1. Restructuring.** The task force shall:

9 A. Identify strategies for MaineCare cost containment and cost reduction, including
10 managed care;

11 B. Recommend a plan for implementation of best health care practices and effective
12 treatments;

13 C. Analyze the potential for elimination of duplication and inefficiencies in the
14 MaineCare program and the implementation of successful practices and programs
15 implemented in other states;

16 D. Identify methods to reduce substantially the costs of services to those MaineCare
17 recipients whose consumption of MaineCare services is the most costly;

18 E. Develop strategies to reduce MaineCare administrative costs;

19 F. Identify cost-effective options, including smoking cessation and substance abuse
20 services, for treatment of MaineCare recipients with high-risk behaviors that lead to
21 expensive health care needs; and

22 G. Recommend any other measures that are estimated to reduce costs in the
23 MaineCare program without jeopardizing jobs or services to MaineCare recipients.

24 **2. Effect on recipients.** The task force shall indicate in its analysis the extent to
25 which any of the options it identifies under this section are anticipated to result in
26 denying MaineCare services to individuals for whom alternative health care services are
27 unavailable at a cost to the individual that does not exceed the individual's current cost
28 under the MaineCare program.

29 **Sec. J-5. Target of savings.** The task force shall establish a minimum target of
30 General Fund savings of \$10,000,000 in fiscal year 2012-13.

31 **Sec. J-6. Report.** The task force shall report its findings and recommendations,
32 including any recommended implementing legislation, to the joint standing committee of
33 the Legislature having jurisdiction over appropriations and financial affairs and to the
34 joint standing committee of the Legislature having jurisdiction over health and human
35 services matters no later than November 20, 2012. Following receipt and review of the
36 report, the joint standing committees may jointly report out a bill to the 126th Legislature
37 to implement their recommendations:

38 **Sec. J-7. Staffing.** Upon approval of the Legislative Council, the Office of Fiscal
39 and Program Review and the Office of Policy and Legal Analysis shall provide staff

1 assistance to the task force. The Department of Health and Human Services shall provide
2 information to the task force as requested by the task force chair, vice-chair and members.

3 **Sec. J-8. Budget.** The chair and vice-chair of the task force, with the assistance of
4 the task force staff, shall administer the task force's budget. Within 10 days after its first
5 meeting, the task force shall present a work plan and proposed budget to the Legislative
6 Council for its approval. The task force may not incur expenses that would result in the
7 task force's exceeding its budget. Upon request from the task force, the Executive
8 Director of the Legislative Council shall promptly provide the task force chair, vice-chair
9 and staff with a status report on the task force budget, expenditures incurred and paid and
10 available funds.

11 **Sec. J-9. Expenses.** Members of the task force are not eligible to be reimbursed
12 for expenses for their attendance at meetings of the task force.

13 **PART K**

14 **Sec. K-1. 7-A MRSA** is enacted to read:

15 **TITLE 7-A**

16 **AGRICULTURE, CONSERVATION AND FORESTRY**

17 **SUBTITLE 1**

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

19 **CHAPTER 1**

20 **DEPARTMENTAL ORGANIZATION AND OPERATION**

21 **SUBCHAPTER 1**

22 **GENERAL PROVISIONS**

23 **§101. Definitions**

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

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

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

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

31 **SUBCHAPTER 2**

32 **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. L-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. L-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. L-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. L-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. L-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. L-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. L-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. L-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. L-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.

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. M-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. M-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. M-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. M-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. M-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. M-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 N**

12 **Sec. N-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 (7) Board of the Maine Children's Trust Incorporated in 2011; and

2 (9) Maine Developmental Disabilities Council in 2011.

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

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

12 **Sec. O-3. 5 MRSA §939-A**, as enacted by PL 1993, c. 410, Pt. LL, §1, is
13 repealed.

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

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

18 (1) Two members of the Legislature, one Senator nominated by the President of
19 the Senate and one Representative nominated by the Speaker of the House of
20 Representatives;

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

24 (3) A representative of the Department of Education, nominated by the
25 Commissioner of Education;

26 (4) A representative of the Department of Corrections, nominated by the
27 Commissioner of Corrections;

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

32 (6) A representative of the Department of Health and Human Services, Office of
33 MaineCare Services, nominated by the Commissioner of Health and Human
34 Services.

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

37 **2. Coordination of activities and services.** To establish a ~~single administrative unit~~
38 within the Department of Health and Human Services, ~~with the~~ responsibility for

1 planning, developing, implementing, coordinating and evaluating all of the State's alcohol
2 and other drug abuse prevention and treatment activities and services;

3 **3. Tobacco use by juveniles.** To enforce the State's laws relating to the sale and use
4 of tobacco products by juveniles and to coordinate state and local activities related to
5 those provisions. The ~~office~~ department shall take all necessary actions to ensure
6 compliance with the Synar Act, 42 United States Code, Section 300X-26, including the
7 preparations of reports for the signature of the Governor. All law enforcement agencies,
8 all state departments, including the Department of Public Safety, and municipalities shall
9 cooperate with the ~~office~~ department in these efforts.

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

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

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

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

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

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

29 **3. Approved treatment facility.** "Approved treatment facility" means a public or
30 private alcohol treatment facility meeting standards approved by the ~~office~~ department in
31 accordance with section 20005 and licensed pursuant to subchapter ~~∇~~ 5 and other
32 applicable provisions of state law.

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

35 **3-B. Commissioner.** "Commissioner" means the Commissioner of ~~Behavioral and~~
36 ~~Development Services~~ Health and Human Services.

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

39 **6. Department.** "Department" means the ~~Executive~~ Department of Health and
40 Human Services.

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

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

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

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

10 **Sec. O-14. 5 MRSA §20004**, as repealed and replaced by PL 1995, c. 560, Pt. L,
11 §3 and affected by §16 and amended by PL 2001, c. 354, §3 and PL 2003, c. 689, Pt. B,
12 §6, is repealed.

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

15 **§20004-A. Departments and agencies responsible for cooperation in implementation**

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

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

20 The ~~office~~ department shall:

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

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

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

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

37 Notwithstanding any other provision of law, funding appropriated and allocated by the
38 Legislature for the ~~Office of Substance Abuse~~ department for substance abuse prevention
39 and treatment is restricted solely to ~~the that use of that office~~ and may not be used for
40 other expenses of ~~any other part~~ of the department. By January 15th of each year, the

1 ~~director~~ commissioner or the commissioner's designee shall deliver a report of the budget
2 and expenditures of the ~~office~~ department for substance abuse prevention and treatment
3 to the joint standing committees of the Legislature having jurisdiction over appropriations
4 and financial affairs and human resource matters;

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

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

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

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

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

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

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

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

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

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

40 **12. Rules.** Adopt rules, in accordance with the Maine Administrative Procedure Act,
41 necessary to carry out the purposes of this chapter and approve any rules adopted by state

1 agencies for the purpose of implementing alcohol or drug abuse prevention or treatment
2 programs.

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

6 **Sec. O-21. 5 MRSA §20005, sub-§14**, as enacted by PL 1993, c. 410, Pt. LL,
7 §10, is amended to read:

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

11 **Sec. O-22. 5 MRSA §20005, sub-§16**, as enacted by PL 1993, c. 410, Pt. LL,
12 §10, is amended to read:

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

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

18 **§20006-A. Commissioner duties**

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

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

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

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

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

32 **§20006-B. Gambling Addiction Prevention and Treatment Fund**

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

38 **2. Report.** The ~~director~~ commissioner or the commissioner's designee shall report
39 annually by March 1st to the joint standing committee of the Legislature having

1 jurisdiction over gambling matters. The report must include a description of a continuum
2 of care model used to identify the need for gambling addiction services, prevention
3 efforts, intervention and treatment provided using money from the fund. The report must
4 describe any collaborative efforts between the ~~office~~ department, the Gambling Control
5 Board established under Title 8, section 1002 and slot machine operators licensed in
6 accordance with Title 8, chapter 31 to support the purpose of the fund described in
7 subsection 1. The ~~director~~ commissioner may submit recommendations for legislation to
8 the joint standing committee of the Legislature having jurisdiction over gambling matters,
9 which is authorized to submit that legislation to the Legislature.

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

12 **§20007. Agency cooperation**

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

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

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

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

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

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

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

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

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

1 **Sec. O-30. 5 MRSA §20021**, as amended by PL 1991, c. 601, §14, is further
2 amended to read:

3 **§20021. Public awareness**

4 The ~~office~~ department shall create and maintain a program to increase public
5 awareness of the impacts and prevalence of alcohol and drug abuse. The public
6 awareness program must include promotional and technical assistance to local
7 governments, schools and public and private nonprofit organizations interested in alcohol
8 and drug abuse prevention.

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

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

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

23 **§20023. Education**

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

34 ~~The Commissioner of Education, in cooperation with the Substance Abuse Advisory~~
35 ~~Group, shall prepare a plan to ensure the coordination and consolidation of alcohol and~~
36 ~~other drug abuse education programs and must present the plan to the director by January~~
37 ~~1, 1992. The plan must be consistent with requirements of the federal Drug-Free Schools~~
38 ~~and Communities Act of 1986 and this chapter.~~

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

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

3 **§20024. Licensing**

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

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

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

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

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

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

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

30 **Sec. O-35. 5 MRSA §20042**, as amended by PL 1991, c. 601, §20, is further
31 amended to read:

32 **§20042. Standards**

33 The office department shall contract for treatment services only with approved
34 treatment facilities.

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

37 The office department shall adopt rules for acceptance of persons into a treatment
38 program, considering available treatment resources and facilities, for the purpose of early
39 and effective treatment of alcoholics, drug abusers, drug addicts and drug-dependent
40 persons.

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

3 In establishing rules, the ~~office~~ department must be guided by the following
4 standards.

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

7 **6. Denial of treatment services.** A person, firm or corporation licensed by the
8 ~~Office of Substance Abuse~~ department as an approved alcohol or drug treatment facility
9 under Title 5, section 20005 to provide shelter or detoxification services, and that
10 receives any funds administered by the ~~office~~ department to provide substance abuse
11 prevention and treatment services, may not deny treatment to any person because of that
12 person's inability or failure to pay any assessed fees.

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

15 **2. Determination.** A person who comes voluntarily or is brought to an approved
16 treatment facility for residential care and treatment must be examined immediately by a
17 licensed physician. That person may then be admitted or referred to another health
18 facility based upon the physician's recommendation. Subject to rules adopted by the
19 ~~office~~ department, the administrator in charge of an approved treatment facility may
20 determine who may be admitted for treatment. If a person is refused admission to an
21 approved treatment facility, the administrator, subject to rules adopted by the ~~office~~
22 department, shall refer the person to another approved treatment facility for treatment if
23 possible and appropriate.

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

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

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

33 **§20048. Visitation and communication of patients**

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

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

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

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

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

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

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

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

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

19 **8. Administrative and financial assistance.** The ~~office~~ department shall provide
20 the commission administrative or financial assistance that is available from ~~office~~
21 department resources.

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

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

25 **Sec. O-45. 5 MRSA §20067, sub-§1-A**, as enacted by PL 1995, c. 560, Pt. L,
26 §11 and affected by §16, is amended to read:

27 **1-A. Advise the department.** The commission shall advise the ~~office~~ department in
28 the development and implementation of significant policy matters relating to substance
29 abuse.

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

32 **3. Serve as advocate; review and evaluate; inform the public.** The commission
33 shall serve as an advocate on alcoholism and drug abuse prevention, promoting and
34 assisting activities designed to meet the problems of drug abuse and drug dependence at
35 the national and state levels. With the support of the ~~office~~ department, the commission
36 shall review and evaluate on a continuing basis state and federal policies and programs
37 relating to drug abuse and other activities conducted or assisted by state departments or
38 agencies that affect persons who abuse or are dependent on drugs. In cooperation with
39 the ~~office~~ department, the commission shall keep the public informed by collecting and
40 disseminating information, by conducting or commissioning studies and publishing the

1 results of those studies, by issuing publications and reports and by providing public
2 forums, including conferences and workshops.

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

5 The Driver Education and Evaluation Programs are established in the ~~office~~
6 department. The Driver Education and Evaluation Programs shall administer the alcohol
7 and other drug education, evaluation and treatment programs as provided in this chapter.
8 The ~~office~~ department shall certify to the Secretary of State:

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

11 **§20073-B. Programs and components; rules**

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

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

19 **§20074. Separation of evaluation and treatment functions**

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

29 **Sec. O-50. 5 MRSA §20075**, as amended by PL 2001, c. 511, §2, is further
30 amended to read:

31 **§20075. Certification; recertification**

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

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

1 **§20076-B. Fees**

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

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

7 **§20077. Report**

8 Beginning in 1992, the ~~director~~ commissioner shall report annually by February 1st to
9 the joint standing committee of the Legislature having jurisdiction over human resource
10 matters regarding the ~~office's~~ department's activities under this subchapter. A copy of the
11 report must be sent to the Executive Director of the Legislative Council.

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

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

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

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

20 **Sec. O-55. 12 MRSA §10701, sub-§3, ¶D**, as enacted by PL 2003, c. 414, Pt. A,
21 §2 and affected by c. 614, §9 and amended by c. 689, Pt. B, §6, is further amended to
22 read:

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

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

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

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

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

- 1 C. The number of persons voluntarily transported to a state-licensed treatment
2 facility or shelter as a result of reported incidents of public intoxication;
- 3 D. The number of persons voluntarily transported to their residence or left with a
4 family member or friend as a result of reported incidents of public intoxication; and
- 5 E. The number of intoxicated persons left at the scene of the reported incident or at
6 another public place.

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

9 **§6621. Performance-enhancing substances**

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

- 15 A. Ephedrine;
- 16 B. Synephrine, also known as bitter orange;
- 17 C. Dehydroepiandrosterone;
- 18 D. All dietary supplements as defined by 21 United States Code, Section 321,
19 Subsection (ff) that are on a banned substance list maintained by the National
20 Collegiate Athletic Association or the World Anti-Doping Agency or their successor
21 organizations; and
- 22 E. All other substances that are on a banned substance list maintained by the
23 National Collegiate Athletic Association or the World Anti-Doping Agency or their
24 successor organizations except for:
 - 25 (1) A substance that is otherwise illegal in this State; or
 - 26 (2) A substance the use of which by minors is illegal in this State.

27 **2. Amendments to list.** ~~The director~~ Commissioner of Health and Human Services
28 shall amend the banned substances list each time a dietary supplement or other substance
29 referenced in subsection 1, paragraph D or E is added to the list of banned substances
30 maintained by the National Collegiate Athletic Association or the World Anti-Doping
31 Agency or their successor organizations. For a substance to be prohibited under section
32 6624 in a particular school year, the substance must be added to the banned substances
33 list maintained under this section no later than July 1st preceding that school year.

34 **3. Notification.** ~~The director~~ Commissioner of Health and Human Services shall
35 notify the department, the Maine School Management Association and the Maine
36 Principals' Association or their successor organizations when the initial list of banned
37 substances is complete and of any subsequent changes to the list. The department shall
38 notify all school administrative units that have students who participate in sports of the
39 availability of the list. ~~The director~~ Commissioner of Health and Human Services shall

1 post the list on its the publicly accessible website of the Department of Health and
2 Human Services.

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

6 **2. Tobacco Prevention and Control Advisory Council.** The Tobacco Prevention
7 and Control Advisory Council is established under Title 5, section 12004-I, subsection
8 36-D to review the program. The advisory council shall provide advice to the bureau in
9 carrying out its duties under this section and ensure coordination of the program with
10 relevant nonprofit and community agencies and the Department of Education, the
11 department, ~~the Office of Substance Abuse~~ and other relevant state agencies. The
12 advisory council consists of 9 members, appointed as follows:

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

14 B. Two representatives of nonprofit organizations involved in seeking to reduce the
15 use of tobacco products in the State, with one representative appointed by the
16 President of the Senate and one representative appointed by the Speaker of the House
17 of Representatives;

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

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

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

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

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

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

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

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

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

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

18 **Sec. O-62. 22 MRSA §2351**, as enacted by PL 2005, c. 430, §5 and affected by
19 §10, is amended to read:

20 **§2351. Maine Meth Watch Program**

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

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

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

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

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

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

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

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

3 **§7247. Controlled Substances Prescription Monitoring Program Fund**

4 The Controlled Substances Prescription Monitoring Program Fund is established
5 within the ~~office department~~ to be used by the ~~director of the office commissioner~~ to fund
6 or assist in funding the program. Any balance in the fund does not lapse but is carried
7 forward to be expended for the same purposes in succeeding fiscal years. The fund must
8 be deposited with and maintained and administered by the ~~office department~~. The ~~office~~
9 ~~commissioner~~ may accept funds into the fund from any source, public or private,
10 including grants or contributions of money or other things of value, that ~~the~~
11 ~~commissioner~~ determines necessary to carry out the purposes of this chapter. Money
12 received by the ~~office department~~ to establish and maintain the program must be used for
13 the expenses of administering this chapter.

14 **Sec. O-67. 22 MRSA §7248**, as enacted by PL 2003, c. 483, §1, is amended to
15 read:

16 **§7248. Controlled Substances Prescription Monitoring Program**

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

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

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

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

29 **§7249. Reporting of prescription monitoring information**

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

- 34 A. The dispenser identification number;
- 35 B. The date the prescription was filled;
- 36 C. The prescription number;
- 37 D. Whether the prescription is new or is a refill;
- 38 E. The National Drug Code (NDC) for the drug dispensed;
- 39 F. The quantity dispensed;

- 1 G. The dosage;
- 2 H. The patient identification number;
- 3 I. The patient name;
- 4 J. The patient address;
- 5 K. The patient date of birth;
- 6 L. The prescriber identification number;
- 7 M. The date the prescription was issued by the prescriber; and
- 8 N. The ~~office-issued~~ department-issued serial number if the ~~office~~ department
- 9 chooses to establish a serial prescription system.

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

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

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

18 **5. Participation requirements.** If less than 90% of the prescribers in a class of
19 prescribers described in paragraphs A to F are registered in the program on January 1,
20 2014, then all the members of that class of prescribers shall register in the program by
21 March 1, 2014. The following are the classes of prescribers that are subject to the
22 provisions of this subsection:

- 23 A. Allopathic physicians licensed pursuant to Title 32, chapter 48, subchapter 2;
- 24 B. Osteopathic physicians licensed pursuant to Title 32, chapter 36;
- 25 C. Dentists licensed pursuant to Title 32, chapter 16, subchapter 3;
- 26 D. Physician assistants licensed pursuant to Title 32, chapter 48, subchapter 2;
- 27 E. Podiatrists licensed pursuant to Title 32, chapter 51; and
- 28 F. Advanced practice registered nurses licensed pursuant to Title 32, chapter 31,
29 subchapter 3.

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

32 **§7250. Access to prescription monitoring information and confidentiality**

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

36 **2. Review of information.** If the prescription monitoring information surpasses
37 thresholds as established by the ~~office~~ department, the ~~office~~ department shall notify the

1 prescriber, the dispenser and, if the office department determines it to be necessary, the
2 professional licensing entity and provide all relevant prescription monitoring information
3 to those persons and entities through an established letter of notification.

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

8 **4. Access to information.** The following persons may access prescription
9 monitoring information:

10 A. A prescriber, insofar as the information relates to a patient under the prescriber's
11 care;

12 B. A dispenser, insofar as the information relates to a customer of the dispenser
13 seeking to have a prescription filled;

14 C. The executive director, or a board investigator as designated by each board, of the
15 state boards of licensure of podiatric medicine, dentistry, pharmacy, medicine,
16 osteopathy, veterinary medicine, nursing or other boards representing health care
17 disciplines whose licensees are prescribers, as required for an investigation, with
18 reasonable cause;

19 D. A patient to whom a prescription is written, insofar as the information relates to
20 that patient;

21 E. Office Department personnel or personnel of any vendor or contractor, as
22 necessary for establishing and maintaining the program's electronic system;

23 F. The Office of Chief Medical Examiner for the purpose of conducting an
24 investigation or inquiry into the cause, manner and circumstances of death in a
25 medical examiner case as described in section 3025. Prescription monitoring
26 information in the possession or under the control of the Office of Chief Medical
27 Examiner is confidential and, notwithstanding section 3022, may not be
28 disseminated. Information that is not prescription monitoring information and is
29 separately acquired following access to prescription monitoring information pursuant
30 to this paragraph remains subject to protection or dissemination in accordance with
31 section 3022;

32 G. The office that administers the MaineCare program pursuant to chapter 855 for
33 the purposes of managing the care of its members, monitoring the purchase of
34 controlled substances by its members and avoiding duplicate dispensing of controlled
35 substances; and

36 H. Another state pursuant to subsection 4-A.

37 **4-A. Information sharing with other states.** The office department may provide
38 prescription monitoring information to and receive prescription monitoring information
39 from another state that has prescription monitoring information provisions consistent with
40 this chapter and has entered into a prescription monitoring information sharing agreement
41 with the office department. The office department may enter into a prescription
42 monitoring information sharing agreement with another state to establish the terms and

1 conditions of prescription monitoring information sharing and interoperability of
2 information systems and to carry out the purposes of this subsection. For ~~purpose~~
3 purposes of this subsection, "another state" means any state other than Maine and any
4 territory or possession of the United States, but does not include a foreign country.

5 **5. Purge of information.** The ~~office~~ department shall purge from the program all
6 information that is more than 6 years old.

7 **Sec. O-70. 22 MRSA §7251, sub-§1,** as enacted by PL 2003, c. 483, §1, is
8 amended to read:

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

13 **Sec. O-71. 22 MRSA §7252,** as enacted by PL 2003, c. 483, §1, is amended to
14 read:

15 **§7252. Rulemaking**

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

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

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

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

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

31 **Sec. O-74. 26 MRSA §688,** as amended by PL 1995, c. 283, §3 and PL 2003, c.
32 689, Pt. B, §6, is further amended to read:

33 **§688. Substance abuse education**

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

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

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

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

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

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

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

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

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

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

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

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

30 **6. Restoration of license.** If a person's license has been suspended under subsection
31 3 for a first offense, the Secretary of State may issue a license if:

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

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

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

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

3 **§2502. Special licenses for driver education evaluation program; suspension**

4 **1. Issuance of special license.** Following the expiration of the total period of
5 suspension imposed on a first-time offender pursuant to Title 15, section 3314 or sections
6 2411, 2453, 2453-A, 2472 and 2521, the Secretary of State shall issue a special license or
7 permit to the person if the Secretary of State receives written notice that the person has
8 completed the assessment components of the alcohol and other drug program pursuant to
9 Title 5, section 20073-B. First offenders who have registered for the completion of
10 treatment programs as described in Title 5, section 20072, subsection 2 are entitled to
11 receive a special license after completion of 3 treatment sessions provided by a counselor
12 or agency approved by the ~~Office of Substance Abuse~~ Department of Health and Human
13 Services. A special license or permit may not be issued under this section to 2nd and
14 subsequent offenders.

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

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

29 **§2505. Special restricted license for participation in education and treatment**
30 **programs**

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

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

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

1 **Sec. O-84. 32 MRSA §13795, sub-§5**, as amended by PL 2007, c. 695, Pt. B,
2 §18, is further amended to read:

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

7 A. If the Director of the Maine Drug Enforcement Agency within the Department of
8 Public Safety finds that the ease of availability of liquid, liquid-filled capsule or
9 glycerin matrix forms of products containing ephedrine, pseudoephedrine or
10 phenylpropanolamine or their salts, isomers or salts of isomers, either alone or in
11 combination with other ingredients, referred to in this paragraph as "products," is a
12 threat to the public health, safety and welfare, then the Director of the Maine Drug
13 Enforcement Agency shall notify the ~~Director of the Office of Substance Abuse~~
14 Commissioner of Health and Human Services. ~~The Director of the Office of~~
15 ~~Substance Abuse~~ Commissioner of Health and Human Services shall consult with the
16 joint standing committee of the Legislature having jurisdiction over health and human
17 services matters, providing the reasons for undertaking rulemaking, and may, after
18 consultation, adopt rules designating the products as targeted methamphetamine
19 precursors pursuant to section 13702-A, subsection 33, paragraph B.

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

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

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

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

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

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

7 **§5106. Powers and duties**

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

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

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

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

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

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

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

39 D. Maintaining an inventory of the types and quantity of facilities, programs and
40 services operated under public or private auspices for Maine's aging population and
41 incapacitated and dependent adults. This function ~~shall~~ must include: ~~The~~ the
42 unduplicated count, location and characteristics of people served by each facility,

1 program or service; and the amount, type and source of resources supporting
2 functions related to Maine's aging population and incapacitated and dependent adults;
3 and

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

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

34 **3. Coordination of efforts.** Assist, ~~with the advice of the committee,~~ the Legislative
35 and Executive Branches of State Government, especially the Governor, ~~Commissioner of~~
36 ~~Health and Human Services~~ and the Bureau of the Budget, to coordinate all State

1 Government efforts relating to Maine's aging population and incapacitated and dependent
2 adults, by:

3 A. Submitting to each branch of State Government no later than September 1st of
4 each year an annual report covering its activities for the immediately past fiscal year
5 and future plans, including recommendations for changes in state and federal laws;
6 ~~and including reports of the committee;~~

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

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

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

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

43 **6. Organizational unit.** Function as the organizational unit of State Government
44 with sole responsibility for conducting and coordinating, ~~with the advice of the~~
45 ~~committee and~~ subject to the direction of the commissioner, programs authorized by this

1 Part and so much of the several Acts, amendments and successors to them enacted by the
2 people of the State and those authorized by the United States Acts, amendments and
3 successors to them as relate to Maine's aging population and incapacitated and dependent
4 adults:

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

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

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

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

42 **9. Agreements.** Enter into agreements necessary or incidental to the performance of
43 its duties. Included is the power to make agreements with qualified community, regional
44 and state level, private nonprofit and public agencies, organizations and individuals in

1 this and other states to develop or provide facilities, programs and services for Maine's
2 aging population and incapacitated and dependent adults. Agreements with such
3 agencies, organizations and individuals ~~shall~~ may be executed only with agencies
4 reviewed by ~~the committee pursuant to section 5112, subsection 4,~~ and the area agency
5 pursuant to section 5116, subsection 1, paragraph B. The ~~bureau~~ department may engage
6 expert advisors and assistants, who may serve without compensation or may be
7 compensated to the extent funds may be available by appropriation, grant or allocation
8 from a state department. The ~~bureau~~ department may pay for such expert advisors or
9 assistants;

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

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

28 **11-A. Elderly Legal Services Program.** Support and maintain an Elderly Legal
29 Services Program, by agreement with such nonprofit organization as the ~~bureau~~
30 department finds best able to provide direct services to those of Maine's elderly in
31 greatest economic and social need throughout the State;

32 **11-B. Adult protective services.** Administer a program of protective services as
33 provided in chapter 958-A designed to protect incapacitated and dependent adults from
34 abuse, neglect, exploitation and physical danger. The program is described in the Adult
35 Protective Services Act;

36 **11-C. Long-term care ombudsman program.** Support and maintain a long-term
37 care ombudsman program, in accordance with the federal 1987 Older Americans Act, 42
38 United States Code, as amended, by agreement with such nonprofit organization as the
39 ~~bureau~~ department finds best able to provide the services;

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

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

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

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

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

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

12 **Sec. P-12. 22 MRSA §6108,** as amended by PL 1989, c. 329, §21 and PL 2003, c.
13 689, Pt. B, §6, is further amended to read:

14 **§6108. Administration of priority social services for Maine's elderly**

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

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

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

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

35 **Sec. P-13. 22 MRSA §6202, sub-§5,** as amended by PL 1989, c. 347, §5 and c.
36 878, Pt. B, §19; and PL 2003, c. 689, Pt. B, §6, is repealed.

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

40 The Department of Health and Human Services, ~~Bureau of Elder and Adult Services~~,
41 with advice from the Maine State Housing Authority, the Rural Housing Services or any

1 other housing agency financing assisted housing programs, shall administer state-funded
2 assisted housing programs. Administration must include, but is not limited to:

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

5 **§6220. Coordination required**

6 The bureau shall seek the advice and cooperation of the ~~Bureau of Elder and Adult~~
7 ~~Department of Health and Human Services; the Bureau of Family Independence; the~~
8 ~~Bureau of Child and Family Services~~; advocates for elderly and low-income individuals;
9 and other interested agencies and organizations in developing the application form and
10 instruction booklet for the Maine Residents Property Tax Program and the outreach plan
11 required by section 6219.

12 **Sec. P-16. 38 MRSA §1652, sub-§3**, as amended by PL 1989, c. 878, Pt. B, §43,
13 is further amended to read:

14 **3. Meals on wheels.** A food service funded in whole or in part, directly or
15 indirectly, by the ~~Bureau of Elder and Adult~~ Department of Health and Human Services
16 to provide meals at dispersed locations from central kitchen facilities is exempt.

17 **Sec. P-17. Maine Revised Statutes headnote amended; revision clause.** In
18 the Maine Revised Statutes, Title 22, chapter 1453, in the chapter headnote, the words
19 "bureau of elder and adult services" are amended to read "elder and adult services" and
20 the Revisor of Statutes shall implement this revision when updating, publishing or
21 republishing the statutes.

22 **PART Q**

23 **Sec. Q-1. 34-B MRSA §5439, sub-§1, ¶C**, as reallocated by PL 2007, c. 695, Pt.
24 A, §41, is repealed.

25 **Sec. Q-2. 34-B MRSA §5439, sub-§§2 to 4**, as reallocated by PL 2007, c. 695,
26 Pt. A, §41, are amended to read:

27 **2. Program administration.** The ~~office~~ commissioner shall administer the program
28 under this section. Within available funds, the ~~office~~ commissioner shall ensure that
29 services are delivered in the most comprehensive manner possible and shall strive to
30 maximize the participation of adults with disabilities.

31 **3. Eligibility.** An applicant is eligible for personal care assistance services under the
32 program if the ~~office~~ commissioner or ~~its~~ the commissioner's designee determines that the
33 person is an adult who:

- 34 A. Has a severe disability;
- 35 B. Needs personal care assistance services or an attendant at night or both to prevent
36 or remove the adult from inappropriate placement in an institutional setting; and
- 37 C. Has no or insufficient personal income or other support from public services,
38 family members or neighbors.

1 mental health institution or that person's designee shall notify the following
2 persons in writing that the clinical review panel will be convened:

- 3 (a) The primary treating physician;
- 4 (b) The ~~director of the Office of Adult Mental Health Services within the~~
5 ~~department or that person's~~ commissioner or the commissioner's designee;
- 6 (c) The patient's designated representative or attorney, if any;
- 7 (d) The State's designated federal protection and advocacy agency; and
- 8 (e) The patient. Notice to the patient must inform the patient that the clinical
9 review panel will be convened and of the right to assistance from a lay
10 advisor, at no expense to the patient, and the right to obtain an attorney at the
11 patient's expense. The notice must include contact information for requesting
12 assistance from a lay advisor, who may be employed by the institute or
13 institution, and access to a telephone to contact a lay advisor must be
14 provided to the patient.

15 (2) Within 4 days of receiving a request under paragraph A and no less than 24
16 hours before the meeting of the clinical review panel, the superintendent of a
17 state mental health institute or chief administrative officer of a designated
18 nonstate mental health institution or that person's designee shall provide notice of
19 the date, time and location of the meeting to the patient's primary treating
20 physician, the patient and any lay advisor or attorney.

21 (3) The clinical review panel shall hold the meeting and any additional meetings
22 as necessary, reach a final determination and render a written decision ordering
23 or denying involuntary treatment.

24 (a) At the meeting, the clinical review panel shall receive information
25 relevant to the determination of the patient's capacity to give informed
26 consent to treatment and the need for treatment, review relevant portions of
27 the patient's medical records, consult with the physician requesting the
28 treatment, review with the patient that patient's reasons for refusing
29 treatment, provide the patient and any lay advisor or attorney an opportunity
30 to ask questions of anyone presenting information to the clinical review panel
31 at the meeting and determine whether the requirements for ordering
32 involuntary treatment have been met.

33 (b) All meetings of the clinical review panel must be open to the patient and
34 any lay advisor or attorney, except that any meetings held for the purposes of
35 deliberating, making findings and reaching final conclusions are confidential
36 and not open to the patient and any lay advisor or attorney.

37 (c) The clinical review panel shall conduct its review in a manner that is
38 consistent with the patient's rights.

39 (d) Involuntary treatment may not be approved and ordered if the patient
40 affirmatively demonstrates to the clinical review panel that if that patient

1 possessed capacity, the patient would have refused the treatment on religious
2 grounds or on the basis of other previously expressed convictions or beliefs.

3 (4) The clinical review panel may approve a request for involuntary treatment
4 and order the treatment if the clinical review panel finds, at a minimum:

5 (a) That the patient lacks the capacity to make an informed decision
6 regarding treatment;

7 (b) That the patient is unable or unwilling to comply with the proposed
8 treatment;

9 (c) That the need for the treatment outweighs the risks and side effects; and

10 (d) That the proposed treatment is the least intrusive appropriate treatment
11 option.

12 (5) The clinical review panel may make additional findings, including but not
13 limited to findings that:

14 (a) Failure to treat the illness is likely to produce lasting or irreparable harm
15 to the patient; or

16 (b) Without the proposed treatment the patient's illness or involuntary
17 commitment may be significantly extended without addressing the symptoms
18 that cause the patient to pose a likelihood of serious harm.

19 (6) The clinical review panel shall document its findings and conclusions,
20 including whether the potential benefits of the proposed treatment outweigh the
21 potential risks.

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

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

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

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

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

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

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

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

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

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

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

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

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

33 **PART S**

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

36 **1. Alleged violations reported and investigated.** Any person who believes that any
37 of those rules governing the licensure of long-term care facilities or the operation of
38 assisted living programs and services authorized pursuant to section 7853 adopted by the
39 department pertaining to residents' rights and conduct of resident care has been violated
40 may report the alleged violation to the protection and advocacy agency designated
41 pursuant to Title 5, section ~~19501~~ 19502; the long-term care ombudsman pursuant to

1 section 5106, subsection 11-C and section 5107-A; ~~the Office of Advocacy pursuant to~~
2 ~~Title 34-B, section 5005~~; and any other agency or person whom the commissioner may
3 designate.

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

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

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

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

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

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

23 **§5005-A. Advocacy agency**

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

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

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

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

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

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

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

4 F. Act as an information source regarding the rights of all individuals with
5 intellectual disabilities or autism, keeping itself informed about all laws,
6 administrative rules and institutional and other policies relating to the rights and
7 dignity of those individuals and about relevant legal decisions and other
8 developments related to the fields of mental health, intellectual disabilities and
9 autism, both in this State and in other parts of the country; and

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

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

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

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

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

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

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

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

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

39 A. The department shall provide easily accessible and regular notice of the grievance
40 process to persons with intellectual disabilities or autism served by the department.
41 This notice must be included in informational materials provided to such persons, as
42 well as to guardians, families, correspondents and allies. Notice of the right to appeal

1 must be prominently displayed in regional offices and on the department's publicly
2 accessible website and must be readily available from provider agencies. Notice of
3 the right to appeal must be included in all substantive correspondence regarding
4 personal planning. Written notice of the right to appeal must also be provided when
5 there is a denial or reduction of services or supports to persons served by the
6 department. All notices and information regarding the grievance process must be
7 written in language that is plain and understandable and must include the address and
8 telephone number of the ~~Office of Advocacy~~ and the protection and advocacy agency
9 designated pursuant to Title 5, section 19502.

10 **Sec. S-8. 34-B MRSA §5604-A, sub-§3**, as amended by PL 2011, c. 542, Pt. A,
11 §128, is further amended to read:

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

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

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

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

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

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

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

40 **14-A. Restraints.** A person with an intellectual disability or autism is entitled to be
41 free from restraint unless:

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

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

5 A restraint may not be used as punishment, for the convenience of the staff or as a
6 substitute for habilitative services. A restraint may impose only the least possible
7 restriction consistent with its purpose and must be removed as soon as the threat of
8 imminent injury ends. A restraint may not cause physical injury to the person receiving
9 services and must be designed to allow the greatest possible comfort and safety.

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

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

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

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

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

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

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

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

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18

19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41

PART T

Sec. T-1. Restructuring. The Commissioner of Health and Human Services shall review the current organizational structure, systems and operations of the Department of Health and Human Services and restructure the department in order to achieve the provisions of this Act. Notwithstanding any other provision of law, the State Budget Officer shall transfer positions, appropriations and allocations between accounts and line categories by financial order upon approval of the Governor in order to achieve the provisions of this Act. Transfers by the State Budget Officer made prior to September 1, 2012 are considered adjustments to authorized position count, appropriations and allocations in fiscal year 2012-13. On or before December 1, 2012, the commissioner and the State Budget Officer shall provide the joint standing committees of the Legislature having jurisdiction over health and human services matters and appropriations and financial affairs a report outlining the progress towards the new organizational structure and any transferred amounts. On or before June 30, 2013, the commissioner and the State Budget Officer shall provide the joint standing committees of the Legislature having jurisdiction over health and human services matters and appropriations and financial affairs a report updating the progress towards the new organizational structure and any transferred amounts made subsequent to the December 1, 2012 report.'

SUMMARY

PART A

This Part makes appropriations and allocations.

PART B

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

PART C

This Part does the following.

1. It increases the cap on the combined amount that the Finance Authority of Maine may have in its Loan Insurance Reserve and Maine Mortgage Insurance Fund from \$35,000,000 to \$40,000,000.
2. It also increases the amount required to be paid by the Finance Authority of Maine from the Loan Insurance Reserve Fund to the State as undedicated General Fund revenue by June 30, 2013 from \$1,000,000 to \$3,000,000.

PART D

This Part transfers \$5,000,000 from the General Fund unappropriated surplus to the Maine Budget Stabilization Fund during fiscal year 2012-13.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43

PART E

This Part transfers \$500,000 from the Ground Water Oil Clean-up Fund, Other Special Revenue Funds account in the Department of Environmental Protection to General Fund unappropriated surplus at the close of fiscal year 2012-13.

PART F

This Part requires the Department of Health and Human Services to develop and implement a MaineCare provider fraud investigation plan to achieve \$5,500,000 in General Fund savings in fiscal year 2012-13. The Commissioner of Health and Human Services must submit the plan by November 1, 2012 to the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Health and Human Services, which must respond to the commissioner with any recommended changes to the plan by December 1, 2012. The commissioner must make monthly progress reports on the MaineCare provider fraud investigation to the committees.

PART G

This Part establishes the 2012 Maine Use Tax Compliance Program to run from September 1, 2012 to November 30, 2012 to facilitate the discovery and recovery of unreported use tax. The program provides for the waiver of penalties if the tax and interest are paid during the program period, absolves participating taxpayers meeting the conditions of the program from further liability for use taxes incurred prior to January 1, 2012 and absolves such taxpayers from liability for criminal prosecution and civil penalties related to those taxes.

PART H

This Part continues MaineCare funding for critical access hospitals at 109% of MaineCare allowable costs for both inpatient and outpatient services and continues funding for critical access hospital staff enhancement payments, both effective retroactively to April 1, 2012. This Part also repeals the provisions in current law requiring the Department of Health and Human Services to change to a system of reimbursement to critical access hospitals for inpatient services based on diagnosis-related groupings and for outpatient services based on ambulatory payment classifications.

PART I

This Part repeals the restriction on MaineCare reimbursement for opioid drugs enacted in Public Law 2011, chapter 477, Part O and enacts a replacement protocol for prescribing and requirements for reimbursement for opioid drugs.

PART J

This Part creates the MaineCare Restructuring Task Force to make recommendations on the redesign and restructuring of the MaineCare program, including identifying

1 strategies for cost containment and cost reduction and analyzing the potential for
2 elimination of duplication and inefficiencies and implementation of best service delivery
3 practices. The task force is directed to establish the target of achieving \$10,000,000 in
4 General Fund savings in fiscal year 2012-13.

5 **PART K**
6

7 This Part establishes the Department of Agriculture, Conservation and Forestry and:

8 1. It directs the Department of Agriculture, Conservation and Forestry to assume the
9 duties and responsibilities of the current Department of Agriculture, Food and Rural
10 Resources and the current Department of Conservation;

11 2. It does not repeal any provisions of the Maine Revised Statutes, Title 7, which sets
12 forth the laws and policies implemented by the current Department of Agriculture, Food
13 and Rural Resources, or of Title 12, which sets forth the laws and policies implemented
14 by the current Department of Conservation;

15 3. It eliminates one commissioner position;

16 4. It enacts a provision expressing the intent of the Legislature that a bill to
17 consolidate relevant portions of the Maine Revised Statutes, Title 7 and Title 12 in the
18 new Title 7-A, which is enacted by this Part, be enacted into law by the 126th
19 Legislature; and

20 5. It provides that if a bill that consolidates the relevant portions of the Maine
21 Revised Statutes, Title 7 and Title 12 in the new Title 7-A is not enacted into law by the
22 date on which the 127th Legislature convenes, the statute that establishes the consolidated
23 department is repealed.

24 **PART L**
25

26 This Part contains transition provisions for the establishment of the Department of
27 Agriculture, Conservation and Forestry.

28 **PART M**
29

30 This Part effectuates the renaming of the Bureau of Forestry, Division of Forest
31 Protection and amends the membership of the Land for Maine's Future Board and the
32 Interagency Task Force on Invasive Aquatic Plants and Nuisance Species to reflect the
33 consolidation of the Department of Agriculture, Food and Rural Resources and the
34 Department of Conservation into one department with one commissioner.

35 **PART N**
36

37 This Part amends the lists of officials in certain salary ranges to reflect changes made
38 by the consolidation of the Department of Agriculture, Food and Rural Resources and the
39 Department of Conservation into the Department of Agriculture, Conservation and
40 Forestry.

41 **PART O**
42

1 This Part eliminates as a separate and distinct office within the Department of Health
2 and Human Services the Office of Substance Abuse. It does not eliminate the duties and
3 functions of the office; it directs the Commissioner of Health and Human Services to
4 carry out the duties and functions of the office.

5 **PART P**

6
7 This Part eliminates as a separate and distinct office within the Department of Health
8 and Human Services the Office of Elder and Adult Services. It does not eliminate the
9 duties or functions of the office; it directs the department and Commissioner of Health
10 and Human Services to carry out the duties and functions of the office.

11 **PART Q**

12
13 This Part eliminates as a separate and distinct office within the Department of Health
14 and Human Services the Office of Adults with Cognitive and Physical Disability
15 Services. It does not eliminate the duties and functions of the office; it directs the
16 department and the Commissioner of Health and Human Services to carry out the duties
17 and functions of the office.

18 **PART R**

19
20 This Part eliminates as a separate and distinct office within the Department of Health
21 and Human Services the Office of Adult Mental Health Services. It does not eliminate
22 the duties and functions of the office; it directs the department and the Commissioner of
23 Health and Human Services to carry out the duties and functions of the office.

24 **PART S**

25
26 This Part eliminates the Office of Advocacy within the Department of Health and
27 Human Services and directs the department to contract with an agency to provide services
28 to individuals with intellectual disabilities and autism.

29 **PART T**

30
31 This Part directs the Commissioner of Health and Human Services to review the
32 current organizational structure, systems and operations of the Department of Health and
33 Human Services and restructure the department in order to improve and streamline
34 services.

35 **FISCAL NOTE REQUIRED**

36 **(See attached)**

**125th MAINE LEGISLATURE****LD 1746****LR 2678(03)**

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 "B" S-513

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	\$59,591,234	\$66,565,383	\$66,056,414
Fund for a Healthy Maine	\$0	\$130,986	\$130,986	\$130,986
Appropriations/Allocations				
General Fund	\$0	\$65,670,975	\$65,815,124	\$65,543,655
Federal Expenditures Fund	\$0	\$87,705,827	\$87,664,762	\$87,122,464
Fund for a Healthy Maine	\$0	\$130,986	\$130,986	\$130,986
Other Special Revenue Funds	\$0	\$8,760,353	\$9,024,666	\$7,842,967
Federal Block Grant Fund	\$0	(\$93,271)	(\$97,318)	(\$101,487)
Revenue				
General Fund	\$0	\$9,079,741	(\$750,259)	(\$512,759)
Other Special Revenue Funds	\$0	\$1,437,903	\$1,032,903	(\$25,000)
Transfers				
General Fund	\$0	(\$3,000,000)	\$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	\$65,670,975	\$65,815,124	\$65,543,655
Federal Expenditures Fund				
PART A, Section 1	\$0	\$87,705,827	\$87,664,762	\$87,122,464
Fund for a Healthy Maine				
PART A, Section 1	\$0	\$130,986	\$130,986	\$130,986
Other Special Revenue Funds				
PART A, Section 1	\$0	\$8,760,353	\$9,024,666	\$7,842,967
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 C, Section 2	\$0	\$2,000,000	\$0	\$0
PART G	\$0	\$5,320,000	\$0	\$0
Other Special Revenue Funds				
PART A, Section 1	\$0	\$1,157,903	\$1,032,903	(\$25,000)
PART G	\$0	\$280,000	\$0	\$0
Transfers				
General Fund				
PART B, Section 1	\$0	\$1,500,000	\$0	\$0
PART D, Section 1	\$0	(\$5,000,000)	\$0	\$0
PART E, Section 1	\$0	\$500,000	\$0	\$0
Other Special Revenue Funds				
PART B, Section 1	\$0	(\$1,500,000)	\$0	\$0
PART E, Section 1	\$0	(\$500,000)	\$0	\$0