



127th MAINE LEGISLATURE

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Legislative Document

No. 949

H.P. 652

House of Representatives, March 17, 2015

An Act To Enact the Recommendations of the Commission on Independent Living and Disability

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

R(+ B. Hunt

ROBERT B. HUNT Clerk

Presented by Representative McCLELLAN of Raymond. Cosponsored by Representatives: MALABY of Hancock, PETERSON of Rumford.

1	Be it enacted by the People of the State of Maine as follows: PART A Sec. A-1. 5 MRSA §12004-I, sub-§82-A is enacted to read:			
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4	<u>82-A.</u>			
5 6	<u>Transportation:</u> <u>Public Transit</u>	Public Transit Advisory Council	Not Authorized	<u>23 MRSA §4209-A</u>

Sec. A-2. 23 MRSA §4209, sub-§1, as amended by PL 2009, c. 130, §1, is
 further amended to read:

9 1. Geographic regions. The Department of Transportation department shall divide the State into a number of geographic regions for regional distribution of state-10 administered transportation funds. Upon designation of the geographic regions, a regional 11 public transportation agency must be selected from each region to formulate a biennial 12 13 regional operations plan quinquennial locally coordinated plan for regional transit in 14 accordance with federal requirements. Selection of The department shall select regional public transportation agencies must be by the Department of Transportation in 15 collaboration with the committee established in subsection 1-A transit stakeholders, 16 17 including transportation providers, social service organizations, the Department of Health and Human Services, the Department of Labor, the United States Department of 18 19 Transportation, Federal Transit Administration and the Public Transit Advisory Council 20 under section 4209-A. The Department of Transportation department shall establish a 21 schedule for submittal of the biennial quinquennial locally coordinated plans for regional 22 operations plan and shall reference these plans in its biennial transportation improvement plan submitted to the Legislature transit to the department for review and approval in 23 24 accordance with subsection 2.

25 Sec. A-3. 23 MRSA §4209, sub-§1-A, as enacted by PL 2009, c. 130, §2, is 26 repealed.

Sec. A-4. 23 MRSA §4209, sub-§2, as amended by PL 2009, c. 130, §3, is
 further amended to read:

29 2. Quinquennial locally coordinated plan for regional transit. The biennial
 30 <u>quinquennial locally coordinated plan for</u> regional operations plan transit submitted by
 31 each regional public transportation agency must provide for the following:

- A. Maximum feasible coordination of funds among all state agencies that sponsor
 transportation in the region;
- B. Development and maintenance of a permanent and effective public transportation
 system, with particular regard to riders who are low-income or elderly or who have
 disabilities;
- C. Participation of private transit operators in the service, to the greatest extent
 possible;

1 D. Conformity with general operations requirements as may be prescribed by the 2 commissioner; and

E. Compliance with any appropriate federal regulations, including but not limited to
 the federally required locally coordinated plan.

5 In years in which no biennial quinquennial plan is required, amendments to the effective operations may be submitted. Approval of each locally coordinated plan for regional 6 operations plan transit must be by the Department of Transportation department in 7 8 collaboration with transit stakeholders, including transportation providers, social service 9 organizations, the Department of Health and Human Services, the Department of Labor, the United States Department of Transportation, Federal Transit Administration and the 10 11 committee Public Transit Advisory Council under section 4209-A. Upon approval, all 12 agencies, groups or organizations named to participate in the provision of service in accordance with a locally coordinated plan for regional operations plan transit are eligible 13 to receive funds administered by the Department of Transportation department and the 14 15 Department of Health and Human Services.

- Sec. A-5. 23 MRSA §4209, sub-§3, ¶¶A and C, as amended by PL 1987, c.
 428, §2, are further amended to read:
- A. Planning and technical assistance, information transfer, capital and operations planning, performance monitoring and evaluation, quality assurance, accounting, assistance with management information systems and service reporting to a <u>locally coordinated plan for</u> regional operations plan transit drafter or transportation provider and securing of provider compliance with the requirements of other state agencies in these areas;
- C. Operating assistance to transportation providers in an amount up to 1/2 of the
 operating deficit incurred in fulfillment of the biennial quinquennial locally
 coordinated plan for regional operations plan transit; and
- Sec. A-6. 23 MRSA §4209, sub-§4, as amended by PL 2009, c. 130, §4, is
 further amended to read:

29 4. Human services assistance; priorities. The committee commissioner, the 30 Commissioner of Health and Human Services and the Commissioner of Labor shall act to coordinate purchase of service contracts and. The Public Transit Advisory Council under 31 32 section 4209-A shall serve in an advisory capacity to the department, the Department of Health and Human Services and the Department of Labor in matters concerning public 33 transportation. In the event that transportation funds for human services programs are 34 insufficient for full implementation of the human services portion of an approved biennial 35 36 guinguennial locally coordinated plan for regional operations plan transit, priorities 37 established by the Department of Health and Human Services determine the priority 38 clients that must be initially served by human services funds. Members of the committee 39 The department, the Department of Health and Human Services and the Department of 40 Labor and their contractors shall actively engage local transportation providers in the planning of new services that are expected to have a transportation component. 41

1 The Department of Health and Human Services and the Department of Labor shall ensure 2 that any new service to be provided is adequately funded to cover the costs of the 3 transportation component of the program.

4 Sec. A-7. 23 MRSA §4209, sub-§5, as enacted by PL 1979, c. 505, §4, is 5 amended to read:

5. Intercity service. Intercity service shall be is service designated as such in a
 public transportation plan developed by the department. Intercity service planning shall
 must fulfill the requirements set forth in subsection 2 and shall must address public
 transportation needs that cannot be met by locally coordinated regional operations transit
 planning. The State may contribute to the nonfederal costs of intercity service.

11 Sec. A-8. 23 MRSA §4209-A is enacted to read:

12 §4209-A. Public Transit Advisory Council

13 1. Council established. The Public Transit Advisory Council, referred to in this section as "the council," is established in accordance with Title 5, section 12004-I, 14 subsection 82-A to advise the Legislature and the department regarding public transit 15 16 services in the State. The council shall advise the department on the review and approval of locally coordinated plans for regional transit under section 4209 and shall advise on 17 18 any statewide strategic transit planning undertaken by the department, including short-19 term and long-term fiscal, operating and capital investments, and the integration of transit planning with the Sensible Transportation Policy Act. 20

- 21 **2.** Membership. The council must include, but is not limited to, the following:
- 22 A. The commissioner or the commissioner's designee;
- 23B. The Commissioner of Health and Human Services or the commissioner's24designee;
- 25 <u>C. The Commissioner of Labor or the commissioner's designee;</u>
- 26D. The Commissioner of Economic and Community Development or the27commissioner's designee; and
- 28 <u>E. The following individuals appointed by the commissioner:</u>
- 29 (1) One representative each from the federally designated planning organizations
 30 for the Portland, Bangor and Lewiston regions;
- 31 (2) One representative of private bus operators;
- 32(3) One representative of a statewide nonprofit organization advocating on33behalf of the elderly;
- 34 (4) One representative of a medical provider;
- 35 (5) One representative of a business that relies on public transportation;
- 36 (6) One representative of a statewide association of planning and development
 37 agencies;

1 (7) One representative of an organization representing persons with disabilities; 2 (8) One representative of a nonprofit transit provider; 3 (9) One representative of an economic development organization; and 4 (10) One representative of an organization representing low-income persons. 5 In making appointments, the commissioner shall ensure that rural and urban areas and each transportation planning region of the State designated pursuant to section 4209, 6 7 subsection 1 is represented. 8 **3.** Council invitees. In addition to the requirements in subsection 2, the commissioner shall invite at least 2 members of the joint standing committee of the 9 10 Legislature having jurisdiction over transportation matters representing different political parties and at least one representative of a rail transit group to participate in council 11 12 meetings. 13 4. Terms, vacancies and council chair. A member of the council appointed 14 pursuant to subsection 2, paragraph E serves for a term of 3 years. If a member is unable to complete the term, the commissioner shall appoint a member from the same category 15 16 of members listed in subsection 2, paragraph E as the member who vacated the council to 17 serve out the unexpired portion of the term. The commissioner shall determine how the council is to choose a chair and for how long the chair is to serve. 18 19 5. Report. The council shall report on its deliberations and any recommendations by 20 March 1st of each odd-numbered year to the Governor, the joint standing committee of 21 the Legislature having jurisdiction over transportation matters and the joint standing 22 committee of the Legislature having jurisdiction over health and human services matters. 23 Sec. A-9. 30-A MRSA §3515, sub-§1, ¶A, as enacted by PL 1987, c. 737, Pt. A, \$2 and Pt. C, \$106 and amended by PL 1989, c. 6; c. 9, \$2; and c. 104, Pt. C, \$\$8 and 10, 24 25 is further amended to read: 26 A. The directors of a district that participates in a locally coordinated plan for 27 regional operations plan transit that has been approved in accordance with Title 23, 28 section 4209_{τ} shall establish routes and fixed fares in accordance with the plan 29 whenever the plan requires. 30 Sec. A-10. Department of Health and Human Services to convene a work 31 group; develop statewide transportation voucher program. The Department of Health and Human Services shall convene a work group to develop a proposal for a 32 33 statewide transportation voucher program for persons with disabilities. Members of the 34 work group must include representatives from the following: the Department of Transportation, the Department of Labor, Alpha One and the Statewide Independent 35 Living Council established pursuant to 29 United States Code, Section 796d. The work 36 37 group shall examine the flexibility of federal funding and matching fund sources, consult 38 with the University of Montana Research and Training Center on Disability in Rural 39 Communities for assistance developing the proposal and submit its findings and 40 recommendations to the Joint Standing Committee on Transportation, the Joint Standing 41 Committee on Health and Human Services and the Joint Standing Committee on Labor,

Commerce, Research and Economic Development no later than December 15, 2015. The
 Joint Standing Committee on Health and Human Services may report out a bill regarding
 this subject matter to the Second Regular Session of the 127th Legislature.

4 **Sec. A-11. Staggered terms.** Notwithstanding the Maine Revised Statutes, Title 5 23, section 4209-A, subsection 4, of the initial members of the Public Transit Advisory 6 Council appointed pursuant to Title 23, section 4209-A, subsection 2, paragraph E, the 7 Commissioner of Transportation shall appoint 4 to 3-year terms, 3 to 2-year terms and 3 8 to one-year terms.

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PART B

 Sec. B-1. 20-A MRSA §7258, sub-§1, as enacted by PL 1997, c. 345, §1, is

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 amended to read:

12 1. Pupil evaluation team meetings; transition contact person; transition plan. Annually, representatives from appropriate state service agencies, as determined by the 13 pupil evaluation team of the school administrative unit, and in accordance with special 14 15 education rules, shall designate a transition contact person to participate in transition 16 planning for students with disabilities and students qualified under Section 504 of the federal Rehabilitation Act of 1973, 29 United States Code, Section 701 et seq. The 17 transition contact person shall attend pupil evaluation team meetings or provide relevant 18 information to the pupil evaluation team for transition planning purposes. 19 This requirement applies to students with disabilities who have attained 16 years of age, or 14 20 21 years of age when determined by the pupil evaluation team to be appropriate.

22 In performing the transition planning for a student with a disability or a student qualified 23 under Section 504 of the federal Rehabilitation Act of 1973, the school administrative 24 unit shall include consultation with community partners, community service providers, 25 the student and the student's family, the division of vocational rehabilitation within the 26 Department of Labor, Bureau of Rehabilitation Services and the agency that is designated by the Governor pursuant to Title 5, section 19502 to serve as the protection and 27 advocacy agency for persons with disabilities. The transition planning must include an 28 29 independent living assessment for the student. For a student who receives services from the Department of Health and Human Services, Office of Child and Family Services, the 30 31 school administrative unit shall work in consultation with the division of vocational rehabilitation within the Department of Labor, Bureau of Rehabilitation Services to 32 33 include postsecondary preparation strategies for the student during transition planning.

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PART C

- 35 Sec. C-1. 26 MRSA §1411-D, sub-§8, as enacted by PL 1995, c. 560, Pt. F, §13,
 36 is amended to read:
- 8. Eligibility and priority. Shall determine the eligibility of individuals for
 rehabilitation services or evaluation and vocational services and the priority for those
 services in accordance with rules established by the department; and

1 Sec. C-2. 26 MRSA §1411-D, sub-§9, as amended by PL 2011, c. 348, §8, is 2 further amended to read:

9. Transitional services coordination. Shall participate with school administrative units in transition planning for each student receiving special education services who is 16 years of age or older, or 14 years of age if determined appropriate by the student's individualized education program team, and shall assign appropriate staff as a transition contact person and as a member of the transition planning team for each student-; and

8 Sec. C-3. 26 MRSA §1411-D, sub-§10 is enacted to read:

9 <u>10. Progress report.</u> Beginning January 15, 2016, shall provide an annual report to 10 the joint standing committee of the Legislature having jurisdiction over health and human 11 services matters on the State's efforts to improve vocational rehabilitation outcomes as 12 required under this subchapter and to reduce the length of time it takes the department to 13 enter into an individualized plan of employment with individuals eligible to receive 14 services under this subchapter.

15 Sec. C-4. 26 MRSA §1412-I is enacted to read:

16 §1412-I. Strategic planning report

17 In addition to its existing duties, the Statewide Independent Living Council, established pursuant to 29 United States Code, Sections 796 to 796f (1999) and 18 administered by the Bureau of Rehabilitation Services, shall, beginning January 15, 2016, 19 provide an annual report to the joint standing committee of the Legislature having 20 21 jurisdiction over health and human services matters on the State's strategic planning efforts to increase opportunities for persons with disabilities to live independently within 22 the community, the effectiveness and coordination of programs and services designed to 23 24 support independent living efforts and any recommendations for improvement in the 25 delivery of services to persons with disabilities.

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PART D

Sec. D-1. 5 MRSA §4594-G, sub-§7, as enacted by PL 2011, c. 322, §8, is
 amended to read:

29 7. Inspection. If officials of the municipality in which a restaurant, motel, hotel or 30 inn; state, municipal or county building; or an elementary or secondary school covered by 31 this subsection is constructed, removated, remodeled or enlarged inspect buildings for 32 compliance with construction standards, that inspection must include an inspection for 33 compliance with plans certified by the Office of the State Fire Marshal or by a 34 professional pursuant to subsection 4. The municipal officials shall require that a facility 35 covered by this paragraph be inspected through an on-site visit by a representative of the Office of the State Fire Marshal for compliance with the standards of construction 36 required by subsection 3 before the municipal officials permit a facility covered by this 37 38 paragraph subsection to be occupied.

Sec. D-2. 5 MRSA §19505, sub-§3, as enacted by PL 1989, c. 837, §1, is 1 amended to read: 2 3 3. Pursuit of remedies. The agency may pursue administrative, legal and other appropriate remedies on behalf of persons with disabilities. The agency has standing to 4 file a civil action for alleged violations of chapter 337, subchapter 5 in Superior Court. 5 6 Notwithstanding section 4622, subsection 1, the agency may be awarded reasonable attorney's fees and costs as provided in section 4614. 7 8 Sec. D-3. 10 MRSA §9722, sub-§6, ¶L, as corrected by RR 2011, c. 1, §11, is 9 amended to read: 10 L. In the adoption and amendment of the Maine Uniform Building and Energy Code, 11 adopt the standards for residential basement wall insulation under the 2006 edition of 12 the International Energy Conservation Code published by the International Code 13 Council: and Sec. D-4. 10 MRSA §9722, sub-§6, ¶M, as reallocated by RR 2011, c. 1, §12, is 14 15 amended to read: M. Adopt, amend and maintain the Maine Uniform Building Code and the Maine 16 17 Uniform Energy Code .; and Sec. D-5. 10 MRSA §9722, sub-§6, ¶N is enacted to read: 18 19 N. In the adoption and amendment of the Maine Uniform Building and Energy Code, adopt the most recent federal Americans with Disabilities Act of 1990 accessibility 20 21 guidelines as published by the International Code Council. 22 PART E 23 Sec. E-1. 30-A MRSA §4743, sub-§4 is enacted to read: 4. Rental housing list service. It shall post all rental housing vacancies that are 24 readily accessible to and usable by persons with disabilities in accordance with applicable 25 local, state and federal accessibility requirements, including Title VIII of the federal Civil 26 27 Rights Act of 1968, federal Fair Housing Act, the federal Americans with Disabilities Act of 1990 and Section 504 of the federal Rehabilitation Act of 1973, on the Maine State 28 Housing Authority's publicly accessible rental housing listing service website. 29 PART F 30 31 Sec. F-1. Medicaid state plan amendment; telehealth coverage. The 32 Department of Health and Human Services shall pursue amendment to the federally approved Medicaid state plan to include and broaden coverage for assistive technology 33 34 without the restrictions currently applied to telehealth; cover assistive technology within 35 all Department of Health and Human Services waivers; include telemedicine; broaden telehealth use; and broaden telehealth home-based care. For the purposes of this section, 36 37 "telehealth," as it pertains to the delivery of health care services, means the use of electronic information and telecommunications technologies to support long-distance 38

clinical health care, patient and professional health-related education, public health and
 health administration and includes videoconferencing, the Internet, store-and-forward
 imaging, streaming media and terrestrial and wireless communications.

SUMMARY

5 This bill includes the final recommendations of the Commission on Independent 6 Living and Disability and does the following.

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1. Part A replaces the requirement in current law for biennial plans for regional transit with a requirement for quinquennial plans, which is consistent with federal requirements. It eliminates the Interagency Transportation Coordinating Committee and replaces it with a new public transit advisory council. It also specifies the role of the council and requires reporting every 2 years. It requires the Department of Health and Human Services to convene a work group to develop a statewide transportation voucher program for persons with disabilities.

14 2. Part B adds new transition planning requirements for students with disabilities to include team meetings that must begin at 14 years of age with community partners, 15 community service providers, the students and their families, the division of vocational 16 rehabilitation within the Department of Labor, Bureau of Rehabilitation Services and the 17 agency that is designated by the Governor to serve as the protection and advocacy agency 18 for persons with disabilities. It requires that the transition planning include independent 19 20 living assessments for the students. For students who receive services from the Department of Health and Human Services, Office of Child and Family Services, it 21 requires the school administrative unit to work in consultation with the division of 22 23 vocational rehabilitation within the Department of Labor, Bureau of Rehabilitation 24 Services to include postsecondary preparation strategies for the students during transition 25 planning.

3. Part C requires the Statewide Independent Living Council to provide an annual report to the Legislature on the State's strategic planning efforts to increase opportunities for persons with disabilities to live independently within the community. It also requires the Commissioner of Labor to provide an annual report to the Legislature on the State's efforts to improve vocational rehabilitation outcomes and reduce the length of time it takes the department to enter into an individualized plan of employment with individuals eligible to receive rehabilitation services.

33 4. Part D amends the Maine Human Rights Act to require an on-site inspection by a 34 representative of the Office of the State Fire Marshal to ensure that new public buildings 35 and certain buildings to which the public has access are constructed in compliance with the Maine Human Rights Act. It also requires the Technical Building Codes and 36 37 Standards Board to adopt the most recent federal Americans with Disabilities Act of 1990 38 accessibility guidelines as published by the International Code Council. It also authorizes 39 the agency that is designated by the Governor to serve as the protection and advocacy 40 agency for persons with disabilities in Maine to bring a civil action in Superior Court for violations of the Maine Human Rights Act regarding public accommodations and allows 41 42 the agency to receive reasonable attorney's fees and costs.

- 5. Part E requires a housing authority to post all rental housing vacancies that are
 readily accessible to and usable by persons with disabilities on the Maine State Housing
 Authority's publicly accessible rental housing listing service website.
- 6. Part F requires the Department of Health and Human Services to amend the federally approved Medicaid state plan to include and broaden coverage for assistive technology without the restrictions currently applied to telehealth; cover assistive technology within all Department of Health and Human Services waivers; include telemedicine; broaden telehealth use; and broaden telehealth home-based care.