

MAINE STATE LEGISLATURE

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CABINET ON AGING

§19151. Cabinet on Aging

1. Establishment. The Cabinet on Aging, referred to in this chapter as "the cabinet," is established to ensure that the people of the State can live healthy, engaged and secure lives as they age in their homes and in community settings. The cabinet shall advise the Legislature, the Governor and state agencies regarding aging policy and the priorities of older adults in the State.

2. Membership. The cabinet is composed of the following members:

A. The Commissioner of Health and Human Services or the commissioner's designee;

B. The Commissioner of Labor or the commissioner's designee;

C. The Commissioner of Economic and Community Development or the commissioner's designee;

D. The Commissioner of Transportation or the commissioner's designee;

E. The Commissioner of Public Safety or the commissioner's designee;

F. The Commissioner of Defense, Veterans and Emergency Management or the commissioner's designee;

G. The Commissioner of Agriculture, Conservation and Forestry or the commissioner's designee;

H. The Director of the Maine State Housing Authority or the director's designee;

I. The long-term care ombudsman under Title 22, section 5107-A or the ombudsman's designee; and

J. Ten members of the public appointed by the Governor, including at a minimum:

(1) One member representing the business community;

(2) One member representing the health care industry;

(3) One member having expertise in technology and innovation;

(4) One member who is a municipal official;

(5) One member representing an entity whose work focuses on aging issues;

(6) One member who is a family caregiver; and

(7) One member representing a statewide advocacy organization advocating on behalf of older adults.

In making appointments under this paragraph, the Governor shall ensure that rural and urban areas are represented.

3. Chair. The cabinet shall elect a chair from among its members.

1 4. Terms. A member of the cabinet appointed pursuant to subsection 2, paragraph J
2 serves for a term of 2 years.

3 5. Cabinet invitees. The cabinet may invite 2 members of the Senate and 2
4 members of the House of Representatives to participate in cabinet activities.

5 6. Subcommittees. The cabinet may appoint subcommittees, which may include
6 members not on the cabinet who are from a public or private agency or advisory
7 committee or any person who has appropriate interest and expertise as may be necessary
8 to carry out the work of the cabinet.

9 7. Meetings. The chair shall convene the cabinet at least quarterly but the cabinet
10 may meet as often as the cabinet determines appropriate to accomplish its duties.

11 8. Duties. The cabinet shall:

12 A. Promote intergovernmental collaboration in meeting aging policy objectives
13 established in Title 22, section 5103 and manage the coordination of multiple-agency
14 initiatives related to the policy objectives;

15 B. Encourage the development of coordinated interdepartmental goals and objectives
16 and coordinated use of existing and new resources and services relating to the State's
17 older adults;

18 C. Advise the Department of Health and Human Services on the design and
19 implementation of the comprehensive statewide needs assessment conducted in
20 advance of the development of the comprehensive state plan under Title 22, section
21 5106, subsection 4, including advice on planning regional meetings and other
22 opportunities for stakeholder input regarding the comprehensive statewide needs
23 assessment;

24 D. Review and provide input on state planning efforts across state agencies,
25 including the comprehensive state plan under Title 22, section 5106, subsection 4, the
26 state plan on Alzheimer's disease and other dementias under Title 22, section 5106,
27 subsection 16 and other state plans directly related to older adults or aging in the
28 State;

29 E. Identify necessary research to support long-range planning and policy initiatives
30 related to aging and the needs of older adults in the State;

31 F. Identify and recommend ways in which the State can support local and
32 community efforts to promote healthy aging;

33 G. Identify ways to promote the skills and talents that older adults can offer to make
34 the State a better place to live;

35 H. Identify necessary research and planning related to aging and the needs of older
36 adults in the State;

37 I. Review and provide input on annual reports on aging services, long-term care and
38 dementia care;

39 J. Undertake any other actions the cabinet or state agencies determine necessary in
40 accordance with the cabinet's duties; and

B.0018

1 K. Advise the Governor and the Commissioner of Health and Human Services on the
2 preparation of and provisions to be included in the comprehensive state plan under
3 Title 22, section 5106, subsection 4 and collaborate with all relevant state agencies to
4 ensure that the creation of the comprehensive state plan addresses all aspects of the
5 objectives and purposes of the declaration of objectives in Title 22, section 5103.

6 **§19152. Solicit state agency and public information and participation**

7 The cabinet may solicit information and participation from state agencies and
8 members of the public as determined necessary by the cabinet. State agencies shall
9 provide the cabinet, subject to available resources, information, suggestions and statistics
10 to enable the cabinet to perform its duties.

11 **§19153. State agency cooperation**

12 State agencies shall cooperate with the cabinet in carrying out the duties in section
13 19151, subsection 8 including providing information, suggestions and statistics. A state
14 agency proposing to develop, establish, conduct or administer a program relating to aging
15 or older adults or their family care partners shall consult with the cabinet prior to carrying
16 out such action and keep the cabinet informed on the implementation of the program.

17 **§19154. Report**

18 The cabinet shall report on its deliberations and any recommendations by March 1st
19 of each odd-numbered year to the Governor and any joint standing committee of the
20 Legislature having jurisdiction over the subject matter of the report.

21 **Sec. 6. 22 MRSA §5106, sub-§3**, as amended by PL 2011, c. 657, Pt. BB, §9, is
22 further amended to read:

23 **3. Coordination of efforts.** Assist the ~~Legislative~~ legislative branch and ~~Executive~~
24 ~~Branches~~ executive branch of State Government, especially the Governor, ~~the Cabinet on~~
25 Aging in Title 5, section 19151, subsection 1 and the Bureau of the Budget, to coordinate
26 all State Government efforts relating to Maine's aging population and incapacitated and
27 dependent adults, by:

28 A. Submitting to the Cabinet on Aging and each branch of State Government no later
29 than September 1st of each year an annual report covering its activities for the
30 immediately past fiscal year and future plans, including recommendations for
31 changes in state and federal laws;

32 B. Reviewing all proposed legislation, fiscal activities, plans, policies and other
33 administrative functions relating to Maine's aging population and incapacitated and
34 dependent adults made by or requested of all state agencies. The department has the
35 authority to submit to those bodies findings, comments and recommendations, which
36 are advisory. The department shall submit to the Cabinet on Aging findings,
37 comments and recommendations submitted by the department to agencies under this
38 paragraph. Such findings and comments must recommend what modification in
39 proposals or actions is required to make proposed legislation, fiscal activities and
40 administrative activities consistent with such policies and priorities; and

1 C. Making recommendations to the Cabinet on Aging and the respective branches of
2 State Government related to improving the quality of life of Maine's aging population
3 and incapacitated and dependent adults, and shall consult with and be consulted by
4 the Cabinet on Aging and all responsible state agencies regarding the policies,
5 priorities and objectives of functions related to Maine's aging population and
6 incapacitated and dependent adults;

7 **Sec. 7. 22 MRSA §5106, sub-§4**, as amended by PL 2011, c. 657, Pt. BB, §9, is
8 further amended to read:

9 **4. Comprehensive state plan.** ~~Prepare~~ By September 1, 2024 and every 4 years
10 thereafter, prepare and administer a comprehensive state plan relating to Maine's aging
11 population and incapacitated and dependent adults, developed by the department subject
12 to the direction of the commissioner. The comprehensive state plan must be implemented
13 for the purpose of coordinating all activities and of assuring compliance with applicable
14 state and federal laws, rules and regulations relating to Maine's aging population and
15 incapacitated and dependent adults. ~~Implementation of this duty means that the~~ The
16 comprehensive state plan must clearly indicate the agency responsible for administering
17 and implementing each part of the plan. The comprehensive state plan must be based on
18 the results of a comprehensive statewide needs assessment that examines the housing,
19 transportation, food, financial, employment, safety, care, social service and other needs of
20 older adults, their family care partners and incapacitated and dependent adults. The
21 comprehensive state plan must be based on and supported by research and data and must
22 include trends in the workforce that may affect the provision of services and must identify
23 gaps in needed services and set measurable goals toward filling those gaps. The
24 department in collaboration with the Cabinet on Aging has the authority, through a
25 review process, to advise on the preparation and administration of any portion of any
26 state plan relating to Maine's aging population and incapacitated and dependent adults,
27 prepared and administered by any agency of State Government for submission to the
28 Federal Government to obtain federal funding under federal legislation. Such ~~The~~
29 comprehensive state plan must consider such state plans, or portions thereof, which must
30 include, but are not limited to, all state plans dealing with education, employment and
31 vocational services, income, health, housing, protective services, public guardianship and
32 conservatorship, rehabilitation, social services, transportation and welfare. The
33 department shall advise the commissioner and Governor on preparation of and provisions
34 to be included in such plans relating to Maine's aging population and incapacitated and
35 dependent adults. For the purposes of this subsection, "care" includes, but is not limited
36 to, access to medical and behavioral health care services, access to home and community-
37 based services, access to family care partner services, including adult day care services,
38 access to coordinated dementia care and access to facility-based services;

39 **Sec. 8. 22 MRSA §5106, sub-§13**, as amended by PL 2011, c. 657, Pt. BB, §9, is
40 further amended to read:

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

44 **Sec. 9. 22 MRSA §5106, sub-§15**, as enacted by PL 1973, c. 793, §6, is amended
45 to read:



Approved: 02/13/20 *mac*

129th MAINE LEGISLATURE

LD 1733

LR 1181(02)

An Act To Ensure Comprehensive Interdepartmental Planning, Coordination and Collaboration on Aging Policy

Fiscal Note for Bill as Amended by Committee Amendment *A(H-682)*

Committee: State and Local Government

Fiscal Note Required: Yes

Fiscal Note

Minor cost increase - General Fund

Minor cost increase - Highway Fund

Fiscal Detail and Notes

Any additional costs to the Departments of Health and Human Services, Labor, Economic and Community Development, Transportation, Public Safety and Defense, Veterans and Emergency Management and the Maine State Housing Authority from the provisions in this bill are expected to be minor and can be absorbed within existing budgeted resources.