

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE
ONE HUNDRED AND FOURTEENTH LEGISLATURE
FIRST SPECIAL SESSION

August 21, 1989 to August 22, 1989

and

SECOND REGULAR SESSION

January 3, 1990 to April 14, 1990

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PUBLISHED BY THE REVISOR OF STATUTES
IN ACCORDANCE WITH MAINE REVISED STATUTES ANNOTATED,
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1990

PUBLIC LAWS
OF THE
STATE OF MAINE

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C. In 1992, report on the status of collective bargaining negotiations for the system. The report may include recommendations on whether the municipal employees labor relations laws will continue to apply to the system or whether the state employees labor relations laws should apply. In compiling this portion of its report, the system shall provide for input from employees of the system or, where a bargaining agent has been certified, from that bargaining agent.

See title page for effective date.

CHAPTER 933

H.P. 1841 - L.D. 2512

An Act to Establish Designated Positions Within the Department of Mental Health and Mental Retardation as Unclassified State Positions Subject to the State Employees Relations Act

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

Sec. 1. 34-B MRSA §1204, sub-§2, ¶¶D and E, as enacted by PL 1989, c. 501, Pt. P, §29, are amended to read:

D. The commissioner, with the approval of the Governor, may employ and set the salaries up to the maximum adjusted pay grade for ~~physician I, II and III positions and~~ clinical director positions. Physician I, II and III positions and clinical Clinical director positions shall be are excluded from the definition of state employee under Title 26, section 979-A, subsection 6, and ~~shall~~ are not be subject to the Civil Service Law. Employees in ~~these classifications that classification~~ hired after the effective date of this paragraph ~~shall~~ July 1, 1989 serve at the pleasure of the commissioner and shall, as a condition of continued employment, maintain clinical privileges to practice medicine as determined by the respective medical staff and the superintendent of the facility.

E. Employees in the ~~classifications~~ classification of ~~physician I, II and III and~~ clinical director may elect to retain current bargaining unit and civil service status. Employees so "grandfathered" ~~shall~~ retain salary and benefit entitlement provided for on current pay schedules and collective bargaining agreements.

Sec. 2. 34-B MRSA §1204, sub-§8 is enacted to read:

8. Physicians. Employees in the classifications of physician I, II and III within the Department of Mental Health and Mental Retardation are unclassified state employees, as defined by Title 26, section 979-A, subsec-

tion 6, and are members of bargaining units, subject to Title 26, chapter 9-B. An employee in any of these classifications shall, as a condition of continued employment, maintain necessary clinical privileges to practice medicine in that employee's position as determined by the respective medical staff and the superintendent of the facility. Any termination of employment due to a loss of clinical privileges to practice medicine as referenced under this paragraph is not subject to the grievance procedure under any collective bargaining agreement.

Sec. 3. P&SL 1975, c. 147, Pt. D, §3, SCHEDULE 1b, first ¶, as enacted by PL 1989, c. 501, Pt. P, §33, is amended to read:

Physicians' maximum adjusted pay grade and Clinical Directors, ~~pursuant to the Maine Revised Statutes, Title 34-B, section 1204, subsection 2, paragraph D;~~ for Physician I, Grade 53; Physician II, Grade 56; Physician III, Grade 59; and Clinical Director, Grade 60 shall be as follows.

Sec. 4. P&SL 1975, c. 147, Pt. D, §3, SCHEDULE 1b, last ¶, as enacted by PL 1989, c. 501, Pt. P, §33, is amended to read:

Schedule 1b provides a maximum adjusted pay grade schedule and grades are subject to normal increases ~~authorized by law as provided by appropriate collective bargaining agreements.~~ Employees under these pay grades are authorized the option of a 5% salary increase in lieu of state payment of the employee's individual retirement contribution.

Sec. 5. Negotiations. Notwithstanding any other provision of law, the State and the bargaining agent for physicians employed by the Department of Mental Health and Mental Retardation shall negotiate as to the impact of the implementation of the Maine Revised Statutes, Title 34-B, section 1204, subsections 2 and 8. Negotiations must begin prior to September 1, 1990 and must be conducted in accordance with bargaining procedures set forth in Title 26, chapter 9-B. The negotiations are limited to salaries.

Sec. 6. Transition. The existing salary structure for physicians within the Department of Mental Health and Mental Retardation is in effect without change until the State and the bargaining agent for physicians reach agreement on a new salary structure.

See title page for effective date.

CHAPTER 934

S.P. 909 - L.D. 2312

An Act to Establish the Office of Substance Abuse

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

PART A

Sec. A-1. 5 MRSA §12004-I, sub-§39, as enacted by PL 1987, c. 786, §5, is amended to read:

39. Human Services	Maine Council on Alcohol and Drug Abuse Prevention and Treatment	Expenses Only	22 5 MRSA \$7407 §20061
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Sec. A-2. 5 MRSA §12004-L, sub-§1, as enacted by PL 1987, c. 786, §5, is repealed.

Sec. A-3. 5 MRSA Pt. 24 is enacted to read:

PART 24

SUBSTANCE ABUSE PREVENTION AND TREATMENT

CHAPTER 521

OFFICE OF SUBSTANCE ABUSE

SUBCHAPTER I

GENERAL PROVISIONS

§20001. Title

This chapter may be known and cited as the "Maine Substance Abuse Prevention and Treatment Act."

§20002. Purpose

The purposes of this Act are:

1. Integrated and comprehensive approach. To adopt an integrated approach to the problem of substance abuse and to focus all the varied resources of the State on developing a comprehensive and effective range of substance abuse prevention and treatment activities and services; and

2. Single administrative unit. To establish a single administrative unit within State Government, accountable directly to the Governor, with responsibility for planning, developing, implementing and coordinating all of the State's substance abuse prevention and treatment activities and services.

§20003. Definitions

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

1. Alcoholic. "Alcoholic" means a person who habitually lacks self-control as to the use of alcoholic beverages, or uses alcoholic beverages to the extent that the person's health is substantially impaired or endangered or the person's social or economic function is substantially disrupted.

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

3. Approved treatment facility. "Approved treatment facility" means a public or private alcohol treatment facility meeting standards approved by the office in accordance with section 20005 and licensed pursuant to Title 22, chapter 1602 and other applicable provisions of state law.

4. Community service provider. "Community service provider" means a provider of alcohol or drug abuse treatment including, but not limited to, need evaluation.

5. Council. "Council" means the Maine Council on Alcohol and Drug Abuse Prevention and Treatment, as established by section 12004-I, subsection 39.

6. Department. "Department" means the Department of Human Services.

7. Dependency-related drug. "Dependency-related drug" means alcohol or any substance controlled under Title 22, chapter 558 or Title 32, chapter 117.

8. Director. "Director" means the Director of the Office of Substance Abuse.

9. Drug abuse prevention. "Drug abuse prevention" means all facilities, programs or services relating to drug abuse control, education, rehabilitation, research, training and treatment, and includes these functions as related to alcoholics and intoxicated persons. The term includes such functions even when performed by an organization whose primary mission is the prevention of drug traffic or is unrelated to drugs. This term does not include any function defined under subsection 19 as "prevention of drug traffic."

10. Drug abuser. "Drug abuser" means a person who uses any drugs, dependency-related drugs or hallucinogens in violation of any law of the State.

11. Drug addict. "Drug addict" means a drug-dependent person who, due to the use of a dependency-related drug, has developed such a tolerance to the dependency-related drug that abrupt termination of its use would produce withdrawal symptoms.

12. Drug-dependent person. “Drug-dependent person” means any person who is unable to function effectively and whose inability to do so causes, or results from, the use of a dependency-related drug.

13. Emergency service patrol. “Emergency service patrol” means a patrol established under section 20050.

14. Incapacitated by alcohol. “Incapacitated by alcohol” means that a person, as a result of the use of alcohol, is unconscious or has impaired judgment and is incapable of realizing and making a rational decision with respect to the need for treatment.

15. Incompetent person. “Incompetent person” means a person who has been adjudged incompetent by a court.

16. Intoxicated person. “Intoxicated person” means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol.

17. Office. “Office” means the Office of Substance Abuse established under section 20004.

18. Prevention. “Prevention” means any activity designed to educate or provide information to individuals and groups about the use or abuse of alcohol and other drugs.

19. Prevention of drug traffic. “Prevention of drug traffic” means any functions conducted for the purpose of preventing drug traffic, such as law enforcement and judicial activities or proceedings, including:

A. The investigation, arrest and prosecution of drug offenders and offenses; or

B. The detection and suppression of illicit drug supplies.

20. Standards. “Standards” means criteria and rules of the office or the department that are to be met before and during operation of any treatment facility or treatment program.

21. Substance Abuse Advisory Group. “Substance Abuse Advisory Group” means the group consisting of the 5 commissioners designated in section 20007.

22. Treatment. “Treatment” means the broad range of emergency, outpatient, intermediate and inpatient services and care, including career counseling, diagnostic evaluation, employment, health, medical, psychiatric, psychological, recreational, rehabilitative, social service care, treatment and vocational services, that may be extended to an alcoholic, intoxicated person, drug abuser, drug addict, drug-dependent person or a person in need of assistance due to the use of a dependency-related drug.

23. Treatment program. “Treatment program” means any program or service, or portion of a program or

service, sponsored under the auspices of a public or private nonprofit agency providing services especially designed for the treatment of those persons listed in subsection 22.

§20004. Office established

The Office of Substance Abuse is established within the Executive Department to fulfill the purposes of this Act. The office is directly responsible to the Governor. The office shall be the sole agency of the State responsible for administering this Act.

§20005. Powers and duties

The office shall:

1. State Government. Establish the overall plans, policies, objectives and priorities for all state substance abuse prevention and treatment functions, except the prevention of drug traffic and the State Employee Assistance Program established pursuant to Title 22, chapter 254-A;

2. Comprehensive plan. Develop and provide for the implementation of a comprehensive state plan for alcohol and drug abuse;

3. Information. Ensure the collection, analysis and dissemination of information for planning and evaluation of alcohol and drug abuse services;

4. Coordination; organizational unit. Ensure that alcohol and drug abuse assistance and service are delivered in an efficient and coordinated program and, with the advice of the council, coordinate all programs and activities authorized by the federal Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, Public Law 91-616 (1982), as amended, and by the Drug Abuse Office and Treatment Act of 1972, 21 United States Code, Section 1101 et seq. (1982), as amended; and other state or federal programs or laws related to drug abuse prevention that are not the specific responsibility of another state agency under federal or state law;

5. Budget. Develop and submit to the Legislature by January 15th of the first year of each legislative biennium recommendations for continuing and supplemental allocations and appropriations from all funding sources for all state alcohol and drug abuse programs;

6. Contracts and licensing. Through the director:

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

B. Establish operating and treatment standards, and inspect and issue certificates of approval for drug abuse treatment facilities or programs, including residential treatment centers, pursuant to section 20024.

The director may delegate contract and licensing duties under this subsection to the Department of Human Services, the Department of Corrections or the Department of Mental Health and Mental Retardation, as long as that delegation ensures that contracting for substance abuse services provided in community settings are consolidated within the Department of Human Services, that contracting for substance abuse services delivered within correctional facilities are consolidated within the Department of Corrections and that contracting for substance abuse services delivered within mental health and mental retardation facilities are consolidated within the Department of Mental Health and Mental Retardation;

7. Uniform requirements. Develop, use and require the use of uniform contracting, information gathering and reporting formats by any state-funded substance abuse program. To the extent feasible, information must maintain compatibility with federal information sharing standards;

8. Reports. By January 15th of each year, report to the Legislature on the accomplishments of the past year's programs, the progress toward obtaining goals and objectives of the comprehensive state plan and other necessary or desirable information;

9. Funds. Have the authority to seek and receive funds from the Federal Government and private sources to further the purposes of this Act;

10. Agreements. Enter into agreements necessary or incidental to the purposes of this Act;

11. Cooperation. Provide support and guidance to individuals, local governments, public organizations and private organizations in their alcohol and drug abuse prevention activities;

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

All state agencies must comply with rules adopted by the office regarding uniform substance abuse contracting requirements, formats, schedules, data collection and reporting requirements; and

13. General authority. Perform other acts or exercise any other powers necessary or convenient to carry out the purposes of this chapter.

§20006. Director

The Governor shall appoint a full-time director of the Office of Substance Abuse who shall serve at the pleasure of the Governor and have a salary fixed by the Governor.

The director must be qualified by training and experience in the field of substance abuse prevention and treatment. The director shall exercise the powers of the office and is responsible for the execution of its duties. The director may:

1. Employ and remove staff. Employ and remove staff and assign their duties in accordance with the Civil Service Law;

2. Alternatives. Propose alternatives to current alcohol and drug abuse prevention and treatment programs and services;

3. Investigate. Conduct investigations and studies of any alcohol or drug abuse program or community service provider as necessary; and

4. Gifts. Accept money or gifts from any source to implement this chapter. Any money or gifts the office receives must be accounted for in accordance with the requirements of the Department of Finance.

§20007. Substance Abuse Advisory Group; agency cooperation

The Commissioner of Corrections, the Commissioner of Educational and Cultural Services, the Commissioner of Human Services, the Commissioner of Mental Health and Mental Retardation and the Commissioner of Public Safety shall constitute the Substance Abuse Advisory Group. The commissioners shall elect a chair from among the members of the advisory group and shall meet with the director to provide advice on the development and operation of alcohol and drug abuse prevention and treatment programs. The advisory group shall meet, at a minimum, in alternate months.

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

§20008. Comprehensive program on alcoholism and drug abuse

The office shall establish and provide for the implementation of a comprehensive and coordinated program of alcohol and drug abuse prevention and treatment in accordance with subchapters II and III and the purposes of this Act. The program must include the following elements.

1. Public and private resources. All appropriate public and private resources must be coordinated with and utilized in the program.

2. Program. The program must include emergency treatment provided by a facility affiliated with a

general hospital or with part of the medical service of a general hospital.

3. Alcoholics and intoxicated persons. The office shall provide for adequate and appropriate treatment for alcoholics and intoxicated persons admitted under sections 20043 to 20046. Treatment may not be provided at a correctional institution, except for inmates.

The office shall contract with approved treatment facilities whenever possible, but may contract for the use of any facility as an approved public treatment facility at the discretion of the director.

§20009. Planning

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

1. Biennial plan. By January 15, 1991, and biennially thereafter, a comprehensive plan containing statements of measurable goals to be accomplished during the coming biennium and establishing performance indicators by which progress toward accomplishing those goals will be measured; and

2. Four-year assessment. By January 15, 1991, and every 4th year thereafter, an assessment of the costs related to drug abuse in the State and the needs for various types of services within the State, including geographical disparities in the needs for various types of services and the needs of special populations of drug abusers.

SUBCHAPTER II

PREVENTION

§20021. Public awareness

The office shall create and maintain a program to increase public awareness of the impacts and prevalence of alcohol and drug abuse. The public awareness program must include promotional and technical assistance to local governments and public and private nonprofit organizations interested in alcohol and drug abuse prevention.

§20022. Information dissemination

As part of its comprehensive prevention and treatment program, the office shall support and coordinate the activities of an information clearinghouse within the Department of Human Services and a resource center within the Department of Educational and Cultural Services. Together, the information clearinghouse and resource center constitute a comprehensive reference center of information related to the nature, abuse, prevention and treatment of alcohol and drugs. The office shall ensure that the information clearinghouse and resource center do not perform duplicative services or

functions. Information must be available for use by the general public, political subdivisions, public and private nonprofit agencies and the State.

Functions of the information clearinghouse may include, but are not limited to:

1. Research. Conducting research on the causes and nature of drugs, drug abuse or people who are dependent on drugs, especially alcoholics and intoxicated persons;

2. Information collection. Collecting, maintaining and disseminating knowledge, data and statistics related to drugs, drug abuse and drug abuse prevention;

3. Educational materials. Preparing, publishing and disseminating educational materials; and

4. Treatment facilities. Maintaining an inventory of the types and quantity of drug abuse prevention facilities, programs and services available or provided under public or private auspices to drug addicts, drug abusers and drug-dependent persons, especially alcoholics and intoxicated persons. This function includes the unduplicated count, locations and characteristics of persons receiving treatment, as well as the frequency of admission and readmission and the frequency and duration of treatment of those persons. The inventory must include the amount, type and source of resources for drug abuse prevention.

§20023. Education

To the fullest extent possible, the Commissioner of Educational and Cultural Services shall coordinate all elementary and secondary school alcohol and drug abuse education programs administered by the Department of Educational and Cultural Services and funded under the federal Drug-Free Schools and Communities Act of 1986 with programs administered by the office. The Commissioner of Educational and Cultural Services shall participate in planning, budgeting and evaluation of substance abuse programs, in cooperation with the Substance Abuse Advisory Group, and ensure that alcohol and drug abuse education programs administered by the Department of Educational and Cultural Services that involve any community participation are coordinated with available treatment services.

The Commissioner of Educational and Cultural Services, in cooperation with the Substance Abuse Advisory Group, shall prepare a plan to ensure the coordination and consolidation of substance abuse education programs and must present the plan to the director by January 1, 1992. The plan must be consistent with requirements of the federal Drug-Free Schools and Communities Act of 1986 and this chapter.

Nothing in this section interferes with the authority of the Department of Educational and Cultural Services to receive and allocate federal funds under the federal Drug-Free Schools and Communities Act of 1986.

§20024. Licensing

The office may periodically enter, inspect and examine a treatment facility or program and examine its books and accounts. The office shall fix and collect the fees for the inspection and certification and shall maintain a list of approved public and private treatment facilities.

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

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

SUBCHAPTER III**TREATMENT****§20041. Evaluation**

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

2. Content of evaluation. Any evaluation of treatment facilities must include, but is not limited to, administrative adequacy and capacity. Alcohol and drug abuse prevention and treatment services authorized by this Act and by the following federal laws and amendments that relate to drug abuse prevention must be evaluated:

A. The Drug Abuse Office and Treatment Act of 1972, 21 United States Code, Section 1101 et seq. (1982);

B. The Community Mental Health Centers Act, 42 United States Code, Section 2688 et seq. (1982);

C. The Public Health Service Act, 42 United States Code, Section 1 et seq. (1982);

D. The Vocational Rehabilitation Act, 29 United States Code, Section 701 et seq. (1982);

E. The Social Security Act, 42 United States Code, Section 301 et seq. (1982); and

F. The federal Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, Public Law 91-616 (1982) and similar Acts.

§20042. Standards

Except as provided in section 20008, the office shall contract for treatment services only with approved treatment facilities.

§20043. Acceptance for treatment of alcoholics and intoxicated persons; rules

The office shall adopt rules for acceptance of persons into a treatment program, considering available treatment resources and facilities, for the purpose of early and effective treatment of alcoholics and intoxicated persons.

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

1. Voluntary basis. Patients must be treated on a voluntary basis.

2. Initial assignment. A patient must be initially assigned or transferred to outpatient or intermediate treatment, unless the patient is found to require inpatient treatment.

3. Denial of treatment. A person may not be denied treatment solely because that person has withdrawn from treatment against medical advice on a prior occasion or has relapsed after earlier treatment.

4. Individualized treatment plan. An individualized treatment plan must be prepared and maintained on a current basis for each patient.

5. Coordinated treatment. Provision must be made for a continuum of coordinated treatment services, so that a person who leaves a facility or a form of treatment has available and may utilize other appropriate treatment.

6. Denial of treatment services. A person, firm or corporation licensed by the Department of Human Services as an alcohol or drug treatment facility under Title 22, section 7245 to provide shelter or detoxification services, and that receives any funds administered by the office, may not deny treatment to any person because of that person's inability or failure to pay any assessed fees.

§20044. Voluntary treatment of alcoholics

1. Voluntary treatment. An alcoholic may apply for voluntary treatment directly to an approved public treatment facility. If the proposed patient is a minor or an incompetent person, that person, a parent, a legal guardian or other legal representative may make the application.

2. Determination. Subject to rules adopted by the office, the administrator in charge of an approved public treatment facility may determine who shall be admitted for treatment. If a person is refused admission to an approved public treatment facility, the administrator, subject to rules adopted by the office, shall refer the person to another approved public treatment facility for treatment if possible and appropriate.

3. Outpatient or intermediate treatment. If a patient receiving inpatient care leaves an approved public

treatment facility, that patient must be encouraged to consent to appropriate outpatient or intermediate treatment. If it appears to the administrator in charge of the treatment facility that the patient is an alcoholic who requires help, the office shall arrange for assistance in obtaining supportive services and residential facilities.

4. Discharge. If a patient leaves an approved public treatment facility, with or against the advice of the administrator in charge of the facility, the office shall make reasonable provisions for that patient's transportation to another facility or to the patient's home. If that person does not have a home, the patient must be assisted in obtaining shelter. If the patient is a minor or an incompetent person, the request for discharge from an inpatient facility must be made by a parent, legal guardian or other legal representative or by the minor or incompetent, if the minor or incompetent was the original applicant.

§20045. Treatment and services for intoxicated persons and persons incapacitated by alcohol

1. Intoxicated person. An intoxicated person may come voluntarily to an approved public treatment facility for emergency treatment. A person who appears to be intoxicated and in need of help, if that person consents to the proffered help, may be assisted home or to an approved public treatment facility, an approved private treatment facility or other health facility by the police or the emergency service patrol.

2. Incapacitated person. A person who appears to be incapacitated by alcohol shall be taken into protective custody by the police or the emergency service patrol and immediately brought to an approved public treatment facility for emergency treatment. If an approved public treatment facility is not readily available, that person must be taken to an emergency medical service customarily used for incapacitated persons. The police or the emergency service patrol, by detaining the person and taking that person to an approved public treatment facility, takes that person into protective custody and shall make every reasonable effort to protect that person's health and safety. In taking the person into protective custody, the detaining officer may take reasonable steps for self-protection. The taking of a person who appears to be incapacitated by alcohol into protective custody under this section is not an arrest. An entry or other record may not be made to indicate that the person has been arrested or charged with a crime.

3. Voluntary commitment. A person who comes voluntarily or is brought to an approved public treatment facility must be examined by a licensed physician immediately. That person may then be admitted as a patient or referred to another health facility. The facility making the referral shall arrange for that person's transportation.

4. Length of stay. A person who by medical examination is found to be incapacitated by alcohol at the time of admission, or to have become incapacitated at any

time after admission, may not be detained at the facility once that person is no longer incapacitated by alcohol, or if that person remains incapacitated by alcohol for more than 48 hours after admission as a patient, unless committed under section 20046. A person may consent to remain in the facility as long as the physician in charge believes it is appropriate.

5. Shelter. A person who is not admitted to an approved public treatment facility, is not referred to another health facility and does not have funds may be taken home. If that person does not have a home, the approved public treatment facility shall assist the person in obtaining shelter.

6. Notification. If a patient is admitted to an approved public treatment facility, the family or next of kin must be notified as promptly as possible except that, if an adult patient who is not incapacitated requests that there be no notification, the request must be respected.

7. Official duty. The police or members of the emergency service patrol who act in compliance with this section are acting in the course of their official duties and are not criminally or civilly liable for actions taken under this section.

8. Further diagnosis and voluntary treatment. If the administrator in charge of the approved public treatment facility determines that further diagnosis and treatment are for the patient's benefit, the patient shall be encouraged to agree to further diagnosis and appropriate voluntary treatment.

§20046. Emergency commitment of an incapacitated or intoxicated person

1. Commitment. An intoxicated person who has threatened, attempted or inflicted physical harm on another person and is likely to inflict physical harm on another person unless committed or is incapacitated by alcohol may be committed to an approved public treatment facility for emergency treatment. A refusal to undergo treatment does not in itself constitute evidence of lack of judgment as to the need for treatment.

2. Application for commitment. The spouse, guardian or relative of the person to be committed, or any other responsible person, may make a written application for commitment under this section, directed to the administrator of the approved public treatment facility. The application must state facts to support the need for emergency treatment and be accompanied by a physician's certificate stating that the physician has examined the person to be committed within 2 days before the date of the application for admission and including facts supporting the need for emergency treatment. A physician employed by the admitting facility or the division is not eligible to be the certifying physician. The certifying physician must be someone other than the person making the written application for commitment.

3. Approval of application. Upon approval of the application by the administrator in charge of the approved public treatment facility, the person shall be brought to the facility by a peace officer as defined in Title 21-A, section 1, subsection 29; a health officer; a member of the emergency service patrol; the applicant for commitment; the patient's spouse; the patient's guardian; or any other interested person. The person must be retained at the facility or transferred to another appropriate public or private treatment facility until discharged under subsection 5.

4. Refusal of application. The administrator in charge of an approved public treatment facility shall refuse an application if, in the opinion of a physician or physicians employed by the facility, the application and certificate fail to meet the grounds for commitment.

5. Discharge. When the administrator of an approved public treatment facility determines, on the advice of the medical staff of that facility, that the grounds for commitment no longer exist, the administrator shall discharge a person committed under this section. A person committed under this section may not be detained in any treatment facility for more than 5 days.

6. Opportunity to consult counsel. A copy of the written application for commitment, a copy of the physician's certificate and a written explanation of the person's right to counsel must be given to the committed person within 24 hours after commitment by the administrator who shall provide a reasonable opportunity for the person to consult counsel.

§20047. Records

1. Registration and records. Registration and other records of treatment facilities must remain confidential and are privileged to the patient.

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

§20048. Visitation and communication of patients

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

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

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

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

B. When specifically restricted by other laws or rules.

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

§20049. Emergency service patrol; establishment; rules

1. Emergency service patrols. The office, counties and municipalities may establish emergency service patrols. A patrol consists of persons trained to give assistance in the streets and in other public places to persons who are intoxicated due to the use of alcohol or dependency-related drugs. Members of an emergency service patrol must be capable of providing first aid in emergency situations and shall transport intoxicated persons to their homes and to and from public treatment facilities.

2. Rules. The office shall adopt rules for the establishment, training and conduct of emergency service patrols.

§20050. Payment for treatment; financial ability of patients

1. Payment. If treatment is provided by an approved public treatment facility and the patient has not paid the charge, the treatment facility is entitled to any payment received by the patient or to which the patient may be entitled because of the services rendered, and from any public or private source available to the treatment facility because of the treatment provided to the patient.

2. Liability. A patient in an approved public treatment facility, or the estate of the patient, or a person obligated to provide for the cost of treatment who has sufficient financial ability, is liable to the treatment facility for cost of maintenance and treatment of the patient in accordance with established rates.

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

§20051. Criminal law limitations

1. Laws. A county, municipality or other political subdivision may not adopt or enforce a local law, ordinance, regulation or rule having the force of law that includes drinking, being a common drunkard or being found in an intoxicated condition as one of the elements of an offense giving rise to a criminal or civil penalty or sanction.

2. Interpretation. A county, municipality or other political subdivision may not interpret or apply any law of general application to circumvent subsection 1.

3. Effect. Nothing in this subchapter affects any law, ordinance, regulation or rule against drunken driving, driving under the influence of alcohol or other similar offense involving the operation of a vehicle, snowmobile, aircraft, boat, machinery or other equipment, or regarding the sale, purchase, dispensing, possessing or use of alcoholic beverages at stated times and places or by a particular class of persons.

SUBCHAPTER IV**MAINE COUNCIL ON ALCOHOL AND DRUG ABUSE PREVENTION AND TREATMENT****§20061. Membership**

1. Members; appointment. The Maine Council on Alcohol and Drug Abuse Prevention and Treatment, as established by section 12004-I, subsection 39, consists of no more than 30 members who, excepting members representing the Legislature, are appointed by the Governor. At least 2 members of the council must be current members of the Legislature: one member from the Senate appointed by the President of the Senate and one member from the House of Representatives appointed by the Speaker of the House of Representatives.

2. Qualifications. To be qualified to serve, members must have education, training, experience, knowledge, expertise and interest in drug abuse prevention and training. Members must be residents of different geographical areas of the State who reflect experiential diversity and concern for drug abuse prevention and treatment in the State.

3. Membership; representation. The Governor shall select members from outstanding people in the fields of corrections, education, health, law, law enforcement, labor and employment, medicine, mental health, mental retardation, science, social sciences and related areas. The Governor shall appoint members to represent nongovernmental organizations or groups and public agencies concerned with prevention and treatment of alcoholism, alcohol abuse, drug abuse and drug dependence. Members must have an unselfish and dedicated personal interest demonstrated by active participation in drug abuse programs such as prevention, treatment, rehabilitation, training or research into drug abuse and

alcohol abuse. The Governor shall appoint members to meet the following requirements.

A. Two of the private citizen members must be between the ages of 16 and 21 years.

B. At least 4 members must be officials of public or private nonprofit community-level agencies who are actively engaged in drug abuse prevention or treatment in those public or private nonprofit community agencies or members of the regional alcohol and drug abuse councils located throughout the State.

C. Five members must be the executive directors of the 5 regional alcohol and drug abuse councils located throughout the State.

D. One of the public citizen members must be the President or the Executive Director of the National Council on Alcoholism in Maine, Incorporated.

E. Two members must be representatives of public education.

F. Two members must be representatives from the fields of mental health and mental retardation.

G. Two members must be representatives from the fields of corrections and criminal justice.

H. Two members must be representatives from the field of social services.

I. The Governor shall make appointments to the council to ensure that at least 6 members are persons affected by or recovering from alcoholism, chronic intoxication, drug abuse or drug dependency, having evidenced a minimum of 3 years of sobriety or abstention from drug abuse.

J. One member must be registered as a physician or surgeon under Title 32, chapter 48, subchapter II.

K. Membership may also include, but not be limited to, representatives of professions such as law, law enforcement, pharmacy and teaching, the insurance industry and businesses with employee assistance programs.

4. Term; vacancies. Except as provided in paragraphs A and B, members must be appointed for terms of 3 years. A vacancy in the council does not affect its powers, but must be filled in the same manner by which the original appointment was made. Terms of appointment shall begin and expire on June 1st.

A. Any member appointed to fill a vacancy occurring prior to the expiration of the term for which the member's predecessor was appointed shall be appointed only for the remainder of that term.

B. Members who are members of the Legislature and who are appointed by the President of the Senate or the Speaker of the House of Representatives shall serve at the pleasure of the appointing authority.

5. Reappointment; termination. Members are eligible for appointment to only 2 consecutive terms and may serve after the expiration of their terms until their successors have been appointed, qualified and taken office. The appointing authority may terminate the appointment of any member of the council for good and just cause and the appointing authority shall communicate the reason for the termination to each member terminated. The appointment of any member of the council must be terminated if a member is absent from 3 consecutive meetings without good and just cause that is communicated to the chair of the council.

6. Ineligible to serve on the council. The Governor may not appoint as a member of the council any official, employee, consultant or any other individual employed, retained or otherwise compensated by or representative of the executive branch.

7. Officers. The Governor shall designate one member to chair the council. The council may elect any other officers from its members as it considers appropriate.

8. Subcommittees. The council may appoint from its membership subcommittees relating to particular problem areas or to other matters, provided that the council functions as an integrated committee.

9. Administrative and financial assistance. The office shall provide the council any administrative or financial assistance that from time to time may be reasonably required to carry out its activities. Any reasonable and proper expense of the council must be borne by the office out of currently available state or federal funds.

§20062. Meetings; compensation; quorum

1. Calling meetings. The council shall meet at the call of the chair or at the call of at least 1/4 of the members appointed and currently holding office.

2. Frequency of meetings. The council shall meet at least 5 times a year and at least once every 3 months.

3. Minutes. The council shall keep minutes of all meetings, including a list of people in attendance. The council shall immediately send copies of the minutes to the Governor and leadership of the Legislature, who shall provide for their appropriate distribution and retention in a place of safekeeping.

4. Compensation. Members of the council shall be compensated according to chapter 379.

5. Quorum; council action. A majority of the council members constitutes a quorum for the purpose of

conducting the business of the council and exercising all the powers of the council. A vote of a majority of the members present is sufficient for all actions of the council.

§20063. Powers and duties of the council

The council, in cooperation with the office, has the following powers and duties.

1. Advise, consult and assist. The council shall advise, consult and assist the executive and legislative branches of State Government and the Judicial Council, and especially the Governor, on activities of State Government related to drug abuse prevention, including alcoholism and intoxication. The council may make recommendations regarding any function intended to prevent drug traffic. If findings, comments or recommendations of the council vary from or are in addition to those of the office, those statements of the council must be sent to the respective branches of State Government as attachments to those statements submitted by the office. Recommendations may take the form of proposed budgetary, legislative or policy actions. The council shall be solely advisory in nature and may not be delegated any administrative authority or responsibility.

2. Serve as advocate. The council shall serve as an advocate on alcoholism and drug abuse prevention, promoting and assisting activities designed to meet the problems of drug abuse and drug dependence at the national, state and community levels. The council shall serve as an ombudsman on behalf of individual citizens and drug-dependent people as a class in matters under the jurisdiction of State Government. It shall be a proponent of drug abuse prevention to the office, Governor, Legislature, public at large and Federal Government.

3. Serve as advisory council. The council shall serve as the advisory council on behalf of the State to the state agencies as required by the federal regulations governing administration of the Drug Abuse Office and Treatment Act of 1972, 21 United States Code, Section 1101 et seq. (1982), as amended; and the federal Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, Public Law 91-616 (1982), as amended; and other Acts of the United States as appropriate. The council shall advise on state and federal plans, policies, programs and other activities relating to drug abuse and drug dependence in the State. The council shall submit its recommendations and comments on the state plan, and any plan revisions, and reports to federal or state agencies. Statements at variance with or in addition to those of the office must be attached to the plan or reports upon submission by the office to agencies of the Federal Government and to state agencies.

4. Review and evaluate. For the purposes of determining the value and effect of state and federal policies and programs on the lives of people who abuse or are dependent on drugs, the council shall review and evaluate on a continuing basis, in cooperation with the

office, state and federal policies and programs relating to drug abuse and other activities affecting the people who abuse or are dependent on drugs that are conducted or assisted by any state departments or agencies.

5. Inform the public. In cooperation with the office, the council shall keep the public informed in order to develop a firm public understanding of the current status of drug abuse and drug dependence among citizens of the State, including information on effective programs in the State or nation, by collecting and disseminating information, conducting or commissioning studies and publishing the study results, and by issuing publications and reports.

6. Provide public forums. The council shall provide public forums, including the conduct of public hearings and the sponsorship of conferences, workshops and other meetings to discuss, publicize and obtain information about the problems of and solutions to drug abuse and drug dependence. The council may hold statewide conferences, regional conferences and meetings.

PART B

Sec. B-1. 22 MRSA c. 1601, as amended, is repealed.

Sec. B-2. 22 MRSA §7201, sub-§5 is enacted to read:

5. Office. "Office" means the Office of Alcohol and Drug Abuse Prevention established by section 7241.

Sec. B-3. 22 MRSA c. 1602, sub-c. II, as amended, is repealed.

Sec. B-4. 22 MRSA c. 1602, sub-c. II-A is enacted to read:

SUBCHAPTER II-A

OFFICE OF ALCOHOL AND DRUG ABUSE PREVENTION

§7241. Office established

There is created within the Department of Human Services the Office of Alcohol and Drug Abuse Prevention. The office is established to administer and oversee the operation of the department's alcohol and drug abuse activities, including those related to the abuse of alcohol by motor vehicle operators pursuant to subchapter I and excepting the State Employee Assistance Program established pursuant to chapter 254-A. The office shall operate in accordance with the provisions of Title 5, chapter 521 and the alcohol and drug abuse prevention and treatment plan developed pursuant to Title 5, section 20009.

§7242. Definitions

As used in this subchapter, unless the context otherwise indicates, the following terms have the following meanings.

1. Approved treatment facility. "Approved treatment facility" has the same meaning as set out in Title 5, section 20003.

2. Director. "Director" means the Director of the Office of Alcohol and Drug Abuse Prevention.

3. Office. "Office" means the Office of Alcohol and Drug Abuse Prevention established under section 7241.

4. Standards. "Standards" has the same meaning as set out in Title 5, section 20003.

5. Treatment. "Treatment" has the same meaning as set out in Title 5, section 20003.

6. Treatment program. "Treatment program" has the same meaning as set out in Title 5, section 20003.

§7243. Powers and duties

The office shall provide assistance and guidance to individuals, public and private organizations and especially local governments in drug abuse prevention activities. In addition, the office shall:

1. Information clearinghouse. Operate the information clearinghouse established pursuant to Title 5, section 20022;

2. Training programs. Provide or assist in the provision of training programs for all persons in the field of treating alcoholics, intoxicated persons and drug abusers;

3. Rules. Adopt any rules necessary to carry out the requirements of this subchapter. Any rules must be adopted in accordance with the Maine Administrative Procedure Act, Title 5, chapter 375 and must be approved by the Office of Substance Abuse in accordance with Title 5, section 20005; and

4. Purposes and authority. Do other acts and exercise other powers necessary or convenient to execute and carry out the purposes and authority expressly granted in this subchapter.

§7244. Director

The office shall be administered by a director appointed, subject to the Civil Service Law, under the classified service by the commissioner. The director must be qualified by training and experience related to drug abuse or alcoholism and intoxication, or have satisfactory experience of a comparable nature in the direction, organization and administration of prevention or treatment programs for persons affected by drug abuse or drug dependency.

The director shall possess full authority and responsibility for administering all the powers and duties of the office provided in section 7243, except as otherwise

provided by law. The director shall assume and discharge all responsibilities vested in the office.

The director may employ, subject to the Civil Service Law and within the limits of funds available, competent professional personnel and other staff necessary to carry out the purposes of this chapter. The director shall prescribe the duties of staff and assign a sufficient number of full-time staff to the office to achieve its powers and duties. The director may arrange to house staff or assign staff, who are responsible to the director and provide direct service to individuals or small groups of individuals needing drug abuse treatment, to operating units of the department that are responsible for similar functions.

Sec. B-5. Repeal. The Maine Revised Statutes, Title 22, section 7201, subsection 5, as enacted by section B-2 of this Part is repealed August 1, 1990.

PART C

Sec. C-1. 5 MRSA §1664, 4th ¶, as amended by PL 1989, c. 439, §§2 and 8, is further amended to read:

Part 3 shall embrace complete drafts or summaries of the budget bills, the legislative measures required to give legal sanction to the financial plan when adopted by the Legislature. These bills shall include General Fund appropriation bills and allocation bills for the following: Highway Fund, Federal Revenue Sharing Fund, Coastal Protection Fund, Maine Nuclear Emergency Planning Fund, ~~Alcoholism Prevention, Education, Treatment and Research Fund~~ and for the administrative expenses of the Bureau of Alcoholic Beverages and the State Liquor Commission, authorizing expenditures for each fiscal year of the ensuing biennium and such other bills as may be required to provide the income necessary to finance the budget.

Sec. C-2. 5 MRSA §1666, as amended by PL 1989, c. 7, Pt. O, §1, is further amended to read:

§1666. Review and revision of estimates

The Governor-elect or the Governor, with the assistance of the State Budget Officer, shall review the budget estimates, altering, revising, increasing or decreasing the items of the estimates as may be deemed necessary in view of the needs of the various departments and agencies and the total anticipated income of the State Government during the ensuing biennium. ~~Such~~ This review shall cover all budgets regardless of source of funds, including, but not limited to, budgets related to the Highway Fund, ~~the Alcoholism Prevention, Education, Treatment and Research Fund,~~ the Federal Revenue Sharing Fund; and other special revenue funds. The State Budget Officer, at the direction of the Governor-elect or the Governor shall then prepare a state budget document in the form required by law. The Governor-elect or the Governor shall be fully responsible for all budgetary recommendations made to the Legislature. The Gover-

nor shall transmit the budget document to the Legislature not later than the Friday following the first Monday in January of the first regular legislative session. At that time the Governor shall also transmit any emergency bills ~~which~~ that authorize additional appropriations or allocations in the current fiscal year that the Governor may wish to propose. A Governor-elect elected to a first term of office shall transmit the budget document to the Legislature not later than the Friday following the first Monday in February of the first regular legislative session. At that time the ~~Governor-elect~~ Governor-elect shall also transmit any emergency bills ~~which~~ that authorize additional appropriations or allocations in the current fiscal year that the Governor may wish to propose.

Sec. C-3. 28-A MRSA §§1701 and 1702, as enacted by PL 1987, c. 45, Pt. A, §4, are repealed.

Sec. C-4. 28-A MRSA §1703, sub-§4, as enacted by PL 1987, c. 45, Pt. A, §4, is amended to read:

4. Payment to General Fund. The commission shall immediately pay all premiums it collects under this section to the Treasurer of State to be credited to the ~~fund under section 1702~~ General Fund.

Sec. C-5. 28-A MRSA §1703, sub-§5 is enacted to read:

5. Appropriation. The amount of funds appropriated from the General Fund to the Office of Substance Abuse, as established in Title 5, chapter 521, may not be less than the dollar amount collected or received by the commission under this section.

Sec. C-6. 28-A MRSA §1704, as enacted by PL 1987, c. 45, Pt. A, §4, is repealed.

Sec. C-7. Transition. The following provisions apply to the creation of the Office of Substance Abuse, the transfer of the indicated existing state substance abuse prevention and treatment programs to the office and the transfer of revenues from the Alcoholism Prevention, Education, Treatment and Research Fund.

1. Unencumbered balances remaining in the Alcoholism Prevention, Education, Treatment and Research Fund on July 1, 1990, must be transferred to the General Fund.

2. Notwithstanding the provisions of the Maine Revised Statutes, Title 5, all accrued expenditures, assets, liabilities, balances of appropriations, allocations, transfers, revenues or other available funds in an account or subdivision of an account of the Alcohol and Drug Abuse Planning Committee must be transferred to the proper accounts by the State Controller upon the request of the State Budget Officer and with the approval of the Governor.

3. Notwithstanding the provisions of the Maine Revised Statutes, Title 5, accrued expenditures, assets,

liabilities, balances of appropriations, allocations, transfers, revenues or other available funds in an account or subdivision of an account of the Department of Human Services, Office of Alcoholism and Drug Abuse Prevention, must be transferred to the proper accounts by the State Controller upon the request of the State Budget Officer and with the approval of the Governor.

4. Notwithstanding the provisions of the Maine Revised Statutes, Title 5, accrued expenditures, assets, liabilities, balances of appropriations, allocations, transfers, revenues or other available funds in an account or subdivision of an account of the Department of Corrections, the Department of Educational and Cultural Services or the Department of Mental Health and Mental Retardation used for the purchase of substance abuse services must be transferred to the proper accounts by the State Controller upon the request of the State Budget Officer and with the approval of the Governor.

5. All agreements, leases, contracts or licenses, issued under the Maine Revised Statutes, Title 22, Subtitle 4, Part 3, prior to the effective date of this Act continue to be valid under the terms of issuance until they expire or are rescinded, amended or revoked.

6. All rules adopted under the Maine Revised Statutes, Title 22, Subtitle 4, Part 3, chapter 1602, sections 7228 to 7237, or adopted with regard to these sections prior to the effective date of this Act must be administered by the Office of Substance Abuse created in this Act and continue in effect until rescinded or amended by the office or overturned by a court of law.

7. This Act has no effect on the terms of appointment of members of the Maine Council on Alcohol and Drug Abuse Prevention and Treatment.

8. Employees of the Alcohol and Drug Abuse Planning Committee, the Office of Alcoholism and Drug Abuse Prevention and the Bureau of Child and Family Services who are transferred to the Office of Substance Abuse are subject to the provisions of this subsection.

A. The employees shall retain their accrued fringe benefits, including vacation and sick leave, health and life insurance and retirement benefits.

B. The employees who are members of collective bargaining units on the effective date of this Act shall remain as members in their respective bargaining units and retain all rights, privileges and benefits provided by their collective bargaining agreements with respect to state service while employed with the Office of Substance Abuse.

C. The employees who are members of collective bargaining units may remain as members of the Maine State Retirement System.

D. The Bureau of Human Resources shall assist the Office of Substance Abuse with the orderly implementation of these provisions.

9. The Office of Substance Abuse created in this Act and any other state agency affected by the provisions of this Act shall determine the best method of resolving any legal, fiscal, personnel or operational conflict created as a result of this Act and shall submit necessary recommendations for statutory changes to the First Regular Session of the 115th Legislature for approval by January 1, 1991.

Sec. C-8. Appropriation. The following funds are appropriated from the General Fund to carry out the purposes of this Act.

1990-91

CORRECTIONS, DEPARTMENT OF

Correctional Services

Positions	(4.5)
Personal Services	\$128,471
All Other	402,501

Provides funds previously allocated from the Alcoholism Prevention, Education, Treatment and Research Fund.

**DEPARTMENT OF CORRECTIONS
TOTAL**

\$530,972

EDUCATION, DEPARTMENT OF

Alcohol and Drug Education Services

Positions	(16.0)
Personal Services	\$571,109
All Other	540,089
Capital Expenditures	20,000

Provides funds previously allocated from the Alcoholism Prevention, Education, Treatment and Research Fund.

**DEPARTMENT OF EDUCATION
TOTAL**

\$1,131,198

EXECUTIVE DEPARTMENT

Office of Substance Abuse

Positions	(4.0)
Personal Services	\$110,496
All Other	3,102,108

TOTAL \$3,212,604

Provides funds previously allocated from the Alcoholism Prevention, Education,

Treatment and Research Fund to the Department of Human Services.

Deappropriates funds transferred to the Office of Substance Abuse within the Executive Department.

Office of Substance Abuse

Positions	(1.0)
Personal Services	\$42,097
All Other	89,934
Capital Expenditures	7,361
TOTAL	<u>\$139,392</u>

Provides for the transfer of funds previously appropriated to the Alcohol and Drug Abuse Planning Committee within the Department of Human Services.

Alcoholism and Drug Abuse Prevention - Human Services

Positions	(-9.0)
Personal Services	(\$274,933)
All Other	(2,163,047)
Capital Expenditures	(1,089)
TOTAL	<u>(\$2,439,069)</u>

Deappropriates funds transferred to the Office of Substance Abuse within the Executive Department.

Office of Substance Abuse

Positions	(9.0)
Personal Services	\$274,933
All Other	2,163,047
Capital Expenditures	1,089
TOTAL	<u>\$2,439,069</u>

Provides for the transfer of funds previously appropriated to the Office of Alcoholism and Drug Abuse Prevention within the Department of Human Services.

Division of Driver Education Evaluation Programs

Positions	(-1.0)
Personal Services	(\$29,269)

Deappropriates funds transferred to the Office of Substance Abuse within the Executive Department.

Office of Substance Abuse

Positions	(1.0)
Personal Services	\$29,269

Provides for the transfer of funds previously appropriated to the Division of Driver Education Evaluation Programs within the Department of Human Services.

DEPARTMENT OF HUMAN SERVICES

TOTAL	<u>(\$2,607,730)</u>
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MENTAL HEALTH AND MENTAL RETARDATION, DEPARTMENT OF

Mental Health Services - Community

Positions	(1.0)
Personal Services	\$47,852
All Other	775,949

Provides funds previously allocated from the Alcoholism Prevention, Education, Treatment and Research Fund.

EXECUTIVE DEPARTMENT

TOTAL	<u>\$5,820,334</u>
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HUMAN SERVICES, DEPARTMENT OF

Alcohol and Drug Planning

Positions	(-1.0)
Personal Services	(\$42,097)
All Other	(89,934)
Capital Expenditures	(7,361)
TOTAL	<u>(\$139,392)</u>

DEPARTMENT OF

MENTAL HEALTH AND MENTAL RETARDATION

TOTAL	<u>\$823,801</u>
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TOTAL APPROPRIATIONS

<u>\$5,698,575</u>

Sec. C-9. Allocation. The following funds are allocated from the Alcoholism Prevention, Education, Treatment and Research Fund to carry out the purposes of this Act.

	1990-91
CORRECTIONS, DEPARTMENT OF	
Correctional Services	
Positions	(-4.5)
Personal Services	(\$128,471)
All Other	(411,827)
Deallocation of funds to account for the undedication of the Alcoholism Prevention, Education, Treatment and Research Fund.	
DEPARTMENT OF CORRECTIONS TOTAL	<u>(\$540,298)</u>

EDUCATION, DEPARTMENT OF	
Alcohol and Drug Education Services	
Positions	(-16.0)
Personal Services	(\$571,109)
All Other	(560,164)
Capital Expenditures	(20,000)
Deallocation of funds to account for the undedication of the Alcoholism Prevention, Education, Treatment and Research Fund.	
DEPARTMENT OF EDUCATION TOTAL	<u>(\$1,151,273)</u>

HUMAN SERVICES, DEPARTMENT OF	
Alcohol and Drug Planning	
Positions	(-4.0)
Personal Services	(\$110,496)
All Other	(128,827)
TOTAL	<u>(\$239,323)</u>
Deallocation of funds to account for the undedication of the Alcoholism Prevention, Education, Treatment and Research Fund.	

Alcoholism and Drug Abuse Prevention - Human Services	
All Other	(\$3,029,244)
Deallocation of funds to account for the undedication of the Alcoholism Prevention, Education, Treatment and Research Fund.	

DEPARTMENT OF HUMAN SERVICES TOTAL	<u>(\$3,268,567)</u>
MENTAL HEALTH AND MENTAL RETARDATION, DEPARTMENT OF	
Mental Health Services - Community	
Positions	(-1.0)
Personal Services	(\$47,852)
All Other	(790,313)
Deallocation of funds to account for the undedication of the Alcoholism Prevention, Education, Treatment and Research Fund.	

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION TOTAL	<u>(\$838,165)</u>
TOTAL ALLOCATIONS	<u>(\$5,798,303)</u>

Sec. C-10. Allocation. The following funds are allocated from Federal Block Grant funds to carry out the purposes of this Act.

	1990-91
EXECUTIVE DEPARTMENT	
Office of Substance Abuse	
Positions	(2.0)
Personal Services	\$64,812
All Other	24,391
TOTAL	<u>\$89,203</u>

Provides funds previously allocated to the Alcohol and Drug Abuse Planning Committee within the Department of Human Services.	
Office of Substance Abuse	
Positions	(2.0)
Personal Services	\$70,095
All Other	3,200,548
TOTAL	<u>\$3,270,643</u>

Provides funds previously allocated to the Office of Drug Abuse and Alcoholism Prevention within the Department of Human Services.	
EXECUTIVE DEPARTMENT TOTAL	<u>\$3,359,846</u>

HUMAN SERVICES, DEPARTMENT OF

Alcohol and Drug Planning

Positions	(-2.0)
Personal Services	(\$64,812)
All Other	(24,391)
TOTAL	(\$89,203)

Deallocates funds to provide for the transfer to the Office of Substance Abuse within the Executive Department.

Alcoholism and Drug Abuse Prevention - Human Services

Positions	(-2.0)
Personal Services	(\$70,095)
All Other	(3,200,548)
TOTAL	(\$3,270,643)

Provides funds previously allocated to the Office of Drug Abuse and Alcoholism Prevention within the Department of Human Services.

DEPARTMENT OF HUMAN SERVICES

TOTAL	(\$3,359,846)
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TOTAL ALLOCATIONS \$0

See title page for effective date.

CHAPTER 935

H.P. 1785 - L.D. 2455

An Act to Provide an Income Tax Credit for the Use of Reclaimed Wood Waste as Fuel

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

Sec. 1. 12 MRSA §8884, sub-§1-A is enacted to read:

1-A. Reclaimed waste wood and cedar waste report. A taxpayer claiming a credit under Title 36, section 5219-F shall submit an annual report to the Director of the Bureau of Forestry, initially by July 1, 1992, and during the month of January thereafter, specifying the source, volume and location of reclaimed wood waste or cedar waste for which a credit has been claimed.

Sec. 2. 36 MRSA §5219-F is enacted to read:

§5219-F. Reclaimed wood waste and cedar waste credit

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Reclaimed wood waste" means any green biomass materials derived from wood waste generated in the State in the ordinary course of production of merchantable lumber or pulpwood chips, not including slash material from logging residue, that have been deposited prior to July 1, 1987, in a wood waste pile or wood waste landfill located in the State, as certified by the Maine Forest Service.

B. "Cedar waste" means any green cedar mill waste material, not including slash material from logging residue that has been deposited prior to July 1, 1987, in a wood waste pile or wood waste landfill located in the State, as certified by the Maine Forest Service. The cedar waste must have been generated in the State in the ordinary course of processing cedar logs into merchantable products and does not otherwise have commercial value.

C. "Processor" means any person or legal entity that reclaims or processes reclaimed wood waste or cedar waste in order to render it suitable for use as a fuel.

D. "Green ton" means a ton of material that is ready to be introduced into a combustion unit.

E. "Wood combustion facility" means a combustion facility designed to burn wood or wood fiber material as its primary fuel and burns wood or wood fiber at least 95% of the time.

2. Credit allowed. A taxpayer is allowed a credit against the tax imposed by this Part for each taxable year equal to \$5 per green ton of reclaimed wood waste or cedar waste purchased by the taxpayer and delivered to the taxpayers' wood combustion facilities for use within the State as a fuel for the generation of electric or thermal energy. In the case of an affiliated group of corporations engaged in a unitary business, the credit must be applied against the total tax liability of all the taxable corporations in the affiliated group.

For the purpose of certifying eligibility for the credit, the taxpayer shall file with the Maine Forest Service a statement of the total tonnage of reclaimed waste wood or cedar waste purchased and delivered for use as fuel, evidenced by purchase receipts and delivery weights recorded at the place of consumption; the source of the waste material as registered with the Maine Forest Service in accordance with subsection 4; and any other information the Maine Forest Service may require by rule. The Maine Forest Service shall then issue a certificate of eligibility to the taxpayer indicating the amount of credit to which the taxpayer is entitled. This certificate must be filed with the State Tax Assessor at the time the credit is claimed by the taxpayer.