

LAWS

OF THE

STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-FIRST LEGISLATURE

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shall attempt to contact the family or legal guardian, if appropriate, to begin services to the youth and family or legal guardian and shall promptly file a petition to commence court proceedings.

A. If the court finds that a youth is in need of services and is in imminent danger of serious physical, mental or emotional injury or, is at risk of prosecution for a juvenile offense <u>or is abusing</u> alcohol or drugs and is at risk of serious harm as a result, the court shall order that a service provider offer appropriate services to the youth and the youth's family or legal guardian if appropriate.

B. In a proceeding brought under this subsection, if the court orders a service provider to offer appropriate services to a youth or the youth's family or legal guardian, the court may not order secure residential placement or inpatient treatment or order a youth to participate in services or enter an order of enforcement or contempt.

Sec. 4. 22 MRSA §4099-C, sub-§5, as enacted by PL 2003, c. 451, Pt. P, §3, is amended to read:

5. Reporting. The department shall report by October 1, 2003 and annually thereafter to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the number and nature of preliminary assessments, safety plans and court proceedings under this section. Beginning October 1, 2004, the report must include summary statistics on the number and characteristics of youth who refuse services under this section, including demographic information, reason for referral, assessed needs and stated reason for refusal of services. The report must include safety plans and court proceedings under this section. The report must include recommendations for policy initiatives, rulemaking and legislative action for youth in need of services.

Sec. 5. 22 MRSA §4099-C, sub-§6 is enacted to read:

6. Data. The department shall collect data on the number and characteristics of youth who refuse services under this section, including demographic information, reason for referral, assessed needs and stated reason for refusal of services. The department shall share the data collected under this subsection with the Department of Behavioral and Developmental Services, Office of Substance Abuse no later than October 1, 2004 and every 6 months thereafter.

Sec. 6. Provider training. The Department of Behavioral and Developmental Services, Office of Substance Abuse shall increase training for providers in motivational therapy, family therapy and other evidence-based practices that are effective with reluctant adolescent clients. The Department of Human Services and the Office of Substance Abuse shall require joint training and communication between Youth in Need of Services Program providers and substance abuse services providers regarding methods to engage reluctant youth in treatment.

Sec. 7. Provider incentives and information. The Department of Behavioral and Developmental Services, Office of Substance Abuse shall modify its contracts with substance abuse services providers to create incentives to increase recruitment and retention of adolescent clients who are reluctant to engage in treatment. The Office of Substance Abuse also shall provide information and support to substance abuse treatment providers to increase services provided to parents of adolescent clients, with or without the adolescents' involvement.

Sec. 8. Parent outreach and education. The Department of Behavioral and Developmental Services, Office of Substance Abuse shall conduct outreach and education to help parents of children who are abusing drugs to locate and access resources to address substance abuse, including treatment, selfhelp, skill development and support groups for themselves and their children.

Sec. 9. Report required. The Department of Behavioral and Developmental Services, Office of Substance Abuse shall report by October 1, 2004 to the Joint Standing Committee on Health and Human Services on the status of implementation of this Act.

See title page for effective date.

CHAPTER 562

H.P. 1293 - L.D. 1771

An Act Regarding Child Support Collection Practices

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

Sec. 1. 19-A MRSA §2109 is enacted to read:

§2109. Limitations on collection of child support

A person other than an employee of the department who enters into an agreement with another to collect child support is subject to the following limitations.

1. Fee limitation. In a contingent-fee contract for the collection of child support, the fee may be based only upon the amount of unpaid past child support arrearage calculated as of the date when the contract is signed. A fee may not be based on current or future child support payments and may be assessed only on funds actually received by the child support obligee.

2. Collection practices limitations. Each person who enters into an agreement with another to collect child support is subject to the provisions of Title 32, chapter 109-A if either the support obligee or the support obligor is a resident of this State.

3. Requirement for written contract. Each agreement between a person who collects or offers to collect child support and a child support obligee must be in writing, dated and signed by the support obligee. The contract must contain a full and detailed description of the services to be performed for the support obligee and the terms and conditions of payment. The contract may not contain a penalty for termination at any time by the support obligee.

4. Basis of compensation. A collector of child support obligations may not impose a charge or fee for any child support payments collected primarily through the efforts of a governmental agency.

Sec. 2. 32 MRSA §11002, sub-§5, as enacted by PL 1985, c. 702, §2, is amended to read:

5. Debt. "Debt" means any obligation or alleged obligation of a consumer to pay money arising out of a transaction in which the money, property, insurance or services which that are the subject of the transaction are primarily for personal, family or household purposes, whether or not the obligation has been reduced to judgment. "Debt" includes any obligation or alleged obligation for payment of child support owed to, or owed by, a resident of this State.

See title page for effective date.

CHAPTER 563

H.P. 1219 - L.D. 1642

An Act To Provide an Exemption to the Laws Governing Patient Confidentiality Regarding Certain Former Patients of the State Mental Institutions

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

Sec. 1. 34-B MRSA §1207, sub-§1, ¶F, as amended by PL 1989, c. 335, §2, is further amended to read:

F. Nothing in this subsection precludes the disclosure or use of any information, including recorded or transcribed diagnostic and therapeutic interviews, concerning any client in connection with any educational or training program established between a public hospital and any college, university, hospital, psychiatric or counseling clinic or school of nursing, provided that, in the disclosure or use of the information as part of a course of instruction or training program, the client's identity remains undisclosed; and

Sec. 2. 34-B MRSA §1207, sub-§1, ¶G, as enacted by PL 1989, c. 335, §3, is amended to read:

G. Information shall <u>must</u> be disclosed to the executive director and the members of the subcommittees on institutes and quality assurance of the Maine Commission on Mental Health for the purpose of carrying out the commission's statutory duties-<u>; and</u>

Sec. 3. 34-B MRSA §1207, sub-§1, ¶H is enacted to read:

H. The names and dates of death of individuals who died while patients at the Augusta Mental Health Institute, the Bangor Mental Health Institute or the Riverview Psychiatric Center may be made available to the public in accordance with rules adopted by the department. The rules must require the department to notify the public regarding the release of the information and to maintain the confidentiality of information concerning any deceased individual whose surviving relatives notify the department that they object to public disclosure. Rules adopted pursuant to this paragraph are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

See title page for effective date.

CHAPTER 564

H.P. 1261 - L.D. 1739

An Act To Clarify the Requirements of the Behavioral Treatment and Safety Device Review Teams for Persons with Mental Retardation or Autism

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

Sec. 1. 34-B MRSA §5605, sub-§13, ¶B, as amended by PL 2003, c. 368, §1, is further amended to read:

B. Treatment programs involving the use of noxious or painful stimuli or other aversive or severely intrusive techniques, as defined in de-