

LAWS

OF THE

STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-SECOND LEGISLATURE

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PUBLISHED BY THE REVISOR OF STATUTES IN ACCORDANCE WITH MAINE REVISED STATUTES ANNOTATED, TITLE 3, SECTION 163-A, SUBSECTION 4.

> Penmor Lithographers Lewiston, Maine 2006

CHAPTER 147

H.P. 1096 - L.D. 1555

Resolve, Directing the Department of Health and Human Services To Review How It Handles Services Provided to Persons with Developmental Disabilities and Mental Retardation

Sec. 1. Publication of interpretations. Resolved: That the Department of Health and Human Services shall publish on its publicly accessible website all interpretations of the application of the principles by which providers of developmental disabilities and mental retardation services are paid by the department. This requirement applies to all interpretations issued beginning October 1, 2006; and be it further

Sec. 2. Medication administration. Resolved: That the Department of Health and Human Services, Division of Licensing and Certification and offices of that department dealing with mental retardation services, in collaboration with the Maine Association for Community Service Providers and the Maine Developmental Disabilities Nurses Network, shall develop a curriculum for medication administration designed to meet the needs of persons with developmental disabilities and mental retardation; and be it further

Sec. 3. Cost of living. Resolved: That, beginning with calendar year 2007, the Commissioner of Health and Human Services shall determine whether cost-of-living adjustments for providers of developmental disabilities and mental retardation services will be included in the department's budget request that is submitted to the Governor. This requirement applies to all services, whether funded wholly or partially from the General Fund.

See title page for effective date.

CHAPTER 148

H.P. 597 - L.D. 846

Resolve, Regarding Hospital Free Care Guidelines

Sec. 1. Rules. Resolved: That by October 1, 2006 the Department of Health and Human Services shall amend its rules on hospital free care guidelines to provide for eligibility for free care for persons below 150% of the federal nonfarm income official poverty line as determined by the United States Secretary of Health and Human Services pursuant to the Omnibus

Budget Reconciliation Act of 1981. Rules adopted pursuant to this section are routine technical rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

See title page for effective date.

CHAPTER 149

H.P. 1214 - L.D. 1707

Resolve, Directing the Commissioner of Health and Human Services To Develop Strategies To Keep Senior Citizens Safe from Falls

Sec. 1. Falls Prevention Coalition. Resolved: That the Commissioner of Health and Human Services shall appoint a statewide coalition to be known as the Falls Prevention Coalition. The coalition must include the current membership of the Southern Maine Area Agency on Aging's Project Advisory Committee for the "A Matter of Balance" project with additional participation from the longterm care ombudsman associated with the Department of Health and Human Services, Bureau of Elder and Adult Services, Maine Medical Association, Maine Hospital Association, Northern New England Association of Homes and Services for the Aging, Maine Health Care Association and others as appropriate to develop a broad-based coalition with expertise to review and serve as a vetting panel for additional falls prevention initiatives.

The Falls Prevention Coalition under the direction of the Department of Health and Human Services, Office of Elder Services shall conduct a review of the effects of falls of older adults on health care costs, the potential for reducing the number of falls of older adults and the most effective strategies for reducing falls and health care costs associated with falls. The Falls Prevention Coalition shall:

1. Consider strategies to improve the identification of older adults who have a high risk of falling;

2. Consider strategies to improve data collection and analysis to identify fall risk, health care cost data and protective factors;

3. Consider strategies to maximize the dissemination of proven, effective fall prevention interventions and identify barriers to those interventions;

4. Assess the risk and measure the incidence of falls occurring in various settings;

5. Identify evidence-based community programs designed to prevent falls among older adults;

6. Review falls prevention initiatives for community-based settings, including: the Senior Fall Prevention Screening Kit, Minnesota; Slips, Trips and Falls - Avoid Them All - Designing and Implementing a Community Based Multifactorial Falls Reduction Intervention Program, New Hampshire; Health, Education, Research Outreach for Seniors - Reducing Falls and Serious Injuries, Temple University; and the Connecticut Collaboration for Fall Prevention, Yale School of Medicine; and

7. Examine the components and key elements of the above falls prevention initiatives, consider their applicability in Maine and develop strategies for pilot testing, implementation and evaluation; and be it further

Sec. 2. Report effects of falls on older adults in Maine. Resolved: That the Falls Prevention Coalition shall submit a report to the Commissioner of Health and Human Services and the Joint Standing Committee on Health and Human Services, no later than November 2, 2006 that includes findings under section 1, recommendations and suggested legislation. The report must include recommendations for:

1. A statewide demonstration project assessing the utility of targeted fall risk screening and referral programs;

2. Intervention approaches, including physical activity, medication assessment and reduction of medication when possible, vision enhancement and home-modification strategies;

3. Programs that are targeted to fall victims who are at a high risk for 2nd falls and that are designed to maximize independence and quality of life for older adults, particularly those older adults with functional limitations; and

4. Programs that encourage partnerships to prevent falls among older adults and prevent or reduce injuries when falls occur.

The joint standing committee of the Legislature having jurisdiction over health and human services matters may report out legislation related to the report to the First Regular Session of the 123rd Legislature.

See title page for effective date.

CHAPTER 150

H.P. 1315 - L.D. 1875

Resolve, Regarding Substance Abuse Treatment Services

Sec. 1. Rules amendment. Resolved: That the Department of Health and Human Services, Office of Substance Abuse shall amend the rules regarding substance abuse services for persons receiving opioid treatment to:

1. With regard to the amount of counseling required of a participant in an opioid treatment program, increase the amount of counseling during the initial months of treatment, tapering to less frequent counseling as treatment progresses;

2. With regard to the process for relicensing an opioid treatment program, provide for opportunity for public input; and

3. With regard to the process for licensing an opioid treatment program, require consideration of the need for opioid treatment in the community or region, based on a needs assessment performed by the Office of Substance Abuse that analyzes drug use and treatment patterns for a number of years prior to the date of application for licensure.

See title page for effective date.

CHAPTER 151

S.P. 766 - L.D. 1986

Resolve, To Name the New Bridge over the Penobscot River

Sec. 1. Penobscot Narrows Bridge and Observatory Tower. Resolved: That the new bridge crossing the Penobscot River on U.S. Route 1 that replaces the Waldo-Hancock Bridge between the towns of Prospect and Verona Island and the westerly tower at the entrance to the bridge in Prospect be named the Penobscot Narrows Bridge and Observatory Tower; and be it further

Sec. 2. Signs erected. Resolved: That the Department of Transportation shall erect signs in both directions of access to the bridge that indicate the name under section 1.

See title page for effective date.