

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-FIFTH LEGISLATURE

FIRST REGULAR SESSION
December 1, 2010 to June 29, 2011

THE GENERAL EFFECTIVE DATE FOR
FIRST REGULAR SESSION
NON-EMERGENCY LAWS IS
SEPTEMBER 28, 2011

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

Augusta, Maine
2011

equipment, for information systems, for communications systems and for parking lots and garages must be excluded from the cost of the project in determining whether it is subject to review and prior approval. When capital costs subject to review exceed \$350,000 in one fiscal year, residential care facilities must submit plans, financial proposals and projected operating costs to the department for approval in order for costs to be reimbursed. The rules must require that, for an energy efficiency improvement to be reimbursable, the energy efficiency improvement is recommended as a cost-effective energy efficiency improvement in an energy audit or is determined to be cost-effective by the Efficiency Maine Trust established in the Maine Revised Statutes, Title 35-A, section 10103. The Department of Health and Human Services shall consult with the Efficiency Maine Trust in the amendment of the rules. The rules requiring modification are Chapter 115: Principles of Reimbursement for Residential Care Facilities - Room and Board Costs in Section 20.21(e) relating to energy efficiency improvements and Section 20.5 relating to new construction, acquisitions and renovations. The changes to the rules must be adopted on an emergency basis to be effective immediately upon adoption.

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.

Effective July 8, 2011.

CHAPTER 107

H.P. 711 - L.D. 967

Resolve, To Study the Cost of Providing Behavioral Health Care and Substance Abuse Services

Sec. 1. Review of emergency department usage. Resolved: That the Department of Health and Human Services, referred to in this resolve as "the department," shall consult with agencies and entities that possess relevant data regarding usage of hospital services and shall determine, on an annual basis, the number and percentage of persons who present at hospital emergency departments with behavioral health or substance abuse issues and the number and percentage of persons who present at hospital emergency departments for only behavioral health or substance abuse issues and the number and percentage of those persons who could be served through more appropriate community-based services; and be it further

Sec. 2. Work with stakeholders. Resolved: That the department shall work with a broad group of stakeholders to determine the reasons that persons present at hospital emergency departments for only

behavioral health or substance abuse issues, the barriers to care that prevent them from seeking care from more appropriate community-based services and the estimated potential cost savings associated with shifting care from hospital emergency departments to community-based services; and be it further

Sec. 3. Review best practice models. Resolved: That the department shall review best practice models for training emergency department personnel, for triage to determine appropriate care settings and, when appropriate, for diverting care to community-based services for persons who present for only behavioral health or substance abuse issues. The department shall pay special attention to consumer preference; peer support services; sharing of assessments, information and records among community-based services and hospitals; licensing, regulatory and contractual changes required for diversion to community-based services; and innovations to address the requirements of the federal Emergency Medical Treatment and Active Labor Act; and be it further

Sec. 4. Report; recommendations. Resolved: That, by June 1, 2012, the department shall report to the Joint Standing Committee on Health and Human Services recommendations for augmented community-based services, including peer support services, in at least 2 different best practice models for service delivery that could be funded by the cost savings identified in section 2 resulting from diversion from hospital emergency departments of cases better served through community-based services.

See title page for effective date.

CHAPTER 108

H.P. 638 - L.D. 841

Resolve, To Establish the Blue Ribbon Commission on Affordable Housing

Sec. 1. Commission established. Resolved: That, notwithstanding Joint Rule 353, the Blue Ribbon Commission on Affordable Housing, referred to in this resolve as "the commission," is established; and be it further

Sec. 2. Commission membership. Resolved: That the commission consists of the following 17 members appointed as follows:

1. Two members from the Senate, appointed by the President of the Senate. In making these appointments, the President shall give preference to a member of the Joint Standing Committee on Labor, Commerce, Research and Economic Development;
2. Two members from the House of Representatives, appointed by the Speaker of the House of Repre-