

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from electronic originals
(may include minor formatting differences from printed original)

LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-EIGHTH LEGISLATURE

SECOND SPECIAL SESSION
June 19, 2018 to September 13, 2018

THE GENERAL EFFECTIVE DATE FOR
SECOND SPECIAL SESSION
NON-EMERGENCY LAWS IS
DECEMBER 13, 2018

ONE HUNDRED AND TWENTY-NINTH LEGISLATURE

FIRST REGULAR SESSION
December 5, 2018 to June 20, 2019

THE GENERAL EFFECTIVE DATE FOR
FIRST REGULAR SESSION
NON-EMERGENCY LAWS IS
SEPTEMBER 19, 2019

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

Augusta, Maine
2019

101: MaineCare Benefits Manual, Chapter II, Section 19 to allow eligible members to receive services provided by spouses.

GENERAL FUND	2019-20	2020-21
All Other	\$13,994	\$29,388
GENERAL FUND TOTAL	\$13,994	\$29,388
FEDERAL EXPENDITURES FUND	2019-20	2020-21
All Other	\$24,664	\$51,794
FEDERAL EXPENDITURES FUND TOTAL	\$24,664	\$51,794

See title page for effective date.

**CHAPTER 103
S.P. 212 - L.D. 699**

**Resolve, To Provide for
Outreach Programs To Assist
Women at Risk of Giving Birth
to Substance-exposed Infants**

Sec. 1. Outreach and educational programs. Resolved: That the Department of Health and Human Services shall contract with a community-based nonprofit organization to develop outreach and educational programs regarding reproductive and sexual health care for women and adolescents at highest risk of experiencing an unintended pregnancy. All programming must emphasize the right to individual self-determination regarding family planning and childbearing. Programming must be targeted to women and adolescents who are:

1. Experiencing substance use disorder;
2. Experiencing homelessness;
3. Involved in the correctional system; or
4. Experiencing other circumstances that indicate a need for family planning services.

Sec. 2. Appropriations and allocations. Resolved: That the following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES,
DEPARTMENT OF**

**Maine Center for Disease Control and Prevention
0143**

Initiative: Provides an appropriation for a contract with an entity to develop outreach and educational programs regarding reproductive and sexual health care for women and adolescents at highest risk of experiencing an unintended pregnancy with a focus on women in danger of giving birth to a substance-exposed infant.

FUND FOR A HEALTHY MAINE	2019-20	2020-21
All Other	\$160,000	\$160,000
FUND FOR A HEALTHY MAINE TOTAL	\$160,000	\$160,000

See title page for effective date.

**CHAPTER 104
H.P. 603 - L.D. 829**

**Resolve, To Reestablish the
Commission To Improve the
Sentencing, Supervision,
Management and
Incarceration of Prisoners**

Sec. 1. Commission established. Resolved: That, notwithstanding Joint Rule 353, the Commission To Improve the Sentencing, Supervision, Management and Incarceration of Prisoners, referred to in this section as "the commission," is established.

1. Commission membership. The commission consists of 20 members as follows:

- A. Two members of the Senate appointed by the President of the Senate;
- B. Two members of the House of Representatives, at least one of whom is a sponsor or cosponsor of this legislation, appointed by the Speaker of the House of Representatives;
- C. The Attorney General or the Attorney General's designee;
- D. The Commissioner of Corrections or the commissioner's designee;
- E. The Commissioner of Health and Human Services or the commissioner's designee;
- F. The Director of Adult Community Corrections within the Department of Corrections or the director's designee;
- G. Nine individuals appointed by the Governor:
 - (1) A representative of a statewide association of prosecutors nominated by the association;

- (2) A representative of a statewide association of county commissioners nominated by the association;
- (3) A representative of a statewide association of county sheriffs nominated by the association;
- (4) A representative of a statewide association of criminal defense lawyers nominated by the association;
- (5) A representative of a statewide organization representing people with mental illness and their families;
- (6) A member of the public;
- (7) A representative of a statewide organization working to end domestic violence;
- (8) A representative of a statewide organization working to end sexual assault; and
- (9) A member of a federally recognized tribe in the State; and

H. The commission shall invite the Chief Justice of the Supreme Judicial Court to serve or name a designee to serve as a voting member of the commission and to appoint 2 trial judges or their designees to serve as voting members of the commission.

2. Appointments; chair; meetings. All appointments must be made no later than 30 days following the effective date of this resolve. The first-named Senate member is the Senate chair and the first-named House member is the House chair of the commission, who shall call and convene the first meeting of the commission no later than 30 days after appointments of all members. The commission may hold up to 6 meetings, which, at the discretion of the chairs, may include public hearings.

3. Duties. The duties of the commission are as follows.

A. The commission shall conduct research and prepare recommendations addressing the following goals:

- (1) Reducing the overall juvenile and adult prison population in both state and county facilities, with a focus on lowering the population of nonviolent prisoners;
- (2) Reducing the overall cost of the corrections system;
- (3) Accomplishing policy, program and structural improvements that reduce recidivism and improve the transition of prisoners back into the community;
- (4) Preserving community safety;

(5) Respecting the needs of victims and communities in the process of holding prisoners accountable for their actions; and

(6) Developing recommendations that address the factors leading to increasing juvenile and adult prisoner populations at both the county or regional jail and state prison levels, the impact of current sentencing laws, the use of alternate sentences and means to reduce recidivism, in particular recidivism caused by mental illness and substance use disorder.

B. To accomplish its purpose, the commission shall examine multiple strategies for addressing issues related to the continually and rapidly increasing prisoner populations at both the county or regional jail and state prison levels, including diversion from juvenile corrections, diversion from jail or prison, programming to improve reentry from jail or prison back to the community, community alternatives to incarceration and changes in sentencing laws, policies and practices. In conducting its examination, the commission shall:

(1) Study factors leading to increasing juvenile and adult prisoner populations in state and county correctional facilities; examine and analyze the prisoner population and projected growth at both the county or regional jail and state prison levels to include offenses, length of sentence and other issues, such as mental illness and substance use disorder, that lead to incarceration or reincarceration; and identify trends in the prisoner population and determine what impact these changes will have on future growth;

(2) Examine factors linking juvenile and adult prisoner populations;

(3) Review existing program and treatment levels for the prisoner population and recommend improvements based on projected need and effective programs supported by research; and

(4) Consult with and seek input from former prisoners as well as from organizations advocating for persons with mental illness.

4. Staff assistance. The Department of Corrections shall provide necessary staffing services to the commission.

5. Compensation. The members of the commission who are Legislators are entitled to the legislative per diem, as defined in the Maine Revised Statutes, Title 3, section 2, and reimbursement for necessary expenses incurred for their attendance at authorized meetings of the commission. Members of the commission who are not otherwise compensated by their

employers or other entities that they represent are entitled to receive reimbursement of necessary expenses incurred for their attendance at authorized meetings.

6. Report. No later than December 4, 2019, the commission shall submit a report detailing its findings and recommendations, including any proposed legislation, to the Joint Standing Committee on Criminal Justice and Public Safety and to the Joint Standing Committee on Judiciary, each of which may report out legislation related to the report to the Second Regular Session of the 129th Legislature.

See title page for effective date.

CHAPTER 105

H.P. 965 - L.D. 1337

**Resolve, To Save Lives by
Establishing a Homeless
Opioid Users Service
Engagement Pilot Project
within the Department of
Health and Human Services**

Sec. 1. Homeless opioid users service engagement pilot project. Resolved: That there is established within the Department of Health and Human Services a homeless opioid users service engagement pilot project to provide 50 opioid users who are among the most vulnerable and unstable in the State rapid access to low-barrier treatment for substance use disorders and stable housing to support their recovery.

1. Definitions. As used in this resolve, the following terms have the following meanings.

A. "Department" means the Department of Health and Human Services.

B. "Individuals who are experiencing homelessness" means adults, unaccompanied youth and families with children who lack a fixed, regular and adequate nighttime residence or who are at risk of imminently losing their primary nighttime residence, including those who are sharing another person's dwelling on a temporary basis under which permission to remain is contingent upon the hospitality of the primary leaseholder or owner and can be rescinded at any time without notice. "Individuals who are experiencing homelessness" includes individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking or another dangerous or life-threatening situation involving violence against the individual or a member of the family. "Individuals who are experiencing homelessness" also includes individuals who are exiting an institution where the individual resided for 90

or fewer days and who resided in an emergency shelter or place not meant for human habitation immediately before entering the institution.

C. "Lead provider" means a social service or health care provider that is selected by the department and that executes a social service contract with the department to implement the pilot project.

D. "Medication-assisted treatment" means the evidence-based, whole-patient approach to the treatment of substance use disorder that combines counseling and behavioral therapies with medications approved by the federal Food and Drug Administration for the treatment of substance use disorder, such as buprenorphine and naloxone combination drugs, methadone or naltrexone.

E. "Partner provider" means a social service or health care provider with expertise in all or a portion of the services provided in the pilot project and that executes a subcontract with a lead provider to provide those services.

F. "Pilot project" means the homeless opioid users service engagement pilot project established in this section.

G. "Recovery" means a process of change through which an individual improves the individual's health and wellness, lives a self-directed life and strives to reach the individual's full potential.

2. Social service contracts. The department shall issue a request for proposals and implement the pilot project through social service contracts.

3. Service location. The pilot project must provide services in both an urban area and a rural area of the State where social service and health care providers who can successfully implement the pilot project are located. In selecting the areas of the State, the department shall determine which areas of the State have the greatest need based upon the geographic location of opioid users who are individuals who are experiencing homelessness and the extent of emergency services use by those individuals. The department may select one lead provider to implement the pilot project in both the urban area and the rural area or it may select separate lead providers for the urban area and the rural area.

4. Lead providers. The lead provider or providers with which the department executes social service contracts are responsible for implementing the pilot project and accounting for pilot project funds. To qualify for selection by the department as a lead provider, a social service or health care provider must demonstrate the ability to implement all aspects of the pilot project successfully. A lead provider may subcontract with partner providers to implement portions of the