

# MAINE STATE LEGISLATURE

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**LAWS**  
**OF THE**  
**STATE OF MAINE**

**AS PASSED BY THE**

**ONE HUNDRED AND THIRTIETH LEGISLATURE**

**FIRST REGULAR SESSION**  
**December 2, 2020 to March 30, 2021**

**FIRST SPECIAL SESSION**  
**April 28, 2021 to July 19, 2021**

**THE GENERAL EFFECTIVE DATE FOR**  
**FIRST REGULAR SESSION**  
**NON-EMERGENCY LAWS IS**  
**JUNE 29, 2021**

**THE GENERAL EFFECTIVE DATE FOR**  
**FIRST SPECIAL SESSION**  
**NON-EMERGENCY LAWS IS**  
**OCTOBER 18, 2021**

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

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**Augusta, Maine**  
**2021**

**CHAPTER 457  
S.P. 533 - L.D. 1712**

**An Act To Support Children's  
Healthy Development and  
School Success**

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

**Sec. 1. 22 MRSA c. 1064** is enacted to read:

**CHAPTER 1064**

**HELP MAINE GROW SYSTEM**

**§3921. Help Maine Grow System established**

**1. Help Maine Grow System established.** The Help Maine Grow System, referred to in this chapter as "the system," is established in the department as a comprehensive, statewide, coordinated system of early identification, referral and follow-up for all children from prenatal care up to 8 years of age and their families. The system must emphasize:

A. Increasing access to the early periodic screening, diagnosis and treatment services required by Medicaid on a schedule recommended by the American Academy of Pediatrics or its successor organization; and

B. In support of the Department of Education's child find efforts, increasing access and referrals to early intervention services as established and required pursuant to Title 20-A, sections 7209 and 7252-A.

In developing and administering the system, the department shall maintain affiliate status with a national center that offers a system that includes technical assistance and develop a cross system model for strengthening early childhood systems and services to meet the needs of children and families and meet any requirements necessary to maintain fidelity to the system offered by the national center.

**2. Staffing; coordination.** The department shall provide staffing services necessary to meet the needs of children and families and to work collaboratively across offices within the department, the Children's Cabinet established in Title 5, section 19131, the Department of Education and other applicable departments.

**§3922. Duties of system**

The system shall:

**1. Expansion of services.** Increase the percentage of children screened for developmental, social or emotional issues at all appropriate locations, including, but not limited to, early childhood education facilities, child care facilities, Head Start facilities, Early Head Start facilities, regional sites of the Child Development Services System under Title 20-A, section 7209, subsection

3 and health care providers to ensure access to early periodic screening, diagnosis and treatment and other related services to promote children's healthy development. For purposes of this section, "Head Start" means a program operated under 42 United States Code, Sections 9831 to 9852c and "Early Head Start" means a program under 42 United States Code, Section 9840a;

**2. Coordinated system.** Develop a coordinated system of early identification, referral and follow-up services across early childhood education, child care facilities, home visitor services as defined in section 3931, subsection 2, paragraph P, Head Start, Early Head Start, the Child Development Services System under Title 20-A, section 7209, subsection 3, health care providers and family supports;

**3. Delivery of services.** Improve the delivery of services covered by early periodic screening, diagnosis and treatment required by Medicaid and other related services to promote children's healthy development;

**4. Centralized access point.** Develop a centralized access point for families, caregivers and professionals to obtain information about early periodic screening, diagnosis and treatment services. The centralized access point must be available by telephone, the Internet and other communication platforms;

**5. Electronic directory.** Compile and maintain an electronic directory of resources with respect to service providers and use appropriate methods of communication to assist families and caregivers and connect them with early intervention services, primary care and appropriate early periodic screening, diagnosis and treatment services to children at risk; and

**6. Data collection.** Collect data necessary to align the system with evaluation requirements from the national center under section 3921, subsection 1 as well as identify gaps in services by type and region and barriers to obtaining appropriate services.

**§3923. Annual reports**

The department shall submit any annual and evaluation reports provided by the department to the national center under section 3921, subsection 1 to the joint standing committees of the Legislature having jurisdiction over health and human services matters and education matters, no later than December 15th of each year, beginning in 2022. The joint standing committees are authorized to report out legislation in any legislative session.

**Sec. 2. 22 MRSA c. 1065** is enacted to read:

**CHAPTER 1065**

**FIRST 4 ME EARLY CARE AND EDUCATION PROGRAM**

**§3931. First 4 ME Early Care and Education Program**

**1. Program established.** The First 4 ME Early Care and Education Program is established under the department to provide funding to projects in order to achieve efficiencies, create opportunities and improve social, emotional, educational and health outcomes for children under 6 years of age and the children's families through the provision of comprehensive, high-quality early child care and education by funding a holistic, whole family approach that integrates comprehensive resources and services into traditional child care center and family child care settings that improve outcomes for children, families and early childhood educators.

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

A. "At risk" means, with regard to a person, that the person is a member of an economically disadvantaged family, a recipient or former recipient of services under the child protection or child welfare system of the State, in foster care, homeless, a member of a family exposed to substance use disorder, identified as having special needs, identified as having a physical or mental disability or identified as having limited English proficiency.

B. "Child" means a person under 6 years of age who has not entered kindergarten.

C. "Child care center" has the same meaning as in section 8301-A, subsection 1-A, paragraph A.

D. "Community" means a geographical area represented by a community coalition and served or to be served by a project.

E. "Community coach" means an employee of or contractor with a community contractor who is trained under subsection 11 and performs administrative functions in carrying out the duties of a project.

F. "Community coalition" means a group of stakeholders, service providers or other members within a community under subsection 7 that sponsors and collaborates in the implementation and administration of a project.

G. "Community contractor" means a nonprofit organization that is the applicant and responsible lead member of a community coalition for a project.

H. "Community provider" means a child care center, family child care provider or other service provider that has entered into a contract with a community contractor to provide services as part of a project.

I. "Comprehensive, high-quality early child care and education" means supportive, intergenerational, age-appropriate, research-based interaction

and teaching practices provided by a licensed provider of child care under section 8301-A that focus on all domains of learning, and includes embedded professional development, family engagement in a child's learning and progress toward family goals, using data to inform teaching practices and a holistic approach to a child's physical, mental and dental health.

J. "Economically disadvantaged" means having a family income not exceeding 185% of the federal poverty level as defined in section 3762, subsection 1, paragraph C.

K. "Embedded professional development" means an activity performed by a community coach to encourage rule-specific knowledge, skills and dispositions to support responsive caregiving and developmentally appropriate teaching practices implemented for learning that is integrated into the work day, consists of assessing and finding solutions for authentic and immediate problems of practice as part of a cycle of continuous improvement and is grounded in day-to-day teaching practice designed to enhance a teacher's or caregiver's practices with the intent of improving children's social, emotional and cognitive development.

L. "Family" means a child, the child's parent and all people living in the household of the child who are supported by the income of the child's parent and related to the child or child's parent by blood, marriage or adoption.

M. "Family child care provider" has the same meaning as in section 8301-A, subsection 1-A, paragraph C.

N. "Homeless" has the same meaning as in the federal McKinney-Vento Homeless Assistance Act, 42 United States Code, Section 11302.

O. "Home visitor" means a person who provides services to a participant in the participant's home.

P. "Home visitor services" means interactions between a home visitor and a parent that on the part of the home visitor are nurturing, responsive and intentional and that support the parent in the parent's role as the primary teacher of the parent's child and assist the parent in using the parent's home and the community as the child's learning environment.

Q. "Parent" means the parent or parents of a child or the child's legal guardian, primary or authorized caregiver or foster parent or a person with whom the child has been placed for purposes of adoption pending a final adoption decree.

R. "Participant" means an eligible child under subsection 5 who has been accepted to participate in a project.

S. "Program" means the First 4 ME Early Care and Education Program established under subsection 1.

T. "Project" means the program as implemented in a community by a community contractor.

**3. Application requirements.** A community contractor shall submit an application for approval by the department to establish a project. An application for a project must include:

A. Sponsorship by a community coalition under subsection 7;

B. A provision for enrollment of an eligible person under subsection 5 who resides within the community of the community coalition under paragraph A;

C. An assessment evaluating data on and the demographics of the community of the community coalition under paragraph A to determine the needs of the population of eligible persons in the community regarding care, health care and education, the resources available in the community to address those needs and the ability of the project to address those needs using the project components under subsection 4;

D. An action plan based upon the assessment in paragraph C that states objectives, goals and intended outcomes and responds to the needs of the community using the available resources and incorporating the project components under subsection 4; and

E. A proposed 3-year budget to implement the action plan under paragraph D and operate the project.

**4. Project components.** Project components must include the following:

A. Service delivery as provided by:

(1) A child care center or family child care provider, for at least 48 weeks per year, 5 days per week excluding state holidays, available 10 hours per day and with up to 10 days of staff training; or

(2) Home visitor services, including group socialization activities that include a child and the child's parent, for at least 48 weeks per year. Services must focus on the parent-child relationship and be culturally and linguistically responsive.

A participant may receive service delivery under subparagraph (1) or (2) or both.

B. Screening and ongoing child assessments conducted in a manner that is responsive to a child's home language and culture. Screening must include an initial assessment of developmental, behavioral, motor, language, cognitive and social

and emotional skills to identify a delay in development in a child's skills or identify a disability that may require further evaluation. Ongoing assessment must monitor a child's development and progress toward individual goals with input from the child's family to determine a child's strengths and needs and possible adjustment of child care center and family child care provider teaching practices and home visit strategies and to support a referral to the Child Development Services System under Title 20-A, section 7209, subsection 3 when necessary;

C. Specialized support for participants, including for cultural and linguistic needs and for children with diagnosed or who have physical or mental disabilities or developmental delays. Support may include access to and participation in learning and social experiences and activities;

D. Family engagement practiced at all levels of the project, focusing on culturally and linguistically responsive relationship building within the family, including:

(1) Communicating effectively with members of a family;

(2) Forming positive goal-focused relationships with members of a family;

(3) Involving a parent in decision making, teaching practices, including screening, assessment and planning for interactions and learning environments, and implementing project services;

(4) Ensuring consistency between a child's home and comprehensive, high-quality early child care and education; and

(5) Ensuring project practices are responsive to a family's needs, including providing connections to employment and education supports;

E. Support for a child's immunization and preventive health and dental care by providing encouragement for a parent to comply with the department's early periodic screening, diagnosis and treatment program under section 3173; and

F. Transportation options to assist a family to travel to or from health care, child care or education services.

**5. Participant eligibility.** A participant in a project must be a child who is at risk and:

A. Who is receiving care in a facility licensed under section 8301-A; or

B. Whose parent requests home visitor services.

**6. Suspension; expulsion.** In accordance with rules issued by the department, if a child's behavior

threatens the health or safety of a participant, project staff member or other person, a project must follow the suspension and expulsion procedures under 45 Code of Federal Regulations, Section 1302.17.

**7. Community coalition; membership.** A community coalition shall assist and support a community contractor in sponsoring, developing and submitting a project application under subsection 3, including a community assessment and supporting comprehensive, high-quality early child care and education in the community. Membership of a community coalition must include the community contractor, who is the lead member of the community coalition, and at least one:

- A. Representative of the local business community;
- B. Child care center;
- C. Family child care provider;
- D. Parent of a child using early childhood services;
- E. Home visitor;
- F. Mental health care provider;
- G. Public school administrator;
- H. Health care provider;
- I. Representative of an organization that supports workforce development;
- J. Provider of services under the federal Individuals with Disabilities Education Act, Part B or Part C;
- K. Provider of professional development to early child care and education professionals; and
- L. If available in the community, a faculty member of a career and technical center or higher education institution specializing in early childhood.

A member of a community coalition must be located or operate within the community represented by the community coalition. A community coalition may include a local government staff member or a representative of an agency that provides services to or a local judicial staff member who has engaged with an at-risk population, a library or local literacy program staff member, an elementary school teacher, a representative of adult education or other similar member of the community.

**8. Community contractor.** A community contractor shall have adequate infrastructure and qualified and credentialed staff to carry out the duties under this subsection. Duties of a community contractor include:

- A. Representing and being the responsible member for the community coalition;
- B. Submitting an application under subsection 3;
- C. Being the lead member and coordinator of a community coalition and the coalition's activities;

D. Contracting for and ensuring implementation of high-quality services with community providers;

E. Employing or contracting for all required services;

F. Implementing and maintaining a data system to collect and report aggregate data regarding child, family and provider information, activities and outcomes; and

G. Participating in a collective, Internet-based system that captures data from all project locations in a manner that protects the confidentiality of information of participants.

**9. Community contractor staff requirements.** Community contractor staff requirements include:

A. For education services supporting a child care center or family child care provider, a bachelor's degree or advanced degree in early childhood education or a related field with equivalent course work and experience in early childhood development;

B. For health-related services supporting a child care center or family child care provider, training and experience in public health, nursing, health education, maternal and child health or health administration and:

- (1) If the staff member performs a health care procedure or provides health care services, licensure or certification authorizing the member to perform the procedure or provide the service;
- (2) If the staff member provides nutrition services, licensure, registration or certification as a dietitian or nutritionist; and
- (3) If the staff member provides mental health services, licensure or certification as a mental health professional and experience in serving young children and families;

C. For family and community partnership services, training and experience in a field related to social, human or family services;

D. For disability services, a bachelor's degree and training and experience in securing and individualizing services for children with physical and mental disabilities; and

E. For home visitors, a bachelor's degree in human services or a related field and experience in the provision of home visitor services and knowledge of infant and child development.

A staff member, including a community coach under subsection 11, may be an employee of the community contractor or another person who contracts with the community contractor to provide services under this subsection.

**10. Community provider.** A community provider:

- A. Shall enter into a contract with a community contractor to provide services to a project;
- B. Must be in good standing with the department's division of licensing and certification;
- C. Shall agree to meet the highest level of requirements for the department's quality rating system established pursuant to section 3737, subsection 3; and
- D. Shall agree to provide the community contractor with data on a participant or provider consented to under subsection 12 as requested by the contractor.

**11. Community coach.** The community contractor shall employ or contract with a community coach to provide information and training to a community provider. A community coach must receive training from a research-based early childhood program with experience in a comprehensive, high-quality early child care and education program.

**12. Consent to data.** A community provider or community contractor may not use personally identifying data derived from services provided to a participant without the consent of a participant's parent. A community provider or community contractor may not use the personally identifying data derived from services provided to the family of a participant without the consent of the parent.

**13. Funding.** The department shall seek and apply for available federal funds or funds from any other sources to pay the costs of projects. To the maximum extent possible, the department shall use state funds received for the projects to maximize its receipt of federal funds to be used for the projects. A community coalition may accept grant funding or other funding as appropriate from the Federal Government, a department, agency or office of State Government or a political subdivision of State Government or a private entity such as an individual, foundation or business.

**14. Administration.** The department may design program implementation in consultation with an independent evaluator that has experience or expertise in early care and education. In determining program outcomes and measures, the department shall craft guidelines to ensure the development of a common set of measures of core elements of evidence-based practices. Outcome data must include reports on specific subpopulations of children, including by gender, race, disability and dual language learners. The department and the Children's Cabinet established in Title 5, section 19131 shall facilitate data linkages relating to outcome data with the Department of Education to measure ongoing school outcome data.

**15. Rules.** The department shall adopt rules to carry out the purposes of this chapter. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

**Sec. 3. Pilot projects.** Pursuant to the Maine Revised Statutes, Title 22, section 3931, subsection 3, the Department of Health and Human Services shall request applications for a pilot project to commence January 1, 2023 to carry out the purposes of the First 4 ME Early Care and Education Program established under Title 22, chapter 1065. The department shall select up to 5 pilot projects from applications submitted. The department shall prioritize funding to a project that serves a community with high numbers or a high percentage of children who are economically disadvantaged or that effectively involves a wide variety of providers or other entities in the community, including school administrative units.

**Sec. 4. Report.** On or before October 2, 2024, a pilot project selected under section 3 shall report to the Department of Health and Human Services on the progress toward objectives, goals and outcomes of the project detailed in the project's proposal. On or before January 1, 2025, the department shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters regarding the project reports received under this section along with any recommended legislation. The committee may report out legislation based upon the department's report to the First Regular Session of the 132nd Legislature.

**Sec. 5. Appropriations and allocations.** The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES,  
DEPARTMENT OF**

**Child Care Services 0563**

Initiative: Provides funding for contracts with up to 5 pilot project providers in the First 4 ME Early Care and Education Program, beginning on January 1, 2023.

<b>FEDERAL BLOCK GRANT FUND</b>	<b>2021-22</b>	<b>2022-23</b>
All Other	\$0	\$2,925,000
<b>FEDERAL BLOCK GRANT FUND TOTAL</b>	<b>\$0</b>	<b>\$2,925,000</b>

**Child Care Services 0563**

Initiative: Provides funding for contracts for the Help Maine Grow System.

<b>FEDERAL BLOCK GRANT FUND</b>	<b>2021-22</b>	<b>2022-23</b>
All Other	\$452,500	\$273,750
<b>FEDERAL BLOCK GRANT FUND TOTAL</b>	<b>\$452,500</b>	<b>\$273,750</b>

**Child Care Services 0563**

Initiative: Provides allocations to establish one Social Services Manager I position, one Social Service Program Specialist II position, 3 DD Resource Coordinator positions and one Office Associate II position to manage the Help Maine Grow System.

<b>FEDERAL BLOCK GRANT FUND</b>	<b>2021-22</b>	<b>2022-23</b>
POSITIONS - LEGISLATIVE COUNT	6.000	6.000
Personal Services	\$404,328	\$564,857
All Other	\$34,597	\$46,486
<b>FEDERAL BLOCK GRANT FUND TOTAL</b>	<b>\$438,925</b>	<b>\$611,343</b>

**Child Care Services 0563**

Initiative: Provides allocations to establish one Social Services Manager I position, one Social Service Program Specialist II position and one Office Associate II position to manage the First 4 ME Early Care and Education Program and for all contracts required by the program.

<b>FEDERAL BLOCK GRANT FUND</b>	<b>2021-22</b>	<b>2022-23</b>
POSITIONS - LEGISLATIVE COUNT	3.000	3.000
Personal Services	\$206,138	\$288,143
All Other	\$17,353	\$23,323
<b>FEDERAL BLOCK GRANT FUND TOTAL</b>	<b>\$223,491</b>	<b>\$311,466</b>

<b>HEALTH AND HUMAN SERVICES, DEPARTMENT OF DEPARTMENT TOTALS</b>	<b>2021-22</b>	<b>2022-23</b>
<b>FEDERAL BLOCK GRANT FUND</b>	<b>\$1,114,916</b>	<b>\$4,121,559</b>
<b>DEPARTMENT TOTAL - ALL FUNDS</b>	<b>\$1,114,916</b>	<b>\$4,121,559</b>

See title page for effective date.

**CHAPTER 458  
H.P. 13 - L.D. 47**

**An Act To Fund the State's Free Health Clinics**

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

**Sec. 1. Department of Health and Human Services to provide grants to the State's free health clinics.** Notwithstanding any provision of law to the contrary, the Department of Health and Human Services shall provide the funds appropriated in section 3 to the State's free health clinics by establishing a grant process in order to distribute the funds as quickly as

possible. In issuing the grants, the department shall develop the criteria to be met by a free health clinic, including, but not limited to, the population that would be able to be served with grant funding. As a condition of receiving grant funding, a free health clinic must, no later than December 15, 2021, report to the department information about how the grant funding would be used by the clinic.

**Sec. 2. Report from the Department of Health and Human Services on funding of the State's free health clinics.** The Commissioner of Health and Human Services shall report to the Joint Standing Committee on Health and Human Services no later than January 15, 2022 with information on which clinics were awarded funds under this Act, how much each clinic received and how the grant funding was used by the clinics. Following receipt of the report, the Joint Standing Committee on Health and Human Services may submit legislation relating to the report to the Second Regular Session of the 130th Legislature.

**Sec. 3. Appropriations and allocations.** The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF**

**Purchased Social Services 0228**

Initiative: Provides one-time grant funding for the State's free health clinics.

<b>GENERAL FUND</b>	<b>2021-22</b>	<b>2022-23</b>
All Other	\$40,000	\$50,000
<b>GENERAL FUND TOTAL</b>	<b>\$40,000</b>	<b>\$50,000</b>

See title page for effective date.

**CHAPTER 459  
S.P. 49 - L.D. 120**

**An Act To Lower Health Care Costs through the Establishment of the Office of Affordable Health Care**

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

**Sec. 1. 5 MRSA §2041, sub-§1,** as repealed and replaced by PL 2021, c. 293, Pt. A, §5, is amended to read:

**1. Board established.** The Maine Prescription Drug Affordability Board, as established in section 12004-G, subsection 14-I and referred to in this chapter as "the board," shall carry out the purposes of this chapter. Administrative oversight of the board must be provided by the Office of Affordable Health Care.