

# MAINE STATE LEGISLATURE

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**STATE OF MAINE**  
124<sup>TH</sup> LEGISLATURE  
SECOND REGULAR SESSION



Summaries of bills, adopted amendments and laws enacted or finally passed during the Second Regular Session of the 124<sup>th</sup> Maine Legislature coming from the

**JOINT STANDING COMMITTEE ON HEALTH AND HUMAN SERVICES**

April 2010

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# STATE OF MAINE

124<sup>TH</sup> LEGISLATURE  
SECOND REGULAR SESSION



## LEGISLATIVE DIGEST OF BILL SUMMARIES AND ENACTED LAWS

This *Legislative Digest of Bill Summaries and Enacted Laws* summarizes all bills and adopted amendments and all laws enacted or finally passed during the Second Regular Session of the 124<sup>th</sup> Maine Legislature.

The *Digest* is arranged alphabetically by committee and within each committee by LD number. The committee report(s), prime sponsor and lead co-sponsor(s), if designated, are listed below each bill title. All adopted amendments are summarized and listed by paper number. A subject index is included with each committee. The appendices include a summary of relevant session statistics, an index of all bills by LD number and an index of enacted laws by law type and chapter number.

Final action on each bill is noted to the right of the bill title. The abbreviations used for various categories of final action are as follows:

<i>CARRIED OVER</i> .....	<i>Carried over to a subsequent session of the Legislature</i>
<i>CON RES XXX</i> .....	<i>Chapter # of Constitutional Resolution passed by both Houses</i>
<i>CONF CMTE UNABLE TO AGREE</i> .....	<i>Committee of Conference unable to agree; bill died</i>
<i>DIED BETWEEN HOUSES</i> .....	<i>House &amp; Senate disagree; bill died</i>
<i>DIED IN CONCURRENCE</i> .....	<i>One body accepts ONTP report; the other indefinitely postpones the bill</i>
<i>DIED ON ADJOURNMENT</i> .....	<i>Action incomplete when session ended; bill died</i>
<i>EMERGENCY</i> .....	<i>Enacted law takes effect sooner than 90 days</i>
<i>FAILED EMERGENCY ENACTMENT/FINAL PASSAGE</i> .....	<i>Emergency bill failed to get 2/3 vote</i>
<i>FAILED ENACTMENT/FINAL PASSAGE</i> .....	<i>Bill failed to get majority vote</i>
<i>FAILED MANDATE ENACTMENT</i> .....	<i>Bill imposing local mandate failed to get 2/3 vote</i>
<i>NOT PROPERLY BEFORE THE BODY</i> .....	<i>Ruled out of order by the presiding officers; bill died</i>
<i>INDEF PP</i> .....	<i>Bill Indefinitely Postponed; bill died</i>
<i>ONTP (or Accepted ONTP report)</i> .....	<i>Ought Not To Pass report accepted; bill died</i>
<i>P&amp;S XXX</i> .....	<i>Chapter # of enacted Private &amp; Special Law</i>
<i>PUBLIC XXX</i> .....	<i>Chapter # of enacted Public Law</i>
<i>RESOLVE XXX</i> .....	<i>Chapter # of finally passed Resolve</i>
<i>UNSIGNED</i> .....	<i>Bill held by Governor</i>
<i>VETO SUSTAINED</i> .....	<i>Legislature failed to override Governor's Veto</i>

The effective date for non-emergency legislation enacted in the Second Regular Session of the 124<sup>th</sup> Legislature is Monday, July 12, 2010. The effective date for legislation enacted as an emergency measure is specified in the enacted law summary for those bills.

# Joint Standing Committee on Health and Human Services

managers with which they do business comply with the requirements of existing state law.

## Enacted Law Summary

Public Law 2009, chapter 581 requires pharmacy benefits managers to register with the Superintendent of Insurance beginning April 1, 2011, sets the registration fee at \$100 and the annual renewal fee at \$100 and gives to the superintendent rule-making authority and enforcement powers. It provides in the prescription drug practices law that the enforcement powers granted to the Attorney General do not limit the authority of the Superintendent of Insurance under the Maine Revised Statutes, Title 24-A. It directs the State Auditor to work with state agencies so that the agencies may ensure that the pharmacy benefits managers with which they do business comply with the requirements of existing state law.

**LD 1360**

## An Act Regarding Mental Health Treatment

**PUBLIC 651  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
NUTTING J	OTP-AM MAJ OTP-AM MIN	S-512 S-517 MILLS P S-520 NUTTING J S-534 DIAMOND

This bill was carried over from the First Regular Session pursuant to Joint Order, H.P. 1053.

This bill enables law enforcement or a family member of a person with a severe and persistent mental illness who is in need of assisted outpatient treatment to petition the District Court for an order that the person must participate in assisted outpatient treatment. The assisted outpatient treatment order lasts for 6 months and is renewable for an additional 12 months. The application, hearing, review and appeal process includes notice, a mental health examination, court-appointed or retained counsel, the right to present evidence and cross-examine witnesses and a record of the proceedings. The order to participate in assisted outpatient treatment includes within it an individualized treatment plan.

The bill requires the Department of Health and Human Services to provide community mental health services, including assignment of an assertive community treatment team, for a person who is ordered to participate in assisted outpatient treatment.

The bill requires providers of mental health services who apply for grants and contracts with the Department of Health and Human Services to provide community mental health treatment to persons ordered by a court to participate in assisted outpatient treatment.

The bill includes as a duty of the Department of Health and Human Services, under the category of safety net services, providing services for persons ordered to participate in assisted outpatient treatment.

### Committee Amendment "A" (S-512)

This amendment is the majority report of the committee. The amendment replaces the bill. It provides a definition for "medical practitioner" in the laws on commitment for mental illness. It redefines "likelihood of serious harm," "mentally ill person" and "patient." It decreases the number of examiners for the purposes of mental health commitment from 4 to 3 and preserves the right of the patient to choose the examiner. It increases the time period, with an extension, for a hearing on court commitment from 24 days total to 35 days total. It establishes a new option

## *Joint Standing Committee on Health and Human Services*

for the court in a civil commitment hearing, the option of ordering the person to participate in a program of outpatient treatment, and provides for compliance and consequences for noncompliance with the treatment program. It allows an alternative community treatment team or the Commissioner of Health and Human Services or the chief administrative officer of a psychiatric hospital to petition the court for an order that an alternative community treatment team participant be ordered to participate in outpatient treatment. It extends the time period in which the District Court must hold a hearing under the progressive treatment program from 14 to 21 days. It extends the time period for the progressive treatment program from 6 months to 12 months. It requires a comprehensive report from the Department of Health and Human Services by January 1, 2012. It delays implementation of the provisions that authorize an ACT team director or chief administrative officer of a nonstate psychiatric hospital to apply for a court order to admit a patient to a progressive treatment program until rulemaking has been completed and the new MaineCare claims management process is functioning. The amendment authorizes emergency rulemaking to adopt rules regarding nationally recognized essential standards and basic principles for ACT teams.

### **Senate Amendment "A" To Committee Amendment "A" (S-517)**

This amendment clarifies the intent of Committee Amendment "A" regarding the limitation on the expansion of the number or sizes of ACT teams. It prohibits referrals until after ACT Team fidelity standards and rules have been adopted and the new MaineCare claims system have begun operation.

### **Senate Amendment "B" To Committee Amendment "A" (S-520)**

This amendment restores the requirement in the mental health protective custody laws under the Maine Revised Statutes, Title 34-B, section 3862 that a law enforcement officer confirm that an informant has reason to believe, based upon the informant's recent personal observations of or conversations with a person, that a person may be mentally ill and that due to that condition the person presents a threat of imminent and substantial physical harm to that person or to other persons.

### **Senate Amendment "C" To Committee Amendment "A" (S-534)**

This amendment removes the appropriations and allocations section.

### **Enacted Law Summary**

Public Law 2009, chapter 651 provides a definition for "medical practitioner" in the laws on commitment for mental illness. It redefines "likelihood of serious harm," "mentally ill person" and "patient." It decreases the number of examiners for the purposes of mental health commitment from 4 to 3 and preserves the right of the patient to choose the examiner. It increases the time period, with an extension, for a hearing on court commitment from 24 days total to 35 days total. It establishes a new option for the court in a civil commitment hearing, the option of ordering the person to participate in a program of outpatient treatment, and provides for compliance and consequences for noncompliance with the treatment program. It allows an alternative community treatment team or the Commissioner of Health and Human Services or the chief administrative officer of a psychiatric hospital to petition the court for an order that an alternative community treatment team participant be ordered to participate in outpatient treatment. It extends the time period in which the District Court must hold a hearing under the progressive treatment program from 14 to 21 days. It extends the time period for the progressive treatment program from 6 months to 12 months. It requires a comprehensive report from the Department of Health and Human Services by January 1, 2012. It delays implementation of the provisions that authorize an ACT team director or the chief administrative officer of a nonstate psychiatric hospital to apply for a court order to admit a patient to a progressive treatment program until rulemaking has been completed, fidelity standards have been adopted and the new MaineCare claims management process is functioning. The law authorizes emergency rulemaking to adopt rules regarding nationally recognized essential standards and basic principles for ACT teams.

Public Law 2009, chapter 651 was enacted as an emergency measure effective April 14, 2010.