1	L.D. 215		
2	Date: (Filing No. H- )		
3	HEALTH AND HUMAN SERVICES		
4	Reproduced and distributed under the direction of the Clerk of the House.		
5	STATE OF MAINE		
6	HOUSE OF REPRESENTATIVES		
7	132ND LEGISLATURE		
8	FIRST SPECIAL SESSION		
9 10	COMMITTEE AMENDMENT " " to H.P. 138, L.D. 215, "An Act to Establish a Program to Assist Residents of Large Recovery Residences"		
11	Amend the bill by striking out the title and substituting the following:		
12	'An Act Regarding Large Recovery Residences'		
13	Amend the bill by inserting after the title and before the enacting clause the following:		
14 15	'Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and		
16 17	Whereas, residents of the State continue to suffer from the devastating impacts of substance use disorder; and		
18 19	Whereas, recovery residences have proven to be effective in helping residents of the State experiencing substance use disorder in initiating and maintaining recovery; and		
20	Whereas, funding for recovery residences remains limited; and		
21 22	Whereas, many residents of recovery residences have turned to municipal general assistance for support; and		
23 24	Whereas, municipalities with large recovery residences have experienced steep and unsustainable increases in general assistance expenses; and		
25 26	Whereas, this legislation must take effect before the expiration of the 90-day period in order to address these issues; and		
27 28 29 30	Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,'		
31 32	Amend the bill by striking out everything after the enacting clause and inserting the following:		

Page 1 - 132LR0070(02)

#### 'Sec. 1. 22 MRSA §4305, sub-§3-E is enacted to read:

3-E. Maximum levels of assistance for large recovery residences. Municipalities shall establish maximum levels of assistance for housing assistance provided to or on behalf of a person residing in a recovery residence, as described in section 4309, subsection 6, with occupancy of 26 or more beds, in an amount equal to 70% of the maximum levels of assistance for recovery residences with occupancy of 25 or fewer beds.

## Sec. 2. 22 MRSA §4311, sub-§1-D is enacted to read:

- 1-D. Reimbursement for large recovery residences. The department shall reimburse each municipality for housing assistance provided to or on behalf of a person residing in a recovery residence, as described in section 4309, subsection 6, with occupancy of 26 or more beds, in an amount equal to 100% of housing assistance granted to that individual.
- **Sec. 3. Department to convene stakeholder group; report.** The Department of Health and Human Services shall convene a stakeholder group of interested parties, including, but not limited to, individuals in recovery, operators of recovery residences, municipal officials and individuals representing the entity responsible for the certification of recovery residences in the State to review options for managing the costs of general assistance provided for residents of recovery residences, including possible expansion or creation of state-funded subsidy programs. The department shall report its findings by February 1, 2026 to the Joint Standing Committee on Health and Human Services. The committee may report out legislation related to the report to the Second Regular Session of the 132nd Legislature.
- **Sec. 4. Appropriations and allocations.** The following appropriations and allocations are made.

### HEALTH AND HUMAN SERVICES, DEPARTMENT OF

#### Office of Behavioral Health Z199

Initiative: Establishes one Social Service Program Specialist II position to provide program and contract oversight for recovery housing initiatives and technical assistance to community-based recovery service providers and provides funding for related All Other costs.

31	GENERAL FUND	2025-26	2026-27
32	POSITIONS - LEGISLATIVE COUNT	1.000	1.000
33	Personal Services	\$113,649	\$119,023
34	All Other	\$7,256	\$7,256
35			
36	GENERAL FUND TOTAL	\$120,905	\$126,279

#### Office of Behavioral Health Z199

Initiative: Provides funding to reimburse municipalities for 100% of housing assistance provided for a person residing in a certified recovery residence with 26 or more beds.

40	GENERAL FUND 2025-26	GENERAL FUND	2025-26	2026-27
41	All Other	\$120,139	\$120,139	
42				

Page 2 - 132LR0070(02)

1	GENERAL FUND TOTAL	\$120,139	\$120,139
2			
3	HEALTH AND HUMAN SERVICES,		
4	DEPARTMENT OF		
5	DEPARTMENT TOTALS	2025-26	2026-27
6			
7	GENERAL FUND	\$241,044	\$246,418
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9	DEPARTMENT TOTAL - ALL FUNDS	\$241,044	\$246,418

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

Amend the bill by relettering or renumbering any nonconsecutive Part letter or section number to read consecutively.

15 SUMMARY

This amendment replaces the bill, changes the title and adds an emergency preamble and emergency clause. It establishes maximum levels of assistance for housing assistance provided to or on behalf of a person residing in a certified recovery residence with occupancy of 26 or more beds, in an amount equal to 70% of the maximum levels of assistance for recovery residences with occupancy of 25 or fewer beds. It requires the Department of Health and Human Services to reimburse each municipality for housing assistance provided to or on behalf of a person residing in a certified recovery residence with occupancy of 26 or more beds, in an amount equal to 100% of housing assistance granted to that individual. It also directs the department to convene a stakeholder group of interested parties, including, but not limited to, individuals in recovery, operators of recovery residences, municipal officials and individuals representing the entity responsible for the certification of recovery residences in the State to review options for managing the costs of general assistance provided for residents of recovery residences, including possible expansion or creation of state-funded subsidy programs. The department must report its findings by February 1, 2026 to the Joint Standing Committee on Health and Human Services, and the committee has the authority to report out legislation related to the report.

# FISCAL NOTE REQUIRED

(See attached)