| 1 | | | L.D. 1843 | | |
|----------------|--|-----------------------------|--------------------------|--|--|
| 2 | Date: | (Filing | No. H-) | | |
| 3 | HEALTH AND HUMAN SE | RVICES | | | |
| 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. 1227, L.D. 1843, "An Act to Provide Peer Respite for Individuals with Mental Health Care Needs" | | | | |
| 11 | Amend the bill by striking out all of section 2 and inserting the following: | | | | |
| 12 13 | 'Sec. 2. Appropriations and allocations. The following appropriations and allocations are made. | | | | |
| 14 | HEALTH AND HUMAN SERVICES, DEPARTMENT OF | | | | |
| 15 | Mental Health Services - Community Z198 | | | | |
| 16 17 | Initiative: Provides ongoing funding to operate a peer respite center providing 24-hour short-term mental health services to adults. | | | | |
| 18 19 20 | GENERAL FUND All Other | 2025-26 \$927,310 | 2026-27 \$927,310 | | |
| 21 | GENERAL FUND TOTAL | \$927,310 | \$927,310 | | |
| 22 | Mental Health Services - Community Z198 | | | | |
| 23 | Initiative: Provides one-time funding for start-up costs to establish a peer recovery center. | | | | |
| 24 25 26 | GENERAL FUND All Other | 2025-26 \$175,000 | 2026-27 \$0 | | |
| 27 | GENERAL FUND TOTAL | \$175,000 | \$0 | | |
| 28 | | | | | |
| 29 30 | HEALTH AND HUMAN SERVICES, DEPARTMENT OF | | | | |
| 31 | DEPARTMENT TOTALS | 2025-26 | 2026-27 | | |
| 32 33 34 | GENERAL FUND | \$1,102,310 | \$927,310 | | |

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| 1 | DEPARTMENT TOTAL - ALL FUNDS | \$1,102,310 | \$927,310 | |
|-----|--|-----------------------|-----------------|--|
| 2 | T. | | | |
| 3 4 | Amend the bill by relettering or renumbering any renumber to read consecutively. | onconsecutive Part le | tter or section | |
| 5 | SUMMARY | | | |
| 6 | This amendment replaces the appropriations and allocations section. | | | |
| 7 | FISCAL NOTE REQUIRED | | | |
| 8 | (See attached) | | | |

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