

PLEASE NOTE: Legislative Information **cannot** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

Amend the bill by striking out everything after the enacting clause and before the summary and inserting the following:

Sec. 1. 22 MRSA §3086, sub-§1, as repealed and replaced by PL 1989, c. 501, Pt. P, §26, is amended to read:

1. Acquired brain injury. "HeadAcquired brain injury" means an insult to the brain resulting directly or indirectly from trauma, anoxia, vascular lesions or infection, which:

- A. Is not of a degenerative or congenital nature;
- B. Can produce a diminished or altered state of consciousness resulting in impairment of cognitive abilities or physical functioning;
- C. Can result in the disturbance of behavioral or emotional functioning;
- D. Can be either temporary or permanent; and
- E. Can cause partial or total functional disability or psychosocial maladjustment.

Sec. 2. 22 MRSA §3087, as amended by PL 1991, c. 155, is repealed.

Sec. 3. 22 MRSA §3088, as enacted by PL 1987, c. 494, is repealed and the following enacted in its place:

§ 3088. Comprehensive neurorehabilitation service system

The department shall, within the limits of its available resources, develop a comprehensive neurorehabilitation service system designed to assist, educate and rehabilitate the person with an acquired brain injury to attain and sustain the highest function and self-sufficiency possible using home-based and community-based treatments, services and resources to the greatest possible degree. The comprehensive neurorehabilitation service system must include, but is not limited to, care management and coordination, crisis stabilization services, physical therapy, occupational therapy, speech therapy, neuropsychology, neurocognitive retraining, positive neurobehavioral supports and teaching, social skills retraining, counseling, vocational rehabilitation and independent living skills and supports. The comprehensive neurorehabilitation service system may include a posthospital system of nursing, community residential facilities and community residential support programs designed to meet the needs of persons who have sustained an acquired brain injury and assist in the reintegration of those persons into their communities.

Sec. 4. 22 MRSA §3089, as enacted by PL 2005, c. 229, §1, is amended to read:

§ 3089.Acquired brain injury assessments and interventions; protection of rights

The department is designated as the official state agency responsible for acquired brain injury services and programs.

1. Assessments and interventions. In addition to developing the comprehensive neurorehabilitation service system under section 3088, the department may undertake, within the limits of available resources, appropriate identification and medical and rehabilitative interventions for persons who sustain acquired brain injuries, including, but not limited to, establishing services:

A. To assess the needs of persons who sustain acquired brain injuries and to facilitate effective and efficient medical care, neurorehabilitation planning and reintegration; and

B. To improve the knowledge and skills of the medical community, including, but not limited to, emergency room physicians, psychiatrists, neurologists, neurosurgeons, neuropsychologists and other professionals who diagnose, evaluate and treat acquired brain injuries.

2. Rights of patients and responsibility of department to protect those rights. To the extent possible within the limits of available resources and except to the extent that a patient with an acquired brain injury's rights have been suspended as the result of court-ordered guardianship, the department shall:

A. Protect the health and safety of that patient;

B. Ensure that the patient has access to treatment, individualized planning and services and positive behavioral interventions and protections; and

C. Protect the patient's rights to appeal decisions regarding the person's treatment, access to advocacy services and service quality control standards, monitoring and reporting.

3. Rules. The department shall establish rules under this section. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Sec. 5. Maine Revised Statutes headnote amended; revision clause. In the Maine Revised Statutes, Title 22, chapter 715-A, in the chapter headnote, the words "assistance for survivors of head injury" are amended to read "assistance for survivors of acquired brain injury" and the Revisor of Statutes shall implement this revision when updating, publishing or republishing the statutes.'

SUMMARY

This amendment replaces the bill. It retains the provisions that change "head injury" to "acquired brain injury." It specifies that the Department of Health and Human Services is authorized, rather than required, to undertake appropriate identification and medical and rehabilitative interventions and that whatever services are provided are provided within the limits of available resources. The same limitation is applied to the department's protection of the rights of patients. The amendment also authorizes, rather than requires, the inclusion of certain services in the comprehensive neurorehabilitation service system developed by the department.