

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 the title and substituting the following:

**'An Act To Make Supplemental Appropriations and Allocations
for the Expenditures of State Government and To Change Certain
Provisions of the Law Necessary to the Proper Operations of
State Government for the Fiscal Year Ending June 30, 2013'**

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

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PART A

Sec. A-1. Appropriations and allocations. The following appropriations and allocations are made.

ADMINISTRATIVE AND FINANCIAL SERVICES, DEPARTMENT OF

Revenue Services, Bureau of 0002

Initiative: Provides funding for advertising and mailing costs to implement a use tax compliance program.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$330,000
GENERAL FUND TOTAL	\$0	\$330,000

Revenue Services, Bureau of 0002

Initiative: Provides funding to initiate an overtime project to enhance revenue discovery and revenue collections. The project will increase gross revenue from income and sales and use taxes by an estimated \$2,000,000 in fiscal year 2012-13.

GENERAL FUND	2011-12	2012-13
Personal Services	\$0	\$210,000
All Other	\$0	\$20,000
GENERAL FUND TOTAL	\$0	\$230,000

Solid Waste Management Fund 0659

Initiative: Provides funding for the operation of the Dolby Landfill in the Town of East Millinocket.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$320,000
GENERAL FUND TOTAL	\$0	\$320,000

ADMINISTRATIVE AND FINANCIAL SERVICES, DEPARTMENT OF DEPARTMENT TOTALS GENERAL FUND	2011-12 \$0	2012-13 \$880,000
DEPARTMENT TOTAL - ALL FUNDS	\$0	\$880,000

CONSERVATION, DEPARTMENT OF

Office of the Commissioner 0222

Initiative: Reduces funding by eliminating one Commissioner of Conservation position. This initiative relates to the creation of the new Department of Agriculture, Conservation and Forestry.

GENERAL FUND	2011-12	2012-13
POSITIONS - LEGISLATIVE COUNT	0.000	(1.000)
Personal Services	\$0	(\$107,688)
GENERAL FUND TOTAL	\$0	(\$107,688)

CONSERVATION, DEPARTMENT OF DEPARTMENT TOTALS GENERAL FUND	2011-12 \$0	2012-13 (\$107,688)
DEPARTMENT TOTAL - ALL FUNDS	\$0	(\$107,688)

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY BDS)

Developmental Services - Community 0122

Initiative: Provides for the restructuring of the Department of Health and Human Services, Office of Elder and Adult Services and Office of Adults with Cognitive and Physical Disability Services.

SP0600, LD 1746, item 2, 125th Maine State Legislature , Amendment C "A", Filing Number S-572, Sponsored by
 'An Act To Make Supplemental Appropriations and Allocations for the Expenditures
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GENERAL FUND	2011-12	2012-13
POSITIONS - LEGISLATIVE COUNT	0.000	(3.000)
Personal Services	\$0	(\$224,577)
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GENERAL FUND TOTAL	\$0	(\$224,577)

Developmental Services Waiver - MaineCare 0987

Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary to make cycle payments through the remainder of the 2012-2013 biennium.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$6,299,768
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GENERAL FUND TOTAL	\$0	\$6,299,768

Developmental Services Waiver - MaineCare 0987

Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal Medical Assistance Percentage.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$1,190,669
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GENERAL FUND TOTAL	\$0	\$1,190,669

Developmental Services Waiver - Supports Z006

Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary to make cycle payments through the remainder of the 2012-2013 biennium.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$5,658,034
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GENERAL FUND TOTAL	\$0	\$5,658,034

Developmental Services Waiver - Supports Z006

Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal Medical Assistance Percentage.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$91,346
GENERAL FUND TOTAL	\$0	\$91,346

Developmental Services Waiver - Supports Z006

Initiative: Provides funds to serve individuals on the waiting list for services under the MaineCare Benefits Manual, Chapter II, Section 29, Support Benefits for Adults with Intellectual Disabilities or Autistic Disorder.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$500,000
GENERAL FUND TOTAL	\$0	\$500,000

Disproportionate Share - Dorothea Dix Psychiatric Center 0734

Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal Medical Assistance Percentage.

GENERAL FUND	2011-12	2012-13
Personal Services	\$0	\$73,700
GENERAL FUND TOTAL	\$0	\$73,700

Disproportionate Share - Riverview Psychiatric Center 0733

Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal Medical Assistance Percentage.

GENERAL FUND	2011-12	2012-13
Personal Services	\$0	\$111,280
All Other	\$0	\$40,232
GENERAL FUND TOTAL	\$0	\$151,512

Dorothea Dix Psychiatric Center 0120

Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal Medical Assistance Percentage.

SP0600, LD 1746, item 2, 125th Maine State Legislature , Amendment C "A", Filing Number S-572, Sponsored by
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OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
Personal Services	\$0	(\$73,700)
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	(\$73,700)

FHM - Substance Abuse 0948

Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal Medical Assistance Percentage.

FUND FOR A HEALTHY MAINE	2011-12	2012-13
All Other	\$0	\$17,976
FUND FOR A HEALTHY MAINE TOTAL	\$0	\$17,976

Medicaid Services - Developmental Services 0705

Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary to make cycle payments through the remainder of the 2012-2013 biennium.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$1,201,050
GENERAL FUND TOTAL	\$0	\$1,201,050

Medicaid Services - Developmental Services 0705

Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal Medical Assistance Percentage.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$592,079
GENERAL FUND TOTAL	\$0	\$592,079

Mental Health Services - Child Medicaid 0731

Initiative: Reduces funding by eliminating optional coverage under the MaineCare program for persons 19 and 20 years of age with income less than or equal to 150% of the nonfarm income official poverty line.

GENERAL FUND	2011-12	2012-13
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SP0600, LD 1746, item 2, 125th Maine State Legislature , Amendment C "A", Filing Number S-572, Sponsored by
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All Other	\$0	(\$238,173)
GENERAL FUND TOTAL	\$0	(\$238,173)

Mental Health Services - Child Medicaid 0731

Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary to make cycle payments through the remainder of the 2012-2013 biennium.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$4,709,869
GENERAL FUND TOTAL	\$0	\$4,709,869

Mental Health Services - Child Medicaid 0731

Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal Medical Assistance Percentage.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$470,754
GENERAL FUND TOTAL	\$0	\$470,754

Mental Health Services - Children 0136

Initiative: Reduces funding by reducing contracts for residential services.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$1,250,000)
GENERAL FUND TOTAL	\$0	(\$1,250,000)

Mental Health Services - Children 0136

Initiative: Provides for the restructuring of the Department of Health and Human Services, Office of Child and Family Services.

GENERAL FUND	2011-12	2012-13
POSITIONS - LEGISLATIVE COUNT	0.000	(9.000)
Personal Services	\$0	(\$704,020)

GENERAL FUND TOTAL	\$0	(\$704,020)
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Mental Health Services - Community 0121

Initiative: Eliminates 17 Intensive Case Manager positions, 2 Mental Health Caseworker Supervisor positions, one Mental Health Worker III position and one Social Services Manager I position in the Mental Health Services - Community program and increases All Other funding to expand the department's Projects for Assistance in Transition from Homelessness program to a statewide model. The remaining savings will be used to contract for case management services.

GENERAL FUND	2011-12	2012-13
POSITIONS - LEGISLATIVE COUNT	0.000	(21.000)
Personal Services	\$0	(\$1,041,182)
All Other	\$0	\$1,041,182
GENERAL FUND TOTAL	\$0	\$0

Mental Health Services - Community 0121

Initiative: Provides for the restructuring of the Department of Health and Human Services, Office of Substance Abuse and Office of Adult Mental Health Services.

GENERAL FUND	2011-12	2012-13
POSITIONS - LEGISLATIVE COUNT	0.000	(4.000)
Personal Services	\$0	(\$216,208)
GENERAL FUND TOTAL	\$0	(\$216,208)

Mental Health Services - Community 0121

Initiative: Reduces funding from a 6% reduction in mobile outreach crisis contracts.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$277,500)
GENERAL FUND TOTAL	\$0	(\$277,500)

Mental Health Services - Community Medicaid 0732

Initiative: Reduces funding by eliminating optional coverage under the MaineCare program for persons 19 and 20 years of age with income less than or equal to 150% of the nonfarm income official poverty line.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$138,229)
GENERAL FUND TOTAL	\$0	(\$138,229)

Mental Health Services - Community Medicaid 0732

Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal Medical Assistance Percentage.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$614,409
GENERAL FUND TOTAL	\$0	\$614,409

Mental Health Services - Community Medicaid 0732

Initiative: Reduces funding from savings from limiting MaineCare reimbursement for methadone for the treatment of addiction to opioids to a lifetime maximum of 24 months except as permitted with prior authorization beyond 24 months.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$491,407)
GENERAL FUND TOTAL	\$0	(\$491,407)

Office of Advocacy - BDS 0632

Initiative: Eliminates one Public Service Manager II position and one part-time and 6 full-time Advocate positions to reflect the elimination of the Office of Advocacy and increases the current All Other appropriation of \$38,292 by \$291,763 in order to provide \$330,055 for a contract for advocacy services. This request will reduce General Fund undedicated revenue by \$140,259.

GENERAL FUND	2011-12	2012-13
POSITIONS - LEGISLATIVE COUNT	0.000	(7.500)
Personal Services	\$0	(\$419,384)
All Other	\$0	\$291,763
GENERAL FUND TOTAL	\$0	(\$127,621)

Office of Substance Abuse 0679

Initiative: Provides for the restructuring of the Department of Health and Human Services, Office of Substance Abuse and Office of Adult Mental Health Services.

GENERAL FUND	2011-12	2012-13
Personal Services	\$0	\$15,000
GENERAL FUND TOTAL	\$0	\$15,000

FEDERAL BLOCK GRANT FUND	2011-12	2012-13
Personal Services	\$0	\$5,907
FEDERAL BLOCK GRANT FUND TOTAL	\$0	\$5,907

Office of Substance Abuse - Medicaid Seed 0844

Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary to make cycle payments through the remainder of the 2012-2013 biennium.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$869,928
GENERAL FUND TOTAL	\$0	\$869,928

Office of Substance Abuse - Medicaid Seed 0844

Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal Medical Assistance Percentage.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$53,748
GENERAL FUND TOTAL	\$0	\$53,748

Office of Substance Abuse - Medicaid Seed 0844

Initiative: Reduces funding from savings from limiting MaineCare reimbursement for methadone for the treatment of addiction to opioids to a lifetime maximum of 24 months except as permitted with prior authorization beyond 24 months.

SP0600, LD 1746, item 2, 125th Maine State Legislature , Amendment C "A", Filing Number S-572, Sponsored by
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GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$141,733)
GENERAL FUND TOTAL	\$0	(\$141,733)

Riverview Psychiatric Center 0105

Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal Medical Assistance Percentage.

OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
Personal Services	\$0	(\$111,280)
All Other	\$0	(\$40,232)
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	(\$151,512)

Riverview Psychiatric Center 0105

Initiative: Provides funding to offset a reduction in disproportionate share payments for individuals transferred from jails or prisons, for individuals for whom the court has ordered evaluations and for individuals determined to be incompetent to stand trial.

GENERAL FUND	2011-12	2012-13
Unallocated	\$0	\$3,176,972
GENERAL FUND TOTAL	\$0	\$3,176,972

Traumatic Brain Injury Seed Z042

Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal Medical Assistance Percentage.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$1,669
GENERAL FUND TOTAL	\$0	\$1,669

**HEALTH AND HUMAN SERVICES, DEPARTMENT
 OF (FORMERLY BDS)
 DEPARTMENT TOTALS**

2011-12	2012-13
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GENERAL FUND	\$0	\$21,861,039
FUND FOR A HEALTHY MAINE	\$0	\$17,976
OTHER SPECIAL REVENUE FUNDS	\$0	(\$225,212)
FEDERAL BLOCK GRANT FUND	\$0	\$5,907
DEPARTMENT TOTAL - ALL FUNDS	\$0	\$21,659,710

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY DHS)

Bureau of Child and Family Services - Central 0307

Initiative: Provides for the restructuring of the Department of Health and Human Services, Office of Child and Family Services.

GENERAL FUND	2011-12	2012-13
POSITIONS - LEGISLATIVE COUNT	0.000	35.000
Personal Services	\$0	\$774,988
All Other	\$0	\$1,151,783
GENERAL FUND TOTAL	\$0	\$1,926,771

FEDERAL EXPENDITURES FUND	2011-12	2012-13
POSITIONS - LEGISLATIVE COUNT	0.000	(27.000)
Personal Services	\$0	(\$1,727,713)
All Other	\$0	(\$2,656,179)
FEDERAL EXPENDITURES FUND TOTAL	\$0	(\$4,383,892)

OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
Personal Services	\$0	\$1,479,798
All Other	\$0	(\$2,668,528)
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	(\$1,188,730)

Bureau of Child and Family Services - Regional 0452

Initiative: Provides for the restructuring of the Department of Health and Human Services, Office of Child and Family Services.

GENERAL FUND	2011-12	2012-13
POSITIONS - LEGISLATIVE COUNT	0.000	16.000

SP0600, LD 1746, item 2, 125th Maine State Legislature , Amendment C "A", Filing Number S-572, Sponsored by
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Personal Services	\$0	(\$6,230,149)
All Other	\$0	\$432,191
GENERAL FUND TOTAL	\$0	(\$5,797,958)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	(\$21,372)
FEDERAL EXPENDITURES FUND TOTAL	\$0	(\$21,372)

OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
Personal Services	\$0	\$7,322,251
All Other	\$0	\$975,406
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$8,297,657

Bureau of Medical Services 0129

Initiative: Establishes 2 Public Service Coordinator I positions funded 50% General Fund and 50% Federal Expenditures Fund in the Bureau of Medical Services.

GENERAL FUND	2011-12	2012-13
Personal Services	\$0	\$83,362
All Other	\$0	\$5,000
GENERAL FUND TOTAL	\$0	\$88,362

FEDERAL EXPENDITURES FUND	2011-12	2012-13
POSITIONS - LEGISLATIVE COUNT	0.000	2.000
Personal Services	\$0	\$83,362
All Other	\$0	\$6,341
FEDERAL EXPENDITURES FUND TOTAL	\$0	\$89,703

Bureau of Medical Services 0129

Initiative: Provides funding for contract services and other administrative costs of the MaineCare Redesign Task Force established in this Act.

SP0600, LD 1746, item 2, 125th Maine State Legislature , Amendment C "A", Filing Number S-572, Sponsored by
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GENERAL FUND	2011-12	2012-13
All Other	\$0	\$250,000
GENERAL FUND TOTAL	<hr/> \$0	<hr/> \$250,000

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	\$250,000
FEDERAL EXPENDITURES FUND TOTAL	<hr/> \$0	<hr/> \$250,000

Child Care Food Program 0454

Initiative: Provides for the restructuring of the Department of Health and Human Services, Office of Child and Family Services.

FEDERAL EXPENDITURES FUND	2011-12	2012-13
POSITIONS - LEGISLATIVE COUNT	0.000	(2.000)
Personal Services	\$0	(\$82,533)
All Other	\$0	(\$327)
FEDERAL EXPENDITURES FUND TOTAL	<hr/> \$0	<hr/> (\$82,860)

Child Care Services 0563

Initiative: Provides for the restructuring of the Department of Health and Human Services, Office of Child and Family Services.

FEDERAL BLOCK GRANT FUND	2011-12	2012-13
POSITIONS - LEGISLATIVE COUNT	0.000	7.000
Personal Services	\$0	(\$140,825)
All Other	\$0	\$41,647
FEDERAL BLOCK GRANT FUND TOTAL	<hr/> \$0	<hr/> (\$99,178)

Child Support 0100

Initiative: Establishes 8 Human Services Support Enforcement Agent positions funded 34% General Fund and 66% Federal Expenditures Fund in the Child Support program. The General Fund portion of the positions is funded by the additional undedicated revenue generated by these additional positions.

GENERAL FUND	2011-12	2012-13
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Personal Services	\$0	\$174,240
All Other	\$0	\$15,000
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GENERAL FUND TOTAL	\$0	\$189,240

FEDERAL EXPENDITURES FUND	2011-12	2012-13
POSITIONS - LEGISLATIVE COUNT	0.000	8.000
Personal Services	\$0	\$338,240
All Other	\$0	\$30,667
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FEDERAL EXPENDITURES FUND TOTAL	\$0	\$368,907

Departmentwide 0019

Initiative: Reduces funding from salary savings. Notwithstanding any other provision of law, the State Budget Officer shall calculate the amount of savings in this Part that applies to each General Fund account in the Department of Health and Human Services and shall transfer the amounts by financial order upon the approval of the Governor. These transfers are considered adjustments to appropriations in fiscal year 2012-13.

GENERAL FUND	2011-12	2012-13
Personal Services	\$0	(\$1,000,000)
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GENERAL FUND TOTAL	\$0	(\$1,000,000)

FHM - Bureau of Health 0953

Initiative: Reduces funding to reflect a redistribution of funding in the Fund for a Healthy Maine.

FUND FOR A HEALTHY MAINE	2011-12	2012-13
All Other	\$0	(\$5,718,328)
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FUND FOR A HEALTHY MAINE TOTAL	\$0	(\$5,718,328)

FHM - Drugs for the Elderly and Disabled Z015

Initiative: Reduces funding from reducing income eligibility levels for the Medicare savings program.

FUND FOR A HEALTHY MAINE	2011-12	2012-13
All Other	\$0	(\$1,219,908)

FUND FOR A HEALTHY MAINE TOTAL	\$0	(\$1,219,908)
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FHM - Family Planning 0956

Initiative: Reduces funding to reflect a redistribution of funding in the Fund for a Healthy Maine.

FUND FOR A HEALTHY MAINE	2011-12	2012-13
All Other	\$0	(\$401,430)
FUND FOR A HEALTHY MAINE TOTAL	\$0	(\$401,430)

FHM - Medical Care 0960

Initiative: Adjusts funding for Medicaid services as a result of the decrease in the Federal Medical Assistance Percentage.

FUND FOR A HEALTHY MAINE	2011-12	2012-13
All Other	\$0	\$113,010
FUND FOR A HEALTHY MAINE TOTAL	\$0	\$113,010

FHM - Medical Care 0960

Initiative: Notwithstanding any other provision of law, adjusts funding by increasing funding in the FHM - Medical Care program and decreasing funding in the Medical Care - Payments to Providers program to reflect a redistribution of funding within the Fund for a Healthy Maine.

FUND FOR A HEALTHY MAINE	2011-12	2012-13
All Other	\$0	\$9,876,575
FUND FOR A HEALTHY MAINE TOTAL	\$0	\$9,876,575

FHM - Purchased Social Services 0961

Initiative: Reduces funding to reflect a redistribution of funding in the Fund for a Healthy Maine.

FUND FOR A HEALTHY MAINE	2011-12	2012-13
All Other	\$0	(\$1,971,118)
FUND FOR A HEALTHY MAINE TOTAL	\$0	(\$1,971,118)

General Assistance - Reimbursement to Cities and Towns 0130

Initiative: Provides funding for general assistance benefits.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$4,297,699
GENERAL FUND TOTAL	\$0	\$4,297,699

General Assistance - Reimbursement to Cities and Towns 0130

Initiative: Provides funding in the General Assistance - Reimbursement to Cities and Towns program to bring allocations into line with anticipated resources.

OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
All Other	\$0	\$449,846
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$449,846

General Assistance - Reimbursement to Cities and Towns 0130

Initiative: Allocates funds for 7 limited-period Family Independence Specialist positions in the general assistance program and for other costs of the pilot program to maximize and expedite the award of federal Supplemental Security Income program benefits for recipients of general assistance and to identify and assist veterans who receive assistance through programs administered by the Office for Family Independence who may be eligible for federal Department of Veterans Affairs cash or medical assistance to access those benefits. These positions are established through June 15, 2014. This initiative is estimated to generate \$1,057,903 in 2012-13 in additional dedicated revenue for the general assistance program. Any dedicated revenue in addition to this estimated level must be used to offset the savings target of the general assistance working group established in this Act.

OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
Personal Services	\$0	\$469,104
All Other	\$0	\$976,874
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$1,445,978

Head Start 0545

Initiative: Reduces funding for the Head Start program.

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GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$2,000,000)
GENERAL FUND TOTAL	\$0	(\$2,000,000)

IV-E Foster Care/Adoption Assistance 0137

Initiative: Adjusts funding for Medicaid services as a result of the decrease in the Federal Medical Assistance Percentage.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$13,579
GENERAL FUND TOTAL	\$0	\$13,579

IV-E Foster Care/Adoption Assistance 0137

Initiative: Provides for the restructuring of the Department of Health and Human Services, Office of Child and Family Services.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$1,418,655
GENERAL FUND TOTAL	\$0	\$1,418,655

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	(\$15,143,042)
FEDERAL EXPENDITURES FUND TOTAL	\$0	(\$15,143,042)

OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
All Other	\$0	(\$72,393)
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	(\$72,393)

Low-cost Drugs To Maine's Elderly 0202

Initiative: Reduces funding from reducing the upper income eligibility level for the Low-cost Drugs To Maine's Elderly program from 185% to 175% of the federal poverty level.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$112,154)
GENERAL FUND TOTAL	\$0	(\$112,154)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding from reducing income eligibility for Medicaid services for a parent or a caretaker relative of an eligible child from a maximum of 133% of the federal poverty level to 100%.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$5,866,833)
GENERAL FUND TOTAL	\$0	(\$5,866,833)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	(\$10,106,031)
FEDERAL EXPENDITURES FUND TOTAL	\$0	(\$10,106,031)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding by eliminating optional coverage under the MaineCare program for persons 19 and 20 years of age with income less than or equal to 150% of the nonfarm income official poverty line.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$3,653,598)
GENERAL FUND TOTAL	\$0	(\$3,653,598)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	(\$6,941,958)
FEDERAL EXPENDITURES FUND TOTAL	\$0	(\$6,941,958)

Medical Care - Payments to Providers 0147

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 of State Government and To Change Certain Provisions of the Law Necessary to the
 Proper Operations of State Government for the Fiscal Year Ending June 30, 2013'

Initiative: Reduces funding by eliminating ambulatory surgical center services as an optional service in the MaineCare program.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$77,697)
GENERAL FUND TOTAL	\$0	(\$77,697)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	(\$133,839)
FEDERAL EXPENDITURES FUND TOTAL	\$0	(\$133,839)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding by eliminating sexually transmitted disease screening clinic services as an optional service in the MaineCare program.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$163,463)
GENERAL FUND TOTAL	\$0	(\$163,463)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	(\$181,178)
FEDERAL EXPENDITURES FUND TOTAL	\$0	(\$181,178)

Medical Care - Payments to Providers 0147

Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary to make cycle payments through the remainder of the 2012-2013 biennium.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$32,808,234
GENERAL FUND TOTAL	\$0	\$32,808,234

SP0600, LD 1746, item 2, 125th Maine State Legislature , Amendment C "A", Filing Number S-572, Sponsored by
 'An Act To Make Supplemental Appropriations and Allocations for the Expenditures
 of State Government and To Change Certain Provisions of the Law Necessary to the
 Proper Operations of State Government for the Fiscal Year Ending June 30, 2013'

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	\$124,626,202
FEDERAL EXPENDITURES FUND TOTAL	\$0	\$124,626,202

Medical Care - Payments to Providers 0147

Initiative: Adjusts funding for Medicaid services as a result of the decrease in the Federal Medical Assistance Percentage.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$6,997,873
GENERAL FUND TOTAL	\$0	\$6,997,873

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	(\$10,382,324)
FEDERAL EXPENDITURES FUND TOTAL	\$0	(\$10,382,324)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding by eliminating the reimbursement for smoking cessation products.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$179,095)
GENERAL FUND TOTAL	\$0	(\$179,095)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	(\$308,504)
FEDERAL EXPENDITURES FUND TOTAL	\$0	(\$308,504)

Medical Care - Payments to Providers 0147

Initiative: Notwithstanding any other provisions of law, adjusts funding by increasing funding in the FHM - Medical Care program and decreasing funding in the Medical Care - Payments to Providers program to reflect a redistribution of funding within the Fund for a Healthy Maine.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$9,876,575)
GENERAL FUND TOTAL	\$0	(\$9,876,575)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding from savings from limiting MaineCare reimbursement for methadone for the treatment of addiction to opioids to a lifetime maximum of 24 months except as permitted with prior authorization beyond 24 months.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$730,977)
GENERAL FUND TOTAL	\$0	(\$730,977)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	(\$2,297,941)
FEDERAL EXPENDITURES FUND TOTAL	\$0	(\$2,297,941)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding from savings from utilizing a crisis assessment in emergency departments and savings from initiatives related to institutes for mental disease and psychiatric units in private hospitals.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$397,500)
GENERAL FUND TOTAL	\$0	(\$397,500)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	(\$684,722)
FEDERAL EXPENDITURES FUND TOTAL	\$0	(\$684,722)

Medical Care - Payments to Providers 0147

SP0600, LD 1746, item 2, 125th Maine State Legislature , Amendment C "A", Filing Number S-572, Sponsored by
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Initiative: Reduces funding by requiring hospital-based primary care practices that also provide mental health services to participate in the Maine Health Access Foundation's integrated care initiative for outpatient mental health and primary care services effective July 1, 2012.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$1,500,000)
GENERAL FUND TOTAL	\$0	(\$1,500,000)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	(\$2,583,855)
FEDERAL EXPENDITURES FUND TOTAL	\$0	(\$2,583,855)

Medical Care - Payments to Providers 0147

Initiative: Provides funding to offset the reduction made in PL 2011, c. 380, Part A that proposed to reduce reimbursement for outpatient substance abuse and mental health services to the MaineCare Benefits Manual, Chapter II, Section 65 rates.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$1,000,000
GENERAL FUND TOTAL	\$0	\$1,000,000

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	\$1,722,570
FEDERAL EXPENDITURES FUND TOTAL	\$0	\$1,722,570

Medical Care - Payments to Providers 0147

Initiative: Provides funds to serve individuals on the waiting list for services under the MaineCare Benefits Manual, Chapter II, Section 29, Support Benefits for Adults with Intellectual Disabilities or Autistic Disorder.

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	\$861,285

FEDERAL EXPENDITURES FUND TOTAL	\$0	\$861,285
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Medical Care - Payments to Providers 0147

Initiative: Reduces funding from a reduction in MaineCare hospital crossover payments as a result of decreasing income eligibility levels for the Medicare savings program.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$1,663,554)
GENERAL FUND TOTAL	\$0	(\$1,663,554)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	(\$2,865,588)
FEDERAL EXPENDITURES FUND TOTAL	\$0	(\$2,865,588)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding from savings from implementing the recommendations of the MaineCare Redesign Task Force established in this Act.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$5,250,000)
GENERAL FUND TOTAL	\$0	(\$5,250,000)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	(\$9,043,493)
FEDERAL EXPENDITURES FUND TOTAL	\$0	(\$9,043,493)

MR/Elderly PNMI Room and Board Z009

Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary to make cycle payments through the remainder of the 2012-2013 biennium.

GENERAL FUND	2011-12	2012-13
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SP0600, LD 1746, item 2, 125th Maine State Legislature , Amendment C "A", Filing Number S-572, Sponsored by
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All Other	\$0	\$8,210,778
GENERAL FUND TOTAL	\$0	\$8,210,778

Nursing Facilities 0148

Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary to make cycle payments through the remainder of the 2012-2013 biennium.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$7,036,142
GENERAL FUND TOTAL	\$0	\$7,036,142

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	\$11,852,830
FEDERAL EXPENDITURES FUND TOTAL	\$0	\$11,852,830

Nursing Facilities 0148

Initiative: Adjusts funding for Medicaid services as a result of the decrease in the Federal Medical Assistance Percentage.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$1,538,014
GENERAL FUND TOTAL	\$0	\$1,538,014

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	(\$1,538,014)
FEDERAL EXPENDITURES FUND TOTAL	\$0	(\$1,538,014)

Office of Elder Services Adult Protective Services Z040

Initiative: Provides for the restructuring of the Department of Health and Human Services, Office of Elder and Adult Services and Office of Adults with Cognitive and Physical Disability Services.

SP0600, LD 1746, item 2, 125th Maine State Legislature , Amendment C "A", Filing Number S-572, Sponsored by
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GENERAL FUND	2011-12	2012-13
POSITIONS - LEGISLATIVE COUNT	0.000	3.000
Personal Services	\$0	\$320,194
All Other	\$0	\$15,000
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GENERAL FUND TOTAL	\$0	\$335,194

Purchased Social Services 0228

Initiative: Provides for the restructuring of the Department of Health and Human Services, Office of Child and Family Services.

GENERAL FUND	2011-12	2012-13
Personal Services	\$0	\$12,410
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GENERAL FUND TOTAL	\$0	\$12,410

State-funded Foster Care/Adoption Assistance 0139

Initiative: Reduces funding by reducing contracts in the family reunification program.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$1,249,500)
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GENERAL FUND TOTAL	\$0	(\$1,249,500)

State-funded Foster Care/Adoption Assistance 0139

Initiative: Provides for the restructuring of the Department of Health and Human Services, Office of Child and Family Services.

GENERAL FUND	2011-12	2012-13
POSITIONS - LEGISLATIVE COUNT	0.000	(14.000)
Personal Services	\$0	(\$1,173,774)
All Other	\$0	\$3,276,335
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GENERAL FUND TOTAL	\$0	\$2,102,561

FEDERAL EXPENDITURES FUND	2011-12	2012-13
Personal Services	\$0	\$19,803
All Other	\$0	\$386,872

SP0600, LD 1746, item 2, 125th Maine State Legislature , Amendment C "A", Filing Number S-572, Sponsored by
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FEDERAL EXPENDITURES FUND TOTAL	\$0	\$406,675
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OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
Personal Services	\$0	\$205,995
All Other	\$0	(\$5,652,788)
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	(\$5,446,793)

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY DHS)		
DEPARTMENT TOTALS	2011-12	2012-13
GENERAL FUND	\$0	\$28,706,608
FEDERAL EXPENDITURES FUND	\$0	\$73,479,559
FUND FOR A HEALTHY MAINE	\$0	\$678,801
OTHER SPECIAL REVENUE FUNDS	\$0	\$3,485,565
FEDERAL BLOCK GRANT FUND	\$0	(\$99,178)
DEPARTMENT TOTAL - ALL FUNDS	\$0	\$106,251,355

INDIGENT LEGAL SERVICES, MAINE COMMISSION ON

Maine Commission on Indigent Legal Services Z112

Initiative: Provides funding for representation to indigent persons who are entitled to counsel.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$450,000
GENERAL FUND TOTAL	\$0	\$450,000

INDIGENT LEGAL SERVICES, MAINE COMMISSION ON		
DEPARTMENT TOTALS	2011-12	2012-13
GENERAL FUND	\$0	\$450,000
DEPARTMENT TOTAL - ALL FUNDS	\$0	\$450,000

PUBLIC UTILITIES COMMISSION

Emergency Services Communication Bureau 0790

Initiative: Provides funding to cover costs incurred as a result of the need to operate 2 systems for a period of time as E-9-1-1 operations transition between them.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$3,785,230
GENERAL FUND TOTAL	\$0	\$3,785,230

PUBLIC UTILITIES COMMISSION		
DEPARTMENT TOTALS	2011-12	2012-13
GENERAL FUND	\$0	\$3,785,230
DEPARTMENT TOTAL - ALL FUNDS	\$0	\$3,785,230

SECTION TOTALS	2011-12	2012-13
GENERAL FUND	\$0	\$55,575,189
FEDERAL EXPENDITURES FUND	\$0	\$73,479,559
FUND FOR A HEALTHY MAINE	\$0	\$696,777
OTHER SPECIAL REVENUE FUNDS	\$0	\$3,260,353
FEDERAL BLOCK GRANT FUND	\$0	(\$93,271)
SECTION TOTAL - ALL FUNDS	\$0	\$132,918,607

PART B

Sec. B-1. Transfer from available fiscal year 2012-13 Administrative Services - Professional and Financial Regulation, Other Special Revenue Funds balance to General Fund - Professional and Financial Regulation. Notwithstanding any other provision of law, at the close of fiscal year 2012-13, the State Controller shall transfer \$1,500,000 from the available balance in the Administrative Services - Professional and Financial Regulation program, Other Special Revenue Funds account within the Department of Professional and Financial Regulation to the General Fund unappropriated surplus.

PART C

Sec. C-1. PL 2011, c. 380, Pt. QQ, §§1 and 3 are amended to read:

Sec. QQ-1. Transfer from unappropriated surplus at close of fiscal years 2011-12 and 2012-13. Notwithstanding any other provision of law, at the close of fiscal year 2011-12 and fiscal year 2012-13, the State Controller shall transfer up to \$25,000,000 from the unappropriated surplus of the General Fund to the Department of Health and Human Services, Medical Care - Payments to Providers account in the General Fund after all required deductions of appropriations, budgeted financial commitments and adjustments considered necessary by the State Controller have been made and as the first priority after the transfers required pursuant to the Maine Revised Statutes, Title 5, sections 1507, 1511 and 1522 and before the transfers required pursuant to Title 5, section 1536.

Sec. QQ-3. Transfer considered adjustments to appropriations. Notwithstanding the Maine Revised Statutes, Title 5, section 1585 or any other provision of law, amounts transferred pursuant to this Part are considered adjustments to appropriations ~~in fiscal year 2012-13 only~~. These funds may be allotted by financial order upon recommendation of the State Budget Officer and approval of the Governor.

Sec. C-2. Transfer of excess revenue from Oxford Casino. In fiscal year 2012-13 only, all funds credited pursuant to the Maine Revised Statutes, Title 8, section 1036, subsection 2-A, paragraph A and subsection 2-B, paragraph A to the Department of Education for essential programs and services for kindergarten to grade 12 under Title 20-A, chapter 606-B in excess of \$10,607,813 must be transferred to the Department of Health and Human Services, Medical Care - Payments to Providers Other Special Revenue Funds account to be expended for hospital settlements.

PART D

Sec. D-1. Transfer from unappropriated surplus; Maine Budget Stabilization Fund. Notwithstanding any other provision of law, the State Controller shall transfer \$10,000,000 during fiscal year 2012-13 from the General Fund unappropriated surplus to the Maine Budget Stabilization Fund established in the Maine Revised Statutes, Title 5, chapter 142.

Sec. D-2. Transfer for program funding shortfall. Prior to the close of fiscal year 2012-13, if the Commissioner of Health and Human Services and the Commissioner of Administrative and Financial Services determine that the Riverview Psychiatric Center program, General Fund account in the Department of Health and Human Services has insufficient resources as a result of a requirement to repay federal funds in that fiscal year, the commissioners may declare a budget emergency and the State Controller shall transfer from the available balance in the Maine Budget Stabilization Fund established in the Maine Revised Statutes, Title 5, chapter 142 to the Riverview Psychiatric Center program, General Fund account in the Department of Health and Human Services up to the amount of the resources necessary to repay the federal funds up to a maximum amount of \$7,360,045. Amounts transferred may be expended based on allotment established by financial order approved by the Governor. The Governor shall inform the Legislative Council and the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs immediately upon such a transfer from the Maine Budget Stabilization Fund.

PART E

Sec. E-1. 8 MRSA §1036, sub-§2, ¶E, as amended by PL 2011, c. 477, Pt. DD, §1, is further amended to read:

E. Ten percent of the net slot machine income must be forwarded by the board to the State Controller and except as otherwise provided in this paragraph credited to the Fund for a Healthy Maine established by Title 22, section 1511 and segregated into a separate account under Title 22, section 1511, subsection 11, with the use of funds in the account restricted to the purposes described in Title 22, section 1511, subsection 6, paragraph E. For the fiscal years ending June 30, 2010, June 30, 2011 and June 30, 2012, the amount credited annually by the State Controller to the Fund for a Healthy Maine under this paragraph may not exceed \$4,500,000 annually and any funds in excess of \$4,500,000 annually during these fiscal years must be credited as General Fund undedicated revenue, and, for the fiscal year ending June 30, 2013, the amount credited by the State Controller to the Fund for a Healthy Maine under this paragraph is ~~\$2,500,000~~\$0;

PART F

Sec. F-1. 5 MRSA §1511, as amended by PL 2005, c. 519, Pt. VV, §2, is further amended to read:

§ 1511.Loan Insurance Reserve

The State Controller may, at the close of each fiscal year, as the next priority after the transfers authorized pursuant to section 1507, transfer from the Unappropriated Surplus of the General Fund to the Loan Insurance Reserve amounts as may be available from time to time, up to an amount of \$1,000,000 per year after the transfers have been made pursuant to section 1507. The balance of this reserve must be paid to the Finance Authority of Maine if such payment does not cause the balance in the reserve fund maintained by the authority, when added to amounts held in the Finance Authority of Maine Mortgage Insurance Fund that are not committed or encumbered for another purpose, to exceed ~~\$35,000,000~~\$40,000,000. Any balance in the Loan Insurance Reserve is appropriated for this purpose.

Sec. F-2. PL 2011, c. 477, Pt. U, §1, as amended by PL 2011, c. 575, Pt. B, §1, is further amended to read:

Sec. U-1. Payments to State from Loan Insurance Reserve Fund. Notwithstanding any other provision of law, the Finance Authority of Maine shall transfer \$2,000,000 from the Loan Insurance Reserve Fund to the State as undedicated General Fund revenue no later than June 30, 2012 and an additional ~~\$1,000,000~~\$3,000,000 from the Loan Insurance Reserve Fund to the State as undedicated General Fund revenue no later than June 30, 2013.

PART G

Sec. G-1. Implementation of reductions in Fund for a Healthy Maine funding for community school grants. Notwithstanding any other provision of law, in implementing the reduction in Fund for a Healthy Maine funding in this Act for the FHM - Bureau of Health program, Community School Grants account, the Department of Health and Human Services may not reduce the

number of Healthy Maine Partnerships coalitions established under the Maine Revised Statutes, Title 22, section 412, subsection 2 from the one tribal and 26 geographic comprehensive community health coalitions that are approved for funding for fiscal year 2012-13 as of May 1, 2012 and are in compliance with the terms of their contracts, except as provided in this section. If the department determines that fewer Healthy Maine Partnerships coalitions are required, the department must seek and receive approval of a majority of the members of the Statewide Coordinating Council for Public Health established under Title 5, section 12004-G, subsection 14-G for a reduction in the number of coalitions.

PART H

Sec. H-1. 22 MRSA §1714-D is enacted to read:

§ 1714-D. Critical access hospital reimbursement

Beginning April 1, 2012, the department shall reimburse licensed critical access hospitals at 109% of MaineCare allowable costs for both inpatient and outpatient services provided to patients covered by the MaineCare program. Of the total allocated from hospital tax revenues under Title 36, chapter 375, \$1,000,000 in state and federal funds must be distributed annually among critical access hospitals for staff enhancement payments.

Sec. H-2. 22 MRSA §3174-NN, as enacted by PL 2009, c. 213, Pt. CC, §5, is repealed.

Sec. H-3. 22 MRSA §3174-OO, as enacted by PL 2009, c. 213, Pt. CC, §6, is repealed.

Sec. H-4. Rules for hospital reimbursement. By September 1, 2012, the Department of Health and Human Services shall adopt rules to implement hospital reimbursement under this Part. Rules adopted pursuant to this section are routine technical rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

Sec. H-5. Retroactivity. This Part applies retroactively to April 1, 2012.

PART I

Sec. I-1. 5 MRSA §17001, sub-§19, ¶¶E and F, as enacted by PL 1985, c. 801, §§5 and 7, are amended to read:

E. Any entity participating in the retirement system before January 1, 1976; or

F. Any educational institution in the State teaching courses equivalent to or higher than secondary institutions; or

Sec. I-2. 5 MRSA §17001, sub-§19, ¶G is enacted to read:

G. Any public charter school, as authorized by Title 20-A, chapter 112.

Sec. I-3. 5 MRSA §17001, sub-§30, ¶B, as enacted by PL 1985, c. 801, §§5 and 7, is amended to read:

B. "Public school" does not include:

- (1) Maine Wesleyan Seminary and College, commonly known as Kents Hill School, as of September 23, 1971;
- (2) Bridgton Academy, as of September 1, 1979;
- (3) Gould Academy, as of September 1, 1979; and
- (4) North Yarmouth Academy, as of September 1, 1979.; and
- (5) Public charter schools, as authorized by Title 20-A, chapter 112.

PART J

Sec. J-1. Development of proposed legislation for new retirement benefit plan for state employees and teachers. The Maine Public Employees Retirement System, referred to in this section as "the system," with assistance from the Office of Policy and Legal Analysis and the Office of the Revisor of Statutes, shall develop proposed legislation to implement the combination defined benefit and defined contribution retirement plan selected pursuant to Public Law 2011, chapter 380, Part U, and described in the "New Pension Plan Design and Implementation Plan" report dated March 2012 that was submitted to the Joint Standing Committee on Appropriations and Financial Affairs in accordance with Public Law 2011, chapter 380, Part U, section 2. No later than January 15, 2013, the system shall submit the proposed legislation to the joint standing committee of the Legislature having jurisdiction over state employee and teacher retirement matters. After receipt and review of the suggested legislation, the joint standing committee of the Legislature having jurisdiction over state employee and teacher retirement matters may submit a bill to the First Regular Session of the 126th Legislature to implement a new retirement plan.

Sec. J-2. Additional supporting work. Upon submission of the proposed legislation pursuant to section 1, the Maine Public Employees Retirement System, at the request of the joint standing committee of the Legislature having jurisdiction over state employee and teacher retirement matters, shall present sufficient details concerning each component of the proposed combination defined benefit and defined contribution retirement plan as necessary to build a benefit and cost structure, evaluate investment alternatives, implement a program for outreach to members, provide an estimate of associated administrative costs, evaluate legal considerations, including the form of plan documents, and address other policy considerations including costs.

Sec. J-3. Working group assistance. In order to provide assistance in preparing the proposed legislation pursuant to section 1 and the supporting details pursuant to section 2, the Executive Director of the Maine Public Employees Retirement System may convene a working group composed of the members of the working group that was established pursuant to Public Law 2011, chapter 380, Part U.

PART K

Sec. K-1. Transfer; unexpended funds; Ground Water Oil Clean-up Fund account. Notwithstanding any other provision of law, the State Controller shall transfer \$500,000 in unexpended funds from the Ground Water Oil Clean-up Fund, Other Special Revenue Funds account in the Department of Environmental Protection to General Fund unappropriated surplus at the close of fiscal year 2012-13.

PART L

Sec. L-1. Emergency rule-making authority; health and human services matters. The Department of Health and Human Services is authorized to adopt emergency rules on or before June 30, 2013 under the Maine Revised Statutes, Title 5, sections 8054 and 8073 in order to implement those provisions of this Act over which the department has subject matter jurisdiction for which specific authority has not been provided in any other part of this Act. Notwithstanding Title 5, section 8054, subsections 1 and 2, the Department of Health and Human Services is not required to find that immediate adoption is necessary to avoid a threat to public health, safety or general welfare.

PART M

Sec. M-1. 36 MRSA §5122, sub-§2, ¶LL is enacted to read:

LL. To the extent included in federal adjusted gross income, an amount equal to military compensation earned for service pursuant to written military orders during the taxable year not performed in this State. For the purposes of this paragraph, "military compensation" means active duty pay received as a result of service in the active or reserve components of the United States Army, Navy, Air Force, Marines or Coast Guard, including active state service as defined in Title 37-B, section 101-A, subsection 1.

Sec. M-2. Application. This Part applies to tax years beginning on or after January 1, 2014.

PART N

Sec. N-1. 36 MRSA §1760, sub-§7-B, as amended by PL 2009, c. 422, §1, is further amended to read:

7-B. Products used in commercial agricultural production. Sales of seed, fertilizers, defoliants and pesticides, including, but not limited to, rodenticides, insecticides, fungicides and weed killers, for use in the commercial agricultural production of an agricultural or silvicultural crop as defined in section 2013, subsection 1, paragraph A.

Sec. N-2. 36 MRSA §2013, as amended by PL 2011, c. 285, §8 and affected by §15 and amended by c. 380, Pt. EEEE, §§1 and 2 and affected by §3, is further amended to read:

§ 2013.Refund of sales tax on depreciable machinery and equipment purchases

1. Definitions. As used in this section, unless the context otherwise indicates, the following words have the following meanings.

A. "Commercial agricultural production" means commercial production of crops ~~for human and animal consumption, including the commercial production of sod, an agricultural composting operation as defined in Title 7, section 152, subsection 1, the commercial production of seed to be used primarily to raise crops for nourishment of humans or animals and the production of livestock, including the removal and storage of manure from that livestock, plants, trees, compost and livestock.~~

A-1. "Commercial aquacultural production" means the commercial production of cultured fish, shellfish, seaweed or other marine plants for human and animal consumption, including:

(1) All cultivating activities occurring at hatcheries or nurseries, from the egg, larval or spore stages to the transfer of the product to a growing site; and

(2) All cultivating activities occurring on water, from the receipt of fish, shellfish, seaweed or other marine plants from onshore facilities to the delivery of harvested products to onshore facilities for processing.

B. "Commercial fishing" means attempting to catch fish or any other marine animals or organisms with the intent of disposing of them for profit or trade in commercial channels and does not include subsistence fishing for personal use, sport fishing or charter boat fishing where the vessel is used for carrying sport anglers to available fishing grounds.

B-1. "Commercial wood harvesting" means the commercial severance and yarding of trees for sale or for processing into logs, pulpwood, bolt wood, wood chips, stud wood, poles, pilings, biomass or fuel wood or other products commonly known as forest products.

C. "Depreciable machinery and equipment" means, except as otherwise provided by this paragraph, that part of the following machinery and equipment for which depreciation is allowable under the Code and repair parts for that machinery and equipment:

(1) New or used machinery and equipment for use directly and primarily in commercial agricultural production, including self-propelled vehicles, ~~but excluding motor vehicles as defined in section 1752, subsection 7;~~ attachments and equipment for the production of field and orchard crops; new or used machinery and equipment for use directly and primarily in production of milk, animal husbandry and production of livestock, including poultry; new or used machinery and equipment used in the removal and storage of manure; and new or used machinery and equipment not used directly and primarily in commercial agricultural production, but used to transport potatoes from a truck into a storage location;

(2) ~~New or used watercraft, nets, traps, cables, tackle and related equipment necessary to and used directly and primarily in the operation of a commercial fishing venture, but excluding motor vehicles as defined in section 1752, subsection 7; or~~

(3) New or used watercraft, machinery or equipment used directly and primarily for commercial aquacultural production, including, but not limited to: nets; ropes; cables; anchors and anchor weights; shackles and other hardware; buoys; fish tanks; fish totes; oxygen tanks; pumping systems; generators; water-heating systems; boilers and related pumping systems; diving equipment; feeders and related equipment; power-generating equipment; tank water-level sensors; aboveground piping; water-oxygenating systems; fish-grading equipment; safety equipment; and sea cage systems, including walkways and frames, lights, netting, buoys, shackles, ropes, cables, anchors and anchor weights; ~~but excluding motor vehicles as defined in section 1752, subsection 7.; and~~

(4) New or used machinery and equipment for use directly and primarily in commercial wood harvesting, including, but not limited to, chain saws, skidders, delimiters, forwarders, slashers, feller bunchers and wood chippers.

"Depreciable machinery and equipment" does not include a motor vehicle as defined in section 1752, subsection 7 or a trailer as defined in section 1752, subsection 19-A.

2. Refund authorized. Any person, association of persons, firm or corporation that purchases electricity, or that purchases or leases depreciable machinery or equipment, for use in commercial agricultural production, commercial fishing ~~or~~, commercial aquacultural production ~~or~~ commercial wood harvesting or that purchases fuel for use in a commercial fishing vessel must be refunded the amount of sales tax paid upon presenting to the State Tax Assessor evidence that the purchase is eligible for refund under this section.

Evidence required by the assessor may include a copy or copies of that portion of the purchaser's or lessee's most recent filing under the United States Internal Revenue Code that indicates that the purchaser or lessee is engaged in commercial agricultural production, commercial fishing ~~or~~, commercial aquacultural production ~~or~~ commercial wood harvesting and that the purchased machinery or equipment is depreciable for those purposes or would be depreciable for those purposes if owned by the lessee.

In the event that any piece of machinery or equipment is only partially depreciable under the United States Internal Revenue Code, any reimbursement of the sales tax must be prorated accordingly. In the event that electricity or fuel for a commercial fishing vessel is used in qualifying and nonqualifying activities, any reimbursement of the sales tax must be prorated accordingly.

Application for refunds must be filed with the assessor within 36 months of the date of purchase or execution of the lease.

3. Purchases made free of tax with certificate. Sales tax need not be paid on the purchase of electricity, fuel for a commercial fishing vessel or a single item of machinery or equipment if the purchaser has obtained a certificate from the assessor stating that the purchaser is engaged in commercial agricultural production, commercial fishing or, commercial aquacultural production or commercial wood harvesting and authorizing the purchaser to purchase electricity, fuel for a commercial fishing vessel or depreciable machinery and equipment without paying Maine sales tax. The seller is required to obtain a copy of the certificate together with an affidavit as prescribed by the assessor, to be maintained in the seller's records, attesting to the qualification of the purchase for exemption pursuant to this section. In order to qualify for this exemption, the electricity, fuel for a commercial fishing vessel or depreciable machinery or equipment must be used directly in commercial agricultural production, commercial fishing or, commercial aquacultural production or commercial wood harvesting. In order to qualify for this exemption, the electricity or fuel for a commercial fishing vessel must be used in qualifying activities, including support operations.

4. Information on processes for refunds and appeals. The assessor shall post information describing the process for requesting a refund under this section on the bureau's publicly accessible website along with a description of the process to appeal a denial of refund request.

Sec. N-3. Application. Those sections of this Part that amend the Maine Revised Statutes, Title 36, section 1760, subsection 7-B and section 2013 apply to purchases made on or after January 1, 2014.

PART O

Sec. O-1. 22 MRSA §3174-TT, as enacted by PL 2011, c. 477, Pt. O, §1, is repealed.

§ 3174-TT. Limitation on reimbursement for opioids

1. Limitation. Except as provided in subsection 3, beginning April 1, 2012, the maximum time period for reimbursement under the MaineCare program for opioids is set forth in this subsection.

A. For a MaineCare member who is receiving treatment for HIV or AIDS or for cancer or who is in hospice care, reimbursement must be provided for the duration of the treatment or care.

B. For a MaineCare member who is receiving inpatient treatment in a hospital, reimbursement must be provided for the duration of the inpatient hospitalization.

C. Except as provided in subsection 2, for a MaineCare member who is receiving any treatment other than the treatments or care described in paragraph A or B, the maximum time period for reimbursement is 15 consecutive days.

2. Authorization for reimbursement for longer than 15 consecutive days. For a MaineCare member who is receiving treatment under subsection 1, paragraph C, the department may authorize reimbursement for a period longer than 15 consecutive days in accordance with this subsection.

SP0600, LD 1746, item 2, 125th Maine State Legislature , Amendment C "A", Filing Number S-572, Sponsored by 'An Act To Make Supplemental Appropriations and Allocations for the Expenditures of State Government and To Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Year Ending June 30, 2013'

A. The department may authorize reimbursement after the first 15 consecutive days for an initial extension period of an additional 15 consecutive days.

B. The department may authorize reimbursement after the initial extension period authorized in paragraph A for a final extension period of 15 consecutive days.

The department may not authorize an extension beyond the final extension period authorized in paragraph B.

The department shall adopt rules to implement this subsection. Rules adopted under this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

3. Exception; treatment of chronic pain for one year or longer. For a MaineCare member who on April 1, 2012 has been receiving opioids for the treatment of chronic pain for one year or longer continuously, the limitation on the maximum time periods for reimbursement under the MaineCare program for opioids set forth in subsection 1 takes effect September 1, 2012.

Sec. O-2. 22 MRSA §3174-UU is enacted to read:

§ 3174-UU. Reimbursement for opioid drugs for the treatment of pain

This section applies to reimbursement under the MaineCare program for opioid drugs for the treatment of pain.

1. Treatment of a new onset of acute pain. The department shall establish limits for MaineCare reimbursement of opioid drugs that are prescribed as medically necessary in response to a new onset of acute pain. The limits established may not exceed 45 days per year without prior authorization. In order to qualify for reimbursement under this subsection, a prescription may not provide for more than 15 days of medication and requires a face-to-face visit between the prescriber and the MaineCare member. Notwithstanding the provisions of this subsection, the department shall limit to a period of 60 days following the surgical procedure MaineCare reimbursement for opioid drugs prescribed following a surgical procedure for which the medical standard of care includes the use of opioids. A MaineCare member who suffers from intractable pain and for whom opioid drugs are medically necessary beyond the limits set by this subsection may qualify for opioid drugs under subsection 2 as treatment for long-term chronic pain.

2. Treatment of long-term chronic pain. Reimbursement for opioid drugs beyond the limit set in subsection 1 is allowed by prior authorization if the MaineCare member participates in one or more alternative intervention treatments established by the department through rulemaking.

In order to qualify for reimbursement for opioid drugs under this subsection, the MaineCare member must:

A. Have failed to have an adequate response to the prescribed alternative intervention treatment;

B. Have completed the prescribed alternative intervention treatment in accordance with the guidelines and show signs of regression; or

C. Have completed at least 50% of the prescribed alternative intervention treatment under this subsection, after which the prescriber recommends that adequate control of pain will not be obtained under the alternative intervention treatment.

The department shall limit reimbursement for opioids for a MaineCare member who fails to have an adequate response to the prescribed alternative intervention treatment, subject to exception based on medical necessity. The department may include in rulemaking the establishment of a daily dosing limit, subject to exception.

The department may waive the requirement of an alternative intervention treatment through prior authorization when participation is not feasible and opioid treatment is medically necessary.

The department may allow a MaineCare member who is participating in a course of treatment recommended by a prescriber, including alternatives, in accordance with rules adopted by the department to obtain a prior authorization for physical therapy in excess of 2 visits to a maximum of 6 visits.

3. Second opinion. In order for a prescription to qualify for reimbursement under this section, prior to prescribing an opioid drug for a MaineCare member who suffers from one of the medical diagnoses known typically to have a poor response to opioid drugs, a prescriber shall obtain an evaluation from a prescriber from outside the practice of the prescriber.

4. Current use. The department may delay until January 1, 2013 the application of this section to the reimbursement for opioid drugs for MaineCare members who have been receiving such treatment consistently for 6 months or longer on the effective date of this section. The department may require the development of a protocol for proper, safe and effective tapering from opioid use when appropriate and may adopt exceptions to the requirements of this section based on diagnosis or condition or on the basis of daily doses.

5. Collaboration. The department shall seek input from pain specialists, addiction medicine specialists and members of the department's physician advisory committee in the development of rules governing this section.

6. Morphine equivalent dose. The department may establish and utilize a total daily morphine equivalent dose calculation when developing rules to implement this section.

7. Exceptions. This section does not apply to reimbursement for opioid drugs for the following MaineCare members as specified in rules adopted by the department:

A. A MaineCare member who is receiving opioid drugs for symptoms related to HIV, AIDS, cancer and certain other qualifying diseases and conditions, as established by department rule;

B. A MaineCare member who is receiving opioid drugs during inpatient treatment in a hospital or during hospice care;

C. A MaineCare member who is receiving opioid drugs at certain qualifying low doses, as established by department rule; and

D. A MaineCare member for whom MaineCare reimbursement for opioid drugs for the treatment of addiction is restricted by limits applicable to methadone and buprenorphine and naloxone combination drugs.

8. Rules. The department shall adopt rules to implement this section. Rules adopted under this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Sec. O-3. 22 MRSA §7250, sub-§4, ¶G, as amended by PL 2011, c. 218, §2, is further amended to read:

G. The office that administers the MaineCare program pursuant to chapter 855 for the purposes of managing the care of its members, monitoring the purchase of controlled substances by its members and, avoiding duplicate dispensing of controlled substances and providing treatment pattern data under subsection 6; and

Sec. O-4. 22 MRSA §7250, sub-§6 is enacted to read:

6. Treatment pattern data. The department may provide to a prescriber who treats a member under the MaineCare program prescription monitoring information on the prescriber and other prescribers that indicates treatment patterns in comparison among peers. If the department has shared with a prescriber treatment pattern data under this subsection, the department shall allow the prescriber time to align the prescriber's prescribing patterns with the patterns of the peers of the prescriber. The department may take appropriate actions with regard to a prescriber who is unable to achieve treatment pattern alignment as provided in this subsection.

PART P

Sec. P-1. 36 MRSA §5219-HH, sub-§1, ¶J, as enacted by PL 2011, c. 548, §33 is amended to read:

J. "Qualified low-income community investment" means any capital or equity investment in, or loan to, any qualified active low-income community business made after September 28, 2011. ~~With~~Except as otherwise provided in this paragraph, with respect to any one qualified active low-income community business, the maximum amount of qualified low-income community investments that may be made in the business, on a collective basis with all of its affiliates, with the proceeds of qualified equity investments that have been certified under Title 10, section 1100-Z, subsection 3, paragraph G is \$10,000,000 whether made by one or several qualified community

SP0600, LD 1746, item 2, 125th Maine State Legislature , Amendment C "A", Filing Number S-572, Sponsored by 'An Act To Make Supplemental Appropriations and Allocations for the Expenditures of State Government and To Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Year Ending June 30, 2013' development entities. With respect to investments in a qualified low-income community business that is a manufacturing or value-added production enterprise that projects to create or retain more than 200 jobs, the limit on the qualified low-income community investment is \$40,000,000.

PART Q

Sec. Q-1. 36 MRSA c. 914-D is enacted to read:

CHAPTER 914-D

2012 MAINE USE TAX COMPLIANCE PROGRAM

§ 6611. Program established

The 2012 Maine Use Tax Compliance Program, referred to in this chapter as "the program," is established to encourage delinquent taxpayers to comply with the provisions of chapter 215, to enable the State Tax Assessor to identify and collect previously unreported use tax and to improve compliance with the State's use tax laws. The program applies to use tax liabilities incurred by a person prior to January 1, 2012.

§ 6612. Definitions

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

1. Lookback period. "Lookback period" means the period from January 1, 2006 to December 31, 2011.

2. Program period. "Program period" means the period from September 1, 2012 to November 30, 2012.

§ 6613. Administration; conditions for participation

The State Tax Assessor shall administer the program. Participation in the program is conditioned upon each participating taxpayer's agreement to forgo the right to protest or pursue an administrative or judicial proceeding with regard to use taxes paid under the program. A participating taxpayer that timely submits the special use tax return as required by subsection 2 with no material misrepresentations or material omissions and that timely makes the use tax payment or payments required by subsection 3 is absolved from further liability for use taxes incurred prior to January 1, 2012 and is also absolved from liability for criminal prosecution and civil penalties related to those taxes. The following conditions apply to the program.

1. Limited to unknown liabilities. The program is limited to unknown liabilities only. For purposes of this subsection, "unknown liability" means a use tax liability that has not been assessed at the time the special use tax return described in section 6614 is received by the assessor.

2. Return filed and tax liability reported. A participating taxpayer must properly complete and file with the assessor, before the end of the program period, a special use tax return as described in section 6614 reporting all previously unreported and unpaid State of Maine use tax liabilities incurred by the taxpayer during the lookback period.

3. Tax paid; 3 high years. A participating taxpayer must pay in full, by the end of the program period, the use tax liability incurred by the taxpayer during the 3 calendar years of the lookback period with the highest use tax liability as reported on the special use tax return described in section 6614. A participating taxpayer must agree to forgo the right to seek a refund of, or file a petition for reconsideration with respect to, the tax paid with the return.

§ 6614. Program return

The State Tax Assessor shall prepare and make available special use tax returns for taxpayers who wish to participate in the program. The return must be signed by the taxpayer under penalty of perjury. The return and associated program guidelines prepared by the assessor are not rules within the meaning of that term in the Maine Administrative Procedure Act. The assessor shall deny any special use tax return that is inconsistent with the provisions of this chapter or that is filed after the conclusion of the program period.

§ 6615. Undisclosed and future use tax liabilities; other settlements

This chapter may not be construed to prohibit the State Tax Assessor from instituting civil or criminal proceedings, including but not limited to an audit, against any taxpayer with respect to any amount of use tax incurred during or after the lookback period that is not disclosed on either the special use tax return filed by the taxpayer in connection with the program or another return filed by the taxpayer with the assessor. This chapter may not be construed to limit a taxpayer's right to protest or pursue an administrative or judicial proceeding with regard to an assessment of such undisclosed taxes. Notwithstanding any other provision of law, the assessor may, prior to September 1, 2012, compromise an unknown use tax liability on terms substantially equal to the terms set forth in this chapter, and in such a case the taxpayer is absolved from liability for criminal prosecution and civil penalties related to those taxes.

PART R

Sec. R-1. 36 MRSA §5122, sub-§2, ¶M, as amended by PL 2005, c. 218, §53, is further amended to read:

M. For each individual who is a primary recipient of pension benefits under an employee retirement plan, an amount that is the lesser of:

- (1) Six thousand dollars reduced by the total amount of the individual's social security benefits and railroad retirement benefits paid by the United States, but not less than \$0. The reduction does not apply to benefits paid under a military retirement plan; or

(2) The aggregate of pension benefits under employee retirement plans included in the individual's federal adjusted gross income.

For purposes of this paragraph, the following terms have the following meanings. "Primary recipient" means the individual upon whose earnings the employee retirement plan benefits are based or the surviving spouse of that individual. "Pension benefits" means employee retirement plan benefits reported as pension or annuity income for federal income tax purposes. "Employee retirement plan" means a state, federal or military retirement plan or any other retirement benefit plan established and maintained by an employer for the benefit of its employees under the Code, Section 401(a), Section 403 or Section 457(b), except that distributions made pursuant to a Section 457(b) plan are not eligible for the deduction provided by this paragraph if they are made prior to age 55 and are not part of a series of substantially equal periodic payments made for the life of the primary recipient or the joint lives of the primary recipient and that recipient's designated beneficiary. "Employee retirement plan" does not include an individual retirement account under Section 408 of the Code, a Roth IRA under Section 408A of the Code, a rollover individual retirement account, a simplified employee pension under Section 408(k) of the Code or an ineligible deferred compensation plan under Section 457(f) of the Code. Pension benefits under an employee retirement plan do not include distributions that are subject to the tax imposed by the Code, Section 72(t). "Military retirement plan" means benefits received as a result of service in the active or reserve components of the Army, Navy, Air Force, Marines or Coast Guard.

This paragraph does not apply to tax years beginning on or after January 1, 2014;

Sec. R-2. 36 MRSA §5122, sub-§2, ¶M-1 is enacted to read:

M-1. For tax years beginning on or after January 1, 2014, for each individual who is a primary recipient of retirement plan benefits under an employee retirement plan or an individual retirement account, an amount that is the lesser of the aggregate of retirement plan benefits under employee retirement plans or individual retirement accounts included in the individual's federal adjusted gross income and the pension deduction amount reduced by the total amount of the individual's social security benefits and railroad retirement benefits paid by the United States, but not less than \$0. The social security benefits and railroad retirement benefits reduction does not apply to benefits paid under a military retirement plan.

For purposes of this paragraph, the following terms have the following meanings.

(1) "Employee retirement plan" means a state, federal or military retirement plan or any other retirement benefit plan established and maintained by an employer for the benefit of its employees under the Code, Section 401(a), Section 403 or Section 457(b), except that distributions made pursuant to a Section 457(b) plan are not eligible for the deduction provided by this paragraph if they are made prior to age 55 and are not part of a series of substantially equal periodic payments made for the life of the primary recipient or the joint lives of the primary recipient and that recipient's designated beneficiary.

(2) "Individual retirement account" means an individual retirement account under Section 408 of the Code, a Roth IRA under Section 408A of the Code, a simplified employee pension under Section 408(k) of the Code or a simple retirement account for employees under Section 408(p) of the Code.

(3) "Military retirement plan" means benefits received as a result of service in the active or reserve components of the Army, Navy, Air Force, Marines or Coast Guard.

(4) "Pension deduction amount" means \$10,000 for tax years beginning on or after January 1, 2014.

(5) "Primary recipient" means the individual upon whose earnings or contributions the retirement plan benefits are based or the surviving spouse of that individual.

(6) "Retirement plan benefits" means employee retirement plan benefits, except pick-up contributions for which a subtraction is allowed under paragraph E, reported as pension or annuity income for federal income tax purposes and individual retirement account benefits reported as individual retirement account distributions for federal income tax purposes. "Retirement plan benefits" does not include distributions that are subject to the tax imposed by the Code, Section 72(t);

Sec. R-3. Application. That section of this Part that enacts the Maine Revised Statutes, Title 36, section 5122, subsection 2, paragraph M-1 applies to tax years beginning on or after January 1, 2014.

PART S

Sec. S-1. 22 MRSA §3174-UU is enacted to read:

§ 3174-UU. Methadone reimbursement limitations

Effective January 1, 2013, reimbursement under the MaineCare program for methadone for the treatment of addiction to opiates as defined in Title 17-A, section 1101, subsection 7 is limited to a lifetime maximum of 24 months, except that reimbursement may be provided for longer than 24 months if prior authorization is received from the department.

The department shall adopt rules to implement this section. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A. Prior to adopting rules under this section, the department shall seek input from stakeholders and experts in the field of substance abuse addiction and recovery, including, but not limited to, representatives of the Office of Substance Abuse and individuals with expertise in medication-assisted treatment.

PART T

Sec. T-1. MaineCare Redesign Task Force established. The Commissioner of Health and Human Services shall establish the MaineCare Redesign Task Force, referred to in this Part as "the task force," to provide detailed information that will enable the Legislature to redesign the MaineCare program in a manner that will maintain high-quality, cost-effective services to populations in need of health coverage, comply with the requirements of the federal Patient Protection and Affordable Care Act of 2010 for state Medicaid programs and realize General Fund savings in fiscal year 2012-13 of \$5,250,000.

Sec. T-2. Task force membership. Notwithstanding Joint Rule 353, the task force consists of the Commissioner of Health and Human Services or the commissioner's designee, who serves as chair of the task force, and the following 8 members who are appointed by the commissioner:

1. Two members of the MaineCare Advisory Committee, established pursuant to rule of the Department of Health and Human Services, who represent MaineCare members;
2. Two members of the MaineCare Advisory Committee, established pursuant to rule of the Department of Health and Human Services, who represent providers of MaineCare services;
3. One member of the public who has expertise in public health care policy;
4. One member of the public who has expertise in public health care financing;
5. One member of the public who has expertise in state fiscal policy; and
6. One member of the public who has expertise in economic policy.

Sec. T-3. Convening of task force. The task force shall convene no later than September 1, 2012.

Sec. T-4. Duties. The task force shall undertake a comprehensive review of the MaineCare program established pursuant to the Maine Revised Statutes, Title 22, chapter 855. The task force shall report on the following issues with regard to the MaineCare program:

1. Current eligibility levels, options for eligibility levels and changes to eligibility levels, including any changes that will be required pursuant to the federal Patient Protection and Affordable Care Act of 2010;
2. Current benefits, options for benefits and any changes to benefits, including any changes that will be required pursuant to the federal Patient Protection and Affordable Care Act of 2010;
3. Current premiums, cost-sharing and participation requirements, options for premiums, cost-sharing and participation requirements and any changes to premiums, cost-sharing and participation requirements, including any changes that will be required pursuant to the federal Patient Protection and Affordable Care Act of 2010;
4. The current fiscal status of the MaineCare program, including an analysis of MaineCare spending for the most recent 4 fiscal years and for the current biennium, with spending analysis detail provided by provider type, by eligibility level and by funding source;

5. Current management and administrative strategies and options for management and administrative strategies, including managed care, management of high-cost care and high-cost utilization, prior authorization, accountable care organizations, value-based purchasing and contracted and in-house administrative services;

6. A review of initiatives being used in other states' Medicaid programs to deliver high-quality services in a manner that is fiscally sustainable and cost-effective; and

7. Recommendations for redesign of the MaineCare program to achieve General Fund savings of \$5,250,000 during fiscal year 2012-13 and annually thereafter, including detailed information on any required state plan amendments, applications and amendments to Medicaid waivers and amendments to state law and rule that would be required to implement the redesign and achieve the savings. The recommendations must include draft amendments to state law and rule to implement the redesign of MaineCare.

Sec. T-5. Staffing; consultant services. The Department of Health and Human Services shall provide necessary staffing services to the task force from its personnel. The department may contract for staffing services to supplement the work of departmental personnel. The department shall contract for professional services to research and prepare all necessary Medicaid state plan amendments and waiver applications and amendments that will be required to implement the redesign of MaineCare under section 4 once the redesign is approved by the Legislature under section 7. The contract for professional services must include, after action on the recommendations by the Legislature, final preparation, submission and services necessary to the approval process of all Medicaid state plan amendments and waiver application and amendments.

Sec. T-6. Report. The task force shall report to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs and the joint standing committee of the Legislature having jurisdiction over health and human services matters as follows.

1. By November 15, 2012, the task force shall report on issues detailed in section 4.

2. By January 1, 2013 and by the first of each month thereafter until final federal action has been completed, the task force shall file information regarding progress in the preparation of the Medicaid state plan amendments and waiver applications and amendments.

Sec. T-7. Implementation; achievement of savings. If, after receipt of the recommendations presented by the task force pursuant to section 6, subsection 1, the Legislature fails to enact legislation in the First Regular Session of the 126th Legislature that achieves \$5,250,000 in General Fund savings in fiscal year 2012-13, the Commissioner of Health and Human Services shall make recommendations to the Governor regarding the achievement of the balance of these savings through the use of the temporary curtailment of allotment power specified in the Maine Revised Statutes, Title 5, section 1668, and the Governor is authorized to achieve those savings using that power.

PART U

Sec. U-1. Department of Health and Human Services; MaineCare development of a global waiver. The Department of Health and Human Services shall develop a global Medicaid waiver in accordance with Section 1115 of the United States Social Security Act, 42 United States Code, Section 1315, to supersede all existing MaineCare waivers, the intent of which is to allow the State greater flexibility to manage programs more efficiently, to cap total MaineCare spending, to implement effective member cost sharing and to use innovative payment reform opportunities to support high-quality, efficient health care delivery.

Sec. U-2. Legislative review of the Medicaid global waiver. By October 1, 2012, the Commissioner of Health and Human Services shall submit the proposed Medicaid global waiver prepared pursuant to section 1 of this Part for review to the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Health and Human Services.

Sec. U-3. Submission of a resolve to the 126th Legislature. By January 15, 2013, the Commissioner of Health and Human Services shall submit a resolve containing the proposed Medicaid global waiver prepared under this Part for approval by the 126th Legislature.

PART V

Sec. V-1. 7-A MRSA is enacted to read:

TITLE 7-A

AGRICULTURE, CONSERVATION AND FORESTRY

SUBTITLE 1

DEPARTMENT OF AGRICULTURE, CONSERVATION AND FORESTRY

CHAPTER 1

DEPARTMENTAL ORGANIZATION AND OPERATION

SUBCHAPTER 1

GENERAL PROVISIONS

§ 101. Definitions

As used in this Title, unless the context otherwise indicates, the following terms have the following meanings.

1. Commissioner. "Commissioner" means the Commissioner of Agriculture, Conservation and Forestry.

2. Department. "Department" means the Department of Agriculture, Conservation and Forestry.

3. Seal. The department has an official seal, which must be judicially noticed.

SUBCHAPTER 2

ORGANIZATION

§ 201. Department

1. Establishment. The Department of Agriculture, Conservation and Forestry is established as a cabinet-level department.

2. Divisions. The department consists of the divisions necessary to carry out the work of the department.

§ 202. Mission; guiding principles

1. Mission. The mission of the department is to serve as the steward of Maine's agricultural, forestry, water and land resources for the State.

2. Guiding principles. The following principles are adopted to guide the department in the performance of its duties:

A. Forestry, farming, conservation, public lands and other natural resource-based economic activity are important to the State's economy and quality of life; and

B. Strengthening farming, forestry, conservation, recreation, state parks, public lands and public access to the State's natural resources is vital to enhancing the State's natural resources economy.

§ 203. Commissioner

The department is under the control and supervision of the Commissioner of Agriculture, Conservation and Forestry, who reports directly to the Governor.

1. Appointment. The Governor shall appoint the commissioner, subject to review by the joint standing committee of the Legislature having jurisdiction over agriculture, conservation and forestry matters and confirmation by the Senate. The commissioner serves at the pleasure of the Governor.

2. Deputies; staff. The commissioner shall appoint 2 deputy commissioners, one of whom assists the commissioner with operations and administration of the department and one of whom assists the commissioner with agriculture, forestry and natural resources-based economic development.

3. Vacancy; commissioner. A vacancy in the office of the commissioner must be filled as follows.

A. A vacancy in the commissioner's position must be filled in accordance with Title 5, section 1.

B. The commissioner shall appoint one of the department's deputy commissioners to perform the duties of the commissioner, in addition to the duties of that deputy commissioner, during the commissioner's temporary absence or disability.

§ 204. Powers and duties of commissioner

The commissioner has all of the powers and duties necessary to carry out the mission and responsibilities of the department. The commissioner has the power to distribute the functions and duties given to the commissioner under this Title, Title 7 and Title 12 among the various divisions of the department so as to integrate the work properly and to promote the most economical and efficient administration of the department. Powers and duties given to the commissioner or the department in this Title, Title 7 or Title 12 must be assumed and carried out by the divisions that the commissioner designates and may in turn be delegated to subordinates by division directors with the approval of the commissioner.

1. Administration. The commissioner shall administer the department in accordance with the requirements of this Title and shall fulfill the duties prescribed to the commissioner by state and federal law.

2. Rulemaking. The commissioner shall adopt rules to implement this Title. Rules adopted pursuant to this subsection are routine technical rules, as defined in Title 5, chapter 375, subchapter 2-A, unless otherwise specified.

3. Employees. The commissioner may employ personnel as necessary to carry out the work of the department. Except as otherwise provided by law, all personnel of the department are under the immediate supervision, direction and control of the commissioner. Department personnel are subject to the Civil Service Law, except for positions subject to appointment by the commissioner under subsection 4 and as otherwise specified.

4. Appointments. The deputy commissioners and division directors of the department are appointed by the commissioner and serve at the pleasure of the commissioner, except as otherwise provided by law. Deputy commissioners and division directors appointed pursuant to this Title must have educational qualifications and professional experience directly related to the functions of and services provided by the relevant unit or division.

§ 205. Department organization; divisions

The department is composed of the following divisions, each of which is under the direction and supervision of a director:

1. Division of Agricultural Resource Development. The Division of Agricultural Resource Development, whose director must be qualified by training, experience and skill in agricultural management;

2. Division of Forestry. The Division of Forestry, also known as the Maine Forest Service, whose director must be qualified by training, experience and skill in forestry;

3. Division of Parks and Public Lands. The Division of Parks and Public Lands, whose director must be qualified by training, experience and skill in parks, public lands, outdoor recreation or natural resource management. The commissioner shall appoint a deputy director to assist the director. The deputy director serves at the pleasure of the commissioner;

4. Division of Quality Assurance and Regulation. The Division of Quality Assurance and Regulation, whose director must be qualified by training, experience and skill in food quality and regulatory inspections;

5. Division of Animal and Plant Health. The Division of Animal and Plant Health, whose director must be qualified by training, experience and skill in scientific crop and animal production;

6. Division of Geology and Natural Areas. The Division of Geology and Natural Areas, whose director must be qualified by training, experience and skill in geology, natural areas or applied natural sciences; and

7. Division of Land Use Planning, Permitting and Compliance. The Division of Land Use Planning, Permitting and Compliance, whose director must be qualified by experience in planning and administration. The director provides the principal administrative, operational and executive support to the Maine Land Use Regulation Commission. The director is subject to appointment and removal by the commissioner, with the consent of a majority of members of the Maine Land Use Regulation Commission.

Sec. V-2. Legislative intent; contingent repeal. It is the intent of the Legislature that a bill submitted pursuant to Part W, section 4 that consolidates the Maine Revised Statutes, Title 7 and portions of Title 12 into Title 7-A be enacted into law by the 126th Legislature. If a bill submitted pursuant to Part W, section 4 has not been enacted into law by December 3, 2014, Title 7-A is repealed on that date.

Sec. V-3. Contingent revision clause. This section takes effect if the Maine Revised Statutes, Title 7-A is repealed pursuant to section 2.

1. Wherever in the Maine Revised Statutes, Title 7, the words "Department of Agriculture, Conservation and Forestry" appear or reference is made to that department, they are amended to read or mean, as appropriate, "Department of Agriculture, Food and Rural Resources." The Revisor of Statutes shall implement this revision when updating, publishing or republishing the statutes.

2. Wherever in the Maine Revised Statutes, Title 12, the words "Department of Agriculture, Conservation and Forestry" appear or reference is made to that department, they are amended to read or mean, as appropriate, "Department of Conservation." The Revisor of Statutes shall implement this revision when updating, publishing or republishing the statutes.

3. Wherever in the Maine Revised Statutes, Title 7, the words "Commissioner of Agriculture, Conservation and Forestry" appear or reference is made to that position, they are amended to read or mean, as appropriate, "Commissioner of Agriculture, Food and Rural Resources." The Revisor of Statutes shall implement this revision when updating, publishing or republishing the statutes.

4. Wherever in the Maine Revised Statutes, Title 12, the words "Commissioner of Agriculture, Conservation and Forestry" appear or reference is made to that position, they are amended to read or mean, as appropriate, "Commissioner of Conservation." The Revisor of Statutes shall implement this revision when updating, publishing or republishing the statutes.

PART W

Sec. W-1. Transition. Notwithstanding the Maine Revised Statutes, Title 7 and Title 12, the following provisions apply to the reassignment of the duties and responsibilities of the Department of Agriculture, Food and Rural Resources and the Department of Conservation to the Department of Agriculture, Conservation and Forestry.

1. The Department of Agriculture, Food and Rural Resources and the Department of Conservation as heretofore created and established by law are incorporated into the Department of Agriculture, Conservation and Forestry. All references to, responsibilities of and authority conferred upon the Department of Agriculture, Food and Rural Resources and the Department of Conservation, and those departments' predecessors, throughout the Maine Revised Statutes are deemed to refer to and vest in the Department of Agriculture, Conservation and Forestry created by this Act, as the successor department. The Department of Agriculture, Conservation and Forestry is the successor in every way to the powers, duties and functions as assigned in the Maine Revised Statutes, Title 7 to the Department of Agriculture, Food and Rural Resources and Title 12 to the Department of Conservation, as they pertain to services provided in agriculture, conservation and forestry under this Act.

2. Notwithstanding the provisions of the Maine Revised Statutes, Title 5, all accrued expenditures, assets, liabilities, balances of appropriations, allocations, transfers, revenues and other available funds in an account or subdivision of an account of the Department of Agriculture, Food and Rural Resources and the Department of Conservation that pertain to the duties of the Department of Agriculture, Conservation and Forestry as set forth in this Act must be transferred to the proper accounts of the Department of Agriculture, Conservation and Forestry by the State Controller or by financial order upon the request of the State Budget Officer and with the approval of the Governor.

3. All rules of the Department of Agriculture, Food and Rural Resources and the Department of Conservation, as they pertain to the duties of the Department of Agriculture, Conservation and Forestry as set forth in this Act, that are in effect on the effective date of this Act remain in effect until rescinded, revised or amended.

4. All contracts, agreements and compacts of the Department of Agriculture, Food and Rural Resources and the Department of Conservation, as they pertain to the duties set forth in this Act, that are in effect on the effective date of this Act remain in effect until they expire or are altered by the parties involved in the contracts, agreements or compacts. The Department of Agriculture, Conservation and Forestry is the successor agency for all federal grants and programs administered by the United States Department of Agriculture and any other federal programs, grants and contracts.

5. All records of the Department of Agriculture, Food and Rural Resources and the Department of Conservation, as they pertain to the duties set forth in this Act, must be transferred to the Department of Agriculture, Conservation and Forestry as necessary to implement this Act.

6. All property and equipment of any bureau, division or program of the Department of Agriculture, Food and Rural Resources and the Department of Conservation pertaining to the duties set forth in this Act are transferred to the Department of Agriculture, Conservation and Forestry as necessary to implement this Act.

7. Notwithstanding the Maine Revised Statutes, Title 7-A, section 203 or any other provision of law, upon the effective date of this Act, the individual holding the position of Commissioner of Agriculture, Food and Rural Resources becomes the Commissioner of Agriculture, Conservation and Forestry without the need of appointment or confirmation. The Commissioner of Agriculture, Conservation and Forestry shall assume and is vested with all of the duties and powers of that office, as well as the duties and powers of the office of the Commissioner of Agriculture, Food and Rural Resources and the office of the Commissioner of Conservation. This provision is intended to change the procedure for appointment and confirmation of the first Commissioner of Agriculture, Conservation and Forestry.

8. Employees of the Department of Agriculture, Conservation and Forestry who were employees of the Department of Agriculture, Food and Rural Resources and the Department of Conservation immediately prior to the effective date of this Act retain all their employee rights, privileges and benefits, including sick leave, vacation and seniority, provided under the Civil Service Law or collective bargaining agreements. The Department of Administrative and Financial Services, Bureau of Human Resources shall provide assistance to the affected departments and shall assist with the orderly implementation of this subsection.

Sec. W-2. Conflicts and inconsistencies. If the Commissioner of Agriculture, Conservation and Forestry finds a conflict or inconsistency between provisions in the Maine Revised Statutes, Title 7 and Title 12 or rules adopted under those titles, the commissioner shall attempt to resolve that conflict or inconsistency by interpreting the laws or rules together to give effect to the intent of the Legislature or agency, as the case may be. If the commissioner determines rulemaking is required to resolve a conflict or inconsistency, the commissioner may adopt rules as authorized under Title 7-A, section 204, subsection 2. In adopting rules under this section, the commissioner has sole discretion to determine whether an emergency exists. The commissioner shall notify the members of the joint standing committee of the Legislature having jurisdiction over agriculture, conservation and forestry matters prior to adopting any emergency rule under this section.

Sec. W-3. Interim meetings; authorized. The joint standing committee of the Legislature having jurisdiction over agriculture, conservation and forestry matters is authorized to meet up to 6 times during the 2012 legislative interim to hear and discuss reports regarding planning, program operation and implementation issues related to the establishment of the Department of Agriculture, Conservation and Forestry. At these meetings, the Commissioner of Agriculture, Conservation and Forestry shall brief the committee on program operation issues, progress, challenges and the timeline for implementation. The committee shall provide opportunities for stakeholders to communicate with the committee.

Sec. W-4. Legislation; review. Following the development of a department budget pursuant to section 9, the Department of Agriculture, Conservation and Forestry shall review those provisions of the Maine Revised Statutes governing the Department of Agriculture, Conservation and Forestry, including but not limited to the Maine Revised Statutes, Titles 7, 7-A and 12. Based upon the review, the department, working with the joint standing committee of the Legislature having jurisdiction over

agriculture, conservation and forestry matters, shall develop and submit a bill for introduction to the 126th Legislature to consolidate existing law into Title 7-A, to update Title 7-A and to correct any errors and inconsistencies in law that result from this Part.

Sec. W-5. Maine Revised Statutes amended; revision clause. Wherever in the Maine Revised Statutes the words "Department of Agriculture, Food and Rural Resources" or "Department of Conservation" appear or reference is made to either or both of those departments with reference to the duties transferred to the Department of Agriculture, Conservation and Forestry as set forth in this Act, they are amended to read or mean, as appropriate, "Department of Agriculture, Conservation and Forestry." The Revisor of Statutes shall implement this revision when updating, publishing or republishing the statutes.

Sec. W-6. Maine Revised Statutes amended; revision clause. Wherever in the Maine Revised Statutes the words "Commissioner of Agriculture, Food and Rural Resources" or "Commissioner of Conservation" appear or reference is made to either or both of these positions with reference to the duties transferred to the Commissioner of Agriculture, Conservation and Forestry as set forth in this Act, they are amended to read or mean, as appropriate, "Commissioner of Agriculture, Conservation and Forestry." The Revisor of Statutes shall implement this revision when updating, publishing or republishing the statutes.

Sec. W-7. Maine Revised Statutes amended; revision clause. Wherever in the Maine Revised Statutes the words "Bureau of Forestry," "Bureau of Parks and Lands" or "Bureau of Geology and Natural Areas" appear or reference is made to any of these bureaus with reference to the duties transferred to the Department of Agriculture, Conservation and Forestry as set forth in this Act, they are amended to read or mean, as appropriate, "Division of Forestry," "Division of Parks and Public Lands," "Division of Geology and Natural Areas" or "the division." The Revisor of Statutes shall implement this revision when updating, publishing or republishing the statutes.

Sec. W-8. Maine Revised Statutes amended; revision clause. Wherever in the Maine Revised Statutes the words "Division of Forest Protection" appear or reference is made to the Division of Forest Protection, they are amended to read or mean "the forest protection unit within the Department of Agriculture, Conservation and Forestry." The Revisor of Statutes shall implement this revision when updating, publishing or republishing the statutes.

Sec. W-9. Budget. The Department of Administrative and Financial Services, Bureau of the Budget shall work with the employees of the Department of Agriculture, Food and Rural Resources and the Department of Conservation with regard to the duties transferred to the Department of Agriculture, Conservation and Forestry as set forth in this Act to develop the budget for the Department of Agriculture, Conservation and Forestry in conjunction with the Natural Resources Service Center of the Department of Administrative and Financial Services.

Sec. W-10. Federal approval. If the Commissioner of Agriculture, Conservation and Forestry determines that federal approval will not be obtained for any part of this Part that requires federal approval, the commissioner shall notify the joint standing committee of the Legislature having jurisdiction

over agriculture, conservation and forestry matters, the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs and the Executive Director of the Legislative Council.

Sec. W-11. Functions and duties; rules, guidelines, policies and manuals.

Notwithstanding any provision of law to the contrary, the divisions established within the Department of Agriculture, Conservation and Forestry pursuant to the Maine Revised Statutes, Title 7-A, section 205 shall assume the functions and the duties of the bureaus, divisions and offices within the former Department of Agriculture, Food and Rural Resources and the former Department of Conservation in accordance with all rules, guidelines, policies, manuals and similar documents adopted by or distributed by either the former Department of Agriculture, Food and Rural Resources or the former Department of Conservation that are in effect on the effective date of this Act. These rules, guidelines, policies, manuals and similar documents remain in effect until rescinded, revised or amended, without regard to references therein to departmental offices, bureaus, divisions, units or employee titles or classifications that may no longer exist or that may be changed in the future.

PART X

Sec. X-1. 5 MRSA §7-B, as amended by PL 2003, c. 688, Pt. A, §1, is further amended to read:

§ 7-B. Use of state vehicles for commuting

A state-owned or state-leased vehicle may not be used by any employee to commute between home and work, except for those vehicles authorized and assigned to employees of the Baxter State Park Authority and to law enforcement officials within the following organizational units: Bureau of State Police; Maine Drug Enforcement Agency; Office of the State Fire Marshal; the division within the Department of Public Safety designated by the Commissioner of Public Safety to enforce the law relating to the manufacture, importation, storage, transportation and sale of all liquor and to administer those laws relating to licensing and collection of taxes on malt liquor and wine; Bureau of Motor Vehicles; Bureau of Marine Patrol; ~~Bureau of Forestry, Division of Forest Protection~~ the forest protection unit within the Division of Forestry; Bureau of Warden Service; and ~~Bureau of Parks and Lands~~ Division of Parks and Public Lands.

Sec. X-2. 5 MRSA §1582, sub-§4, as amended by PL 2011, c. 1, Pt. S, §1, is further amended to read:

4. Use of savings; personal services funds. Savings accrued from unused funding of employee benefits may not be used to increase services provided by employees. Accrued salary savings generated within an appropriation or allocation for Personal Services may be used for the payment of nonrecurring Personal Services costs only within the account where the savings exist. Accrued savings generated from vacant positions within a General Fund account's appropriation for Personal Services may be used to offset Personal Services shortfalls in other General Fund accounts that occur as a direct result of Personal Services appropriation reductions for projected vacancies, and accrued savings generated within a Highway Fund account's allocations for Personal Services may be used to offset Personal Services shortfalls in other Highway Fund accounts that occur as a direct result of Personal Services allocation

reductions for projected vacancies; except that the transfer of such accrued savings is subject to review by the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs. Costs related to acting capacity appointments and emergency, unbudgeted overtime for which it is impractical to budget in advance may be used with the approval of the appointing authority. Other actions such as retroactive compensation for reclassifications or reallocations and retroactive or one-time settlements related to arbitrator or court decisions must be recommended by the department or agency head and approved by the State Budget Officer. Salary and employee benefits savings may not be used to fund recurring Personal Services actions either in the account where the savings exist or in another account. At the close of each fiscal year, except for the ~~Division of Forest Protection~~forest protection unit account within the Department of Agriculture, Conservation and Forestry, the Disproportionate Share - Riverview Psychiatric Center and the Disproportionate Share - Dorothea Dix Psychiatric Center accounts within the Department of Health and Human Services and the Education in the Unorganized Territory account within the Department of Education, any unexpended General Fund Personal Services appropriations to executive branch agencies including accounts that are authorized to carry unexpended balances forward must lapse to the Salary Plan program, General Fund account in the Department of Administrative and Financial Services.

Sec. X-3. 5 MRSA §6204, sub-§1, as amended by PL 2011, c. 655, Pt. II, §1, is further amended to read:

1. Composition. The board consists of ~~11~~9 members, ~~7~~6 who are private citizens and ~~4~~3 who are permanent members. The permanent members are ~~the Commissioner of Conservation; the Commissioner of Inland Fisheries and Wildlife; the Commissioner of Marine Resources; and the Commissioner of Agriculture, Food and Rural Resources~~Conservation and Forestry.

Sec. X-4. 5 MRSA §6204, sub-§6, as amended by PL 2011, c. 655, Pt. II, §2, is further amended to read:

6. Assistance. ~~The Department of Conservation; the Department of Inland Fisheries and Wildlife; the Department of Transportation; the Department of Agriculture, Food and Rural Resources~~Conservation and Forestry; and all other state agencies shall provide staff support and assistance considered necessary by the board to fulfill the objectives of this chapter. If agency assistance is not available, consultants may be hired from the proceeds of either the Land for Maine's Future Fund or the Public Access to Maine Waters Fund to assist the board in carrying out its responsibilities.

Sec. X-5. 12 MRSA §8003, sub-§3, ¶M, as amended by PL 1999, c. 155, Pt. A, §2, is further amended to read:

M. Except for lands acquired under the authority of paragraph N, the director is authorized, with the consent of the commissioner, to sell, grant, lease, transfer or otherwise convey any real or personal property under the jurisdiction of the ~~bureau~~division. The director shall deposit the proceeds from the sale or lease of property into the ~~Division of Forest Protection Account~~forest protection unit account. At least 60 days prior to offering any surplus property for sale under this paragraph, the director shall notify the Executive Director of the Legislative Council and the joint standing committee of the Legislature having jurisdiction over forest resources of the director's intent to sell the property.

Sec. X-6. 12 MRSA §8003, sub-§3, ¶M-1, as amended by PL 1999, c. 155, Pt. A, §3, is further amended to read:

M-1. The proceeds under paragraph M may be used only to upgrade existing structures owned by the ~~Division of Forest Protection~~ forest protection unit within the division, to consolidate operations of the ~~division~~ unit through the improvement, repair, replacement, purchase or construction of structures and to purchase land upon which to build structures. Ownership of any land purchased under this paragraph or structures purchased or constructed under this paragraph must be held in the name of the ~~division~~ unit. Ownership of land or property purchased under this paragraph may also be held in the name of the Bureau of General Services when the ~~division~~ unit participates in the consolidation of facilities with other state agencies. Any purchase of land or a structure pursuant to this paragraph must be approved by the Director of the Bureau of General Services.

Sec. X-7. 12 MRSA §8901, sub-§1, as amended by PL 1999, c. 155, Pt. A, §4, is further amended to read:

1. Appointment. The Director of the ~~Bureau~~ Division of Forestry shall appoint forest rangers, subject to the Civil Service Law and the State Supervisor, ~~Division of Forest Protection~~ of the forest protection unit of the Division of Forestry. Rangers assigned to posts at Clayton Lake, St. Pamphile, Estcourt Station, Daaquam, Musquacook Lake, Snare Brook and Baker Lake must be bilingual in French and English.

Sec. X-8. 38 MRSA §1871, sub-§1, as enacted by PL 2001, c. 434, Pt. B, §2 and amended by PL 2003, c. 689, Pt. B, §7, is further amended to read:

1. Membership. The task force consists of ~~17~~ 16 members as follows:

A. The following 54 ex officio voting members:

- (1) The commissioner or the commissioner's designee, who serves as the chair of the task force;
- (2) The Commissioner of Inland Fisheries and Wildlife or the commissioner's designee;
- (3) The Commissioner of Health and Human Services or the commissioner's designee; and
- (4) The Commissioner of Agriculture, ~~Food and Rural Resources~~ Conservation and Forestry or the commissioner's designee; and
- (5) ~~The Commissioner of Conservation or the commissioner's designee; and~~

B. Twelve members representing the public appointed by the Governor:

- (1) One representative of the State's lake associations;
- (2) One representative of a statewide recreational watercraft owners association;
- (3) One representative of a statewide organization of marina owners;
- (4) One representative of a lakes education program;
- (5) One representative of public drinking water utilities;
- (6) One representative of commercial tree and garden nurseries;
- (7) One representative of home gardeners;
- (8) One representative of municipal government;
- (9) One representative of a statewide sporting association;
- (10) One representative of a statewide outdoor recreational group;
- (11) One person with demonstrated expertise in lake ecology; and
- (12) One public member who has demonstrated experience or interest in the area of threats to fish and wildlife posed by invasive aquatic plants and nuisance species.

PART Y

Sec. Y-1. 2 MRSA §6, sub-§1, as repealed and replaced by PL 2005, c. 397, Pt. A, §1, is amended to read:

1. Range 91. The salaries of the following state officials and employees are within salary range 91:

Commissioner of Transportation;

~~Commissioner of Conservation;~~

Commissioner of Agriculture, Conservation and Forestry;

Commissioner of Administrative and Financial Services;

Commissioner of Education;

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Commissioner of Environmental Protection;

Executive Director of Dirigo Health;

Commissioner of Public Safety;

Commissioner of Professional and Financial Regulation;

Commissioner of Labor;

~~Commissioner of Agriculture, Food and Rural Resources;~~

Commissioner of Inland Fisheries and Wildlife;

Commissioner of Marine Resources;

Commissioner of Corrections;

Commissioner of Economic and Community Development;

Commissioner of Defense, Veterans and Emergency Management; and

Executive Director, Workers' Compensation Board.

Sec. Y-2. 2 MRSA §6, sub-§3, as amended by PL 2011, c. 655, Pt. I, §2 and Pt. CC, §1 and affected by Pt. I, §11 and Pt. CC, §4, is further amended to read:

3. Range 89. The salaries of the following state officials and employees are within salary range 89:

Director, Bureau of General Services;

Director, Bureau of Alcoholic Beverages and Lottery Operations;

State Budget Officer;

State Controller;

Director of the Bureau, Division of Forestry;

Director, Governor's Office of Policy and Management;

Director, Energy Resources Office;

Director of Human Resources;

Director, ~~Bureau~~Division of Parks and Public Lands; and

Director of the Governor's Office of Communications.

Sec. Y-3. 2 MRSA §6, sub-§5, as amended by PL 2011, c. 655, Pt. KK, §2 and affected by §34, is further amended to read:

5. Range 86. The salaries of the following state officials and employees are within salary range 86:

Director of Labor Standards;

State Archivist;

~~Director, Bureau of Geology, Natural Areas and Coastal Resources;~~

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~~Executive Director, Maine Land Use Regulation Commission;~~

~~Director, Division of Geology, Natural Areas and Coastal Resources;~~

~~Director, Division of Land Use Planning, Permitting and Compliance;~~

~~Chair, Maine Unemployment Insurance Commission;~~

~~Child Welfare Services Ombudsman; and~~

~~Director of the Maine Drug Enforcement Agency.~~

PART Z

Sec. Z-1. 22 MRSA §3174-G, sub-§1, ¶E, as amended by PL 2011, c. 477, Pt. Z, §1, is further amended to read:

E. On or before September 30, 2012, the parent or caretaker relative of a child described in paragraph B or D when the child's family income is equal to or below 200% of the nonfarm income official poverty line, subject to adjustment by the commissioner under this paragraph and, beginning October 1, 2012, the parent or caretaker relative of a child described in paragraph B or D when the child's family income is equal to or below ~~133%~~100% of the nonfarm income official poverty line, ~~subject to adjustment by the commissioner under this paragraph.~~ Medicaid services provided under this paragraph must be provided within the limits of the program budget. Funds appropriated for services under this paragraph must include an annual inflationary adjustment equivalent to the rate of inflation in the Medicaid program. On a quarterly basis, the commissioner shall determine the fiscal status of program expenditures under this paragraph. If the commissioner determines that expenditures will exceed the funds available to provide Medicaid coverage pursuant to this paragraph, the commissioner must adjust the income eligibility limit for new applicants to the extent necessary to operate the program within the program budget. If, after an adjustment has occurred pursuant to this paragraph, expenditures fall below the program budget, the commissioner must raise the income eligibility limit to the extent necessary to provide services to as many eligible persons as possible within the fiscal constraints of the program budget, as long as on or before September 30, 2012 the income limit does not exceed 200% of the nonfarm income official poverty line ~~and, beginning October 1, 2012, the income limit does not exceed 133% of the nonfarm income official poverty line;~~

Sec. Z-2. Contingent effective date. This Part takes effect only if:

1. The Commissioner of Health and Human Services receives written approval of the application for a waiver of the maintenance of effort requirements of the federal Patient Protection and Affordable Care Act for the changes in section 1 from the federal Centers for Medicare and Medicaid Services or the commissioner receives written notification from the Centers for Medicare and Medicaid Services that such a waiver is not necessary; and

2. The Commissioner of Health and Human Services notifies the Secretary of State, the Secretary of the Senate, the Clerk of the House of Representatives and the Revisor of Statutes that written approval of the application for a waiver or written notification that such a waiver is not necessary has been received.

PART AA

Sec. AA-1. 3 MRSA §959, sub-§1, ¶F, as amended by PL 2007, c. 356, §1 and affected by c. 695, Pt. D, §3, is further amended to read:

F. The joint standing committee of the Legislature having jurisdiction over health and human services matters shall use the following list as a guideline for scheduling reviews:

- ~~(2) Office of Substance Abuse in 2005;~~
- (6) Department of Health and Human Services in 2009;
- (7) Board of the Maine Children's Trust Incorporated in 2011; and
- (9) Maine Developmental Disabilities Council in 2011.

Sec. AA-2. 4 MRSA §422, sub-§2, ¶A, as enacted by PL 1999, c. 780, §1 and amended by PL 2001, c. 354, §3 and PL 2003, c. 689, Pt. B, §6, is further amended to read:

A. The Department of Health and Human Services, ~~Office of Substance Abuse~~ or other federal-licensed treatment providers or state-licensed treatment providers to provide substance abuse services for alcohol and drug treatment program participants. To the extent possible, the alcohol and drug treatment programs must access existing substance abuse treatment resources for alcohol and drug treatment program participants;

Sec. AA-3. 5 MRSA §939-A, as enacted by PL 1993, c. 410, Pt. LL, §1, is repealed.

Sec. AA-4. 5 MRSA §19202, sub-§2-B, ¶A, as enacted by PL 2009, c. 203, §4 and affected by §8, is amended to read:

A. The committee includes 7 members as follows, of whom only the Legislators are voting members:

- (1) Two members of the Legislature, one Senator nominated by the President of the Senate and one Representative nominated by the Speaker of the House of Representatives;
- (2) The director of the HIV, STD and viral hepatitis program within the Department of Health and Human Services, Maine Center for Disease Control and Prevention;
- (3) A representative of the Department of Education, nominated by the Commissioner of Education;

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(4) A representative of the Department of Corrections, nominated by the Commissioner of Corrections;

(5) A representative of the organizational unit of the Department of Health and Human Services; ~~Office of Substance Abuse~~ that provides programs and services for substance abuse prevention and treatment, nominated by the Commissioner of Health and Human Services; and

(6) A representative of the Department of Health and Human Services, Office of MaineCare Services, nominated by the Commissioner of Health and Human Services.

Sec. AA-5. 5 MRSA §20002, sub-§§2 and 3, as amended by PL 2007, c. 116, §1, are further amended to read:

2. Coordination of activities and services. To establish ~~a single administrative unit~~ within the Department of Health and Human Services, ~~with~~ the responsibility for planning, developing, implementing, coordinating and evaluating all of the State's alcohol and other drug abuse prevention and treatment activities and services;

3. Tobacco use by juveniles. To enforce the State's laws relating to the sale and use of tobacco products by juveniles and to coordinate state and local activities related to those provisions. The ~~office~~ department shall take all necessary actions to ensure compliance with the Synar Act, 42 United States Code, Section 300X-26, including the preparations of reports for the signature of the Governor. All law enforcement agencies, all state departments, including the Department of Public Safety, and municipalities shall cooperate with the ~~office~~ department in these efforts.

The ~~office~~ department may enter into any contracts or agreements necessary or incidental to the performance of its duties under this section, subject to section 20005, subsection 6 and section 20005-A. The ~~office~~ department shall provide or assist in the provision of voluntary training programs regarding the sales of tobacco products to juveniles; and

Sec. AA-6. 5 MRSA §20002, sub-§4, as enacted by PL 2007, c. 116, §1, is amended to read:

4. Gambling addiction counseling. To establish standards for the provision of gambling addiction counseling services and other activities relating to the prevention and treatment of gambling addiction. The ~~office~~ department may accept private, state and federal funds to support the performance of its duties under this subsection.

Sec. AA-7. 5 MRSA §20003, sub-§2, as enacted by PL 1989, c. 934, Pt. A, §3, is amended to read:

2. Approved public treatment facility. "Approved public treatment facility" means an alcohol treatment facility operating under the direction and control of the ~~office~~ department or providing treatment under this subchapter through a contract with the ~~office~~ department under section 20008, or any facility funded in whole or in part by municipal, state or federal funds.

Sec. AA-8. 5 MRSA §20003, sub-§3, as amended by PL 1991, c. 850, §2, is further amended to read:

3. Approved treatment facility. "Approved treatment facility" means a public or private alcohol treatment facility meeting standards approved by the ~~office~~department in accordance with section 20005 and licensed pursuant to subchapter ~~¶~~5 and other applicable provisions of state law.

Sec. AA-9. 5 MRSA §20003, sub-§3-B, as enacted by PL 1995, c. 560, Pt. L, §2 and affected by §16 and amended by PL 2001, c. 354, §3, is further amended to read:

3-B. Commissioner. "Commissioner" means the Commissioner of ~~Behavioral and Development Services~~Health and Human Services.

Sec. AA-10. 5 MRSA §20003, sub-§6, as amended by PL 1991, c. 601, §4, is further amended to read:

6. Department. "Department" means the ~~Executive~~ Department of Health and Human Services.

Sec. AA-11. 5 MRSA §20003, sub-§8, as enacted by PL 1989, c. 934, Pt. A, §3, is repealed.

Sec. AA-12. 5 MRSA §20003, sub-§17, as enacted by PL 1989, c. 934, Pt. A, §3, is repealed.

Sec. AA-13. 5 MRSA §20003, sub-§20, as enacted by PL 1989, c. 934, Pt. A, §3, is amended to read:

20. Standards. "Standards" means criteria and rules of the ~~office or~~ department that are to be met before and during operation of any treatment facility or treatment program.

Sec. AA-14. 5 MRSA §20004, as repealed and replaced by PL 1995, c. 560, Pt. L, §3 and affected by §16 and amended by PL 2001, c. 354, §3 and PL 2003, c. 689, Pt. B, §6, is repealed.

Sec. AA-15. 5 MRSA §20004-A, as enacted by PL 1993, c. 410, Pt. LL, §6, is amended to read:

§ 20004-A. Departments and agencies responsible for cooperation in implementation

All departments and agencies in State Government are required to cooperate with the ~~office~~department in its implementation and administration of this chapter.

Sec. AA-16. 5 MRSA §20005, first ¶, as enacted by PL 1989, c. 934, Pt. A, §3, is amended to read:

The ~~office~~department shall:

Sec. AA-17. 5 MRSA §20005, sub-§2, as amended by PL 1991, c. 601, §6, is further amended to read:

2. Comprehensive plan. Develop and provide for the implementation of a comprehensive state plan for alcohol and drug abuse. Any plan developed by the ~~office~~department must be subject to public hearing prior to implementation;

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Sec. AA-18. 5 MRSA §20005, sub-§5, as amended by PL 1995, c. 560, Pt. L, §4 and affected by §16, is further amended to read:

5. Budget. Develop and submit to the Legislature by January 15th of the first year of each legislative biennium recommendations for continuing and supplemental allocations, deappropriations or reduced allocations and appropriations from all funding sources for all state alcohol and drug abuse programs. The ~~office~~department shall make final recommendations to the Governor before any substance abuse funds are appropriated or deappropriated in the Governor's proposed budget. The ~~office~~department shall formulate all budgetary recommendations for the Driver Education and Evaluation Programs with the advice, consultation and full participation of the chief executive officer of the Driver Education and Evaluation Programs.

Notwithstanding any other provision of law, funding appropriated and allocated by the Legislature for the ~~Office of Substance Abuse~~department for substance abuse prevention and treatment is restricted solely to ~~the~~that use of ~~that office~~ and may not be used for other expenses of ~~any other part of the department~~. By January 15th of each year, the ~~director~~commissioner or the commissioner's designee shall deliver a report of the budget and expenditures of the ~~office~~department for substance abuse prevention and treatment to the joint standing committees of the Legislature having jurisdiction over appropriations and financial affairs and human resource matters;

Sec. AA-19. 5 MRSA §20005, sub-§6, as amended by PL 2011, c. 542, Pt. A, §6, is further amended to read:

6. Contracts and licensing. Through the ~~director~~commissioner:

A. Administer all contracts with community service providers for the delivery of alcohol and drug abuse services;

A-1. Administer all contracts with community service providers for the delivery of gambling addiction counseling services; and

B. Establish operating and treatment standards and inspect and issue certificates of approval for approved treatment facilities, drug abuse treatment facilities or programs, including residential treatment centers, community-based service providers and facilities that are private nonmedical institutions pursuant to section 20024 and subchapter 5.

The commissioner may delegate contract and licensing duties under this subsection to ~~the Department of Health and Human Services~~; the Department of Corrections ~~or other divisions of the department~~ as long as that delegation ensures that contracting for alcohol and other drug abuse services provided in community settings ~~are~~is consolidated within the ~~Department of Health and Human Services~~department, that contracting for alcohol and other drug abuse services delivered within correctional facilities ~~are~~is consolidated within the Department of Corrections and that contracting for alcohol and other drug abuse services delivered within mental health facilities or as a component of programs serving persons with intellectual disabilities or autism ~~are~~is consolidated within the department.

The commissioner may not delegate contract and licensing duties if that delegation results in increased administrative costs.

The commissioner may not issue requests for proposals for existing contract services until the commissioner has adopted rules in accordance with the Maine Administrative Procedure Act to ensure that the reasons for which existing services are placed out for bid and the performance standards and manner in which compliance is evaluated are specified and that any change in provider is accomplished in a manner that fully protects the consumer of services.

The commissioner shall establish a procedure to obtain assistance and advice from consumers of alcohol and other drug abuse services regarding the selection of contractors when requests for proposals are issued;

Sec. AA-20. 5 MRSA §20005, sub-§12, as amended by PL 1991, c. 601, §6, is further amended to read:

12. Rules. Adopt rules, in accordance with the Maine Administrative Procedure Act, necessary to carry out the purposes of this chapter and approve any rules adopted by state agencies for the purpose of implementing alcohol or drug abuse prevention or treatment programs.

All state agencies must comply with rules adopted by the ~~office~~department regarding uniform alcohol and other drug abuse contracting requirements, formats, schedules, data collection and reporting requirements;

Sec. AA-21. 5 MRSA §20005, sub-§14, as enacted by PL 1993, c. 410, Pt. LL, §10, is amended to read:

14. Interdepartmental cooperation. Document to the Legislature's satisfaction, active participation and cooperation between the ~~office~~department and the other departments with which it works through the commission;

Sec. AA-22. 5 MRSA §20005, sub-§16, as enacted by PL 1993, c. 410, Pt. LL, §10, is amended to read:

16. Substance abuse services plan. Plan for not only those services funded directly by the ~~office~~department, but also those additional services determined by the commission to be critical and related;

Sec. AA-23. 5 MRSA §20006-A, as amended by PL 2007, c. 539, Pt. N, §7, is further amended to read:

§ 20006-A. Commissioner duties

The ~~director~~commissioner or the commissioner's designee shall:

1. Alternatives. Propose alternatives to current alcohol and drug abuse prevention and treatment programs and services;

2. Investigate. Conduct investigations and studies of any alcohol or drug abuse program or community service provider operating under the control of the ~~office~~department or providing treatment under this chapter through a contract with the ~~office~~department under section 20008; that are licensed pursuant to section 20024 or any facility funded in whole or in part by municipal, state or local funds, as necessary; and

3. Other duties and powers. Carry out other duties and exercise other powers granted to the ~~director~~commissioner under this Act and ~~delegated to the director by the commissioner~~ under Title 22-A, section 207, subsection 3.

Sec. AA-24. 5 MRSA §20006-B, as enacted by PL 2009, c. 622, §1, is amended to read:

§ 20006-B. Gambling Addiction Prevention and Treatment Fund

1. Fund established. The Gambling Addiction Prevention and Treatment Fund, referred to in this section as "the fund," is established for the purpose of supporting gambling addiction analysis, prevention and treatment to be administered by the ~~office~~department. The fund is a dedicated, nonlapsing fund into which payments are received in accordance with Title 8, section 1036, subsection 2.

2. Report. The ~~director~~commissioner or the commissioner's designee shall report annually by March 1st to the joint standing committee of the Legislature having jurisdiction over gambling matters. The report must include a description of a continuum of care model used to identify the need for gambling addiction services, prevention efforts, intervention and treatment provided using money from the fund. The report must describe any collaborative efforts between the ~~office~~department, the Gambling Control Board established under Title 8, section 1002 and slot machine operators licensed in accordance with Title 8, chapter 31 to support the purpose of the fund described in subsection 1. The ~~director~~commissioner may submit recommendations for legislation to the joint standing committee of the Legislature having jurisdiction over gambling matters, which is authorized to submit that legislation to the Legislature.

Sec. AA-25. 5 MRSA §20007, as amended by PL 1995, c. 165, §1, is further amended to read:

§ 20007. Agency cooperation

State agencies shall cooperate fully with the ~~office and council~~department in carrying out this chapter. A state agency may not develop, establish, conduct or administer any alcohol or drug abuse prevention or treatment program without the approval of the ~~office~~department. The ~~office~~department may request personnel, facilities and data from other agencies as the ~~director~~commissioner finds necessary to fulfill the purposes of this Act.

Sec. AA-26. 5 MRSA §20008, first ¶, as enacted by PL 1989, c. 934, Pt. A, §3, is amended to read:

The officedepartment shall establish and provide for the implementation of a comprehensive and coordinated program of alcohol and drug abuse prevention and treatment in accordance with subchapters H2 and H3 and the purposes of this Act. The program must include the following elements.

Sec. AA-27. 5 MRSA §20008, sub-§3, as amended by PL 1991, c. 601, §10, is further amended to read:

3. Treatment. The officedepartment shall provide for adequate and appropriate treatment for alcoholics, ~~drugs~~drug abusers, drug addicts and drug-dependent persons admitted under sections 20043 to 20044. Treatment may not be provided at a correctional institution, except for inmates.

Sec. AA-28. 5 MRSA §20008, sub-§4, as enacted by PL 1991, c. 601, §11, is amended to read:

4. Contract with facilities. The officedepartment shall contract with approved treatment facilities whenever possible. The administrator of any treatment facility may receive for observation, diagnosis, care and treatment in the facility any person whose admission is applied for under any of the procedures in this subchapter.

Sec. AA-29. 5 MRSA §20009, first ¶, as enacted by PL 1989, c. 934, Pt. A, §3, is amended to read:

The officedepartment shall plan alcohol and drug abuse prevention and treatment activities in the State and prepare and submit to the Legislature the following documents:

Sec. AA-30. 5 MRSA §20021, as amended by PL 1991, c. 601, §14, is further amended to read:

§ 20021.Public awareness

The officedepartment shall create and maintain a program to increase public awareness of the impacts and prevalence of alcohol and drug abuse. The public awareness program must include promotional and technical assistance to local governments, schools and public and private nonprofit organizations interested in alcohol and drug abuse prevention.

Sec. AA-31. 5 MRSA §20022, first ¶, as amended by PL 1991, c. 601, §15, is further amended to read:

As part of its comprehensive prevention and treatment program, the officedepartment shall operate an information clearinghouse and oversee, support and coordinate a resource center within the Department of Education. The information clearinghouse and resource center constitute a comprehensive reference center of information related to the nature, prevention and treatment of alcohol and other drug abuse. In fulfillment of the requirement of this section, the resource center may be located within the Department of Education and may operate there pursuant to a memorandum of agreement between the ~~office and the department~~departments. Information must be available for use by the general public, political subdivisions, public and private nonprofit agencies and the State.

Sec. AA-32. 5 MRSA §20023, as amended by PL 1991, c. 601, §§16 and 17, is further amended to read:

§ 20023.Education

SP0600, LD 1746, item 2, 125th Maine State Legislature , Amendment C "A", Filing Number S-572, Sponsored by
'An Act To Make Supplemental Appropriations and Allocations for the Expenditures
of State Government and To Change Certain Provisions of the Law Necessary to the
Proper Operations of State Government for the Fiscal Year Ending June 30, 2013'

To the fullest extent possible, the Commissioner of Education shall coordinate all elementary and secondary school alcohol and drug abuse education programs administered by the Department of Education and funded under the federal Drug-Free Schools and Communities Act of 1986 with programs administered by the ~~office~~Department of Health and Human Services. The Commissioner of Education shall participate in planning, budgeting and evaluation of alcohol and other drug abuse programs, in cooperation with the Substance Abuse Advisory Group, and ensure that alcohol and drug abuse education programs administered by the Department of Education that involve any community participation are coordinated with available treatment services.

~~The Commissioner of Education, in cooperation with the Substance Abuse Advisory Group, shall prepare a plan to ensure the coordination and consolidation of alcohol and other drug abuse education programs and must present the plan to the director by January 1, 1992. The plan must be consistent with requirements of the federal Drug-Free Schools and Communities Act of 1986 and this chapter.~~

Nothing in this section interferes with the authority of the Department of Education to receive and allocate federal funds under the federal Drug-Free Schools and Communities Act of 1986.

Sec. AA-33. 5 MRSA §20024, as amended by PL 2011, c. 145, §1, is further amended to read:

§ 20024.Licensing

The ~~office~~department shall periodically enter, inspect and examine a treatment facility or program and examine its books, programs, standards, policies and accounts. This examination process must include a review of the requirements to be a community-based service provider pursuant to subchapter ~~V~~5. The ~~office~~department shall fix and collect the fees for the inspection and certification and shall maintain a list of approved public and private treatment facilities.

Upon request by the ~~office~~department, each approved public and private treatment facility must provide data, statistics, schedules and information that the ~~office~~department reasonably requires. The ~~director~~commissioner may remove a facility that fails to provide such information from the list of approved facilities.

An approved public or private treatment facility may not refuse inspection or examination by the ~~office~~department under this section.

Procedures to decertify any facility or to refuse certification are governed by the Maine Administrative Procedure Act.

A treatment facility or program that receives and maintains accreditation from a national accrediting body approved by the department must be deemed in compliance with comparable state licensing rules upon its submission to the department of written evidence of compliance including, but not limited to, national accreditation approval, reports, findings and responses. The department may review compliance under this paragraph in response to a complaint against the facility or program.

Sec. AA-34. 5 MRSA §20041, sub-§1, as amended by PL 1991, c. 601, §20, is further amended to read:

1. Data collection; sources. The officedepartment shall collect data and use information from other sources to evaluate or provide for the evaluation of the impact, quality and value of alcohol and drug abuse prevention activities, treatment facilities and other alcohol and other drug abuse programs.

Sec. AA-35. 5 MRSA §20042, as amended by PL 1991, c. 601, §20, is further amended to read:

§ 20042. Standards

The officedepartment shall contract for treatment services only with approved treatment facilities.

Sec. AA-36. 5 MRSA §20043, first ¶, as amended by PL 1991, c. 601, §20, is further amended to read:

The officedepartment shall adopt rules for acceptance of persons into a treatment program, considering available treatment resources and facilities, for the purpose of early and effective treatment of alcoholics, drug abusers, drug addicts and drug-dependent persons.

Sec. AA-37. 5 MRSA §20043, 2nd ¶, as enacted by PL 1989, c. 934, Pt. A, §3, is amended to read:

In establishing rules, the officedepartment must be guided by the following standards.

Sec. AA-38. 5 MRSA §20043, sub-§6, as amended by PL 1991, c. 601, §20, is further amended to read:

6. Denial of treatment services. A person, firm or corporation licensed by the ~~Office of Substance Abuse~~department as an approved alcohol or drug treatment facility under Title 5, section 20005 to provide shelter or detoxification services, and that receives any funds administered by the officedepartment to provide substance abuse prevention and treatment services, may not deny treatment to any person because of that person's inability or failure to pay any assessed fees.

Sec. AA-39. 5 MRSA §20044, sub-§2, as amended by PL 1991, c. 601, §20, is further amended to read:

2. Determination. A person who comes voluntarily or is brought to an approved treatment facility for residential care and treatment must be examined immediately by a licensed physician. That person may then be admitted or referred to another health facility based upon the physician's recommendation. Subject to rules adopted by the officedepartment, the administrator in charge of an approved treatment facility may determine who may be admitted for treatment. If a person is refused admission to an approved treatment facility, the administrator, subject to rules adopted by the officedepartment, shall refer the person to another approved treatment facility for treatment if possible and appropriate.

Sec. AA-40. 5 MRSA §20047, sub-§2, as enacted by PL 1989, c. 934, Pt. A, §3, is amended to read:

2. Information for research. Notwithstanding subsection 1, the director~~commissioner~~ may make available information from patients' records for purposes of research into the causes and treatment of alcoholism and drug abuse. Information under this subsection may not be published in a way that discloses patients' names or other identifying information.

Sec. AA-41. 5 MRSA §20048, as enacted by PL 1989, c. 934, Pt. A, §3, is amended to read:

§ 20048. Visitation and communication of patients

1. Hours of visitation. Subject to reasonable rules regarding hours of visitation ~~which that~~ the director~~commissioner~~ may adopt, patients in any approved treatment facility must be granted opportunities for adequate consultation with counsel and for continuing contact with family and friends consistent with an effective treatment program.

2. Communication. Mail or other communication to or from a patient in any approved treatment facility may not be intercepted, read or censored. The director~~commissioner~~ may adopt reasonable rules regarding the use of telephones by patients in approved treatment facilities.

3. Restrictions. The patient may exercise all civil rights, including, but not limited to, civil service status; the right to vote; rights relating to the granting, renewal, forfeiture or denial of a license, permit, privilege or benefit pursuant to any law; and the right to enter contractual relationships and to manage the patient's property, except:

- A. To the extent the director~~commissioner~~ determines that it is necessary for the medical welfare of the patient to impose restrictions, unless the patient has been restored to legal capacity; or
- B. When specifically restricted by other laws or rules.

Restrictions on the exercise of civil rights may not be imposed on any patient solely because of the fact of that person's admission to a mental hospital.

Sec. AA-42. 5 MRSA §20050, sub-§3, as enacted by PL 1989, c. 934, Pt. A, §3, is amended to read:

3. Finances. The office~~department~~ shall adopt rules governing financial ability that take into consideration the patient's income, savings, other personal and real property and any support being furnished to any other person that the patient is required by law to support.

Sec. AA-43. 5 MRSA §20065, sub-§8, as amended by PL 1995, c. 560, Pt. L, §9 and affected by §16, is further amended to read:

8. Administrative and financial assistance. The office~~department~~ shall provide the commission administrative or financial assistance that is available from office~~department~~ resources.

Sec. AA-44. 5 MRSA §20067, first ¶, as enacted by PL 1993, c. 410, Pt. LL, §12, is amended to read:

SP0600, LD 1746, item 2, 125th Maine State Legislature , Amendment C "A", Filing Number S-572, Sponsored by 'An Act To Make Supplemental Appropriations and Allocations for the Expenditures of State Government and To Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Year Ending June 30, 2013'

The commission, in cooperation with the officedepartment, has the following duties.

Sec. AA-45. 5 MRSA §20067, sub-§1-A, as enacted by PL 1995, c. 560, Pt. L, §11 and affected by §16, is amended to read:

1-A. Advise the department. The commission shall advise the officedepartment in the development and implementation of significant policy matters relating to substance abuse.

Sec. AA-46. 5 MRSA §20067, sub-§3, as enacted by PL 1993, c. 410, Pt. LL, §12, is amended to read:

3. Serve as advocate; review and evaluate; inform the public. The commission shall serve as an advocate on alcoholism and drug abuse prevention, promoting and assisting activities designed to meet the problems of drug abuse and drug dependence at the national and state levels. With the support of the officedepartment, the commission shall review and evaluate on a continuing basis state and federal policies and programs relating to drug abuse and other activities conducted or assisted by state departments or agencies that affect persons who abuse or are dependent on drugs. In cooperation with the officedepartment, the commission shall keep the public informed by collecting and disseminating information, by conducting or commissioning studies and publishing the results of those studies, by issuing publications and reports and by providing public forums, including conferences and workshops.

Sec. AA-47. 5 MRSA §20072, first ¶, as amended by PL 1995, c. 560, Pt. L, §12 and affected by §16, is further amended to read:

The Driver Education and Evaluation Programs are established in the officedepartment. The Driver Education and Evaluation Programs shall administer the alcohol and other drug education, evaluation and treatment programs as provided in this chapter. The officedepartment shall certify to the Secretary of State:

Sec. AA-48. 5 MRSA §20073-B, as enacted by PL 1999, c. 448, §6, is amended to read:

§ 20073-B. Programs and components; rules

The officedepartment shall design programs and components that are age-appropriate and therapeutically appropriate. The officedepartment shall adopt rules regarding requirements for these programs and components and any other rules necessary to implement this subchapter. Rules adopted pursuant to this section are routine technical rules as defined in chapter 375, subchapter H-A2-A.

Sec. AA-49. 5 MRSA §20074, as amended by PL 1991, c. 850, §9, is further amended to read:

§ 20074. Separation of evaluation and treatment functions

A Driver Education and Evaluation Programs private practitioner or a counselor employed by a substance abuse facility approved or licensed by the officedepartment providing services under this subchapter may not provide both treatment services and evaluation services for the same individual participating in programs under this subchapter unless a waiver is granted on a case-by-case basis by the Driver Education and Evaluation Programs. The practitioner or counselor providing evaluation services

shall give a client the name of 3 practitioners or counselors who can provide treatment services, at least one of whom may not be employed by the same agency as the practitioner or counselor conducting the evaluation.

Sec. AA-50. 5 MRSA §20075, as amended by PL 2001, c. 511, §2, is further amended to read:

§ 20075.Certification; recertification

All providers of the evaluation, intervention and treatment components of the Driver Education and Evaluation Programs must be certified by the ~~office~~department pursuant to section 20005, section 20024, section 20073-B and this subchapter. The certification period for individual providers and agencies is 2 years. The ~~office~~department shall adopt rules requiring continuing education for recertification.

Sec. AA-51. 5 MRSA §20076-B, as enacted by PL 1999, c. 448, §9, is amended to read:

§ 20076-B.Fees

The ~~office~~department shall set fees in accordance with the cost of each program. All fees must be transferred to the General Fund. The ~~office~~department may waive all or part of any fee for a client who provides sufficient evidence of inability to pay.

Sec. AA-52. 5 MRSA §20077, as enacted by PL 1991, c. 601, §28, is amended to read:

§ 20077.Report

Beginning in 1992, the ~~director~~commissioner shall report annually by February 1st to the joint standing committee of the Legislature having jurisdiction over human resource matters regarding the ~~office's~~department's activities under this subchapter. A copy of the report must be sent to the Executive Director of the Legislative Council.

Sec. AA-53. 5 MRSA §20078-A, sub-§3, as enacted by PL 1993, c. 631, §7, is amended to read:

3. Facilities; staff. The ~~director~~commissioner shall provide staff support and adequate facilities for the board.

Sec. AA-54. 5 MRSA §20078-A, sub-§4, as enacted by PL 1993, c. 631, §7, is amended to read:

4. Chair; rules. The board shall elect annually a chair from its members. The ~~director~~commissioner shall adopt rules to carry out the purposes of this section.

Sec. AA-55. 12 MRSA §10701, sub-§3, ¶D, as enacted by PL 2003, c. 414, Pt. A, §2 and affected by c. 614, §9 and amended by c. 689, Pt. B, §6, is further amended to read:

D. In addition to the penalties provided under paragraphs A to C, the court may order the defendant to participate in the alcohol and other drug education, evaluation and treatment programs for multiple offenders administered by the Department of Health and Human Services, ~~Office of Substance Abuse, as established in~~under Title 5, chapter 521.

Sec. AA-56. 17 MRSA §2005, sub-§3, as enacted by PL 1997, c. 756, §1 and amended by PL 2001, c. 354, §3 and PL 2003, c. 689, Pt. B, §6, is further amended to read:

3. Reporting. Beginning April 30, 1998 and monthly thereafter, each law enforcement agency shall submit a copy of its records of all known incidents of public intoxication to the Department of Public Safety. These records may not include individuals' names. Beginning June 30, 1998 and quarterly thereafter, the Department of Public Safety shall forward these records to the Department of Health and Human Services, ~~Office of Substance Abuse~~. The records must include at least the following information:

- A. The number of reported cases of public intoxication;
- B. The number of persons who are reported more than one time pursuant to paragraph A;
- C. The number of persons voluntarily transported to a state-licensed treatment facility or shelter as a result of reported incidents of public intoxication;
- D. The number of persons voluntarily transported to their residence or left with a family member or friend as a result of reported incidents of public intoxication; and
- E. The number of intoxicated persons left at the scene of the reported incident or at another public place.

Sec. AA-57. 20-A MRSA §6621, as enacted by PL 2005, c. 674, §3, is amended to read:

§ 6621. Performance-enhancing substances

1. List of banned substances. ~~By January 1, 2007 the Director of the Office of Substance Abuse within the Department~~The Commissioner of Health and Human Services, known in this subchapter as "~~the director,~~" shall develop a list of banned performance-enhancing substances. The list must include, but is not limited to, the following:

- A. Ephedrine;
- B. Synephrine, also known as bitter orange;
- C. Dehydroepiandrosterone;
- D. All dietary supplements as defined by 21 United States Code, Section 321, Subsection (ff) that are on a banned substance list maintained by the National Collegiate Athletic Association or the World Anti-Doping Agency or their successor organizations; and
- E. All other substances that are on a banned substance list maintained by the National Collegiate Athletic Association or the World Anti-Doping Agency or their successor organizations except for:

- (1) A substance that is otherwise illegal in this State; or

(2) A substance the use of which by minors is illegal in this State.

2. Amendments to list. The ~~director~~Commissioner of Health and Human Services shall amend the banned substances list each time a dietary supplement or other substance referenced in subsection 1, paragraph D or E is added to the list of banned substances maintained by the National Collegiate Athletic Association or the World Anti-Doping Agency or their successor organizations. For a substance to be prohibited under section 6624 in a particular school year, the substance must be added to the banned substances list maintained under this section no later than July 1st preceding that school year.

3. Notification. The ~~director~~Commissioner of Health and Human Services shall notify the department, the Maine School Management Association and the Maine Principals' Association or their successor organizations when the initial list of banned substances is complete and of any subsequent changes to the list. The department shall notify all school administrative units that have students who participate in sports of the availability of the list. The ~~director~~Commissioner of Health and Human Services shall post the list on its~~the~~ publicly accessible website of the Department of Health and Human Services.

Sec. AA-58. 22 MRSA §272, sub-§2, as enacted by PL 1997, c. 560, Pt. D, §2 and amended by PL 2001, c. 354, §3 and PL 2003, c. 689, Pt. B, §6, is further amended to read:

2. Tobacco Prevention and Control Advisory Council. The Tobacco Prevention and Control Advisory Council is established under Title 5, section 12004-I, subsection 36-D to review the program. The advisory council shall provide advice to the bureau in carrying out its duties under this section and ensure coordination of the program with relevant nonprofit and community agencies and the Department of Education, the department, ~~the Office of Substance Abuse~~ and other relevant state agencies. The advisory council consists of 9 members, appointed as follows:

- A. Two public health officials, appointed by the Governor;
- B. Two representatives of nonprofit organizations involved in seeking to reduce the use of tobacco products in the State, with one representative appointed by the President of the Senate and one representative appointed by the Speaker of the House of Representatives;
- C. A person who designs and implements issue-oriented public health media campaigns, appointed by the Governor;
- D. Two persons involved in designing and implementing community-based education or cessation programs for the prevention of tobacco products use, one to focus on adults, appointed by the President of the Senate, and one to focus on youth, appointed by the Speaker of the House of Representatives; and
- E. Two members of the public, appointed jointly by the President of the Senate and the Speaker of the House of Representatives in consultation with the leaders of the minority political party.

Appointments to the advisory council must be made by October 15, 1997. Members serve for 3-year terms and may be reappointed. When the appointment of all members is complete, the Governor or the Governor's designee shall convene the first meeting of the advisory council no later than November 15, 1997. The advisory council shall choose a chair from among its members and establish its procedure for reaching decisions. The bureau shall provide staff assistance to the advisory council. The advisory council shall report annually on the program to the Governor and the Legislature by December 1st and include any recommendations or proposed legislation to further the purposes of the program.

The appointing authority shall fill a vacancy on the advisory council for the remainder of the vacant term. Each member who is not a salaried employee is entitled to compensation as provided in Title 5, section 12004-I, subsection 36-D, following approval of expenses by the Director of the Bureau of Health.

Sec. AA-59. 22 MRSA §1551-A, sub-§5, as enacted by PL 1995, c. 470, §9 and affected by §19, is repealed.

Sec. AA-60. 22 MRSA §1558, sub-§8, ¶A, as amended by PL 2005, c. 223, §5, is further amended to read:

A. The District Court shall maintain a record of all fines received by the court. Any fines received must be credited as follows: 1/2 to the Department of Health and Human Services in a nonlapsing account to be used by the department to defray administrative costs of retail tobacco licensing and 1/2 to a nonlapsing account to be used by the Attorney General to support enforcement and responsible retailing education programs. Annually, the court shall report to the ~~Office of Substance Abuse~~ department the total amount of fines collected.

Sec. AA-61. 22 MRSA §1558-A, sub-§2, as enacted by PL 1995, c. 470, §9 and affected by §19 and amended by PL 1999, c. 547, Pt. B, §78 and affected by §80, is further amended to read:

2. Notice to department. The District Court shall forward to the department notice of final disposition of all proceedings conducted pursuant to this subchapter. The department shall maintain the records of the proceedings for at least 5 years. ~~Annually, the department shall report a summary of the types and number of cases heard and the dispositions of the cases to the Office of Substance Abuse.~~

Sec. AA-62. 22 MRSA §2351, as enacted by PL 2005, c. 430, §5 and affected by §10, is amended to read:

§ 2351. Maine Meth Watch Program

1. Establishment; purpose. The ~~Office of Substance Abuse~~ department shall establish the Maine Meth Watch Program to educate retailers, retail employees and the public in order to help curtail suspicious sales and the theft of methamphetamine precursor drugs as defined in Title 17-A, section 1101, subsection 4-A and to identify the location of illicit methamphetamine manufacturing.

2. Rulemaking. The ~~Office of Substance Abuse~~ department may 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.

SP0600, LD 1746, item 2, 125th Maine State Legislature , Amendment C "A", Filing Number S-572, Sponsored by 'An Act To Make Supplemental Appropriations and Allocations for the Expenditures of State Government and To Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Year Ending June 30, 2013'

Sec. AA-63. 22 MRSA §3739, sub-§2, ¶G, as enacted by PL 1993, c. 158, §2, is amended to read:

G. One employee of the Office of Substance Abuse organizational unit of the department that provides programs and services for substance abuse prevention and treatment, appointed by the Director of the Office of Substance Abuse commissioner;

Sec. AA-64. 22 MRSA §4004-A, sub-§3, as corrected by RR 2003, c. 2, §77, is amended to read:

3. Additional parties. The Department of Corrections, the Department of Education, ~~the Office of Substance Abuse~~ and any other appropriate state agency may be additional parties to the agreement.

Sec. AA-65. 22 MRSA §7246, sub-§4, as enacted by PL 2003, c. 483, §1 and amended by c. 689, Pt. B, §6, is repealed.

Sec. AA-66. 22 MRSA §7247, as amended by PL 2011, c. 380, Pt. WW, §1, is further amended to read:

§ 7247. Controlled Substances Prescription Monitoring Program Fund

The Controlled Substances Prescription Monitoring Program Fund is established within the officedepartment to be used by the director of the officedepartment to fund or assist in funding the program. Any balance in the fund does not lapse but is carried forward to be expended for the same purposes in succeeding fiscal years. The fund must be deposited with and maintained and administered by the officedepartment. The officedepartment may accept funds into the fund from any source, public or private, including grants or contributions of money or other things of value, that the commissioner determines necessary to carry out the purposes of this chapter. Money received by the officedepartment to establish and maintain the program must be used for the expenses of administering this chapter.

Sec. AA-67. 22 MRSA §7248, as enacted by PL 2003, c. 483, §1, is amended to read:

§ 7248. Controlled Substances Prescription Monitoring Program

1. Establishment of monitoring program. Contingent upon the receipt of funds pursuant to section 7247 sufficient to carry out the purposes of this chapter, the Controlled Substances Prescription Monitoring Program is established. No later than January 2, 2004, to implement the program, the officedepartment shall establish an electronic system for monitoring any controlled substance that is dispensed to a person in the State by a dispenser.

2. Contract for services. The officedepartment may contract with a vendor to establish and maintain the program pursuant to rules adopted by the officedepartment.

3. Information available. The program must rapidly provide information in an electronic format to prescribers and dispensers.

Sec. AA-68. 22 MRSA §7249, as amended by PL 2011, c. 477, Pt. K, §1, is further amended to read:

§ 7249. Reporting of prescription monitoring information

1. Information required. Each dispenser shall submit to the officedepartment, by electronic means or other format specified in a waiver granted by the officedepartment, specific items of information regarding dispensed controlled substances determined by the office from the following list:

- A. The dispenser identification number;
- B. The date the prescription was filled;
- C. The prescription number;
- D. Whether the prescription is new or is a refill;
- E. The National Drug Code (NDC) for the drug dispensed;
- F. The quantity dispensed;
- G. The dosage;
- H. The patient identification number;
- I. The patient name;
- J. The patient address;
- K. The patient date of birth;
- L. The prescriber identification number;
- M. The date the prescription was issued by the prescriber; and
- N. The office-issueddepartment-issued serial number if the officedepartment chooses to establish a serial prescription system.

2. Frequency. Each dispenser shall submit the information required under subsection 1 as frequently as specified by the officedepartment.

3. Waiver. The officedepartment may grant a waiver of the electronic submission requirement under subsection 1 to any dispenser for good cause, including financial hardship, as determined by the officedepartment. The waiver must state the format and frequency with which the dispenser is required to submit the required information.

4. Immunity from liability. A dispenser is immune from liability for disclosure of information if the disclosure was made pursuant to and in accordance with this chapter.

5. Participation requirements. If less than 90% of the prescribers in a class of prescribers described in paragraphs A to F are registered in the program on January 1, 2014, then all the members of that class of prescribers shall register in the program by March 1, 2014. The following are the classes of prescribers that are subject to the provisions of this subsection:

- A. Allopathic physicians licensed pursuant to Title 32, chapter 48, subchapter 2;
- B. Osteopathic physicians licensed pursuant to Title 32, chapter 36;
- C. Dentists licensed pursuant to Title 32, chapter 16, subchapter 3;
- D. Physician assistants licensed pursuant to Title 32, chapter 48, subchapter 2;
- E. Podiatrists licensed pursuant to Title 32, chapter 51; and
- F. Advanced practice registered nurses licensed pursuant to Title 32, chapter 31, subchapter 3.

Sec. AA-69. 22 MRSA §7250, as amended by PL 2011, c. 218, §§1 to 4, is further amended to read:

§ 7250. Access to prescription monitoring information and confidentiality

1. Confidentiality. Except as provided in this section, prescription monitoring information submitted to the officedepartment is confidential and is not a public record as defined in Title 1, section 402, subsection 3.

2. Review of information. If the prescription monitoring information surpasses thresholds as established by the officedepartment, the officedepartment shall notify the prescriber, the dispenser and, if the officedepartment determines it to be necessary, the professional licensing entity and provide all relevant prescription monitoring information to those persons and entities through an established letter of notification.

3. Permissible disclosure of information. The officedepartment may provide prescription monitoring information for public research, policy or education purposes as long as all information reasonably likely to reveal the patient or other person who is the subject of the information has been removed.

4. Access to information. The following persons may access prescription monitoring information:

- A. A prescriber, insofar as the information relates to a patient under the prescriber's care;
- B. A dispenser, insofar as the information relates to a customer of the dispenser seeking to have a prescription filled;

C. The executive director, or a board investigator as designated by each board, of the state boards of licensure of podiatric medicine, dentistry, pharmacy, medicine, osteopathy, veterinary medicine, nursing or other boards representing health care disciplines whose licensees are prescribers, as required for an investigation, with reasonable cause;

D. A patient to whom a prescription is written, insofar as the information relates to that patient;

E. Office/Department personnel or personnel of any vendor or contractor, as necessary for establishing and maintaining the program's electronic system;

F. The Office of Chief Medical Examiner for the purpose of conducting an investigation or inquiry into the cause, manner and circumstances of death in a medical examiner case as described in section 3025. Prescription monitoring information in the possession or under the control of the Office of Chief Medical Examiner is confidential and, notwithstanding section 3022, may not be disseminated. Information that is not prescription monitoring information and is separately acquired following access to prescription monitoring information pursuant to this paragraph remains subject to protection or dissemination in accordance with section 3022;

G. The office that administers the MaineCare program pursuant to chapter 855 for the purposes of managing the care of its members, monitoring the purchase of controlled substances by its members and avoiding duplicate dispensing of controlled substances; and

H. Another state pursuant to subsection 4-A.

4-A. Information sharing with other states. The office/department may provide prescription monitoring information to and receive prescription monitoring information from another state that has prescription monitoring information provisions consistent with this chapter and has entered into a prescription monitoring information sharing agreement with the office/department. The office/department may enter into a prescription monitoring information sharing agreement with another state to establish the terms and conditions of prescription monitoring information sharing and interoperability of information systems and to carry out the purposes of this subsection. For ~~purpose~~purposes of this subsection, "another state" means any state other than Maine and any territory or possession of the United States, but does not include a foreign country.

5. Purge of information. The office/department shall purge from the program all information that is more than 6 years old.

Sec. AA-70. 22 MRSA §7251, sub-§1, as enacted by PL 2003, c. 483, §1, is amended to read:

1. Failure to submit information. A dispenser who knowingly fails to submit prescription monitoring information to the office/department as required by this chapter is subject to discipline by the Maine Board of Pharmacy pursuant to Title 32, chapter 117, subchapter 4 or by the applicable professional licensing entity.

Sec. AA-71. 22 MRSA §7252, as enacted by PL 2003, c. 483, §1, is amended to read:

§ 7252. Rulemaking

The ~~office~~department may adopt rules necessary to implement the provisions of this chapter. Rules adopted pursuant to this section are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A.

Sec. AA-72. 26 MRSA §683, sub-§1, ¶B, as amended by PL 1995, c. 283, §1, is further amended to read:

B. The employee assistance program must be certified by the ~~Office of Substance Abuse~~Department of Health and Human Services under rules adopted pursuant to section 687. The rules must ensure that the employee assistance programs have the necessary personnel, facilities and procedures to meet minimum standards of professionalism and effectiveness in assisting employees.

Sec. AA-73. 26 MRSA §687, sub-§1, as amended by PL 1995, c. 283, §2, is further amended to read:

1. Department of Health and Human Services. The ~~Office of Substance Abuse~~Department of Health and Human Services shall adopt rules under the Maine Administrative Procedure Act, Title 5, chapter 375, as provided in this subchapter.

Sec. AA-74. 26 MRSA §688, as amended by PL 1995, c. 283, §3 and PL 2003, c. 689, Pt. B, §6, is further amended to read:

§ 688. Substance abuse education

All employers shall cooperate fully with the Department of Labor, ~~Office of Substance Abuse~~, the Department of Health and Human Services, the Department of Public Safety and any other state agency in programs designed to educate employees about the dangers of substance abuse and about public and private services available to employees who have a substance abuse problem.

Sec. AA-75. 28-A MRSA §1703, sub-§5, as amended by PL 1997, c. 373, §144, is further amended to read:

5. Appropriation. The amount of funds appropriated from the General Fund to the ~~Office of Substance Abuse~~, as established in Title 5, chapter 521, Department of Health and Human Services for substance abuse prevention and treatment may not be less than the dollar amount collected or received by the alcohol bureau and bureau under this section.

Sec. AA-76. 28-A MRSA §2519, sub-§2, ¶D, as amended by PL 1999, c. 519, §2, is further amended to read:

D. A representative of the ~~Office of Substance Abuse~~Department of Health and Human Services;

Sec. AA-77. 29-A MRSA §2401, sub-§1, as enacted by PL 1993, c. 683, Pt. A, §2 and affected by Pt. B, §5, is amended to read:

1. Alcohol and drug program. "Alcohol and drug program" means the alcohol and other drug education, evaluation and treatment program administered by the ~~Office of Substance Abuse~~Department of Health and Human Services under Title 5, chapter 521, subchapter ~~V~~5.

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Sec. AA-78. 29-A MRSA §2411, sub-§5, ¶F, as amended by PL 2001, c. 511, §3 and PL 2003, c. 689, Pt. B, §6, is further amended to read:

F. For a person sentenced under paragraph B, C or D, the court shall order the defendant to participate in the alcohol and other drug program of the Department of Health and Human Services, ~~Office of Substance Abuse~~. The court may waive the program pursuant to Title 5, section 20073-B, if the court finds that the defendant has completed an alcohol or other drug treatment program subsequent to the date of the offense; and

Sec. AA-79. 29-A MRSA §2455, sub-§3, ¶A, as enacted by PL 1993, c. 683, Pt. A, §2 and affected by Pt. B, §5, is amended to read:

A. Satisfactory completion of the Driver Education and Evaluation Programs of the ~~Office of Substance Abuse~~Department of Health and Human Services;

Sec. AA-80. 29-A MRSA §2472, sub-§6, as amended by PL 2001, c. 511, §6, is further amended to read:

6. Restoration of license. If a person's license has been suspended under subsection 3 for a first offense, the Secretary of State may issue a license if:

A. One half of the suspension period has expired; and

B. The Secretary of State has received notice that the person has completed the alcohol and other drug program of the ~~Office of Substance Abuse~~Department of Health and Human Services.

A 2nd or subsequent offender may be issued a license following the completion of the period of suspension ~~provided if~~ the Secretary of State has received notice that the person has completed the alcohol and other drug program of the ~~Office of Substance Abuse~~Department of Health and Human Services.

Sec. AA-81. 29-A MRSA §2502, as amended by PL 2011, c. 335, §11, is further amended to read:

§ 2502. Special licenses for driver education evaluation program; suspension

1. Issuance of special license. Following the expiration of the total period of suspension imposed on a first-time offender pursuant to Title 15, section 3314 or sections 2411, 2453, 2453-A, 2472 and 2521, the Secretary of State shall issue a special license or permit to the person if the Secretary of State receives written notice that the person has completed the assessment components of the alcohol and other drug program pursuant to Title 5, section 20073-B. First offenders who have registered for the completion of treatment programs as described in Title 5, section 20072, subsection 2 are entitled to receive a special license after completion of 3 treatment sessions provided by a counselor or agency approved by the ~~Office of Substance Abuse~~Department of Health and Human Services. A special license or permit may not be issued under this section to 2nd and subsequent offenders.

2. Suspension of special license. If the person refuses or fails to complete the alcohol and other drug program pursuant to Title 5, section 20073-B within 3 months after receiving a special license, the Secretary of State, following notice of that refusal or failure, shall suspend the special license until the person completes the program. The suspension must continue until the Secretary of State receives written notification from the ~~Office of Substance Abuse~~Department of Health and Human Services that the person has satisfactorily completed all required components of that program. The Secretary of State shall provide notice of suspension and opportunity for hearing pursuant to Title 5, chapter 375, subchapter 4. The sole issue at the hearing is whether the person has written notification from the ~~Office of Substance Abuse~~Department of Health and Human Services establishing that the person has satisfactorily completed all components of that program pursuant to Title 5, section 20073-B.

Sec. AA-82. 29-A MRSA §2505, as enacted by PL 1993, c. 683, Pt. A, §2 and affected by Pt. B, §5, is amended to read:

§ 2505. Special restricted license for participation in education and treatment programs

Notwithstanding other limitations, the Secretary of State may issue a restricted license to a person for the purpose of allowing that person to participate in an alcohol and drug program or other treatment program determined appropriate by the ~~Office of Substance Abuse~~Department of Health and Human Services.

Sec. AA-83. 32 MRSA §6212, sub-§2, as amended by PL 2007, c. 402, Pt. U, §7, is further amended to read:

2. Adopt criteria. The board, in cooperation with the ~~Office of Substance Abuse~~Department of Health and Human Services, may design, adopt or design and adopt an examination or other suitable criteria for establishing a candidate's knowledge, skill and experience in alcohol and drug counseling. Any criteria adopted by the board for establishing a candidate's knowledge, skill and experience in alcohol and drug counseling must be clearly defined, have an established baseline scoring procedure that is objectively measured, be in writing and be available to the public upon request.

Sec. AA-84. 32 MRSA §13795, sub-§5, as amended by PL 2007, c. 695, Pt. B, §18, is further amended to read:

5. Rulemaking. The ~~Director of the Office of Substance Abuse~~ within the Department Commissioner of Health and Human Services may adopt rules to implement this subsection. Rules adopted pursuant to this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A.

A. If the Director of the Maine Drug Enforcement Agency within the Department of Public Safety finds that the ease of availability of liquid, liquid-filled capsule or glycerin matrix forms of products containing ephedrine, pseudoephedrine or phenylpropanolamine or their salts, isomers or salts of isomers, either alone or in combination with other ingredients, referred to in this paragraph as "products," is a threat to the public health, safety and welfare, then the Director of the Maine Drug Enforcement Agency shall notify the ~~Director of the Office of Substance~~

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~~Abuse Commissioner of Health and Human Services.~~ The ~~Director of the Office of Substance Abuse~~ Commissioner of Health and Human Services shall consult with the joint standing committee of the Legislature having jurisdiction over health and human services matters, providing the reasons for undertaking rulemaking, and may, after consultation, adopt rules designating the products as targeted methamphetamine precursors pursuant to section 13702-A, subsection 33, paragraph B.

B. If the Director of the Maine Drug Enforcement Agency finds that sales of targeted methamphetamine precursors that are made without verifying the identity of the purchaser pose a threat to public health, safety and welfare, then the Director of the Maine Drug Enforcement Agency shall notify the ~~Director of the Office of Substance Abuse~~ Commissioner of Health and Human Services. The ~~Director of the Office of Substance Abuse~~ Commissioner of Health and Human Services shall consult with the joint standing committee of the Legislature having jurisdiction over health and human services matters, providing the reasons for undertaking rulemaking, and may, after consultation, adopt rules requiring a person making a sale of a targeted methamphetamine precursor pursuant to section 13796 to demand from the purchaser and to inspect and record prior to the sale proof of identification, including valid photographic identification, and to keep a log of sales.

Sec. AA-85. 34-B MRSA §1219, sub-§1, as enacted by PL 1995, c. 431, §2 and amended by PL 2003, c. 689, Pt. B, §6, is further amended to read:

1. Development of state strategy. The department shall develop a comprehensive state strategy for preventing the inappropriate incarceration of seriously mentally ill individuals and for diverting those individuals away from the criminal justice system. This strategy must be developed with the active participation of other agencies and providers responsible for serving persons with serious mental illness, including: ~~the Department of Health and Human Services; the Department of Corrections; the Department of Health and Human Services, Bureau of Medical Services; and~~ representatives of community mental health centers, area shelters, other community providers, consumers of services and their families, providers of inpatient mental health services, advocates for consumers of mental health services, sheriffs' departments, ~~the Office of Substance Abuse and the Department of Public Safety.~~

Sec. AA-86. Maine Revised Statutes headnote amended; revision clause. In the Maine Revised Statutes, Title 5, chapter 521, in the chapter headnote, the words "office of substance abuse" are amended to read "substance abuse prevention and treatment" and the Revisor of Statutes shall implement this revision when updating, publishing or republishing the statutes.

PART BB

Sec. BB-1. 5 MRSA §1591, sub-§2, ¶A, as amended by PL 2011, c. 380, Pt. UUU, §1, is further amended to read:

A. Any balance remaining in the accounts of the Department of Health and Human Services, ~~Bureau of Elder and Adult Services~~ appropriated for the purposes of homemaker or home-based care services at the end of any fiscal year to be carried forward for use by either program in the next fiscal year;

Sec. BB-2. 22 MRSA §3174-I, sub-§1, ¶B-1, as enacted by PL 1995, c. 170, §2, is amended to read:

B-1. For persons with severe cognitive impairments who have been assessed and found ineligible for nursing facility level care, the department, through ~~the Bureau of Elder and Adult Services, its~~ community options unit, shall review the assessment and provide case management to assist consumers and caregivers to receive appropriate services.

Sec. BB-3. 22 MRSA §3472, sub-§2-A, as amended by PL 2003, c. 653, §2 and c. 689, Pt. B, §6, is repealed.

Sec. BB-4. 22 MRSA §5104, sub-§2, as amended by PL 1989, c. 329, §8 and PL 2003, c. 689, Pt. B, §6, is repealed.

Sec. BB-5. 22 MRSA §5104, sub-§4, as repealed and replaced by PL 1973, c. 793, §3, is repealed.

Sec. BB-6. 22 MRSA §5104, sub-§6, as amended by PL 1989, c. 329, §10 and PL 2003, c. 689, Pt. B, §6, is repealed.

Sec. BB-7. 22 MRSA §5104-A, as enacted by PL 1973, c. 793, §4, is amended to read:

§ 5104-A.State agencies to cooperate

State agencies shall cooperate fully with the ~~bureau and committee~~department in carrying out this Part. The ~~bureau and committee are~~department is authorized to request such personnel, financial assistance, facilities and data as are reasonably required to assist the ~~bureau and committee~~it to fulfill ~~their~~its powers and duties.

State agencies proposing to develop, establish, conduct or administer programs or to assist programs relating to this Part shall, prior to carrying out such actions, consult with the ~~bureau~~department.

All agencies of State Government shall advise the ~~bureau~~department of their proposed administrative fiscal and legislative activities relating to this Part.

State agencies, in the implementation of their activities relating to this Part, shall keep the ~~bureau~~department fully informed of their progress.

Sec. BB-8. 22 MRSA §5105, as amended by PL 2007, c. 539, Pt. N, §39, is repealed.

Sec. BB-9. 22 MRSA §5106, as amended by PL 2011, c. 542, Pt. A, §§39 and 40, is further amended to read:

§ 5106.Powers and duties

The ~~bureau~~department shall establish, in accordance with the purposes and intent of this Part, ~~with the advice of the committee and subject to the direction of the commissioner~~, the overall planning, policy, objectives and priorities for all functions and activities conducted or supported in the State ~~which~~that relate to Maine's aging population and incapacitated and dependent adults. In order to carry out the above, the ~~bureau shall have~~department has the power and duty to:

1. Encourage and assist development. Encourage and assist development of more coordinated use of existing and new resources and services relating to Maine's aging population and incapacitated and dependent adults;

2. Information system. Develop and maintain an up-to-date information system related to Maine's aging population and incapacitated and dependent adults. The information ~~shall~~must be available for use by the people of Maine, the political subdivisions, public and private nonprofit agencies and the State. Educational materials ~~shall~~must be prepared, published and disseminated. Objective devices and research methodologies ~~shall~~must be continuously developed. Maintaining statistical information through uniform methods ~~which~~that are reasonably feasible and economically efficient ~~shall~~must be specified for use by public and private agencies, organizations and individuals. Existing sources of information ~~shall~~must be used to the fullest extent possible, while maintaining confidentiality safeguards of state and federal law. Information may be requested and ~~shall~~ be received from any ~~State Government~~state government or public or private agency. To the extent reasonable and feasible, information ~~shall~~must maintain compatibility with federal information sharing standards.

Functions of this information system ~~shall~~ include, but are not be limited to:

- A. Conducting research on the causes and nature of problems relating to Maine's aging population and incapacitated and dependent adults;
- B. Collecting, maintaining and disseminating such knowledge, data and statistics related to Maine's aging population and incapacitated and dependent adults as will enable the ~~bureau~~department to fulfill its responsibilities;
- C. Determining through a detailed survey the extent of problems relating to Maine's aging population and incapacitated and dependent adults and the needs and priorities for solving such problems in the state and political subdivisions;
- D. Maintaining an inventory of the types and quantity of facilities, programs and services operated under public or private auspices for Maine's aging population and incapacitated and dependent adults. This function ~~shall~~must include: ~~The~~the unduplicated count, location and characteristics of people served by each facility, program or service; and the amount, type and source of resources supporting functions related to Maine's aging population and incapacitated and dependent adults; and
- E. Conducting a continuous evaluation of the impact, quality and value of facilities, programs and services, including their administrative adequacy and capacity. Activities operated by or with the assistance of the State and ~~the Federal Government~~Government must be evaluated. Activities to be included, but to which the ~~bureau~~department is not limited, are those relating to education, employment and vocational services, income, health, housing, transportation, community, social, rehabilitation, protective services and public guardianship or conservatorship for older people and incapacitated and dependent adults and programs such as the supplemental security income program, Medicare, Medicaid, property tax refunds and the setting of standards for the licensing of nursing,

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intermediate care and boarding homes. Included are activities as authorized by this and so much of
the several Acts and amendments to them enacted by the people of the State and those authorized
by United States Acts and amendments to them such as the:

- (1) Elderly Householders Tax and Rent Refund Act of 1971;
- (2) Priority Social Services Act of 1973;
- (3) Chapter 470 of the public laws of 1969 creating the State Housing Authority;
- (4) United States Social Security Act of 1935;
- (5) United States Housing Act of 1937;
- (6) United States Older Americans Act of 1965;
- (7) United States Age Discrimination Act of 1967;
- (8) Home Based Care Act of 1981;
- (9) Congregate Housing Act of 1979;
- (10) Adult Day Care Services Act of 1983;
- (11) Adult Day Care Licensing Act of 1987;
- (12) Adult Protective Services Act of 1981;
- (13) The Uniform Probate Code, Title 18-A;
- (14) The Americans with Disabilities Act of 1990;
- (15) The Developmental Disabilities Assistance and Bill of Rights Act of 2000; and
- (16) The ADA Amendments Act of 2008;

3. Coordination of efforts. ~~Assist, with the advice of the committee,~~ the Legislative and Executive Branches of State Government, especially the Governor, ~~Commissioner of Health and Human Services and the~~ Bureau of the Budget, to coordinate all State Government efforts relating to Maine's aging population and incapacitated and dependent adults, by:

A. Submitting to each branch of State Government no later than September 1st of each year an annual report covering its activities for the immediately past fiscal year and future plans, including recommendations for changes in state and federal laws, ~~and including reports of the committee;~~

B. Reviewing all proposed legislation, fiscal activities, plans, policies and other administrative functions relating to Maine's aging population and incapacitated and dependent adults made by or requested of all state agencies. The ~~bureau shall have~~department has the authority to submit to those bodies findings, comments and recommendations, which ~~shall be~~are advisory. Such findings and comments ~~shall~~must recommend what modification in proposals or actions ~~shall be taken~~is required to make proposed legislation, fiscal activities and administrative activities consistent with such policies and priorities; and

C. Making recommendations to the respective branches of State Government related to improving the quality of life of Maine's aging population and incapacitated and dependent adults, and shall consult with and be consulted by all responsible state agencies regarding the policies, priorities and objectives of functions related to Maine's aging population and incapacitated and dependent adults;

4. Comprehensive state plan. Prepare and administer a comprehensive state plan relating to Maine's aging population and incapacitated and dependent adults, developed by the ~~bureau with the advice of the committee and~~department subject to the direction of the commissioner. The comprehensive state plan ~~shall~~must be implemented for the purpose of coordinating all activities and of assuring compliance with applicable state and federal laws and regulations relating to Maine's aging population and incapacitated and dependent adults. Implementation of this duty ~~shall mean~~means that the ~~bureau shall have~~department has the authority, through a review process, to advise on the preparation and administration of any portion of any state plan relating to Maine's aging population and incapacitated and dependent adults, prepared and administered by any agency of State Government for submission to the Federal Government to obtain federal funding under federal legislation. Such state plans, or portions thereof, ~~shall~~must include, but are not be limited to, all state plans dealing with education, employment and vocational services, income, health, housing, protective services, public guardianship and conservatorship, rehabilitation, social services, transportation and welfare. The ~~bureau~~department shall advise the commissioner and Governor on preparation of and provisions to be included in such plans relating to Maine's aging population and incapacitated and dependent adults;

5. Programs. Plan, establish and maintain necessary or desirable programs for individuals or groups of individuals. The ~~bureau~~department may use the full range of its powers and duties to serve Maine's aging population and incapacitated and dependent adults through indirect services provided by agreement and through direct services provided by state employees;

6. Organizational unit. Function as the organizational unit of State Government with sole responsibility for conducting and coordinating, ~~with the advice of the committee and~~ subject to the direction of the commissioner, programs authorized by this Part and so much of the several Acts, amendments and successors to them enacted by the people of the State and those authorized by the United States Acts, amendments and successors to them as relate to Maine's aging population and incapacitated and dependent adults:

- A. The 1973 Act of Maine's Elderly;
- B. The Priority Social Service Act of 1973, including only meals for older people, transportation for older people and coordinated elderly programs;
- C. The United States Older Americans Act of 1965; and
- D. Adult Protective Services Act of 1981.

The ~~bureau~~department is designated as the single agency of State Government solely responsible for administering, subject to the direction of the commissioner, any state plans as may be required by the above Acts, and for administering programs of Acts of the State or United States relating to Maine's aging population and incapacitated and dependent adults ~~which~~that are not the specific responsibility of another state agency under state or federal law;

7. Mobilize resources. Help communities mobilize their resources to benefit Maine's aging population and incapacitated and dependent adults. The ~~bureau~~department shall provide or coordinate the provision of information, technical assistance and consultation to state, regional and local governments, and to public and private nonprofit agencies, institutions, organizations and individuals. The help ~~shall be~~is for the purpose of encouraging, developing and assisting with the initiation, establishment and administration of any plans, programs or services with a view to the establishment of a statewide network of comprehensive, coordinated services and opportunities for Maine's aging population and incapacitated and dependent adults. Included in this duty is authority to coordinate the efforts and enlist the assistance of all public and private agencies, organizations and individuals interested in Maine's aging population and incapacitated and dependent adults;

8. Funds. Seek and receive funds from the Federal Government and private sources to further its activities. Included in this function is authority to solicit, accept, administer, disburse and coordinate for the State in accordance with the intent, objectives and purposes of this Part; and within any limitation ~~which~~that may apply from the sources of such funds, the efforts to obtain and the use of any funds from any source to benefit Maine's aging population and incapacitated and dependent adults. Any gift of money or property made by will or otherwise, and any grant or other funds appropriated, services or property available from the Federal Government, the State or any political subdivision thereof and from all other sources, public or private, may be accepted and administered. The ~~bureau~~department may do all things necessary to cooperate with the Federal Government or any of its agencies in making application for any funds. Included in this duty is authority to advise regarding the disbursement of all state funds, or funds administered through agencies of State Government, appropriated or made available to benefit Maine's aging population and incapacitated and dependent adults;

9. Agreements. Enter into agreements necessary or incidental to the performance of its duties. Included is the power to make agreements with qualified community, regional and state level, private nonprofit and public agencies, organizations and individuals in this and other states to develop or provide facilities, programs and services for Maine's aging population and incapacitated and dependent adults. Agreements with such agencies, organizations and individuals ~~shall~~may be executed only with agencies reviewed by ~~the committee pursuant to section 5112, subsection 4,~~ and the area agency pursuant to section 5116, subsection 1, paragraph B. The ~~bureau~~department may engage expert advisors and assistants, who may serve without compensation or may be compensated to the extent funds may be available by appropriation, grant or allocation from a state department. The ~~bureau~~department may pay for such expert advisors or assistants;

10. Rules. Prepare, adopt, amend, rescind and administer, ~~with the advice of the committee and~~ subject to the direction of the commissioner, policies, priorities, procedures,and rules ~~and regulations~~ to govern its affairs and the development and operation of facilities, programs and services. The ~~bureau~~department may adopt rules to carry out the powers and duties pursuant to this Part and in accordance with the purpose and objectives of this Part. It shall especially adopt such rules ~~and regulations~~ as may be necessary to define contractual terms, conditions of agreements and all other rules as are necessary for the proper administration of this Part. Such adoption, amendment and rescission ~~shall~~must be made as provided under the Maine Administrative Procedure Act, ~~Title 5, chapter 375;~~

11. Educational program. Develop and implement, as an integral part of programs, an educational program. ~~Assist; assist~~ in the development of, and cooperation with, educational programs for employees of state and local governments and businesses and industries in the State. ~~Convene; and convene~~ and conduct conferences of public and private nonprofit organizations concerned with the development and operation of programs for Maine's aging population and incapacitated and dependent adults. Included ~~shall be~~is the power to sponsor ~~in cooperation with the committee~~ the Blaine House Conference on Aging;

11-A. Elderly Legal Services Program. Support and maintain an Elderly Legal Services Program, by agreement with such nonprofit organization as the ~~bureau~~department finds best able to provide direct services to those of Maine's elderly in greatest economic and social need throughout the State;

11-B. Adult protective services. Administer a program of protective services as provided in chapter 958-A designed to protect incapacitated and dependent adults from abuse, neglect, exploitation and physical danger. The program is described in the Adult Protective Services Act;

11-C. Long-term care ombudsman program. Support and maintain a long-term care ombudsman program, in accordance with the federal 1987 Older Americans Act, 42 United States Code, as amended, by agreement with such nonprofit organization as the ~~bureau~~department finds best able to provide the services;

12. Training programs. Foster, develop, organize, conduct or provide for the conduct of training programs for persons in the field of serving Maine's aging population and incapacitated and dependent adults;

13. Coordinate activities. Coordinate activities and cooperate with programs in this and other states for the common advancement of programs for Maine's aging population and incapacitated and dependent adults; and

14. Establish and maintain an office. ~~Establish and maintain an office; and~~

15. Duties. Do such other acts and exercise such other powers necessary or convenient to execute and carry out the purposes and authority expressly granted in this Part.

Sec. BB-10. 22 MRSA §5304, sub-§3, as amended by PL 1989, c. 329, §19 and PL 2003, c. 689, Pt. B, §6, is repealed.

Sec. BB-11. 22 MRSA §5304, sub-§9, as amended by PL 1989, c. 329, §20 and PL 2003, c. 689, Pt. B, §6, is repealed.

Sec. BB-12. 22 MRSA §6108, as amended by PL 1989, c. 329, §21 and PL 2003, c. 689, Pt. B, §6, is further amended to read:

§ 6108. Administration of priority social services for Maine's elderly

~~The Bureau of Elder and Adult Services, Department of Health and Human Services or its successors, is designated as the organizational unit of State Government with sole responsibility for administering, with the advice of the Maine Committee on Aging, and subject to the direction of the commissioner, so much of the Priority Social Services Program as relates directly to older people, such as, but not limited to, these types of social services: Meals meals for older people, transportation for older people and health and home care needs for the elderly.~~

Regarding priority social services for older people, the ~~Bureau of Elder and Adult Services shall have~~department has the powers and duty to:

1. Administer priority social services. Administer priority social services in accordance with the intent, objectives and purposes of this Part and ~~shall have~~has, in any respects that relate to these priority social services, the powers and duties set forth in section 5310; and

2. Action to ensure consistency of priority social services. Prepare, adopt, amend, rescind and administer, ~~with the advice of the Maine Committee on Aging,~~ policies, priorities, procedures;and rules and regulations. The ~~Bureau of Elder and Adult Services~~department and the Department of Administrative and Financial Services, Bureau of Human Resources, respectively, shall take, pertaining to their own policies, priorities, procedures;and rules and regulations, such action as is necessary to ~~insure~~ensure that such items pertinent to priority social services are consistent.

Sec. BB-13. 22 MRSA §6202, sub-§5, as amended by PL 1989, c. 347, §5 and c. 878, Pt. B, §19; and PL 2003, c. 689, Pt. B, §6, is repealed.

SP0600, LD 1746, item 2, 125th Maine State Legislature , Amendment C "A", Filing Number S-572, Sponsored by
'An Act To Make Supplemental Appropriations and Allocations for the Expenditures
of State Government and To Change Certain Provisions of the Law Necessary to the
Proper Operations of State Government for the Fiscal Year Ending June 30, 2013'

Sec. BB-14. 22 MRSA §7861, first ¶, as enacted by PL 2001, c. 596, Pt. A, §1 and affected by Pt. B, §25 and amended by PL 2003, c. 689, Pt. B, §6, is further amended to read:

The Department of Health and Human Services, ~~Bureau of Elder and Adult Services~~, with advice from the Maine State Housing Authority, the Rural Housing Services or any other housing agency financing assisted housing programs, shall administer state-funded assisted housing programs. Administration must include, but is not limited to:

Sec. BB-15. 36 MRSA §6220, as amended by PL 1997, c. 668, §40, is further amended to read:

§ 6220.Coordination required

The bureau shall seek the advice and cooperation of the ~~Bureau of Elder and Adult~~ Department of Health and Human Services; ~~the Bureau of Family Independence; the Bureau of Child and Family Services~~; advocates for elderly and low-income individuals; and other interested agencies and organizations in developing the application form and instruction booklet for the Maine Residents Property Tax Program and the outreach plan required by section 6219.

Sec. BB-16. 38 MRSA §1652, sub-§3, as amended by PL 1989, c. 878, Pt. B, §43, is further amended to read:

3. Meals on wheels. A food service funded in whole or in part, directly or indirectly, by the ~~Bureau of Elder and Adult~~Department of Health and Human Services to provide meals at dispersed locations from central kitchen facilities is exempt.

Sec. BB-17. Maine Revised Statutes headnote amended; revision clause. In the Maine Revised Statutes, Title 22, chapter 1453, in the chapter headnote, the words "bureau of elder and adult services" are amended to read "elder and adult services" and the Revisor of Statutes shall implement this revision when updating, publishing or republishing the statutes.

PART CC

Sec. CC-1. 34-B MRSA §5439, sub-§1, ¶C, as reallocated by PL 2007, c. 695, Pt. A, §41, is repealed.

Sec. CC-2. 34-B MRSA §5439, sub-§§2 to 4, as reallocated by PL 2007, c. 695, Pt. A, §41, are amended to read:

2. Program administration. The ~~office~~commissioner shall administer the program under this section. Within available funds, the ~~office~~commissioner shall ensure that services are delivered in the most comprehensive manner possible and shall strive to maximize the participation of adults with disabilities.

3. Eligibility. An applicant is eligible for personal care assistance services under the program if the ~~office~~commissioner or ~~its~~the commissioner's designee determines that the person is an adult who:

A. Has a severe disability;

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B. Needs personal care assistance services or an attendant at night or both to prevent or remove the adult from inappropriate placement in an institutional setting; and

C. Has no or insufficient personal income or other support from public services, family members or neighbors.

4. Consumer cost sharing. The ~~office~~ commissioner shall establish a sliding scale for consumer cost sharing for services provided under the program. The sliding scale must be based on the net income of the consumer, factoring in the expenses associated with the consumer's disability, and may take assets into consideration.

Sec. CC-3. 34-B MRSA §5439, sub-§5, ¶B, as reallocated by PL 2007, c. 695, Pt. A, §41, is amended to read:

B. For each applicant or consumer evaluated by an evaluation team, the team shall assist the ~~office~~ department to:

- (1) Determine the eligibility of the applicant or consumer for services under the program;
- (2) Determine the capability of the applicant or consumer, at the time of evaluation or after skills training provided pursuant to subsection 6, to hire and direct a personal care assistant; and
- (3) Reevaluate the applicant or consumer periodically to determine continuing need for the services.

Sec. CC-4. 34-B MRSA §19001, sub-§§1 and 3, as enacted by PL 2007, c. 239, §2, are amended to read:

1. Council established. The Acquired Brain Injury Advisory Council, referred to in this section as "the council," is established to provide independent oversight and advice and to make recommendations to the commissioner, ~~the Director of the Office of Adults with Cognitive and Physical Disability Services within the department, the Director of the Maine Center for Disease Control and Prevention within the department and the Director of the Office of MaineCare Services within the department.~~

3. Administrative support. ~~The manager of brain injury services in the Office of Adults with Cognitive and Physical Disability Services within the department shall provide administrative support to the council.~~

PART DD

Sec. DD-1. 34-B MRSA §3861, sub-§3, ¶B, as enacted by PL 2007, c. 580, §2, is amended to read:

B. The provisions of this paragraph apply to the appointment, duties and procedures of the clinical review panel under paragraph A.

(1) Within one business day of receiving a request under paragraph A, the superintendent of a state mental health institute or chief administrative officer of a designated nonstate mental health institution or that person's designee shall appoint a clinical review panel of 2 or more licensed professional staff who do not provide direct care to the patient. At least one person must be a professional licensed to prescribe medication relevant to the patient's care and treatment. At the time of appointment of the clinical review panel, the superintendent of a state mental health institute or chief administrative officer of a designated nonstate mental health institution or that person's designee shall notify the following persons in writing that the clinical review panel will be convened:

(a) The primary treating physician;

(b) ~~The director of the Office of Adult Mental Health Services within the department or that person's~~commissioner or the commissioner's designee;

(c) The patient's designated representative or attorney, if any;

(d) The State's designated federal protection and advocacy agency; and

(e) The patient. Notice to the patient must inform the patient that the clinical review panel will be convened and of the right to assistance from a lay advisor, at no expense to the patient, and the right to obtain an attorney at the patient's expense. The notice must include contact information for requesting assistance from a lay advisor, who may be employed by the institute or institution, and access to a telephone to contact a lay advisor must be provided to the patient.

(2) Within 4 days of receiving a request under paragraph A and no less than 24 hours before the meeting of the clinical review panel, the superintendent of a state mental health institute or chief administrative officer of a designated nonstate mental health institution or that person's designee shall provide notice of the date, time and location of the meeting to the patient's primary treating physician, the patient and any lay advisor or attorney.

(3) The clinical review panel shall hold the meeting and any additional meetings as necessary, reach a final determination and render a written decision ordering or denying involuntary treatment.

(a) At the meeting, the clinical review panel shall receive information relevant to the determination of the patient's capacity to give informed consent to treatment and the need for treatment, review relevant portions of the patient's medical records, consult with the physician requesting the treatment, review with the patient that patient's reasons for refusing treatment, provide the patient and any lay advisor or attorney an opportunity to ask questions of anyone presenting information to the clinical review panel at the meeting and determine whether the requirements for ordering involuntary treatment have been met.

(b) All meetings of the clinical review panel must be open to the patient and any lay advisor or attorney, except that any meetings held for the purposes of deliberating, making findings and reaching final conclusions are confidential and not open to the patient and any lay advisor or attorney.

(c) The clinical review panel shall conduct its review in a manner that is consistent with the patient's rights.

(d) Involuntary treatment may not be approved and ordered if the patient affirmatively demonstrates to the clinical review panel that if that patient possessed capacity, the patient would have refused the treatment on religious grounds or on the basis of other previously expressed convictions or beliefs.

(4) The clinical review panel may approve a request for involuntary treatment and order the treatment if the clinical review panel finds, at a minimum:

(a) That the patient lacks the capacity to make an informed decision regarding treatment;

(b) That the patient is unable or unwilling to comply with the proposed treatment;

(c) That the need for the treatment outweighs the risks and side effects; and

(d) That the proposed treatment is the least intrusive appropriate treatment option.

(5) The clinical review panel may make additional findings, including but not limited to findings that:

(a) Failure to treat the illness is likely to produce lasting or irreparable harm to the patient;
or

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(b) Without the proposed treatment the patient's illness or involuntary commitment may be significantly extended without addressing the symptoms that cause the patient to pose a likelihood of serious harm.

(6) The clinical review panel shall document its findings and conclusions, including whether the potential benefits of the proposed treatment outweigh the potential risks.

Sec. DD-2. 34-B MRSA §3861, sub-§3, ¶D, as enacted by PL 2007, c. 580, §2, is amended to read:

D. If the clinical review panel under paragraph A approves the request for involuntary treatment, the clinical review panel shall enter an order for the treatment in the patient's medical records and immediately notify the superintendent of a state mental health institute or chief administrative officer of a designated nonstate mental health institution. The order takes effect:

(1) For a patient at a state mental health institute, one business day from the date of entry of the order; or

(2) For a patient at a designated nonstate mental health institution, one business day from the date of entry of the order, except that if the patient has requested review of the order by the ~~director of the Office of Adult Mental Health Services within the department~~commissioner under paragraph F, subparagraph (2), the order takes effect one business day from the day on which the ~~director~~commissioner or the commissioner's designee issues a written decision.

Sec. DD-3. 34-B MRSA §3861, sub-§3, ¶E, as enacted by PL 2007, c. 580, §2, is amended to read:

E. The order for treatment under this subsection remains in effect for 120 days or until the end of the period of commitment, whichever is sooner, unless altered by:

(1) An agreement to a different course of treatment by the primary treating physician and patient;

(2) For a patient at a designated nonstate mental health institution, modification or vacation of the order by the ~~director of the Office of Adult Mental Health Services within the department~~commissioner or the commissioner's designee; or

(3) An alteration or stay of the order entered by the Superior Court after reviewing the entry of the order by the clinical review panel on appeal under paragraph F.

Sec. DD-4. 34-B MRSA §3861, sub-§3, ¶F, as enacted by PL 2007, c. 580, §2, is amended to read:

F. The provisions of this paragraph apply to the review and appeal of an order of the clinical review panel entered under paragraph B.

(1) The order of the clinical review panel at a state mental health institute is final agency action that may be appealed to the Superior Court in accordance with Rule 80C of the Maine Rules of Civil Procedure.

(2) The order of the clinical review panel at a designated nonstate mental health institution may be reviewed by the ~~director of the Office of Adult Mental Health Services within the department or the designee of the director~~commissioner or the commissioner's designee upon receipt of a written request from the patient submitted no later than one day after the patient receives the order of the clinical review panel. Within 3 business days of receipt of the request for review, the ~~director or commissioner or the commissioner's designee~~ shall review the full clinical review panel record and issue a written decision. The decision of the ~~director or commissioner or the commissioner's designee~~ may affirm the order, modify the order or vacate the order. The decision of the ~~director or commissioner or the commissioner's designee~~ takes effect one business day after the ~~director or commissioner or the commissioner's designee~~ issues a written decision. The decision of the ~~director or commissioner or the commissioner's designee~~ is final agency action that may be appealed to the Superior Court in accordance with Rule 80C of the Maine Rules of Civil Procedure.

PART EE

Sec. EE-1. 22 MRSA §7924, sub-§1, as amended by PL 2009, c. 1, Pt. S, §1, is further amended to read:

1. Alleged violations reported and investigated. Any person who believes that any of those rules governing the licensure of long-term care facilities or the operation of assisted living programs and services authorized pursuant to section 7853 adopted by the department pertaining to residents' rights and conduct of resident care has been violated may report the alleged violation to the protection and advocacy agency designated pursuant to Title 5, section ~~19501~~19502; the long-term care ombudsman pursuant to section 5106, subsection 11-C and section 5107-A; the ~~Office of Advocacy pursuant to Title 34-B, section 5005~~; and any other agency or person whom the commissioner may designate.

Sec. EE-2. 34-B MRSA §1223, sub-§9, ¶F, as enacted by PL 2007, c. 356, §7 and affected by c. 695, Pt. D, §3, is amended to read:

F. The board may refer individual cases that require investigation or action to the ~~Office of Adults with Cognitive and Physical Disability Services or the Office of Advocacy within the department~~, the protection and advocacy agency designated pursuant to Title 5, section 19502 or other appropriate agency.

Sec. EE-3. 34-B MRSA §1223, sub-§10, ¶B, as amended by PL 2011, c. 542, Pt. A, §68, is further amended to read:

~~B. The chief advocate and the manager of adult protective services in the Office of Adults with Cognitive and Physical Disability Services within an advocacy agency designated pursuant to Title 5, section 19502, or the department, when requested by the board or pursuant to a written agreement with the board, shall release to the board information pertaining to alleged abuse, exploitation or neglect or alleged dehumanizing practice or violation of rights of a person with intellectual disabilities or autism. The board shall maintain the confidentiality of information disclosed to it or discovered by it as required by section 1207.~~

Sec. EE-4. 34-B MRSA §5005, as amended by PL 2011, c. 542, Pt. A, §§85 to 90, is repealed.

Sec. EE-5. 34-B MRSA §5005-A is enacted to read:

§ 5005-A. Advocacy agency

1. Agency. The department shall contract with the agency designated pursuant to Title 5, section 19502, referred to in this section as "the agency," to provide the services described in subsection 2 to individuals with intellectual disabilities or autism.

2. Duties. The department shall contract with the agency to:

A. Receive complaints made by or on behalf of individuals with intellectual disabilities or autism and represent their interests in any matter pertaining to their rights and dignity;

B. Investigate the claims, grievances and allegations of violations of the rights of individuals with intellectual disabilities or autism;

C. Intercede on behalf of individuals with intellectual disabilities or autism with officials of any provider of service administered, licensed or funded by the department, except that the agency may refuse to take action on any complaint that it considers to be trivial or moot or for which there is clearly another remedy available;

D. Assist individuals with intellectual disabilities or autism in any hearing or grievance proceeding pertaining to their rights and dignity;

E. Refer individuals with intellectual disabilities or autism to other agencies or entities and collaborate with those agencies or entities for the purpose of advocating for the rights and dignity of those individuals;

F. Act as an information source regarding the rights of all individuals with intellectual disabilities or autism, keeping itself informed about all laws, administrative rules and institutional and other policies relating to the rights and dignity of those individuals and about relevant legal decisions and other developments related to the fields of mental health, intellectual disabilities and autism, both in this State and in other parts of the country; and

G. Make and publish reports necessary to the performance of the duties described in this section. The agency may report its findings to groups outside the department, such as legislative bodies, advisory committees, commissions, law enforcement agencies and the press. At least annually, the agency shall report both in person and in writing to the joint standing committee of the Legislature having jurisdiction over health and human services matters regarding the performance of the duties described in this section.

3. Participate in personal planning. The agency may participate in personal planning when the agency has concerns regarding the rights or dignity of a person with intellectual disabilities or autism. A person has the right to refuse such participation.

4. Access to files and records. The agency has access, limited only by the civil service law, to the files, records and personnel of any provider of services administered, licensed or funded by the department and to all reports and related documents submitted pursuant to section 5604-A.

5. Confidentiality. Requests for confidentiality are treated as follows.

A. Any request by or on behalf of an individual with intellectual disabilities or autism for action by the agency and all written records or accounts related to the request are confidential as to the identity of the individual.

B. The records and accounts under paragraph A may be released only as provided by law.

Sec. EE-6. 34-B MRSA §5470-B, sub-§7, ¶B, as enacted by PL 2007, c. 356, §21 and affected by §31, is amended to read:

B. The department shall provide the ~~Office of Advocacy~~advocacy agency designated pursuant to Title 5, section 19502 with sufficient advance notice of all scheduled personal planning meetings to permit the ~~office~~advocacy agency to determine if the attendance or participation of an advocate in the planning process is appropriate pursuant to the duties and responsibilities of the ~~office~~advocacy agency.

Sec. EE-7. 34-B MRSA §5604, sub-§3, ¶A, as amended by PL 2011, c. 542, Pt. A, §127, is further amended to read:

A. The department shall provide easily accessible and regular notice of the grievance process to persons with intellectual disabilities or autism served by the department. This notice must be included in informational materials provided to such persons, as well as to guardians, families, correspondents and allies. Notice of the right to appeal must be prominently displayed in regional offices and on the department's publicly accessible website and must be readily available from provider agencies. Notice of the right to appeal must be included in all substantive correspondence regarding personal planning. Written notice of the right to appeal must also be provided when there is a denial or reduction of services or supports to persons served by the department. All notices and information regarding the grievance process must be written in language that is plain and understandable and must include the address and telephone number of the ~~Office of Advocacy~~ and the protection and advocacy agency designated pursuant to Title 5, section 19502.

Sec. EE-8. 34-B MRSA §5604-A, sub-§3, as amended by PL 2011, c. 542, Pt. A, §128, is further amended to read:

3. Violation. All persons with knowledge of an alleged violation of the rights of an individual with an intellectual disability or autism as set out in section 5605 shall promptly report the details of the alleged violation to the ~~Office of Advocacy~~advocacy agency designated pursuant to Title 5, section 19502 as set forth in department rules.

Sec. EE-9. 34-B MRSA §5605, sub-§13, ¶B, as amended by PL 2011, c. 186, Pt. A, §27, is further amended to read:

B. Behavior modification and behavior management programs may be used only to correct behavior more harmful to the person than the program and only:

(1) On the recommendation of the person's personal planning team;

(2) For an adult 18 years of age or older, with the approval, following a case-by-case review, of a review team composed of ~~an advocatea representative from the Office of Advocacy;~~a representative designated by the Office of Adults with Cognitive and Physical Disability Services;~~department,~~a representative from the advocacy agency designated pursuant to Title 5, section 19502 and a representative designated by the Maine Developmental Services Oversight and Advisory Board; and

(3) For a child under 18 years of age, with the approval, following a case-by-case review, of a review team composed of ~~an advocatea representative from the Office of Advocacy~~advocacy agency designated pursuant to Title 5, section 19502, a team leader of the department's children's services division and the children's services medical director or the director's designee. Until rules are adopted by the department to govern behavioral treatment reviews for children, the team may not approve techniques any more aversive or intrusive than are permitted in rules adopted by the Secretary of the United States Department of Health and Human Services regarding treatment of children and youth in nonmedical community-based facilities funded under the Medicaid program.

Sec. EE-10. 34-B MRSA §5605, sub-§14-A, as amended by PL 2011, c. 542, Pt. A, §129, is further amended to read:

14-A. Restraints. A person with an intellectual disability or autism is entitled to be free from restraint unless:

A. The restraint is a short-term step to protect the person from imminent injury to that person or others; or

B. The restraint has been approved as a behavior management program in accordance with this section.

A restraint may not be used as punishment, for the convenience of the staff or as a substitute for habilitative services. A restraint may impose only the least possible restriction consistent with its purpose and must be removed as soon as the threat of imminent injury ends. A restraint may not cause physical injury to the person receiving services and must be designed to allow the greatest possible comfort and safety.

Daily records of the use of restraints identified in paragraph A must be kept, which may be accomplished by meeting reportable event requirements.

Daily records of the use of restraints identified in paragraph B must be kept, and a summary of the daily records pertaining to the person must be made available for review by the person's planning team, as defined in section 5461, subsection 8-C, on a schedule determined by the team. The review by the personal planning team may occur no less frequently than quarterly. The summary of the daily records must state the type of restraint used, the duration of the use and the reasons for the use. A monthly summary of all daily records pertaining to all persons must be relayed to the ~~Office of Advocacy~~advocacy agency designated pursuant to Title 5, section 19502.

Sec. EE-11. 34-B MRSA §5606, sub-§1, as amended by PL 2007, c. 356, §26 and affected by §31, is further amended to read:

1. Report and investigation. Any alleged violation of the rights of a person receiving services must be reported immediately to the ~~Office of Advocacy within the department~~advocacy agency designated pursuant to Title 5, section 19502, referred to in this subsection as "the agency," and to the Attorney General's office.

A. The ~~Office of Advocacy~~agency shall conduct an investigation of each alleged violation pursuant to section ~~50055005-A~~.

B. The ~~Office of Advocacy~~agency shall submit a written report of the findings and results of the investigation to the chief administrative officer of the facility in which the rights of the person receiving services were allegedly violated and to the commissioner within 2 working days after the day of the occurrence or discovery of the alleged incident.

Sec. EE-12. 34-B MRSA §5608, sub-§2, as amended by PL 2011, c. 186, Pt. A, §36, is further amended to read:

2. Duties. The residential council shall work closely with the ~~Office of Adults with Cognitive and Physical Disability Services~~department and the ~~Office of Advocacy~~advocacy agency designated pursuant to Title 5, section 19502 to promote the interests and welfare of all persons receiving services from the provider.

PART FF

Sec. FF-1. Restructuring. The Commissioner of Health and Human Services shall review the current organizational structure, systems and operations of the Department of Health and Human Services and restructure the department in order to achieve the provisions of this Act. Notwithstanding any other provision of law, the State Budget Officer shall transfer positions, appropriations and allocations between accounts and line categories by financial order upon approval of the Governor in order to achieve the provisions of this Act. Transfers by the State Budget Officer made prior to September 1, 2012 are considered adjustments to authorized position count, appropriations and allocations in fiscal year 2012-13. On or before December 1, 2012, the commissioner and the State Budget Officer shall provide the joint standing committees of the Legislature having jurisdiction over health and human services matters and appropriations and financial affairs a report outlining the progress towards the new organizational structure and any transferred amounts. On or before June 30, 2013, the commissioner and the State Budget Officer shall provide the joint standing committees of the Legislature having jurisdiction over health and human services matters and appropriations and financial affairs a report updating the progress towards the new organizational structure and any transferred amounts made subsequent to the December 1, 2012 report.

PART GG

Sec. GG-1. Medicaid state plan amendment for individuals who are 19 or 20 years of age. The Department of Health and Human Services shall prepare and submit a Medicaid state plan amendment to the federal Centers for Medicare and Medicaid Services that, effective October 1, 2012, eliminates Medicaid coverage for individuals who are 19 or 20 years of age, who have incomes less than or equal to 150% of the nonfarm income official poverty line as defined by the federal Office of Management and Budget, who do not live with a dependent child and who are not otherwise eligible for Medicaid.

Sec. GG-2. Contingent effective date. This Part takes effect only if:

1. The Commissioner of Health and Human Services receives written approval of the application for a waiver of the maintenance of effort requirements of the federal Patient Protection and Affordable Care Act for the changes in section 1 from the federal Centers for Medicare and Medicaid Services or the commissioner receives written notification from the federal Centers for Medicare and Medicaid Services that such a waiver is not necessary; and

2. The Commissioner of Health and Human Services notifies the Secretary of State, the Secretary of the Senate, the Clerk of the House of Representatives and the Revisor of Statutes that written approval of the application for a waiver or written notification that such a waiver is not necessary has been received.

PART HH

Sec. HH-1. 22 MRSA §254-D, sub-§4, ¶D, as enacted by PL 2005, c. 401, Pt. A, §2, is amended to read:

D. Income eligibility of individuals must be determined by this paragraph and by reference to the federal poverty guidelines for the 48 contiguous states and the District of Columbia, as defined by the federal Office of Management and Budget and revised annually in accordance with the United States Omnibus Budget Reconciliation Act of 1981, Section 673, Subsection 2, Public Law 97-35, reauthorized by Public Law 105-285, Section 201 (1998). If the household income is not more than ~~185%~~175% of the federal poverty guideline applicable to the household, the individual is eligible for the basic program and the supplemental program. Individuals are also eligible for the basic and the supplemental program if the household spends at least 40% of its income on unreimbursed direct medical expenses for prescription drugs and medications and the household income is not more than 25% higher than the levels specified in this paragraph. For the purposes of this paragraph, the cost of drugs provided to a household under this section is considered a cost incurred by the household for eligibility determination purposes.

Sec. HH-2. Medicaid state plan amendment for the Medicare savings program.

The Department of Health and Human Services shall prepare and submit a Medicaid state plan amendment to the federal Centers for Medicare and Medicaid Services that, effective October 1, 2012, effectively reduces income eligibility levels for the Medicare savings program as follows: for the Qualified Medicare Beneficiary program, to income not more than 140% of the federal poverty level; for the Specified Low-Income Medicare Beneficiary program, to income more than 140% but not more than 160% of the federal poverty level; and for the Qualified Individuals program, to income more than 160% but not more than 175% of the federal poverty level.

Sec. HH-3. Contingent effective date. Section 2 of this Part takes effect only if:

1. The Commissioner of Health and Human Services receives written approval of the application for a waiver of the maintenance of effort requirements of the federal Patient Protection and Affordable Care Act for the changes in section 2 from the federal Centers for Medicare and Medicaid Services or the commissioner receives written notification from the Centers for Medicare and Medicaid Services that such a waiver is not necessary; and

2. The Commissioner of Health and Human Services notifies the Secretary of State, the Secretary of the Senate, the Clerk of the House of Representatives and the Revisor of Statutes that written approval of the application for a waiver or written notification that such a waiver is not necessary has been received.'

SUMMARY

PART A

This Part makes appropriations and allocations.

PART B

This Part transfers \$1,500,000 from the available balance in the Administrative Services - Professional and Financial Regulation program, Other Special Revenue Funds account within the Department of Professional and Financial Regulation to the General Fund unappropriated surplus at the close of fiscal year 2012-13.

PART C

This Part requires a transfer of up to \$25,000,000 from the General Fund unappropriated surplus at the close of fiscal year 2012-13 for hospital settlements. This year-end transfer is in addition to the \$25,000,000 transfer previously authorized at the close of fiscal year 2011-12. These hospital settlement transfers are the next priority in the list of "cascade" transfers after the transfer to the reserve for retirement costs that provides resources for ad hoc cost-of-living adjustments for retirees of the Maine Public Employees Retirement System.

This Part also transfers any excess funds above the amounts currently budgeted to be credited to the Department of Education for essential programs and services for kindergarten to grade 12 under the Maine Revised Statutes, Title 20-A, chapter 606-B in fiscal year 2012-13 from the Oxford Casino slot machine and table game proceeds to the Medical Care - Payments to Providers Other Special Revenue Funds account to be used to fund hospital settlements.

PART D

This Part transfers \$10,000,000 from the General Fund unappropriated surplus to the Maine Budget Stabilization Fund during fiscal year 2012-13. This Part also authorizes an emergency transfer from the Maine Budget Stabilization Fund to the Riverview Psychiatric Center program, General Fund account in the Department of Health and Human Services in the event that the Commissioner of Health and Human Services and the Commissioner of Administrative and Financial Services determine that this program has insufficient resources as a result of a requirement to repay federal funds in fiscal year 2012-13. The amount transferred from the Maine Budget Stabilization Fund may not exceed \$7,360,045.

PART E

This Part eliminates the transfer of up to \$2,500,000 of slot machine income to the Fund for a Healthy Maine for the fiscal year ending June 30, 2013.

PART F

This Part does the following.

1. It increases the cap on the combined amount that the Finance Authority of Maine may have in its Loan Insurance Reserve and Maine Mortgage Insurance Fund from \$35,000,000 to \$40,000,000.
2. It also increases the amount required to be paid by the Finance Authority of Maine from the Loan Insurance Reserve Fund to the State as undedicated General Fund revenue by June 30, 2013 from \$1,000,000 to \$3,000,000.

PART G

This Part specifies how the reduction in Fund for a Healthy Maine funding for community school grants is to be implemented.

PART H

This Part continues MaineCare funding for critical access hospitals at 109% of MaineCare allowable costs for both inpatient and outpatient services and continues funding for critical access hospital staff

enhancement payments, both effective retroactively to April 1, 2012. This Part also repeals the provisions in current law requiring the Department of Health and Human Services to change to a system of reimbursement to critical access hospitals for inpatient services based on diagnosis-related groupings and for outpatient services based on ambulatory payment classifications.

PART I

This Part adds public charter schools to the definition of "local district" to allow those schools to be eligible to participate in the Maine Public Employees Retirement System as participating local districts. This Part also provides language to clarify that public charter schools are not included in the definition of "public school."

PART J

This Part requires the Maine Public Employees Retirement System to submit, no later than January 15, 2013, proposed legislation to implement a new combination defined benefit and defined contribution retirement plan selected by the working group established pursuant to Public Law 2011, chapter 380, Part U, section 2 and described in the "New Pension Plan Design and Implementation Plan" report dated March 2012 submitted to the Joint Standing Committee on Appropriations and Financial Affairs in response to Public Law 2011, chapter 380, Part U. This Part also requires the Maine Public Employees Retirement System, at the request of the legislative committee, to present sufficient details concerning each component of the proposed plan and allows the executive director to convene a working group composed of the members of the working group that was established pursuant to Public Law 2011, chapter 380, Part U. This Part authorizes the joint standing committee of the Legislature having jurisdiction over state employee and teacher retirement matters to submit a bill to implement a new retirement plan to the First Regular Session of the 126th Legislature.

PART K

This Part transfers \$500,000 from the Ground Water Oil Clean-up Fund, Other Special Revenue Funds account in the Department of Environmental Protection to General Fund unappropriated surplus at the close of fiscal year 2012-13.

PART L

This Part gives the Department of Health and Human Services the authority to adopt emergency rules to implement any provisions of this legislation over which the department has subject matter jurisdiction for which specific authority has not been addressed by some other part of this legislation.

PART M

This Part exempts from Maine income tax active duty military pay earned outside of Maine for service performed pursuant to written military orders during tax years beginning on or after January 1, 2014.

PART N

This Part expands, beginning January 1, 2014, the scope of the Maine Revised Statutes, Title 36, section 2013, which provides for the refund of sales tax on purchases of depreciable machinery and equipment used for commercial agricultural production and certain other purposes, to include items used in commercial wood harvesting and in the commercial production of crops, plants, trees, compost and livestock, which is intended to include greenhouse and nursery products.

PART O

This Part repeals the restriction on MaineCare reimbursement for opioid drugs enacted in Public Law 2011, chapter 477, Part O and enacts a replacement protocol for prescribing and requirements for reimbursement for opioid drugs.

PART P

This Part amends the Maine New Markets Tax Credit program to increase the maximum amount of capital or equity investment in, or loan to, a qualified active low-income community business from \$10,000,000 to \$40,000,000 if the qualified low-income community business is a manufacturing or value-added production enterprise that projects to create or retain more than 200 jobs.

PART Q

This Part establishes the 2012 Maine Use Tax Compliance Program to run from September 1, 2012 to November 30, 2012 to facilitate the discovery and recovery of unreported use tax. The program provides for the waiver of penalties if the tax and interest are paid during the program period, absolves participating taxpayers meeting the conditions of the program from further liability for use taxes incurred prior to January 1, 2012 and absolves such taxpayers from liability for criminal prosecution and civil penalties related to those taxes.

PART R

This Part amends the income tax subtraction modification for certain retirement benefits to raise the \$6,000 limit to \$10,000 for tax years beginning on or after January 1, 2014. The subtraction modification is expanded to include all federally taxable pension income, annuity income and individual retirement account distributions, except pick-up contributions for which a deduction has been allowed.

PART S

This Part includes the provisions of Committee Amendment "A" to L.D. 1840, An Act To Limit MaineCare Reimbursement for Methadone Treatment. It provides that, effective January 1, 2013, reimbursement under the MaineCare program for methadone for the treatment of addiction to opiates is limited to a lifetime maximum of 24 months, except that reimbursement may be provided for longer than 24 months if prior authorization is received from the Department of Health and Human Services. It requires the Department of Health and Human Services to adopt routine technical rules to implement this provision.

PART T

This Part establishes the MaineCare Redesign Task Force to make recommendations to the joint standing committees of the Legislature having jurisdiction over appropriations and financial affairs and health and human services matters on the redesign of the MaineCare program in order to achieve General Fund savings of \$5,250,000 in fiscal year 2012-13. This Part provides a process for the Legislature's obtaining adequate information to achieve MaineCare redesign and provides for curtailment of allotments by the Governor in the event the Legislature does not enact a redesign plan.

PART U

This Part requires the Department of Health and Human Services to prepare a global Medicaid waiver, submit the proposed waiver for review by the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Health and Human Services and submit the waiver as a resolve for approval by the 126th Legislature.

PART V

This Part establishes the Department of Agriculture, Conservation and Forestry and:

1. It directs the Department of Agriculture, Conservation and Forestry to assume the duties and responsibilities of the current Department of Agriculture, Food and Rural Resources and the current Department of Conservation;

2. It does not repeal any provisions of the Maine Revised Statutes, Title 7, which sets forth the laws and policies implemented by the current Department of Agriculture, Food and Rural Resources, or of Title 12, which sets forth the laws and policies implemented by the current Department of Conservation;

3. It eliminates one commissioner position;

4. It enacts a provision expressing the intent of the Legislature that a bill to consolidate relevant portions of the Maine Revised Statutes, Title 7 and Title 12 in the new Title 7-A, which is enacted by this Part, be enacted into law by the 126th Legislature; and

5. It provides that if a bill that consolidates the relevant portions of the Maine Revised Statutes, Title 7 and Title 12 in the new Title 7-A is not enacted into law by the date on which the 127th Legislature convenes, the statute that establishes the consolidated department is repealed.

PART W

This Part contains transition provisions for the establishment of the Department of Agriculture, Conservation and Forestry.

PART X

This Part effectuates the renaming of the Bureau of Forestry, Division of Forest Protection and amends the membership of the Land for Maine's Future Board and the Interagency Task Force on Invasive Aquatic Plants and Nuisance Species to reflect the consolidation of the Department of Agriculture, Food and Rural Resources and the Department of Conservation into one department with one commissioner.

PART Y

This Part amends the lists of officials in certain salary ranges to reflect changes made by the consolidation of the Department of Agriculture, Food and Rural Resources and the Department of Conservation into the Department of Agriculture, Conservation and Forestry.

PART Z

This Part reduces the eligibility threshold for Medicaid services for a parent or a caretaker relative of an eligible child from a maximum of 133% of the nonfarm income official poverty line to 100% effective October 1, 2012, contingent upon the Department of Health and Human Services' receiving a waiver of the maintenance of effort requirements of the federal Patient Protection and Affordable Care Act or being notified that such a waiver is not necessary.

PART AA

This Part eliminates as a separate and distinct office within the Department of Health and Human Services the Office of Substance Abuse. It does not eliminate the duties and functions of the office; it directs the Commissioner of Health and Human Services to carry out the duties and functions of the office.

PART BB

This Part eliminates as a separate and distinct office within the Department of Health and Human Services the Office of Elder and Adult Services. It does not eliminate the duties or functions of the office; it directs the department and Commissioner of Health and Human Services to carry out the duties and functions of the office.

PART CC

This Part eliminates as a separate and distinct office within the Department of Health and Human Services the Office of Adults with Cognitive and Physical Disability Services. It does not eliminate the duties and functions of the office; it directs the department and the Commissioner of Health and Human Services to carry out the duties and functions of the office.

PART DD

This Part eliminates as a separate and distinct office within the Department of Health and Human Services the Office of Adult Mental Health Services. It does not eliminate the duties and functions of the office; it directs the department and the Commissioner of Health and Human Services to carry out the duties and functions of the office.

PART EE

This Part eliminates the Office of Advocacy within the Department of Health and Human Services and directs the department to contract with an agency to provide services to individuals with intellectual disabilities and autism.

PART FF

This Part directs the Commissioner of Health and Human Services to review the current organizational structure, systems and operations of the Department of Health and Human Services and restructure the department in order to improve and streamline services.

PART GG

This Part requires the Department of Health and Human Services to submit a Medicaid state plan amendment effective October 1, 2012 to eliminate Medicaid coverage for individuals who are 19 or 20 years of age, who have incomes less than or equal to 150% of the nonfarm income official poverty line, who do not live with a dependent child and who are not otherwise eligible for Medicaid, subject to a contingency that the department receive a waiver of the maintenance of effort requirements of the federal Patient Protection and Affordable Care Act or is notified that such a waiver is not necessary.

PART HH

This Part reduces income eligibility for the Department of Health and Human Services' elderly low-cost drug program from 185% to 175% of the federal poverty level and for the Medicare savings program as follows: for the Qualified Medicare Beneficiary program, to income not more than 140% of the federal poverty level; for the Specified Low-Income Medicare Beneficiary program, to income more than 140% but not more than 160% of the federal poverty level; and for the Qualified Individuals program, to income more than 160% but not more than 175% of the federal poverty level. This Part also provides that the changes in income eligibility levels for the Medicare savings program are subject to the department's receiving written approval of the application for a waiver of the maintenance of effort requirements of the federal Patient Protection and Affordable Care Act or receiving written notification that such a waiver is not necessary.

FISCAL NOTE REQUIRED

(See attached)