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

‘Sec. 1. 15 MRSA §101-D, sub-§5, ¶A, as amended by PL 2013, c. 434, §1 and affected by §15, is further amended to read:

A. Commit the defendant to the custody of the Commissioner of Health and Human Services for placement in an appropriate program for observation, care and treatment of people with mental illness or persons with intellectual disabilities or autism. An appropriate program may be in an institution for the care and treatment of people with mental illness, an intermediate care facility for persons who have intellectual disabilities or autism, a crisis stabilization unit, a nursing home, a residential care facility, an assisted living facility, a hospice, a hospital, an intensive outpatient treatment program or any program specifically approved by the court. The Commissioner of Health and Human Services shall place the defendant in a state mental health institute if a suitable bed is available. If a suitable bed is not available in a state mental health institute, the Commissioner of Health and Human Services shall place the defendant at an in-state facility that at the time of placement possesses accreditation by a nationally recognized health care organization accrediting body whose standards for accreditation meet or exceed the requirements for a health care facility to be eligible to receive payment from the Medicare or Medicaid program if a suitable bed is available. If a suitable bed is not available in a state mental health institute or at an in-state facility that possesses accreditation by a nationally recognized health care organization accrediting body whose standards for accreditation meet or exceed the requirements for a health care facility to be eligible to receive payment from the Medicare or Medicaid program, the Commissioner of Health and Human Services shall place the defendant at an out-of-state facility that at the time of placement possesses accreditation by a nationally recognized health care organization accrediting body whose standards for accreditation meet or exceed the requirements for a health care facility to be eligible to receive payment from the Medicare or Medicaid program. At the end of 30 days or sooner, and again, in the event of recommitment, at the end of 60 days and 180 days, the State Forensic Service or other appropriate office of the Department of Health and Human Services shall forward a report to the Commissioner of Health and Human Services relative to the defendant's competence to stand trial and its reasons. The Commissioner of Health and Human Services shall without delay file the report with the court having jurisdiction of the case. The court shall hold a hearing on the question of the defendant's competence to stand trial and receive all relevant testimony bearing on the question. If the State Forensic Service's report or the report of another appropriate office of the Department of Health and Human Services to the court states that the defendant is either now competent or not restorable, the court shall within 30 days hold a hearing. If the court determines that the defendant is not competent to stand trial, but there does exist a substantial probability that the defendant will be competent to stand trial in the foreseeable future, the court shall recommit the defendant to the custody of the Commissioner of Health and Human Services for placement in an appropriate program for observation, care and treatment of people with mental illness or persons with intellectual disabilities or autism. An appropriate program may be in an institution for

the care and treatment of people with mental illness, an intermediate care facility for persons who have intellectual disabilities or autism, a crisis stabilization unit, a nursing home, a residential care facility, an assisted living facility, a hospice, a hospital, an intensive outpatient treatment program or any program specifically approved by the court. The Commissioner of Health and Human Services shall place the defendant in a state mental health institute if a suitable bed is available. If a suitable bed is not available in a state mental health institute, the Commissioner of Health and Human Services shall place the defendant at an in-state facility that at the time of placement possesses accreditation by a nationally recognized health care organization accrediting body whose standards for accreditation meet or exceed the requirements for a health care facility to be eligible to receive payment from the Medicare or Medicaid program if a suitable bed is available. If a suitable bed is not available in a state mental health institute or at an in-state facility that possesses accreditation by a nationally recognized health care organization accrediting body whose standards for accreditation meet or exceed the requirements for a health care facility to be eligible to receive payment from the Medicare or Medicaid program, the Commissioner of Health and Human Services shall place the defendant at an out-of-state facility that at the time of placement possesses accreditation by a nationally recognized health care organization accrediting body whose standards for accreditation meet or exceed the requirements for a health care facility to be eligible to receive payment from the Medicare or Medicaid program. When a person who has been evaluated on behalf of the court by the State Forensic Service or other appropriate office of the Department of Health and Human Services is committed into the custody of the Commissioner of Health and Human Services under this paragraph, the court shall order that the State Forensic Service or other appropriate office of the Department of Health and Human Services share any information that it has collected or generated with respect to the person with the institution or residential program in which the person is placed. If the defendant is charged with an offense under Title 17-A, chapter 9, 11 or 13 or Title 17-A, section 506-A, 802 or 803-A and the court determines that the defendant is not competent to stand trial and there does not exist a substantial probability that the defendant can be competent in the foreseeable future, the court shall dismiss all charges against the defendant and, unless the defendant is subject to an undischarged term of imprisonment, order the Commissioner of Health and Human Services to commence proceedings pursuant to Title 34-B, chapter 3, subchapter 4. If the defendant is charged with an offense other than an offense under Title 17-A, chapter 9, 11 or 13 or Title 17-A, section 506-A, 802 or 803-A and the court determines that the defendant is not competent to stand trial and there does not exist a substantial probability that the defendant can be competent in the foreseeable future, the court shall dismiss all charges against the defendant and, unless the defendant is subject to an undischarged term of imprisonment, notify the appropriate authorities, who may institute civil commitment proceedings for the individual. If the defendant is subject to an undischarged term of imprisonment, the court shall order the defendant into execution of that sentence and the correctional facility to which the defendant must be transported shall execute the court's order; or

Sec. 2. 15 MRSA §103, as amended by PL 2013, c. 424, Pt. B, §3, is further amended to read:

§ 103. Commitment following acceptance of negotiated insanity plea or following verdict or finding of insanity

When a court accepts a negotiated plea of not criminally responsible by reason of insanity or when a defendant is found not criminally responsible by reason of insanity by jury verdict or court finding, the judgment must so state. In those cases the court shall order the person committed to the custody of the Commissioner of Health and Human Services to be placed in an appropriate institution for the care and treatment of persons with mental illness or in an appropriate residential program that provides care and treatment for persons who have intellectual disabilities or autism for care and treatment. The Commissioner of Health and Human Services shall place the person in a state mental health institute if a suitable bed is available. If a suitable bed is not available in a state mental health institute, the Commissioner of Health and Human Services shall place the person at an in-state facility that at the time of placement possesses accreditation by a nationally recognized health care organization accrediting body whose standards for accreditation meet or exceed the requirements for a health care facility to be eligible to receive payment from the Medicare or Medicaid program if a suitable bed is available. If a suitable bed is not available in a state mental health institute or at an in-state facility that possesses accreditation by a nationally recognized health care organization accrediting body whose standards for accreditation meet or exceed the requirements for a health care facility to be eligible to receive payment from the Medicare or Medicaid program, the Commissioner of Health and Human Services shall place the person at an out-of-state facility that at the time of placement possesses accreditation by a nationally recognized health care organization accrediting body whose standards for accreditation meet or exceed the requirements for a health care facility to be eligible to receive payment from the Medicare or Medicaid program. Upon placement in the appropriate institution or residential program and in the event of transfer from one institution or residential program to another of persons committed under this section, notice of the placement or transfer must be given by the commissioner to the committing court.

When a person who has been evaluated on behalf of a court by the State Forensic Service is committed into the custody of the Commissioner of Health and Human Services pursuant to this section, the court shall order that the State Forensic Service share any information it has collected or generated with respect to the person with the institution or residential program in which the person is placed.

As used in this section, "not criminally responsible by reason of insanity" has the same meaning as in Title 17-A, section 39 and includes any comparable plea, finding or verdict in this State under former section 102; under a former version of Title 17-A, section 39; under former Title 17-A, section 58; or under former ~~section 17-B~~, chapter 149, section 17-B of the Revised Statutes of 1954.

Sec. 3. Facility development. By December 31, 2016, the Department of Health and Human Services shall develop a facility separate from the Riverview Psychiatric Center that will provide the least restrictive setting possible for forensic patients in the custody of the Commissioner of Health and Human Services and for whom the Department of Health and Human Services has verified a hospital level of care is no longer needed.

Sec. 4. Report. By August 1, 2016, and at least every 90 days thereafter, the Department of Health and Human Services shall submit a written report to the joint standing committee of the Legislature having jurisdiction over matters concerning the State's psychiatric hospitals that includes the following information:

1. The status of any forensic patients who have been placed by the Commissioner of Health and Human Services at an in-state facility accredited by a nationally recognized health care organization accrediting body whose standards for accreditation meet or exceed the requirements for a health care facility to be eligible to receive payment from the Medicare or Medicaid program or an out-of-state facility accredited by a nationally recognized health care organization accrediting body whose standards for accreditation meet or exceed the requirements for a health care facility to be eligible to receive payment from the Medicare or Medicaid program pursuant to the Maine Revised Statutes, Title 15, section 101-D and section 103, including, to the extent permitted by state and federal laws, the names of any patients and the location, timeline and reason for their placement;

2. The status of the Department of Health and Human Services' development of a unit separate from the Riverview Psychiatric Center that will provide the least restrictive setting possible for forensic patients in the custody of the Commissioner of Health and Human Services who no longer need a hospital level of care;

3. The status of staffing levels at Riverview Psychiatric Center including data about any vacancies among the direct care staff positions and licensed professional positions, information about any recent hiring that has occurred or efforts that have been made to fill any vacancies and information about any recent training provided to current or newly hired staff members; and

4. Any recommendations, including proposed statutory changes, that the Department of Health and Human Services determines to be necessary regarding the placement of individuals in the custody of the Commissioner of Health and Human Services pursuant to the Maine Revised Statutes, Title 15, section 101-D and section 103, the use of the required new facility that is separate from the Riverview Psychiatric Center for forensic patients in the custody of the Commissioner of Health and Human Services who no longer need a hospital level of care and the staffing situation at Riverview Psychiatric Center.'

SUMMARY

This amendment, which is the majority report of the committee, strikes the language in the bill and replaces it with the following provisions.

1. For individuals in the custody of the Commissioner of Health and Human Services pursuant to the Maine Revised Statutes, Title 15, section 101-D and section 103, placements must be made in the following priority:

A. In the State at a state-owned hospital;

B. In the State at another facility accredited by a nationally recognized health care organization accrediting body whose standards for accreditation meet or exceed the requirements for a health care facility to be eligible to receive payment from the Medicare or Medicaid program;

C. Outside the State at a facility accredited by a nationally recognized health care organization accrediting body whose standards for accreditation meet or exceed the requirements for a health care facility to be eligible to receive payment from the Medicare or Medicaid program.

2. By December 31, 2016, the Department of Health and Human Services is required to develop a facility separate from the Riverview Psychiatric Center that will provide the least restrictive setting

possible for forensic patients in the custody of the Commissioner of Health and Human Services and for whom the Department of Health and Human Services has verified a hospital level of care is no longer needed.

3. By August 1, 2016, and at least every 90 days thereafter, the Department of Health and Human Services is required to submit a written report to the joint standing committee of the Legislature having jurisdiction over matters concerning the State's psychiatric hospitals that includes the following information:

A. The status of any forensic patients who have been placed by the Commissioner of Health and Human Services at an in-state facility accredited by a nationally recognized health care organization accrediting body whose standards for accreditation meet or exceed the requirements for a health care facility to be eligible to receive payment from the Medicare or Medicaid program or an out-of-state facility accredited by a nationally recognized health care organization accrediting body whose standards for accreditation meet or exceed the requirements for a health care facility to be eligible to receive payment from the Medicare or Medicaid program pursuant to Title 15, section 101-D and section 103, including, as permitted by law, the names of any patients and the location, timeline and reason for their placement;

B. The status of the Department of Health and Human Services' development of a unit separate from the Riverview Psychiatric Center that will provide the least restrictive setting possible for forensic patients in the custody of the Commissioner of Health and Human Services who no longer need a hospital level of care;

C. The status of staffing levels at Riverview Psychiatric Center, including data about any vacancies among the direct care staff positions and licensed professional positions, information about any recent hiring that has occurred or efforts that have been made to fill any vacancies and information about any recent training provided to current or newly hired staff members; and

D. Any recommendations, including proposed statutory changes, that the Department of Health and Human Services determines to be necessary regarding the placement of individuals in the custody of the Commissioner of Health and Human Services pursuant to Title 15, section 101-D and section 103, the use of the required new facility that is separate from the Riverview Psychiatric Center for forensic patients in the custody of the Commissioner of Health and Human Services who no longer need a hospital level of care and the staffing situation at Riverview Psychiatric Center.