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An Act To Ensure the Quality of and Increase Access to Recovery Residences

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 5 MRSA §12004-G, sub-§13-C, as amended by PL 2017, c. 407, Pt. A, §7, is further amended to read:

13-C.

Executive/Drug Prevention and Treatment and Recovery	Substance Use Disorder Services Commission	Expenses Only	5 MRSA §20065
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Sec. 2. 5 MRSA §19202, sub-§2-B, ¶A, as amended by PL 2017, c. 407, Pt. A, §9, is further 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;
- (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 that provides programs and services for substance use disorder prevention and treatment and recovery, 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. 3. 5 MRSA §20001, as amended by PL 2017, c. 407, Pt. A, §10, is further amended to read:

§ 20001. Title

This chapter may be known and cited as the "Maine Substance Use Disorder Prevention and Treatment and Recovery Act."

Sec. 4. 5 MRSA §20002, sub-§1, as amended by PL 2017, c. 407, Pt. A, §11, is further amended to read:

1. Integrated and comprehensive approach. To adopt an integrated approach to the problem of substance use disorder and to focus all the varied resources of the State on developing a comprehensive and effective range of substance use disorder prevention and treatment and recovery activities and services;

Sec. 5. 5 MRSA §20002, sub-§2, as amended by PL 2017, c. 407, Pt. A, §12, is further amended to read:

2. Coordination of activities and services. To establish within the Department of Health and Human Services the responsibility for planning, developing, implementing, coordinating and evaluating all of the State's substance use disorder prevention and treatment and recovery activities and services;

Sec. 6. 5 MRSA §20003, sub-§4, as amended by PL 2017, c. 407, Pt. A, §15, is further amended to read:

4. Community service provider. "Community service provider" means a provider of substance use disorder prevention, treatment and recovery services or gambling addiction treatment, including, but not limited to, evaluation.

Sec. 7. 5 MRSA §20003, sub-§17-B is enacted to read:

17-B. Person recovering from substance use disorder. "Person recovering from substance use disorder" means a person with substance use disorder who is engaged in a process attempting to improve the person's health and wellness, live a self-directed life and reach the person's full potential.

Sec. 8. 5 MRSA §20003, sub-§19-A, as enacted by PL 2017, c. 460, Pt. G, §4, is amended to read:

19-A. Recovery support services. "Recovery support services" means services that recognize recovery is a process of change through which individuals improve their health and wellness, live self-directed lives and strive to reach their full potential, including, but not limited to, safe housing, transportation, peer mentoring and coaching and assistance with and access to employment services. "Recovery support services" may include services provided in an integrated medication-assisted treatment setting or, in a separate facility that is staffed by individuals in recovery and that provides services such as mentoring, education and resource provision or in a recovery residence.

Sec. 9. 5 MRSA §20003, sub-§§19-C and 19-D are enacted to read:

19-C. Recovery. "Recovery," as it pertains to substance use disorder, means the process of recovery, restoration or pursuing a cure or remedy.

19-D. Recovery residence. "Recovery residence" means a shared living residence for persons recovering from substance use disorder that is focused on peer support, provides to its residents an environment free of alcohol and illegal drugs and assists its residents by connecting the residents to support services or resources in the community that are available to persons recovering from substance use disorder.

Sec. 10. 5 MRSA §20003, sub-§21-A, as enacted by PL 2017, c. 407, Pt. A, §23, is amended to read:

21-A. Substance use disorder prevention, treatment and recovery. "Substance use disorder prevention, treatment and recovery" means all facilities, programs or services relating to substance use control, education, rehabilitation, research, training ~~and, prevention, treatment and recovery~~, including reinforcing ~~health~~healthy behaviors and lifestyles and reducing risks contributing to alcohol, tobacco and other drug misuse. "Substance use disorder prevention, treatment and recovery" does not include any function defined in subsection 19 as "prevention of drug traffic."

Sec. 11. 5 MRSA §20005, sub-§1, as amended by PL 2017, c. 407, Pt. A, §25, is further amended to read:

1. State Government. Establish the overall plans, policies, objectives and priorities for all state substance use disorder prevention ~~and, treatment and recovery~~ functions, except the prevention of drug traffic and the State Employee Assistance Program established pursuant to Title 22, chapter 254-A;

Sec. 12. 5 MRSA §20005, sub-§5, as amended by PL 2017, c. 407, Pt. A, §25, 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 substance use disorder programs. The department shall make final recommendations to the Governor before any substance use disorder funds are appropriated or deappropriated in the Governor's proposed budget. The 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 department for substance use disorder prevention ~~and, treatment and recovery~~ is restricted solely to that use and may not be used for other expenses of the department. By January 15th of each year, the commissioner or the commissioner's designee shall deliver a report of the budget and expenditures of the department for substance use disorder prevention ~~and, treatment and recovery~~ to the joint standing committees of the Legislature having jurisdiction over appropriations and financial affairs and human resource matters;

Sec. 13. 5 MRSA §20005, sub-§§12 and 12-A, as amended by PL 2017, c. 407, Pt. A, §25, are 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 substance use disorder prevention ~~or~~, treatment and recovery programs.

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

12-A. Training programs. Provide or assist in the provision of training programs for all persons in the field of treating persons with substance use disorder, persons engaged in the prevention of substance use disorder, persons engaged in the recovery from substance use disorder or any other organization or individual in need of or requesting training or other educational information related to substance use disorder;

Sec. 14. 5 MRSA §20005, sub-§20, as amended by PL 2005, c. 674, §1, is further amended to read:

20. Review policies. Review the full range of public policies and strategies existing in State Government to identify changes that would strengthen its response, identify policies that might discourage excessive consumption of alcohol and other drugs and generate new funding for alcohol and other drug services; ~~and~~

Sec. 15. 5 MRSA §20005, sub-§21, as enacted by PL 2005, c. 674, §2, is amended to read:

21. List of banned performance-enhancing substances. Develop and maintain a list of banned performance-enhancing substances in accordance with Title 20-A, section 6621-; and

Sec. 16. 5 MRSA §20005, sub-§22 is enacted to read:

22. Certification of recovery residences. Establish by rule criteria for the certification of recovery residences. The criteria for the certification of recovery residences must be based on criteria for recovery residences developed by a nationally recognized organization that supports persons recovering from substance use disorder. Certification of a recovery residence pursuant to this subsection is voluntary. Rules adopted pursuant to this subsection are routine technical rules as defined in chapter 375, subchapter 2-A.

Sec. 17. 5 MRSA §20006-A, sub-§1, as amended by PL 2017, c. 407, Pt. A, §28, is further amended to read:

1. Alternatives. Propose alternatives to current substance use disorder prevention ~~and~~, treatment and recovery programs and services;

Sec. 18. 5 MRSA §20006-A, sub-§2, as amended by PL 2017, c. 407, Pt. A, §29, is further amended to read:

2. Investigate. Conduct investigations and studies of any substance use disorder prevention, treatment and recovery program or community service provider operating under the control of the department or providing treatment under this chapter through a contract with the 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

Sec. 19. 5 MRSA §20007, first ¶, as amended by PL 2017, c. 407, Pt. A, §30, is further amended to read:

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

Sec. 20. 5 MRSA §20008, first ¶, as amended by PL 2017, c. 407, Pt. A, §31, is further amended to read:

The department shall establish and provide for the implementation of a comprehensive and coordinated program of substance use disorder prevention ~~and~~, treatment and recovery in accordance with subchapters 2 and 3 and the purposes of this Act. The program must include the following elements.

Sec. 21. 5 MRSA §20009, first ¶, as amended by PL 2017, c. 407, Pt. A, §32, is further amended to read:

The department shall plan substance use disorder prevention ~~and~~, treatment and recovery activities in the State and prepare and submit to the Legislature the following documents:

Sec. 22. 5 MRSA §20022, first ¶, as amended by PL 2017, c. 407, Pt. A, §34, is further amended to read:

As part of its comprehensive prevention ~~and~~, treatment and recovery program, the department 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 and recovery from substance use disorder. 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 departments. Information must be available for use by the general public, political subdivisions, public and private nonprofit agencies and the State.

Sec. 23. 5 MRSA §20022, sub-§4, as amended by PL 2017, c. 407, Pt. A, §34, is further amended to read:

4. Treatment facilities. Maintaining an inventory of the types and quantity of substance use disorder prevention, treatment and recovery facilities, programs and services available or provided under public or private auspices to persons with substance use disorder and drug users. This function includes the unduplicated count, locations and characteristics of persons receiving treatment, as well as the frequency

of admission and readmission and the frequency and duration of treatment of those persons. The inventory must include the amount, type and source of resources for substance use disorder prevention, treatment and recovery.

Sec. 24. 5 MRSA §20041, sub-§1, as amended by PL 2017, c. 407, Pt. A, §36, is further amended to read:

1. Data collection; sources. The department shall collect data and use information from other sources to evaluate or provide for the evaluation of the impact, quality and value of substance use disorder prevention activities, treatment facilities, recovery services and other substance use disorder programs.

Sec. 25. 5 MRSA §20041, sub-§2, as amended by PL 2017, c. 407, Pt. A, §36, is further amended to read:

2. Content of evaluation. Any evaluation of treatment facilities must include, but is not limited to, administrative adequacy and capacity, policies and treatment planning and delivery. Substance use disorder prevention ~~and~~, treatment and recovery services authorized by this Act and by the following federal laws and amendments that relate to substance use disorder prevention must be evaluated:

- A. The Drug Abuse Office and Treatment Act of 1972, 21 United States Code, Section 1101 et seq. (1982);
- B. The Community Mental Health Centers Act, 42 United States Code, Section 2688 et seq. (1982);
- C. The Public Health Service Act, 42 United States Code, Section 1 et seq. (1982);
- D. The Vocational Rehabilitation Act, 29 United States Code, Section 701 et seq. (1982);
- E. The Social Security Act, 42 United States Code, Section 301 et seq. (1982); and
- F. The federal Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, Public Law 91-616 (1982) and similar Acts.

Sec. 26. 5 MRSA §20043, sub-§6, as amended by PL 2017, c. 407, Pt. A, §37, is further amended to read:

6. Denial of treatment services. A person, firm or corporation licensed by the department as an approved substance use disorder treatment facility under section 20005 to provide shelter or detoxification services, and that receives any funds administered by the department to provide substance use disorder prevention ~~and~~, treatment and recovery services, may not deny treatment to any person because of that person's inability or failure to pay any assessed fees.

Sec. 27. 5 MRSA §20065, sub-§2, as amended by PL 2017, c. 407, Pt. A, §42, is further amended to read:

2. Qualifications. To be qualified to serve, members must have education, training, experience, knowledge, expertise and interest in substance use disorder prevention, treatment and ~~training~~recovery. Members must reflect experiential diversity and concern for substance use disorder prevention ~~and~~,

treatment and recovery in the State. Members must have an unselfish and dedicated personal interest demonstrated by active participation in substance use disorder programs such as prevention, treatment, rehabilitation, recovery, training or research in substance use disorder.

Sec. 28. 20-A MRSA §6604, last ¶, as amended by PL 2017, c. 407, Pt. A, §59, is further amended to read:

To further these objectives, school units may employ specialized personnel such as chemical health coordinators and others knowledgeable about substance use and may cooperate with public and private agencies in substance use disorder education, prevention, early intervention, treatment, recovery, rehabilitation referral and related programs.

Sec. 29. 22 MRSA §1341, sub-§2, ¶C, as amended by PL 2017, c. 407, Pt. A, §69, is further amended to read:

C. Substance use disorder prevention ~~and~~, treatment and recovery education;

Sec. 30. 22 MRSA §1511, sub-§6, ¶G, as amended by PL 2017, c. 407, Pt. A, §71, is further amended to read:

G. Substance use disorder prevention ~~and~~, treatment and recovery; and

Sec. 31. 22 MRSA §3739, sub-§2, ¶G, as amended by PL 2017, c. 407, Pt. A, §79, is further amended to read:

G. One employee of the organizational unit of the department that provides programs and services for substance use disorder prevention ~~and~~, treatment and recovery, appointed by the commissioner;

Sec. 32. 22-A MRSA §203, sub-§1, ¶F, as amended by PL 2017, c. 407, Pt. A, §90, is further amended to read:

F. Substance use disorder prevention ~~and~~, treatment and recovery services.

Sec. 33. 22-A MRSA §206, sub-§8, as amended by PL 2017, c. 407, Pt. A, §91, is further amended to read:

8. Substance use disorder prevention, treatment and recovery. The commissioner shall administer and carry out the purposes of the Maine Substance Use Disorder Prevention ~~and~~, Treatment and Recovery Act.

Sec. 34. 28-A MRSA §1652, sub-§5, as amended by PL 2017, c. 407, Pt. A, §114, is further amended to read:

5. Appropriation for substance use disorder prevention, treatment and recovery.

Notwithstanding any provision of law to the contrary, the amount of funds appropriated from the General Fund to the Department of Health and Human Services for substance use disorder prevention ~~and~~, treatment and recovery may not be less than an amount equal to 31% of the excise tax collected or received by the bureau under this section.

Sec. 35. 28-A MRSA §1703, sub-§5, as amended by PL 2017, c. 407, Pt. A, §115, is further amended to read:

5. Appropriation. The amount of funds appropriated from the General Fund to the Department of Health and Human Services for substance use disorder prevention ~~and~~, treatment and recovery may not be less than the dollar amount collected or received by the bureau under this section.

Sec. 36. 32 MRSA §6202, first ¶, as amended by PL 2017, c. 407, Pt. A, §131, is further amended to read:

The objective of this legislation is to establish a State Board of Alcohol and Drug Counselors that establishes and ensures high professional standards among alcohol and drug counselors and that encourages and promotes quality treatment, recovery and rehabilitation services for substance users.

Sec. 37. 32 MRSA §6203-A, sub-§1, as amended by PL 2017, c. 407, Pt. A, §132, is further amended to read:

1. Agency. "Agency" means an establishment, organization or institution, public or private, that is licensed by the Department of Health and Human Services and that offers, purports to offer, maintains or operates one or more programs for the assessment, diagnosis, care, treatment, recovery or rehabilitation of individuals who are suffering physically, emotionally or psychologically from substance use disorder.

Sec. 38. Maine Revised Statutes headnote amended; revision clause. In the Maine Revised Statutes, Title 5, Part 25, in the Part headnote, the words "substance use disorder prevention and treatment" are amended to read "substance use disorder prevention, treatment and recovery" and the Revisor of Statutes shall implement this revision when updating, publishing or republishing the statutes.

Sec. 39. Maine Revised Statutes headnote amended; revision clause. In the Maine Revised Statutes, Title 5, chapter 521, in the chapter headnote, the words "substance use disorder prevention and treatment" are amended to read "substance use disorder prevention, treatment and recovery" and the Revisor of Statutes shall implement this revision when updating, publishing or republishing the statutes.

Sec. 40. Rental subsidies for certified recovery residences. The Maine State Housing Authority shall develop a pilot project to provide a short-term rental subsidy to a person recovering from substance use disorder, as defined in the Maine Revised Statutes, Title 5, section 20003, subsection 17-B, to reside in a recovery residence, as defined in Title 5, section 20003, subsection 19-D, certified pursuant to Title 5, section 20005, subsection 22 and that provides medication-assisted treatment. The Maine State Housing Authority 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.

Sec. 41. Appropriations and allocations. The following appropriations and allocations are made.

MAINE STATE HOUSING AUTHORITY

Rental Subsidies for Certified Recovery Residences N277

Initiative: Provides one-time funds for rental subsidies for certified recovery residences.

GENERAL FUND	2019-20	2020-21
All Other	\$0	\$500,000
GENERAL FUND TOTAL	\$0	\$500,000

SUMMARY

This bill adds definitions of "person recovering from substance use disorder" and "recovery residence" to the laws governing the substance use disorder programs of the Department of Health and Human Services and directs the department to establish a voluntary certification process for recovery residences. It also directs the Maine State Housing Authority to create a pilot project to provide a short-term rental subsidy to a person recovering from substance use disorder to reside in a certified recovery residence that provides medication-assisted treatment.

This bill also adds "recovery" to "substance use disorder prevention and treatment" in the context of activities and services under the laws addressing alcohol and drug use. The bill also adds an appropriations and allocations section.