



# 131st MAINE LEGISLATURE

## FIRST SPECIAL SESSION-2023

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Legislative Document

No. 1975

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H.P. 1266

House of Representatives, May 18, 2023

**An Act to Implement a Statewide Public Health Response to  
Substance Use and Amend the Laws Governing Scheduled Drugs**

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Reference to the Committee on Health and Human Services suggested and ordered printed.

  
ROBERT B. HUNT  
Clerk

Presented by Representative CRAFTS of Newcastle.  
Cosponsored by Senator HICKMAN of Kennebec and  
Representatives: BOYER of Poland, FAULKINGHAM of Winter Harbor, LANIGAN of  
Sanford, MILLIKEN of Blue Hill, PERRY of Calais, SHEEHAN of Biddeford, Senators:  
BAILEY of York, BRENNER of Cumberland.

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

2 **PART A**

3 **Sec. A-1. 22 MRSA Sub-t. 4, Pt. 3, headnote** is amended to read:

4 **PART 3**

5 **DRUG ABUSE SUBSTANCE USE**

6 **Sec. A-2. 22 MRSA c. 1605** is enacted to read:

7 **CHAPTER 1605**

8 **SUBSTANCE USE, HEALTH AND SAFETY FUND**

9 **§7281. Substance Use, Health and Safety Fund**

10 **1. Fund established.** The Substance Use, Health and Safety Fund, referred to in this  
11 section as "the fund," is established as a nonlapsing fund in the department. Interest earned  
12 by the fund must be credited to the fund.

13 **2. Use of funds.** Money deposited in the fund must be used by the department to  
14 oversee, approve and provide grants and funding to agencies, organizations and service  
15 providers, including the federally recognized Indian tribes in this State and service  
16 providers that are affiliated with federally recognized Indian tribes in this State, to increase  
17 voluntary access to community care for persons who need services related to substance use,  
18 as set forth in this subsection.

19 **A.** The department shall provide grants and funding to ensure the following services  
20 and any other services specified by the department by rule are available within each  
21 county:

22 **(1)** At least one receiving center in each county. A receiving center may be a new  
23 facility or an expansion of an existing facility. A receiving center must provide:

24 **(a)** A location for law enforcement and community members to bring persons  
25 who need services related to substance use as an alternative to jail or an  
26 emergency department;

27 **(b)** Immediate screening of the acute needs of persons who use drugs and  
28 referral to appropriate services;

29 **(c)** Comprehensive health needs screening. The screening must prioritize the  
30 self-identified needs of the person and must seek to identify all potential  
31 service needs, including, but not limited to, immediate medical or acute care,  
32 physical health, mental health, substance use, housing, employment and  
33 training and child care needs;

34 **(d)** Individual health needs planning that prioritizes the self-identified needs  
35 of the person and may address the person's need and desire for substance use

1 disorder treatment, treatment for coexisting health problems, housing,  
2 employment and training, child care and other services;  
3 (e) A welcoming environment for persons who may be intoxicated to relax  
4 and receive nutrition, hydration and clothing;  
5 (f) Short-term accommodations for persons who are awaiting coordination to  
6 other levels of care; and  
7 (g) Referrals to other services, including those in subparagraphs (2) to (11);  
8 (2) Intensive case management;  
9 (3) Ongoing peer counseling, support and recovery services, as well as peer  
10 outreach workers to engage directly with marginalized community members who  
11 could benefit from services;  
12 (4) Risk reduction services and education, including, but not limited to, overdose  
13 prevention education, access to naloxone hydrochloride and sterile supplies;  
14 (5) Low-barrier substance use disorder treatment, including treatment options that  
15 are not abstinence-based;  
16 (6) Medications for opioid use disorder;  
17 (7) Medically managed withdrawal services;  
18 (8) Recovery community centers;  
19 (9) Transitional, supportive and permanent housing for persons who need services  
20 related to substance use;  
21 (10) Mobile crisis outreach units not associated with law enforcement; and  
22 (11) Transportation to any necessary services.  
23 B. A recipient of grants and funding within each county shall participate in a  
24 behavioral health resource network. The purpose of a behavioral health resource  
25 network is to coordinate services and ensure access to appropriate care for persons who  
26 need services related to substance use.  
27 C. An applicant for grants and funding may apply individually or jointly with other  
28 entities.  
29 D. In awarding grants and funding within each county, the department shall prioritize  
30 community-based organizations led by persons most impacted by drug law  
31 enforcement.  
32 E. A government entity receiving a grant must make an explicit commitment not to  
33 supplant or decrease any existing funding used to provide services funded by the grant.  
34 F. Services provided by a recipient of grants and funding must be free of charge to the  
35 persons receiving the services. When appropriate, a recipient of grants and funding  
36 shall seek reimbursement from insurance carriers, the MaineCare program or any other  
37 3rd party responsible for the cost of services provided to a person. Grants and funding  
38 provided by the department under this section may be used for copayments, deductibles  
39 or other out-of-pocket costs incurred by the person receiving the services. This  
40 paragraph does not require a government medical assistance program to reimburse the

1 cost of services for which another 3rd party is responsible in violation of 42 United  
2 States Code, Section 1396a(25).

3 G. A behavioral health resource network shall make good faith efforts to engage  
4 hospitals in the network's respective county to coordinate appropriate referrals and  
5 aftercare for patients who need services related to substance use.

6 **3. Source of funds.** By June 30, 2024, and annually thereafter, the Legislature shall  
7 appropriate to the fund an amount sufficient to fully fund the receiving centers and health  
8 services pursuant to this section.

9 **4. Money must provide additional funding.** Money transferred to the fund and  
10 distributed pursuant to this section must, to the maximum extent consistent with law, be in  
11 addition to and may not replace any existing allocations or appropriations for the purposes  
12 of providing the services identified in subsection 2.

13 **5. Limit on money used for administrative purposes.** No more than 4% of the  
14 money deposited into the fund in any fiscal year may be used for administrative purposes.

15 **6. Rules.** The department shall adopt major substantive rules as described in Title 5,  
16 chapter 375, subchapter 2-A to effectuate the provisions of this section.

17 **PART B**

18 **Sec. B-1. 15 MRSA §3103, sub-§1, ¶B,** as amended by PL 2017, c. 1, §19 and PL  
19 2021, c. 669, §5, is further amended to read:

20 B. Offenses involving illegal drugs ~~or drug paraphernalia~~ as follows:

21 (1) The possession of a useable amount of cannabis, as provided in Title 22,  
22 section 2383, subsection 1-A, unless the juvenile is authorized to possess cannabis  
23 for medical use pursuant to Title 22, chapter 558-C; and

24 (2) ~~The use or possession of drug paraphernalia as provided in Title 17-A, section~~  
25 ~~1111-A, subsection 4-B; and~~

26 (3) Illegal transportation of drugs by a minor as provided in Title 22, section 2389,  
27 subsection 2;

28 **Sec. B-2. 17-A MRSA §1106-A, sub-§2,** as amended by PL 2001, c. 383, §125  
29 and affected by §156, is repealed.

30 **Sec. B-3. 17-A MRSA §1107-A,** as amended by PL 2021, c. 434, §§2 and 3, is  
31 repealed.

32 **Sec. B-4. 17-A MRSA §1107-B** is enacted to read:

33 **§1107-B. Possession of scheduled drugs**

34 Unless otherwise specified, possession of a schedule W, X, Y or Z drug is not a criminal  
35 offense.

36 **Sec. B-5. 17-A MRSA §1111-A, sub-§4-B,** as amended by PL 2017, c. 409, Pt.  
37 B, §7, is repealed.

38 **Sec. B-6. 17-A MRSA §1126, sub-§1,** as enacted by PL 2019, c. 113, Pt. B, §17,  
39 is amended to read:

