

DISABILITY RIGHTS MAINE

April 23, 2025

Senator Tim Nangle, Chair
Representative Lydia Crafts, Chair
Committee on Transportation
State House, Room 126
Augusta, Maine 04333

Re: LD 1377 Resolve, to Convene a Working Group to Evaluate Potential Regulation of the Vehicle Towing Industry and the Impact on State Agencies and Industries

Dear Senator Nangle, Representative Crafts, and Members of the Committee on Transportation:

My name is Kevin Voyvodich and I am an attorney at Disability Rights Maine (DRM), Maine's designated protection and advocacy agency for individuals with disabilities. I am here today to testify in support of LD 1377. DRM has already testified in the Health Human Services Committee on LD 831 regarding the issue of abandoned vehicles and individuals involuntarily hospitalized. The hope is that this issue instead could be looked at in this proposed working group.

DRM has become aware of this important issue for individuals held involuntarily in psychiatric hospitals who have had their vehicle towed during the mental health crisis that lead to the hospitalization. Currently Maine law allows for vehicles towed under certain circumstances to be considered abandoned under the law if certain paperwork and timelines requirements are met by a towing company.¹ This process does not account for the realities faced by people experiencing a psychiatric crisis. For individuals who are court-committed to a psychiatric hospital, the timeframe to reclaim a vehicle is often too short, and the fees charged by towing companies can be prohibitively expensive.

The previous bill addressed that problem by extending the window for reclaiming a towed vehicle to 120 days. This timeframe mirrors the maximum duration someone

¹ See 29-A M.R.S. § 1851-1856 160 Capitol Street, Suite 4, Augusta, ME 04330
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can be held under an initial involuntary psychiatric commitment.² It also reflected the fact that many individuals spend days or even weeks in emergency rooms before being transferred to a psychiatric facility, at which point the involuntary legal process begins.

Further LD 831 had reduced the maximum amount an individual can be required to pay, from \$1,500 to \$600 for the first thirty days of storage fees. Many individuals that I have worked with who are in the hospital have limited funds and this fee reduction better allows them to either cover the cost fully using their own funds or apply for any emergency funding available from the state. LD 831 also protected the individual's privacy because it only applied if the person gave permission to share that they are involuntarily hospitalized, which then allowed them to obtain the expanded timeline and lower cost.

I will end with two examples of how challenging this can be for an individual. In one situation, one of our state hospital-based advocates and I worked with an individual to retrieve their vehicle. By the time all was said and done, the individual was able to retrieve their vehicle only after obtaining over \$2,000.00 in state funds to do so. If DRM had not intervened, the individual could have lost title to their vehicle, which they still owed money on. In another example, an individual reached out to one of our state hospital advocates about their car, but unfortunately the vehicle title had already been transferred to the towing company and the car had been sold.

The examples above clearly show how high the financial cost can be for the individual. Even worse, in some cases when the person finally is in a place to look to retrieve their vehicle, it might already be gone. The other bill had simply tried to provide a person, held involuntarily in mental health crisis, more of a chance to retain their vehicle. Once a person is ready for hospital discharge after receiving treatment, they should not be leaving without vital access to the vehicle that they owned when they entered the hospital.

Thank you for your time and consideration.

Sincerely,



Kevin D. Voyvodich
Managing Attorney

² 34-B M.R.S. § 3864