



Consumer Council System of Maine
A Voice for Consumers of Mental Health Services

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List of Bills CCSM Monitored or Testified On 130th Legislature 2nd Session 2022

Here are 2 links to Maine Legislative Glossary of Terms and Abbreviations:

https://legislature.maine.gov/LawMakerWeb/glossary_of_terms.asp
<http://www.mainelegislature.org/legis/lto/explanation.html>

1. LD 696: An Act to Ban Solitary Confinement in Maine's Corrections System. Carryover Bill

This amendment replaces the bill. The amendment provides a new title, "An Act to Restrict the Use of Solitary Confinement, Segregated Confinement and Residential Rehabilitation in Maine's Prisons and Jails." The amendment enacts law in Title 34-A to restrict and provide requirements for the assignment of residents of correctional facilities, detention facilities, jails, holding facilities and short-term detention areas. The amendment requires the Governor to employ one person full-time to act as a confinement ombudsman, to ensure compliance with the law and to oversee the assignment to and use of segregated confinement and residential rehabilitation in department correctional facilities and county, regional and municipal jails, holding facilities and short-term detention areas. The confinement ombudsman works independently of the Department of Corrections.

<https://legislature.maine.gov/testimony/resources/CJPS20220209@%20Rep.%20Lookner132882842342672851.pdf>

Link to our testimony supporting this bill:

<https://legislature.maine.gov/testimony/resources/CJPS20220209McCarty132888140445796549.pdf>

CCSM Position: Support **Outcome:** Final Amendment replaces the original bill removing everything except to put a definition of solitary confinement into Maine Revised Statutes. In spite of the Amendment the bill is **DEAD**

2. LD 1080: Resolve, Directing the Department of Health and Human Services To Update the Rights of Recipients of Mental Health Services. Carryover Bill

This amendment does the following. It changes the deadline for updating by rule the rights of recipients of mental health services from January 1, 2022 to July 1, 2025. It replaces the language requiring the rules to align with contractual agreements with service providers, current federal and state privacy laws and best practices for the delivery of clinically appropriate assessment and treatment models for persons with mental illness and to reflect current titles, names and language, best practice treatment models, updated grievance processes, current methods and modes of communication and current mental health services delivery structure Health and Human Services a



work plan for developing and promulgating these rule changes and ensuring stakeholder engagement prior to the drafting of the rule changes.. It provides that, for the purpose of ensuring stakeholder engagement, stakeholders include, but are not limited to, consumers of mental health services, advocates for consumers of mental health services, providers of mental health services and health care systems in the State. It requires that, beginning January 1, 2023 and every 6 months thereafter until provisional rule changes are adopted, the department report to the joint standing committee of the Legislature having jurisdiction over health and human services matters on its progress toward compliance with this resolve.

<http://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP0795&item=2&snum=130>

Link to our testimony from last session:

<https://legislature.maine.gov/testimony/resources/HHS20210407Maline132617834652980880.pdf>

CCSM Position: Against

Outcome: Passed into law without the Governor's signature.

3. LD 1728: An Act To Provide Assistance to Law Enforcement Officers To Allow Them To Protect the Residents of the State. Carryover Bill

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to enhance behavioral health services and assist law enforcement officers to better protect the residents of this State.

<http://www.mainelegislature.org/legis/bills/getPDF.asp?paper=SP0573&item=1&snum=130>

Link to our testimony from this session:

<https://legislature.maine.gov/testimony/resources/JUD20220113Maline132864890571569574.pdf>

CCSM Position: Neither For Nor Against.

Outcome: DEAD

4. LD 1774: 'An Act Clarifying the Rights to Legal Representation and To Communicate with Others for Individuals Subject to Guardianship.

This amendment, which is the majority report of the committee, provides that the provision of the Maine Probate Code preventing a guardian for an adult from restricting the adult's ability to communicate, visit or interact with others unless certain statutory conditions are met applies to all adult guardianships, including adult guardianships established before September 1, 2019.

<http://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP1325&item=2&snum=130>

Link to our testimony:

<https://legislature.maine.gov/testimony/resources/JUD20220114Maline132864930127798802.pdf>

CCSM Position: Support. **Outcome:** Signed By the Governor

5. LD 1848: An Act To Increase the Availability of Assertive Community Treatment Services

This bill amends the behavioral and developmental services law regarding mental 2 health



hospitalization to add the definition of "prescriber," which is defined to mean a licensed health care provider with authority to prescribe, including a licensed physician, certified nurse practitioner or licensed physician assistant who has training or experience in psychopharmacology. It also amends the definition of "assertive community treatment" to change the composition of the multidisciplinary team that provides assertive community treatment by removing reference to the term "psychiatrist" and replacing it with the term prescriber" and by providing that a licensed practical nurse may be a member of the team in lieu of a registered nurse if the prescriber is not a certified nurse practitioner.

<http://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP1369&item=1&snum=130>

Link to our testimony:

<https://legislature.maine.gov/testimony/resources/HHS20220118Maline132869866373320421.pdf>

CCSM Position: Support. **Outcome:** Signed By the Governor.

6. LD 1877: An Act To Prohibit Prior Authorization Requirements and Step Therapy Protocols for Medications Addressing Serious Mental Illness for MaineCare Recipients.

This bill prohibits prior authorization requirements and step therapy protocols under the MaineCare program for prescription drugs used to assess or treat serious mental illness.

<http://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP1387&item=1&snum=130>

Link to our testimony:

<https://legislature.maine.gov/testimony/resources/HHS20220202Maline132881217379909280.pdf>

CCSM Position: Support. **Outcome:** DEAD

7. LD 1968: An Act To Expand Access to Mental Health and Crisis Care for Individuals in Jails and Individuals Experiencing Homelessness:

This bill proposes to create pathways to alleviate the crisis of individuals experiencing homelessness and individuals languishing in the county jail system who are suffering from acute mental health crises and substance use disorder by implementing the following measures to improve their access to psychiatric treatment, wraparound services, supportive housing and other services that are part of the continuum of care.

<http://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP1463&item=1&snum=130>

Link to our testimony:

<https://legislature.maine.gov/testimony/resources/HHS20220301Maline132906280982000621.pdf>

CCSM Position: Oppose **Outcome:** Became law without the Governor's signature

8. LD 1993: An Act To Establish a Progressive Treatment Program Monitor



This bill establishes a progressive treatment program monitor position within the Department of Health and Human Services. The monitor's duties include developing and delivering standardized training to progressive treatment program stakeholders; ensuring that patients' rights are maintained, that progressive treatment programs are based on adequate risk assessment and that treatment is appropriate and coordinated; collecting and reviewing data on progressive treatment program outcomes statewide; and submitting recommendations to the Legislature regarding needed changes to laws governing the progressive treatment program. The bill also directs the department to establish mechanisms by which an existing progressive treatment program can be maintained during an involuntary hospitalization ordered by a court or by which an existing progressive treatment program can be expeditiously renewed or amended following such a commitment, if determined clinically appropriate, necessary to maintain safety and in accordance with patient rights. By November 1, 2023, the department must make recommendations to the joint standing committee of the Legislature having jurisdiction over health and human services matters with legislation necessary to achieve these goals.

<https://legislature.maine.gov/bills/getPDF.asp?paper=HP1479&item=1&snum=130>

Link to our Testimony:

<https://legislature.maine.gov/testimony/resources/HHS20220301Maine132906219558815799.pdf>

CCSM Position: Oppose **Outcome:** DEAD

9. LD 1994: An Act To Establish the Progressive Treatment Program Fund

This bill establishes the Progressive Treatment Program Fund as a nonlapsing fund under the administration of the Department of Health and Human Services. The purpose of the fund is to reimburse the legal costs incurred by private entities for initiation and maintenance of progressive treatment programs.

<https://legislature.maine.gov/bills/getPDF.asp?paper=HP1480&item=1&snum=130>

Link to our Testimony:

<https://legislature.maine.gov/testimony/resources/HHS20220301Maine132906202802486098.pdf>

CCSM Position: Oppose **Outcome** Signed into Law without the Governor's signature

10. LD 1995: An Act To Make Supplemental Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds and To Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2022 and June 30, 2023. (Mental Health Portion.) Supported the funding of LD 1586: An Act To Strengthen Statewide Mental Health Peer Support, Crisis Intervention Mobile Response and Crisis Stabilization Unit Services and To Allow E-9-1-1 To Dispatch Using the Crisis System which is currently on the Appropriations Table.

<https://legislature.maine.gov/bills/getPDF.asp?paper=HP1482&item=1&snum=130>



Link to our Testimony: <https://legislature.maine.gov/legis/bills/getTestimonyDoc.asp?id=10007109>

CCSM Position: Neither For nor Against **Outcome:** Signed into Law without the Governor's signature but LD 1586 is **DEAD**

11.LD 2008: An Act To Establish a Court Process for Involuntary Substance Use Disorder Treatment.

This bill establishes a court process to require a person with a substance use disorder to participate in substance use disorder treatment. It is modeled after the Matthew Casey Wethington Act for Substance Abuse Intervention in Kentucky.

An amendment was passed that changed this bill to reflect the following:

This resolve establishes the 16-member Committee To Study Court-ordered Treatment for Substance Use Disorder. The study committee is directed to explore the legal issues and best medical practices and related issues concerning substance use disorder treatment that is involuntary or includes some form of leverage to ensure adherence to treatment. The study committee shall submit a report that includes a summary of its activities and recommendations, including suggested legislation, to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on Judiciary for presentation to the First Regular Session of the 131st Legislature.

<http://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP1463&item=1&snum=130>

Link to our testimony:

<https://legislature.maine.gov/testimony/resources/JUD20220316Maline132918627356980001.pdf>

CCSM Position: Oppose **Outcome:** Signed into Law without the Governor's signature

BILLS ON APPROPRIATIONS TABLE

2022

LD415 Act Directing DHHS to Increase MaineCare Reimbursement Rates For Targeted Case Management Services to Reflect Inflation. **DEAD**

LD512 An Act to Provide Intensive Case Management to Counties That Do Not Have County Jails or Regional Jails **DEAD**

LD582 An Act to Support the Fidelity and Sustainability of ACT **DEAD**

LD674 An Act to Support Early Intervention and Treatment of Psychotic Disorders **DEAD**

LD996 An Act to Improve Dental Health Access for Maine Children and Adults with low incomes **DEAD**



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- LD1135** An Act Regarding Substance Use Disorder Treatment Services and Increasing Reimbursement Rates for Those Services **DEAD**
- LD1147** Resolve, To Enhance Access to Medication Management for Individuals with Severe and Persistent Mental Illness **DEAD**
- LD1586** An Act to Strengthen Statewide Mental Health Peer Supports Crisis Intervention Mobile Response and Crisis Residential Services **DEAD**
- LD211** An Act to Support Emergency Shelter Access for Persons Experiencing Homelessness **DEAD**
- LD654** An Act to Create a 24-Hour Shelter Capital Project Funding Program **DEAD**
- LD17** Resolve, To Provide Rural Nonmedical Transportation Services to the Elderly Adults with Disabilities Receiving Home and Community Benefits Under MaineCare Program **DEAD**
- LD197** An Act to Ensure Appropriate Personal Needs Allowances for Persons Residing in Long Term Care Facilities **DEAD**
- LD1555** An Act to Fund Broadband Internet Infrastructure for Marginalized Groups in the State **DEAD**
- LD1360** An Act to Provide Services to Maine's Most Vulnerable Citizens by Eliminating Waitlists for Certain MaineCare Services **DEAD**
- LD461** An Act to Allow the Reduction of a MaineCare Lien **DEAD**
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