

STATE OF MAINE

—
IN THE YEAR OF OUR LORD
TWO THOUSAND AND EIGHTEEN

—
H.P. 653 - L.D. 925

**An Act Making Certain Appropriations and Allocations and Changing
Certain Provisions of the Law Necessary to the Proper Operations of State
Government**

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, the 90-day period may not terminate until after the beginning of the next fiscal year; and

Whereas, certain obligations and expenses incident to the operation of state departments and institutions will become due and payable immediately; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

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

PART A

Sec. A-1. Appropriations and allocations. The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF
Developmental Services - Community Z208**

Initiative: Provides funding for one Social Services Program Specialist II position to handle additional work required by an increase in members under a MaineCare Benefits Manual, Chapters II and III, Section 21 waiver.

GENERAL FUND	2017-18	2018-19
POSITIONS - LEGISLATIVE COUNT	0.000	1.000
Personal Services	\$0	\$83,853
All Other	\$0	\$6,191
GENERAL FUND TOTAL	\$0	\$90,044

Developmental Services Waiver - MaineCare Z211

Initiative: Provides funding for the Department of Health and Human Services, beginning October 1, 2018, to add 50 members a month from the waiting list for community-based services provided under the MaineCare Benefits Manual, Chapters II and III, Section 21 relating to home and community benefits for members with intellectual disabilities or autism spectrum disorder until 300 new members in total have been added.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$5,068,738
GENERAL FUND TOTAL	\$0	\$5,068,738

Medicaid Services - Developmental Services Z210

Initiative: Provides an allocation for the Department of Health and Human Services, beginning October 1, 2018, to add 50 members a month from the waiting list for community-based services provided under the MaineCare Benefits Manual, Chapters II and III, Section 21 relating to home and community benefits for members with intellectual disabilities or autism spectrum disorder until 300 new members in total have been added.

OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
All Other	\$0	\$1,025,369
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$1,025,369

Medical Care - Payments to Providers 0147

Initiative: Provides an allocation for the Department of Health and Human Services, beginning October 1, 2018, to add 50 members a month from the waiting list for community-based services provided under the MaineCare Benefits Manual, Chapters II and III, Section 21 relating to home and community benefits for members with intellectual disabilities or autism spectrum disorder until 300 new members in total have been added.

FEDERAL EXPENDITURES FUND	2017-18	2018-19
All Other	\$0	\$10,995,368
FEDERAL EXPENDITURES FUND TOTAL	\$0	\$10,995,368

HEALTH AND HUMAN SERVICES, DEPARTMENT OF DEPARTMENT TOTALS	2017-18	2018-19
GENERAL FUND	\$0	\$5,158,782
FEDERAL EXPENDITURES FUND	\$0	\$10,995,368
OTHER SPECIAL REVENUE FUNDS	\$0	\$1,025,369
DEPARTMENT TOTAL - ALL FUNDS	\$0	\$17,179,519

PART B

Sec. B-1. 22 MRSA §1708, sub-§3, ¶F, as enacted by PL 2013, c. 594, §1, is amended to read:

F. Establish a nursing facility's base year every 2 years and increase the rate of reimbursement beginning July 1, 2014 and every year thereafter until June 30, 2018. For the state fiscal year beginning July 1, 2018, the base year for each facility is its fiscal year that ended in the calendar year 2016. For state fiscal years beginning on or after July 1, 2019, subsequent rebasing must be based on the most recent cost report filings available. The department may provide a mechanism for subsequent adjustments to base year costs to reflect any material difference between as-filed cost reports used in rebasing and subsequent determinations of audited, allowable costs for the same fiscal period. The department's rules must provide that, beginning in the state fiscal year beginning July 1, 2018, the rates set for each rebasing year must include an inflation adjustment for a cost-of-living percentage change in nursing facility reimbursement each year in accordance with the United States Department of Labor, Bureau of Labor Statistics Consumer Price Index medical care services index.

Any rebasing done pursuant to this paragraph may not result in a nursing facility receiving a reimbursement rate that is lower than the rate in effect on June 30, 2018.

Sec. B-2. Rate increases for adult family care services, adult day services and homemaker services. The Department of Health and Human Services shall provide for rate increases for adult family care services, adult day services and homemaker services pursuant to rule as provided in this section.

1. Services provided pursuant to rules; rate increases for fiscal year 2018-19. The department shall amend its rules in 10-144, Chapter 101: MaineCare Benefits Manual, Chapter III, Section 2, Adult Family Care Services and Section 26, Day Health Services; and in 10-149, Chapter 5: Office of Aging and Disability Services Policy Manual, Section 61, Adult Day Services and Section 69, Independent Support Services

Program so that for the state fiscal year ending June 30, 2019 the MaineCare payment rates attributable to wages and salaries for personal care and related services provided pursuant to each of the rules are increased by 10%.

2. Rate increases for fiscal year 2019-20 and thereafter until completion of rate study. For the state fiscal year ending June 30, 2020 and each year thereafter until the completion of the rate study under subsection 3, the MaineCare payment rates attributable to wages and salaries for personal care and related services under subsection 1 must be increased by an inflation adjustment cost-of-living percentage change in reimbursement in accordance with the United States Department of Labor, Bureau of Labor Statistics Consumer Price Index medical care services index.

3. Rate study. Cost-of-living increases as described in subsection 2 must continue on an annual basis until the Department of Health and Human Services has completed a rate study conducted by a 3rd party, including participation of providers, for adult family care services, adult day services or homemaker services and the rates in the rate study have been implemented.

Sec. B-3. Rate increases for nursing facilities. The Department of Health and Human Services shall amend its rule in 10-144, Chapter 101: MaineCare Benefits Manual, Chapter III, Section 67, Principles of Reimbursement for Nursing Facilities to provide for the following.

1. Special wage allowance for fiscal year 2018-19. For the state fiscal year ending June 30, 2019, a special supplemental allowance must be made to provide for increases in wages and wage-related benefits in both the direct care cost component and routine care cost component as follows. An amount equal to 10% of allowable wages and associated benefits and taxes as reported on each facility's as-filed cost report for its fiscal year ending in calendar year 2016 must be added to the cost per resident day in calculating each facility's prospective rate, notwithstanding any otherwise applicable caps or limits on reimbursement. This supplemental allowance must also be allowed and paid at final audit to the full extent that it does not cause reimbursement to exceed the facility's allowable costs in that fiscal year.

2. Changes in occupancy penalty. For the state fiscal years ending June 30, 2019, June 30, 2020 and June 30, 2021, the reduction in allowable cost per day in the fixed costs component based on minimum occupancy standards applies only for an annual level of occupancy less than 70%. For fiscal years ending June 30, 2022 and thereafter, the reduction in allowable cost applies only for an annual level of occupancy less than 85% for facilities with 61 or more beds and 80% for facilities with 60 or fewer beds.

3. Low-cost, high Medicaid nursing facilities. Beginning July 1, 2019, the supplemental payment established by Public Law 2013, chapter 594, section 3, subsection 5 must be revised to provide that the supplemental payment increases to 60¢ per resident day, is not subject to cost settlement and must be retained by the facility in its entirety for any nursing facility whose MaineCare residents constitute more than 80% of the nursing facility's total number of residents and whose base year direct and routine aggregate costs per day are less than the median aggregate direct and routine allowable costs for the facility's peer group. The supplemental payment must continue to apply as provided in

Public Law 2013, chapter 594, section 3, subsection 5 for facilities that do not meet the standard set forth in this subsection.

4. Hold harmless. The rate of reimbursement for nursing facilities for direct care and routine costs that results from amending the law or the rules to reflect the revised method of rebasing the nursing facility's base year pursuant to this section may not result for any nursing facility in a rate of reimbursement that is lower than the rate in effect on June 30, 2018.

Sec. B-4. Rate increases for residential care facilities. The Department of Health and Human Services shall amend its rules in 10-144, Chapter 101: MaineCare Benefits Manual, Chapter III, Section 97, Appendix C, Principles of Reimbursement for Medical and Remedial Service Facilities; and 10-144, Chapter 115: Principles of Reimbursement for Residential Care Facilities - Room and Board Costs to provide for the following rate changes.

1. Special wage allowance for fiscal year 2018-19. For the state fiscal year ending June 30, 2019, a special supplemental allowance must be made to provide for increases in wages and wage-related benefits in the direct care, personal care services and routine cost components as follows. An amount equal to 10% of wages and associated benefits and taxes as reported on each facility's as-filed cost report for its fiscal year ending in calendar year 2016 must be added to the cost per resident day in calculating each facility's prospective rate, notwithstanding any otherwise applicable caps or limits on reimbursement. This supplemental allowance must also be allowed and paid at final audit to the full extent that it does not cause reimbursement to exceed the facility's allowable costs in each component that is cost settled in that fiscal year.

2. Adjustment for inflation for rates for fiscal year 2019-20 and thereafter. For the state fiscal year ending June 30, 2020 and each year thereafter, the MaineCare payment rates attributable to wages and salaries in each cost component specified in subsection 1 must be increased by an inflation factor in accordance with the United States Department of Labor, Bureau of Labor Statistics Consumer Price Index medical care services index.

Sec. B-5. Commission To Study Long-term Care Workforce Issues. Notwithstanding Joint Rule 353, the Commission To Study Long-term Care Workforce Issues, referred to in this section as "the commission," is established.

1. Members. The commission consists of up to 18 members as follows:

A. Two members of the Senate appointed by the President of the Senate, including a member from each of the 2 parties holding the largest number of seats in the Legislature;

B. Three members of the House of Representatives appointed by the Speaker of the House, including a member from each of the 2 parties holding the largest number of seats in the Legislature; and

C. Up to 13 members who possess expertise in the subject matter of the study as follows:

- (1) A direct care worker appointed by the President of the Senate;
- (2) A provider of home-based long-term care who is a member of a statewide association representing home-based long-term care providers appointed by the President of the Senate;
- (3) A representative of a statewide association representing nonprofit housing and senior service programming appointed by the President of the Senate;
- (4) A representative of an organization providing services to individuals with intellectual disabilities and autism including employment services and long-term home supports appointed by the President of the Senate;
- (5) A provider of facility-based long-term care who is a member of a statewide association representing facility-based long-term care providers appointed by the Speaker of the House;
- (6) A representative of an organization providing statewide homemaker services through the state-funded independent support services program within the Department of Health and Human Services appointed by the Speaker of the House;
- (7) A representative of an institution of higher education engaged in workforce development appointed by the Speaker of the House;
- (8) A representative of a service coordination agency providing service coordination to people receiving home-based and community-based long-term care appointed by the Speaker of the House;
- (9) A representative of an organization promoting independent living for individuals with disabilities appointed by the Speaker of the House;
- (10) A representative of a business that acts as a labor intermediary helping unemployed and underemployed people obtain employment appointed by the Speaker of the House;
- (11) The executive director of the long-term care ombudsman program described under the Maine Revised Statutes, Title 22, section 5106, subsection 11-C;
- (12) The Commissioner of Health and Human Services, or the commissioner's designee, who may be invited to participate; and
- (13) The Commissioner of Labor, or the commissioner's designee, who may be invited to participate.

2. Chairs and subcommittees. The first-named Senate member is the Senate chair and the first-named House of Representatives member is the House chair of the commission. The chairs of the commission are authorized to establish subcommittees to work on the duties listed in subsection 4 and to assist the commission. The subcommittees must be composed of members of the commission and interested persons who are not members of the commission and who volunteer to serve on the subcommittees without reimbursement.

3. Appointments. All appointments must be made no later than 30 days following the effective date of this Part. The appointing authorities shall notify the Executive Director of the Legislative Council once all appointments have been completed. After appointment of all members and after adjournment of the Second Special Session of the 128th Legislature, the chairs shall call and convene the first meeting of the commission. If 30 days or more after the effective date of this Part a majority of but not all appointments have been made, the chairs may request authority and the Legislative Council may grant authority for the commission to meet and conduct its business.

4. Directive of commission. The commission shall study and make policy recommendations in each of the following areas:

- A. Measuring current demand for direct care workers and projecting future needs;
- B. Developing a campaign and statewide recruitment strategies to encourage more people to work in facility-based and home-based long-term care;
- C. Supporting career ladders throughout various long-term care settings;
- D. Identifying education needs and methods to fill education needs for direct care workers;
- E. Identifying barriers to hiring and methods to overcome barriers to hiring;
- F. Developing strategies to improve the quality of long-term care jobs; and
- G. Increasing opportunities for shared staffing among long-term care providers.

The commission shall make policy recommendations for public and private funding mechanisms to implement the commission's recommendations.

5. Program. The commission shall make recommendations for the establishment of a program that will contribute to long-term care direct care workers' postsecondary education in related fields.

6. Pilot program. The commission shall make recommendations for the establishment of a pilot program to pool part-time home care workers' hours for purposes of providing greater employment opportunity and obtaining employee benefits.

7. Staffing. The Legislative Council shall provide necessary staffing services to the commission.

8. Administration. The Commissioner of Health and Human Services, the State Auditor and the State Budget Officer shall provide necessary information and assistance to the commission as required for the commission's duties.

9. Report. No later than November 7, 2018, the commission shall submit a report that includes its findings and recommendations pursuant to subsections 4 to 6, including suggested legislation, to the joint standing committee of the Legislature having jurisdiction over health and human services matters. The joint standing committee of the Legislature having jurisdiction over health and human services matters may report out a bill regarding the subject matter of the report to the First Regular Session of the 129th Legislature.

Sec. B-6. Appropriations and allocations. The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF
Developmental Services - Community Z208**

Initiative: Provides appropriations for an increase to rates for certain services.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$44,678
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$44,678</u>

Long Term Care - Office of Aging and Disability Services 0420

Initiative: Provides appropriations for an increase to rates for certain services.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$620,032
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$620,032</u>

Medical Care - Payments to Providers 0147

Initiative: Provides appropriations and allocations for an increase to rates for certain services.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$4,271,956
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$4,271,956</u>

FEDERAL EXPENDITURES FUND	2017-18	2018-19
All Other	\$0	\$20,525,109
FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$20,525,109</u>

OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
All Other	\$0	\$516,023
OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>\$516,023</u>

Nursing Facilities 0148

Initiative: Provides appropriations and allocations for an increase to rates for certain services.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$5,475,685
GENERAL FUND TOTAL	\$0	\$5,475,685
OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
All Other	\$0	\$1,108,680
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$1,108,680

PNMI Room and Board Z009

Initiative: Provides appropriations for an increase to rates for certain services.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$687,649
GENERAL FUND TOTAL	\$0	\$687,649

**HEALTH AND HUMAN SERVICES,
DEPARTMENT OF
DEPARTMENT TOTALS**

	2017-18	2018-19
GENERAL FUND	\$0	\$11,100,000
FEDERAL EXPENDITURES FUND	\$0	\$20,525,109
OTHER SPECIAL REVENUE FUNDS	\$0	\$1,624,703
DEPARTMENT TOTAL - ALL FUNDS	\$0	\$33,249,812

PART C

Sec. C-1. Department of Health and Human Services to establish and increase MaineCare rates. Notwithstanding any other provision of law, no later than the effective date of this Part, the Department of Health and Human Services shall amend rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 28 to establish new reimbursement rates and increase existing reimbursement rates for children's habilitative services and specialized children's habilitative services in accordance with the April 24, 2017 report "Rate Study for Behavioral Health and Targeted Case Management Services: Final Proposed Rates for Formal Rulemaking" prepared for the department by Burns &

Associates, Inc. Rules adopted pursuant to this section are major substantive rules pursuant to the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

Sec. C-2. Appropriations and allocations. The following appropriations and allocations are made.

EDUCATION, DEPARTMENT OF

General Purpose Aid for Local Schools 0308

Initiative: Provides funding for the additional costs associated with the establishment of reimbursement rates and the increase of existing reimbursement rates in the Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 28 for children's habilitative services and specialized children's habilitative services in accordance with the April 24, 2017 report "Rate Study for Behavioral Health and Targeted Case Management Services: Final Proposed Rates for Formal Rulemaking" prepared for the department by Burns & Associates, Inc.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$568,421
GENERAL FUND TOTAL	\$0	\$568,421

**EDUCATION, DEPARTMENT OF
DEPARTMENT TOTALS**

	2017-18	2018-19
GENERAL FUND	\$0	\$568,421
DEPARTMENT TOTAL - ALL FUNDS	\$0	\$568,421

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

Medical Care - Payments to Providers 0147

Initiative: Provides funding to establish reimbursement rates and increase existing reimbursement rates in the Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 28 for children's habilitative services and specialized children's habilitative services in accordance with the April 24, 2017 report "Rate Study for Behavioral Health and Targeted Case Management Services: Final Proposed Rates for Formal Rulemaking" prepared for the department by Burns & Associates, Inc.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$2,273,686
GENERAL FUND TOTAL	\$0	\$2,273,686

FEDERAL EXPENDITURES FUND	2017-18	2018-19
All Other	\$0	\$6,206,430
FEDERAL EXPENDITURES FUND TOTAL	\$0	\$6,206,430

Mental Health Services - Community Medicaid Z201

Initiative: Provides funding to establish reimbursement rates and increase existing reimbursement rates in the Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 28 for children's habilitative services and specialized children's habilitative services in accordance with the April 24, 2017 report "Rate Study for Behavioral Health and Targeted Case Management Services: Final Proposed Rates for Formal Rulemaking" prepared for the department by Burns & Associates, Inc.

OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
All Other	\$0	\$577,566
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$577,566

**HEALTH AND HUMAN SERVICES,
DEPARTMENT OF
DEPARTMENT TOTALS**

	2017-18	2018-19
GENERAL FUND	\$0	\$2,273,686
FEDERAL EXPENDITURES FUND	\$0	\$6,206,430
OTHER SPECIAL REVENUE FUNDS	\$0	\$577,566
DEPARTMENT TOTAL - ALL FUNDS	\$0	\$9,057,682

SECTION TOTALS

	2017-18	2018-19
GENERAL FUND	\$0	\$2,842,107
FEDERAL EXPENDITURES FUND	\$0	\$6,206,430
OTHER SPECIAL REVENUE FUNDS	\$0	\$577,566
SECTION TOTAL - ALL FUNDS	\$0	\$9,626,103

PART D

Sec. D-1. Department of Health and Human Services to increase MaineCare rates. The Department of Health and Human Services shall amend the

rules in Chapter 101: MaineCare Benefits Manual, Chapter III, Section 13, Targeted Case Management Services; Section 17, Allowances for Community Support Services; Section 23, Developmental and Behavioral Clinic Services; Section 28, Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations; Section 65, Behavioral Health Services; and Section 97, Private Non-Medical Institution Services, Appendix B and Appendix E to increase reimbursement rates, effective July 1, 2018, to ensure a net increase in funding from fiscal year 2008-09 to fiscal year 2018-19 of 2% as long as no rate for a service is lower than the rate reimbursed as of January 1, 2018. The rules must specify that the increase in reimbursement rates must be applied to wages and benefits for employees who provide direct services and not to administrators or managers.

Sec. D-2. Increase to employee wages. To qualify for the rate increase pursuant to section 1 of this Part, an agency providing services must demonstrate, to the satisfaction of the Department of Health and Human Services, that an increase in wages and benefits for employees providing direct services has been granted that equals the amount of increase received as a result of the increased reimbursement. The increase must be granted or paid out retroactively from the date the department begins reimbursing at the increased rates.

Sec. D-3. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

Medical Care - Payments to Providers 0147

Initiative: Provides appropriations and allocations to increase certain reimbursement rates by July 1, 2018 to reflect a 2% increase over rates in fiscal year 2008-09.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$6,036,063
GENERAL FUND TOTAL	\$0	\$6,036,063
FEDERAL EXPENDITURES FUND	2017-18	2018-19
All Other	\$0	\$11,974,266
FEDERAL EXPENDITURES FUND TOTAL	\$0	\$11,974,266
OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
All Other	\$0	\$600,591
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$600,591

PNMI Room and Board Z009

Initiative: Provides appropriations to increase certain reimbursement rates, by July 1, 2018, to reflect a 2% increase from rates in fiscal year 2008-09.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$17,135
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$17,135</u>

**HEALTH AND HUMAN SERVICES,
DEPARTMENT OF
DEPARTMENT TOTALS**

	2017-18	2018-19
GENERAL FUND	\$0	\$6,053,198
FEDERAL EXPENDITURES FUND	\$0	\$11,974,266
OTHER SPECIAL REVENUE FUNDS	\$0	\$600,591
DEPARTMENT TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$18,628,055</u>

PART E

Sec. E-1. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

Medical Care - Payments to Providers 0147

Initiative: Provides funding for a 15% rate increase for the medication management services provided under rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 65: Behavioral Health Services, by July 1, 2018.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$552,527
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$552,527</u>

FEDERAL EXPENDITURES FUND	2017-18	2018-19
All Other	\$0	\$1,003,012
FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$1,003,012</u>

State-funded Foster Care/Adoption Assistance 0139

Initiative: Provides funding for a 15% rate increase for the medication management services provided under rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 65: Behavioral Health Services, by July 1, 2018.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$15,477
GENERAL FUND TOTAL	\$0	\$15,477

HEALTH AND HUMAN SERVICES, DEPARTMENT OF DEPARTMENT TOTALS	2017-18	2018-19
GENERAL FUND	\$0	\$568,004
FEDERAL EXPENDITURES FUND	\$0	\$1,003,012
DEPARTMENT TOTAL - ALL FUNDS	\$0	\$1,571,016

PART F

Sec. F-1. 15 MRSA §5826, sub-§6, as amended by PL 1999, c. 408, §3, is further amended to read:

6. Final order of disposition of property; public education campaign. Following the entry of a verdict of forfeiture of property pursuant to this section or the entry of a guilty plea in open court on the record and following the court's disposition of all petitions for hearing timely filed by 3rd parties, the State has clear title to property that is the subject of the indictment, information or complaint. The final order must provide for the deposit of the property or the proceeds from the disposition of the property, less the reasonable expenses of the forfeiture proceedings, seizure, storage, maintenance of custody, advertising and notice, in the General Fund, except that, to the extent that the court finds it reasonable, the court may order forfeiture of as much of the property as is appropriate, less the reasonable expenses of the forfeiture proceedings, seizure, storage, maintenance of custody, advertising and notice, to a municipality, county or state agency that has made a substantial contribution to the investigation or prosecution of a related criminal case or, upon request of the investigating agency or the prosecuting agency, to a law enforcement agency in this State that provides case management and other social services to persons with substance use disorders.

Sec. F-2. 17-A MRSA §1105-A, sub-§1, ¶¶K and L, as enacted by PL 2003, c. 476, §2, are amended to read:

K. Death of another person is in fact caused by the use of that scheduled drug one or more scheduled drugs, the scheduled drug trafficked by the defendant is a contributing factor to the death of the other person and the that drug is a schedule W drug. A violation of this paragraph is a Class A crime; ør

L. Serious bodily injury of another person is in fact caused by the use of ~~that scheduled drug~~ one or more scheduled drugs, the scheduled drug trafficked by the defendant is a contributing factor to the serious bodily injury of the other person and ~~the that~~ drug is a schedule W drug. A violation of this paragraph is a Class B crime;
or

Sec. F-3. 17-A MRSA §1105-A, sub-§1, ¶M is enacted to read:

M. At the time of the offense, the person trafficks in fentanyl powder in a quantity of 6 grams or more or 270 or more individual bags, folds, packages, envelopes or containers of any kind containing fentanyl powder. A violation of this paragraph is a Class A crime.

Sec. F-4. 17-A MRSA §1105-B, sub-§1, ¶D, as enacted by PL 2003, c. 476, §5, is amended to read:

D. Death or serious bodily injury of another person is in fact caused by the use of ~~that counterfeit drug~~ one or more drugs and the drug furnished by the defendant is a contributing factor to the death or serious bodily injury of the other person.

Sec. F-5. 17-A MRSA §1105-C, sub-§1, ¶K, as enacted by PL 2003, c. 476, §7, is amended to read:

K. Death of another person is in fact caused by the use of ~~that scheduled drug~~ one or more drugs and the drug is ~~a schedule W drug~~ furnished by the defendant is a contributing factor to the death of the other person. A violation of this paragraph is a Class B crime. It is an affirmative defense to prosecution under this paragraph that the drug furnished was lawfully possessed by the defendant prior to furnishing and that the death was not a reasonably foreseeable consequence of the use of that scheduled drug. In determining whether the death was reasonably foreseeable, the jury shall consider:

- (1) The factual circumstances surrounding the furnishing of the drug;
- (2) The total quantity of the drug furnished;
- (3) The dosage of the units furnished;
- (4) The nature of the drug;
- (5) The overdose risk presented by use of the drug; and
- (6) Any safety warnings provided to the defendant at the time of dispensing the drug; or

Sec. F-6. 22 MRSA §7250, sub-§8 is enacted to read:

8. Report regarding program. The department shall provide to the joint standing committee of the Legislature having jurisdiction over health and human services matters on or before January 15th of each year, and at such other times as the committee requests, data pertaining to the aggregate number of prescriptions of each drug required to be included in the program, the number of prescribers participating in the program categorized by specialty, any historical trends or patterns in prescribing practices within

the State, any progress in the implementation of information sharing agreements authorized by subsection 4-A and any other information pertaining to the work of the program as requested by the committee that is reasonably available to the department, as long as all information reasonably likely to reveal the patient or the prescriber or other person who is the subject of the information has been removed.

Sec. F-7. Appropriations and allocations. The following appropriations and allocations are made.

INDIGENT LEGAL SERVICES, MAINE COMMISSION ON

Maine Commission on Indigent Legal Services Z112

Initiative: Provides funds for an anticipated increase in indigent legal services costs resulting from additional prosecutions involving death or serious bodily injury to a person.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$11,000
GENERAL FUND TOTAL	\$0	\$11,000

PART G

Sec. G-1. 5 MRSA §20003, sub-§13-A is enacted to read:

13-A. Hub. "Hub" means an organization licensed by the department that provides timely access to comprehensive, integrated assessment, treatment and recovery support for individuals with substance use disorder, including but not limited to opioid use disorders. Hub services may be provided by licensed behavioral health organizations, community mental health centers, methadone clinics, hospitals and federally qualified health centers.

Sec. G-2. 5 MRSA §20003, sub-§15-A is enacted to read:

15-A. Integrated medication-assisted treatment. "Integrated medication-assisted treatment" means a treatment method that combines medication approved by the federal Food and Drug Administration for the treatment of substance use disorder with counseling, urine drug screening and behavioral therapy that has proven effective in treating substance use disorder.

Sec. G-3. 5 MRSA §20003, sub-§16-A is enacted to read:

16-A. Levels of care. "Levels of care" means the continuum of recovery-oriented services that reflect an individual's risks, needs, strengths, resources and skills as determined by an assessment with standardized placement criteria conducted by a qualified clinician.

Sec. G-4. 5 MRSA §20003, sub-§19-A is enacted 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.

Sec. G-5. 5 MRSA §20003, sub-§19-B is enacted to read:

19-B. Spoke. "Spoke" means a community-based provider, including, but not limited to, a primary care provider, that provides integrated medication-assisted treatment and behavioral health treatment and recovery support services to patients with substance use disorder, including, but not limited to, opioid use disorder, or refers those patients to such treatments or services.

Sec. G-6. 5 MRSA §20055 is enacted to read:

§20055. Hub-and-spoke model

No later than October 1, 2018, the department shall ensure that a continuum of evidence-based treatment and recovery support services for opioid use disorder is accessible to all people in this State through contracts with hubs and spokes. Hub providers may refer patients to spokes when clinically appropriate, and spokes may refer patients to hubs when clinically appropriate. The department shall provide funds to hubs and spokes to support the development of treatment capacity. The department shall also provide funds to hubs and spokes for treatment, including medication, for individuals who lack insurance or the ability to pay for treatment. The department shall provide funds to support recovery support services for individuals receiving treatment from hubs and spokes. The department shall ensure that individuals have access to the appropriate levels of care that meet the individuals' need, as determined by an assessment by a treating clinician. A hub is eligible to receive funding under this section only if the hub has the capacity to assess and treat or refer patients with multiple behavioral health diagnoses. A hub shall provide or contract for comprehensive services including intensive outpatient programs and integrated medication assisted treatment for individuals with acute needs. A hub shall provide or coordinate with recovery support services.

Sec. G-7. Department of Health and Human Services; services for opioid and substance use disorder. The Department of Health and Human Services, referred to in this section as "the department," shall assess federal funding opportunities to support integrated medication-assisted treatment and a hub-and-spoke model of delivery of services for opioid and substance use disorder as described in the Maine Revised Statutes, Title 5, section 20055 and distribute resources to hubs and spokes based on identified needs.

1. Development of grant funding for education. The department shall provide grant funding, when available, to hubs or other qualified entities to provide assistance with the development of hub-and-spoke infrastructure, as well as initial training and

ongoing education to hub-and-spoke providers across the State. Qualified entities may include providers that deliver health care services to meet the health needs of target populations.

2. Provide treatment to uninsured individuals seeking treatment. The department shall provide funds to support treatment for uninsured individuals seeking integrated medication-assisted treatment.

3. Evaluation and assessment. The department shall develop assessment measures for performance evaluation of the hub-and-spoke model. Assessment measures must include statistics regarding referrals of individuals seeking substance use disorder treatment; treatment for substance use disorder; success rates, including recovery engagement, adherence to medication-assisted treatment protocols, stability and workplace participation; wait time for services; and any other relevant measures.

4. 211 Maine information. The department shall support the development of a plan to create a statewide resource and referral center for substance use disorder treatment and recovery resources that uses the existing 211 Maine service and links it with comprehensive, statewide information on available treatment and recovery resources. The department shall work collaboratively with the United Ways of Maine to develop this plan, as well as with substance use disorder treatment providers and individuals from the substance use disorder recovery community.

5. Report. No later than February 1, 2019, the department shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the progress and implementation of the hub-and-spoke model, federal funding, grants dispersed, evaluation and assessment measures and improvement of the 211 Maine service. The joint standing committee of the Legislature having jurisdiction over health and human services matters is authorized to report out legislation to the First Regular Session of the 129th Legislature related to the report.

Sec. G-8. Appropriations and allocations. The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF
Office of Substance Abuse and Mental Health Services Z199**

Initiative: Provides funding beginning in fiscal year 2018-19 to hubs and spokes, as defined in the Maine Revised Statutes, Title 5, section 20003, to cover costs of intensive, intermediate and long-term treatment, including, but not limited to, the cost of medication, screening, behavioral health treatment, urine drug screens, office visits and recovery support services for individuals with opioid use disorder, including those who are uninsured. The department may use a portion of the funds to support training and education of hub-and-spoke providers.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$6,663,000
GENERAL FUND TOTAL	\$0	\$6,663,000

PART H

Sec. H-1. Sustainable funding review. The Department of Health and Human Services shall conduct a review of possible ways to provide adequate sustainable funding for affordable assisted living facilities that hold a valid contract with the office of aging and disability services within the Department of Health and Human Services, including providing permanent increases to existing funding levels, paying the medical costs of certain residents until they are eligible for MaineCare coverage, a practice known as Rate Code 53 spending, and designating facilities as private nonmedical institutions. The department shall report back with its recommendations to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 11, 2019.

Sec. H-2. Appropriations and allocations. The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF
Office of Aging and Disability Services Central Office 0140**

Initiative: Provides one-time additional funding for the provision of assisted living services.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$500,000
GENERAL FUND TOTAL	\$0	\$500,000

PART I

Sec. I-1. Department of Health and Human Services to increase MaineCare reimbursement for outpatient psychosocial treatments for children. The Department of Health and Human Services shall increase reimbursement rates under rule Chapter 101: MaineCare Benefits Manual, Chapters II and III, Section 65 for multisystemic therapy, multisystemic therapy for problem sexualized behavior and functional family therapy by 20% for the period from the effective date of this Part to June 30, 2019.

Sec. I-2. Rate study. The Department of Health and Human Services shall contract with a 3rd party to conduct a rate study of reimbursement rates under rule Chapter 101: MaineCare Benefits Manual, Chapters II and III, Section 65 for multisystemic therapy, multisystemic therapy for problem sexualized behavior and functional family therapy. The rate study must develop a rate that is set on a per case per

week basis. The rate study must also take into account the costs to providers of delivering the services, including additional training, and maintenance of fidelity to the treatment models. The rate study must be completed no later than December 1, 2018.

Sec. I-3. Report. The Department of Health and Human Services shall submit a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters with the findings of the rate study conducted pursuant to section 2 of this Part no later than January 30, 2019.

Sec. I-4. Rulemaking. The Department of Health and Human Services is authorized to adopt rules to implement new rates developed pursuant to the rate study in section 2 of this Part as long as those rates are no lower than the rates of reimbursement that exist on April 1, 2018 and the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services approves the reimbursement rates. Rules adopted pursuant to this section are routine technical rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

Sec. I-5. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

Medical Care - Payments to Providers 0147

Initiative: Provides funding for a one-time increase to certain rates under rule Chapter 101: MaineCare Benefits Manual, Chapters II and III, Section 65 by 20% until June 30, 2019.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$212,306
GENERAL FUND TOTAL	\$0	\$212,306
FEDERAL EXPENDITURES FUND	2017-18	2018-19
All Other	\$0	\$385,318
FEDERAL EXPENDITURES FUND TOTAL	\$0	\$385,318

Office of MaineCare Services 0129

Initiative: Provides funding to contract with a 3rd party to conduct a rate study of certain rates under rule Chapter 101: MaineCare Benefits Manual, Chapters II and III, Section 65 to be completed no later than December 1, 2018.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$50,000
GENERAL FUND TOTAL	\$0	\$50,000

FEDERAL EXPENDITURES FUND	2017-18	2018-19
All Other	\$0	\$50,000
FEDERAL EXPENDITURES FUND TOTAL	\$0	\$50,000

HEALTH AND HUMAN SERVICES, DEPARTMENT OF DEPARTMENT TOTALS	2017-18	2018-19
GENERAL FUND	\$0	\$262,306
FEDERAL EXPENDITURES FUND	\$0	\$435,318
DEPARTMENT TOTAL - ALL FUNDS	\$0	\$697,624

PART J

Sec. J-1. Appropriations and allocations. The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF
Office of Substance Abuse and Mental Health Services Z199**

Initiative: Provides funds for case management and other ancillary services provided by the office for drug courts established by the Judicial Department. These funds must be used to provide services for up to 30 new participants either at a new drug court in the State or in existing drug courts in the State.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$150,000
GENERAL FUND TOTAL	\$0	\$150,000

HEALTH AND HUMAN SERVICES, DEPARTMENT OF DEPARTMENT TOTALS	2017-18	2018-19
---	----------------	----------------

GENERAL FUND	\$0	\$150,000
DEPARTMENT TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$150,000</u>

JUDICIAL DEPARTMENT

Courts - Supreme, Superior and District 0063

Initiative: Provides funds for active retired judges to cover other court time of full-time sitting judges assigned either to a new drug court in the State or to existing drug courts in the State to allow for up to 30 new participants.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$10,800
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$10,800</u>

JUDICIAL DEPARTMENT DEPARTMENT TOTALS	2017-18	2018-19
GENERAL FUND	\$0	\$10,800
DEPARTMENT TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$10,800</u>

SECTION TOTALS	2017-18	2018-19
GENERAL FUND	\$0	\$160,800
SECTION TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$160,800</u>

PART K

Sec. K-1. 5 MRSA §17852-A is enacted to read:

§17852-A. Computation of benefit for certain correctional facility employees

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Client" has the same meaning as in Title 34-A, section 1001, subsection 1-A.

B. "Closure" means the removal of all clients from a correctional facility pursuant to legislation enacted into law approving the removal of all clients.

C. "Correctional facility" has the same meaning as in Title 34-A, section 1001, subsection 6.

2. Correctional facility employees. Notwithstanding section 17852 and any other provision of law, the service retirement benefit for a member for whom funding has been received under subsection 6 is computed as provided in subsection 3 if the member:

A. Has creditable service of 25 years or more;

B. Has not reached what would be the member's normal retirement age absent this section;

C. Was employed in a correctional facility at the time legislation approving the closure of that correctional facility was enacted and that correctional facility is located more than 100 miles from the nearest correctional facility; and

D. Retires as a direct result of the closure of the correctional facility described in paragraph C.

3. Benefit. The amount of the service retirement benefit for a member qualified under subsection 2 is 1/50 of the member's average final compensation multiplied by the number of years of creditable service.

4. Certification and calculation of required funding. Within 5 days of a closure of a correctional facility, the Commissioner of Corrections shall provide certification of the closure and the date of enactment and the chapter of the law approving the closure to the retirement system. The retirement system shall determine the required funding for service retirement benefits under subsection 3 for all members who meet the conditions of subsection 2 and shall provide the determined amount to the Commissioner of Administrative and Financial Services, the Commissioner of Corrections and the joint standing committee of the Legislature having jurisdiction over retirement matters.

5. Increase in employer contribution. Upon receipt of the determined required funding from the retirement system pursuant to subsection 4, the Department of Administrative and Financial Services shall assess a one-time increase in the Department of Corrections' employer contribution rate provided for in section 17253 to fully fund the determined amount.

6. Receipt of funding. The service retirement benefit for a member who meets the conditions of subsection 2 is paid under subsection 3 only if the retirement system has received the funding from the additional assessment provided for in subsection 5 or received an appropriation from the Legislature for the required funding under subsection 4.

PART L

Sec. L-1. Task force established. The Task Force To Study and Plan for the Implementation of Maine's Early Childhood Special Education Services, referred to in this Part as "the task force," is established to study and plan for the implementation of Maine's early childhood special education programs and services provided for young children from 3 years of age to 5 years of age.

Sec. L-2. Task force membership. Notwithstanding Joint Rule 353, the task force consists of 20 members appointed as follows:

1. One member of the Senate appointed by the President of the Senate;
2. One member of the House of Representatives appointed by the Speaker of the House;
3. Sixteen members appointed as follows:
 - A. Two members who are parents of children with a disability between 3 years of age and 5 years of age, one from an urban community and one from a rural community, appointed by the President of the Senate. The 2 members must have knowledge of or experience with programs for children with disabilities;
 - B. One member who is a contracted service provider of early intervention and free, appropriate public education services, representing the Maine Association for Community Service Providers, appointed by the Speaker of the House;
 - C. Two members who are Child Development Services System staff members who provide direct services, appointed by the Speaker of the House;
 - D. One member who is a representative of a Head Start agency or program in the State, representing Head Start programs in Maine, appointed by the President of the Senate;
 - E. One member who is a representative of a child care program, appointed by the Speaker of the House;
 - F. One member who is a teacher in an early childhood education program for children 4 years of age that includes coordination of programs and services for eligible children within a public elementary school from a large school administrative unit, representing the Maine Education Association, appointed by the President of the Senate;
 - G. One member who is a special education director from a small school administrative unit, representing the Maine Administrators of Services for Children with Disabilities, appointed by the President of the Senate;
 - H. One member who is a principal of a public elementary school of a small school administrative unit that has implemented an early childhood education program for children 4 years of age that includes coordination of programs and services for eligible children, representing the Maine Principals' Association, appointed by the Speaker of the House;
 - I. One member who serves as a superintendent of a large school administrative unit that has implemented an early childhood education program for children 4 years of age that includes coordination of programs and services for eligible children, representing the Maine School Superintendents Association, appointed by the Speaker of the House;
 - J. One member who serves as a school board member of a school administrative unit that has implemented an early childhood education program for children 4 years of

age that includes coordination of programs and services for eligible children, appointed by the President of the Senate;

K. One member representing the Maine Developmental Disabilities Council, appointed by the Speaker of the House;

L. One member representing pediatricians, appointed by the President of the Senate;

M. One member representing a statewide association of occupational therapists, appointed by the President of the Senate; and

N. One member representing a statewide association of speech, language and hearing therapists, appointed by the Speaker of the House;

4. The Commissioner of Education or the commissioner's designee; and

5. The Commissioner of Health and Human Services or the commissioner's designee.

Sec. L-3. Chairs. The President of the Senate and the Speaker of the House shall each appoint one member of the task force to serve as cochair, except that, notwithstanding Joint Rule 353, the President of the Senate and the Speaker of the House may not appoint a Legislator to serve as a chair of the task force. Notwithstanding Joint Rule 353, the chairs may appoint, as nonvoting members of the task force, individuals with expertise in areas relevant to early childhood development services and systems.

Sec. L-4. Appointments; convening of task force. All the appointments must be made no later than 30 days following the effective date of this Part. The appointing authorities shall notify the Executive Director of the Legislative Council once all appointments have been completed. Within 15 days after appointment of all members, the chairs shall call and convene the first meeting of the task force. If 30 days or more after enactment of this legislation a majority of but not all of the appointments have been made, the chairs may request authority and the Legislative Council may grant authority for the task force to meet and conduct its business.

Sec. L-5. Duties. The task force shall examine:

1. National trends and relevant models of governing and delivering early childhood special education systems in other states and jurisdictions that hold the potential for enhancing the effectiveness, efficiency or accountability of the early childhood special education system in the State;

2. The short-term and long-term costs and benefits of the Department of Education's proposed plan to restructure the Child Development Services System as presented by the Commissioner of Education to the Legislature in Legislative Document 1870 in the Second Regular Session of the 128th Legislature;

3. The findings and recommendations of the Subcommittee To Study Early Childhood Special Education in its January 2007 report;

4. The findings and recommendations of the Office of Program Evaluation and Government Accountability in its July 2012 report on child development services; and

5. Any other issues the task force determines to be useful or necessary concerning early childhood special education systems matters.

Sec. L-6. Development of recommendations; plan. The task force shall develop recommendations for an early childhood special education services program plan, which must include, but is not limited to:

1. Models of best practices;
2. Fiscally sound budget forecasting, including all possible revenue streams and updated costs;
3. Transportation services;
4. Data systems, including a billing system, a system that allows coordination with the MaineCare program and a case management documentation system;
5. A timeline for the implementation of the plan under this section;
6. A procedure for data collection and analysis conducted by the Maine Education Policy Research Institute;
7. A method for assessing a school administrative unit's capacity for implementing early childhood special education programs;
8. Training requirements for service providers and leaders;
9. Public information communication strategy for implementation of the plan; and
10. Identification of potential revisions to the Department of Health and Human Services' rule Chapter 101: MaineCare Benefits Manual.

Sec. L-7. Authorized meetings. The task force may hold no more than 6 meetings.

Sec. L-8. Staff assistance. Notwithstanding Joint Rule 353, the Legislative Council shall contract for a facilitator for the task force using a request for proposals process. The Office of Policy and Legal Analysis shall provide drafting assistance to the task force.

Sec. L-9. Compensation. Legislative members of the task force are entitled to receive the legislative per diem and reimbursement for travel and other necessary expenses related to their attendance at authorized meetings of the task force. Other members of the task force may not receive compensation for their participation on the task force.

Sec. L-10. Report. No later than December 5, 2018, the task force shall submit a report containing its findings, recommendations and plan, including suggested legislation, for presentation to the Joint Standing Committee on Education and Cultural Affairs. The

joint standing committee of the Legislature having jurisdiction over education matters may submit a bill to the First Regular Session of the 129th Legislature.

Sec. L-11. Appropriations and allocations. The following appropriations and allocations are made.

EDUCATION, DEPARTMENT OF

Child Development Services 0449

Initiative: Provides one-time funds to address the Child Development Services System budgetary shortfall.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$3,700,000
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$3,700,000</u>

PART M

Sec. M-1. 30-A MRSA c. 201, sub-c. 12-A is enacted to read:

SUBCHAPTER 12-A

LEAD ABATEMENT

§4981. Lead abatement program

1. Program. The Maine State Housing Authority shall establish and administer a program that provides assistance, including grants, for the abatement of lead paint hazards in residential housing, referred to in this subchapter as "the program." Program funds may be used to match federal funds available for lead abatement. The program is subject to the following conditions.

A. The Maine State Housing Authority shall establish eligibility standards for participation in the program, including, but not limited to, the following.

(1) Housing units or housing projects consisting of households with incomes up to 100% of the area median income as established by the United States Department of Housing and Urban Development, whether the housing is owned by an individual or a for-profit or nonprofit entity, are eligible.

(2) Annual rent for a housing unit or housing project receiving project funds may not exceed 30% of the area median income as established by the United States Department of Housing and Urban Development for 4 years after completion of the abatement work.

(3) Housing that serves as a child care location for children under 6 years of age is eligible as long as the owner has an annual income at or below 100% of the

area median income as established by the United States Department of Housing and Urban Development.

The Maine State Housing Authority may adopt the eligibility standards pursuant to this paragraph by routine technical rule as described in Title 5, chapter 375, subchapter 2-A.

B. All lead abatement performed pursuant to the program must comply with industry standards for lead abatement, including pre-abatement inspection and post-abatement inspection of the housing and other standards established by the Department of Environmental Protection. If the pre-abatement inspection identifies the presence of lead in or on the windows, replacement of those windows must be recommended.

C. An owner of housing that receives lead abatement assistance under the program shall pay a portion of the abatement costs as follows:

(1) At least 10% of the costs of abatement; or

(2) At least 25% of the costs of abatement if a child who is a resident of, or who receives child care services in, the housing has been determined to have lead poisoning, as defined in Title 22, section 1315, subsection 5-C.

Priority for program funds must be given to abatement projects for housing in which a child who has been determined to have lead poisoning, as defined in Title 22, section 1315, subsection 5-C, resides.

2. Lead Abatement Fund. The Lead Abatement Fund, referred to in this subchapter as "the fund," is established under the jurisdiction and control of the Maine State Housing Authority. The fund is nonlapsing and must be used to fund the program. The fund consists of funds appropriated or allocated by the Legislature for the purpose of this section and other funds acquired by the Maine State Housing Authority to accomplish the purpose of the program.

Sec. M-2. Appropriations and allocations. The following appropriations and allocations are made.

HOUSING AUTHORITY, MAINE STATE

Lead Abatement Fund N261

Initiative: Allocates one-time funds to provide grants for the abatement of lead paint hazards in residential housing and for the cost of establishing and administering the lead abatement program.

FUND FOR A HEALTHY MAINE	2017-18	2018-19
All Other	\$0	\$4,000,000
FUND FOR A HEALTHY MAINE TOTAL	\$0	\$4,000,000

PART N

Sec. N-1. Ongoing funding. During the First Regular Session of the 129th Legislature, the joint standing committee of the Legislature having jurisdiction over health and human services matters may report out legislation to provide ongoing funding for school-based health centers.

Sec. N-2. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

Maine Center for Disease Control and Prevention 0143

Initiative: Restores funding on a one-time basis to the State's school-based health centers to the level of funding provided in fiscal year 2016-17.

FUND FOR A HEALTHY MAINE	2017-18	2018-19
All Other	\$0	\$600,000
FUND FOR A HEALTHY MAINE TOTAL	<u>\$0</u>	<u>\$600,000</u>

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.