CHAPTER 521

SUBSTANCE USE DISORDER PREVENTION, TREATMENT AND RECOVERY

SUBCHAPTER 1

GENERAL PROVISIONS

§20001. Title

This chapter may be known and cited as the "Maine Substance Use Disorder Prevention, Treatment and Recovery Act." [PL 2019, c. 524, §1 (AMD).]

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 2017, c. 407, Pt. A, §10 (AMD). PL 2019, c. 524, §1 (AMD).

§20002. Purpose

The purposes of this Act are: [PL 1989, c. 934, Pt. A, §3 (NEW).]

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, treatment and recovery activities and services;
[PL 2019, c. 524, §2 (AMD).]

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, treatment and recovery activities and services;
[PL 2019, c. 524, §3 (AMD).]

3. Tobacco use by juveniles. To enforce the State's laws relating to the sale and use of tobacco products by juveniles and to coordinate state and local activities related to those provisions. The department shall take all necessary actions to ensure compliance with the Synar Act, 42 United States Code, Section 300X-26, including the preparations of reports for the signature of the Governor. All law enforcement agencies, all state departments, including the Department of Public Safety, and municipalities shall cooperate with the department in these efforts.

The department may enter into any contracts or agreements necessary or incidental to the performance of its duties under this section, subject to section 20005, subsection 6 and Title 22-A, section 214. The department shall provide or assist in the provision of voluntary training programs regarding the sales of tobacco products to juveniles; and
[PL 2019, c. 590, §1 (AMD).]

4. Gambling addiction counseling. To establish standards for the provision of gambling addiction counseling services and other activities relating to the prevention and treatment of gambling addiction. The department may accept private, state and federal funds to support the performance of its duties under this subsection.
[PL 2011, c. 657, Pt. AA, §6 (AMD).]

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 1991, c. 601, §2 (AMD). PL 1995, c. 470, §1 (AMD). PL 1995, c. 560, §§L1,2 (AMD). PL 1995, c. 560, §L16 (AFF). PL 2001, c. 354, §3 (AMD). RR 2003, c. 2, §13 (COR). PL 2003, c. 689, §B6 (REV). PL 2007, c. 116, §1 (AMD). PL 2011, c.

657, Pt. AA, §§5, 6 (AMD). PL 2017, c. 407, Pt. A, §§11, 12 (AMD). PL 2019, c. 524, §§2, 3 (AMD). PL 2019, c. 590, §1 (AMD).

§20003. Definitions

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings. [PL 1989, c. 934, Pt. A, §3 (NEW).]

1. Alcoholic.
[PL 2017, c. 407, Pt. A, §13 (RP).]

2. Approved public treatment facility. "Approved public treatment facility" means an alcohol treatment facility operating under the direction and control of the department or providing treatment under this subchapter through a contract with the department under section 20008, or any facility funded in whole or in part by municipal, state or federal funds.
[PL 2011, c. 657, Pt. AA, §7 (AMD).]

3. Approved treatment facility. "Approved treatment facility" means a public or private alcohol treatment facility meeting standards approved by the department in accordance with section 20005 and licensed pursuant to subchapter 5 and other applicable provisions of state law.
[PL 2011, c. 657, Pt. AA, §8 (AMD).]

3-A. Commission. "Commission" means the Substance Use Disorder Services Commission, as established by section 12004-G, subsection 13-C.
[PL 2017, c. 407, Pt. A, §14 (AMD).]

3-B. Commissioner. "Commissioner" means the Commissioner of Health and Human Services.
[PL 2011, c. 657, Pt. AA, §9 (AMD).]

4. Community service provider. "Community service provider" means a provider of substance use disorder treatment or gambling addiction treatment, including, but not limited to, evaluation.
[PL 2017, c. 407, Pt. A, §15 (AMD).]

5. Council.

[PL 1993, c. 410, Pt. LL, §5 (RP).]

6. Department. "Department" means the Department of Health and Human Services.
[PL 2011, c. 657, Pt. AA, §10 (AMD).]

7. Dependency-related drug. "Dependency-related drug" means alcohol or any substance controlled under Title 22, chapter 558 or Title 32, chapter 117.
[PL 1989, c. 934, Pt. A, §3 (NEW).]

8. Director.
[PL 2011, c. 657, Pt. AA, §11 (RP).]

9. Drug abuse prevention.
[PL 2017, c. 407, Pt. A, §16 (RP).]

10. Drug user. "Drug user" means a person who uses any drugs, dependency-related drugs or hallucinogens in violation of any law of the State.
[PL 2017, c. 407, Pt. A, §17 (AMD).]

11. Drug addict.
[PL 2017, c. 407, Pt. A, §18 (RP).]

12. Drug-dependent person.
[PL 2017, c. 407, Pt. A, §19 (RP).]

13. Emergency service patrol.

[PL 1991, c. 601, §5 (RP).]

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.
[PL 2017, c. 460, Pt. G, §1 (NEW).]

14. Incapacitated by alcohol.

[PL 1991, c. 601, §5 (RP).]

15. Incompetent person.

[PL 1991, c. 601, §5 (RP).]

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.
[PL 2017, c. 460, Pt. G, §2 (NEW).]

16. Intoxicated person.

[PL 1991, c. 601, §5 (RP).]

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.
[PL 2017, c. 460, Pt. G, §3 (NEW).]

17. Office.
[PL 2011, c. 657, Pt. AA, §12 (RP).]

17-A. Person with substance use disorder. "Person with substance use disorder" means a person who, due to the use of alcohol or a drug, has a clinical and significant functional impairment, including a health problem or a disability or an inability to meet major responsibilities at work, home or school. A substance use disorder may be mild, moderate or severe as determined by the diagnostic criteria met by the person.
[PL 2017, c. 407, Pt. A, §20 (NEW).]

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.
[PL 2019, c. 524, §4 (NEW).]

18. Prevention. "Prevention" means any activity designed to educate or provide information to individuals and groups about the use of alcohol and other drugs.
[PL 2017, c. 407, Pt. A, §21 (AMD).]

19. Prevention of drug traffic. "Prevention of drug traffic" means any functions conducted for the purpose of preventing drug traffic, such as law enforcement and judicial activities or proceedings, including:

A. The investigation, arrest and prosecution of drug offenders and offenses; or [PL 1989, c. 934, Pt. A, §3 (NEW).]

B. The detection and suppression of illicit drug supplies. [PL 1989, c. 934, Pt. A, §3 (NEW).]
[PL 1989, c. 934, Pt. A, §3 (NEW).]

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, 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.
[PL 2019, c. 524, §5 (AMD).]

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.
[PL 2017, c. 460, Pt. G, §5 (NEW).]

19-C. Recovery. "Recovery," as it pertains to substance use disorder, means a process of change through which individuals improve their health and wellness, live self-directed lives and strive to reach their full potential.
[PL 2019, c. 524, §6 (NEW).]

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.
[PL 2019, c. 524, §6 (NEW).]

20. Standards. "Standards" means criteria and rules of the department that are to be met before and during operation of any treatment facility or treatment program.
[PL 2011, c. 657, Pt. AA, §13 (AMD).]

21. Substance Abuse Advisory Group.
[PL 2017, c. 407, Pt. A, §22 (RP).]

21-A. Substance use prevention. "Substance use prevention" means all facilities, programs or services relating to substance use control, education, rehabilitation, research, training and treatment, including reinforcing health behaviors and lifestyles and reducing risks contributing to alcohol, tobacco and other drug misuse. "Substance use prevention" does not include any function defined in subsection 19 as "prevention of drug traffic."
[PL 2017, c. 407, Pt. A, §23 (NEW).]

22. Treatment. "Treatment" means the broad range of emergency, outpatient, intermediate and inpatient services and care, including career counseling, diagnostic evaluation, employment, health, medical, psychiatric, psychological, recreational, rehabilitative, social service care, treatment and vocational services, that may be extended to a drug user, a person with substance use disorder or a person in need of assistance due to the use of a dependency-related drug.
[PL 2017, c. 407, Pt. A, §24 (AMD).]

23. Treatment program. "Treatment program" means any program or service, or portion of a program or service, sponsored under the auspices of a public or private nonprofit agency providing services especially designed for the treatment of those persons listed in subsection 22.
[PL 1989, c. 934, Pt. A, §3 (NEW).]

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 1991, c. 601, §§3-5 (AMD). PL 1991, c. 850, §2 (AMD). PL 1993, c. 410, §§LL4,5 (AMD). PL 2001, c. 354, §3 (AMD). PL 2007, c. 116, §2 (AMD). PL

2011, c. 657, Pt. AA, §§7-13 (AMD). PL 2017, c. 407, Pt. A, §§13-24 (AMD). PL 2017, c. 460, Pt. G, §§1-5 (AMD). PL 2019, c. 524, §§4-6 (AMD).

§20004. Office established

(REPEALED)

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 1995, c. 560, §L3 (RPR). PL 1995, c. 560, §L16 (AFF). PL 2001, c. 354, §3 (AMD). PL 2003, c. 689, §B6 (REV). PL 2011, c. 657, Pt. AA, §14 (RP).

§20004-A. Departments and agencies responsible for cooperation in implementation

All departments and agencies in State Government are required to cooperate with the department in its implementation and administration of this chapter. [PL 2011, c. 657, Pt. AA, §15 (AMD).]

SECTION HISTORY

PL 1993, c. 410, §LL6 (NEW). PL 2011, c. 657, Pt. AA, §15 (AMD).

§20005. Powers and duties

The department shall: [PL 2011, c. 657, Pt. AA, §16 (AMD).]

1. State Government. Establish the overall plans, policies, objectives and priorities for all state substance use disorder prevention, treatment and recovery functions, except the prevention of drug traffic and the State Employee Assistance Program established pursuant to Title 22, chapter 254-A;
[PL 2019, c. 524, §7 (AMD).]

2. Comprehensive plan. Develop and provide for the implementation of a comprehensive state plan for substance use disorder. Any plan developed by the department must be subject to public hearing prior to implementation;
[PL 2017, c. 407, Pt. A, §25 (AMD).]

3. Information. Ensure the collection, analysis and dissemination of information for planning and evaluation of substance use disorder services;
[PL 2017, c. 407, Pt. A, §25 (AMD).]

4. Coordination; organizational unit. Ensure that substance use disorder assistance and service are delivered in an efficient and coordinated program and, with the oversight of the commission, coordinate all programs and activities authorized by the federal Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, Public Law 91-616 (1982), as amended, and by the Drug Abuse Office and Treatment Act of 1972, 21 United States Code, Section 1101 et seq. (1982), as amended; and other state or federal programs or laws related to substance use disorder prevention that are not the specific responsibility of another state agency under federal or state law;
[PL 2017, c. 407, Pt. A, §25 (AMD).]

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, 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, treatment and recovery to the joint standing committees of the Legislature having jurisdiction over appropriations and financial affairs and human resource matters;
[PL 2019, c. 524, §8 (AMD).]

6. Contracts and licensing. Through the commissioner:

A. Administer all contracts with community service providers for the delivery of substance use disorder services; [PL 2017, c. 407, Pt. A, §25 (AMD).]

A-1. Administer all contracts with community service providers for the delivery of gambling addiction counseling services; and [PL 2007, c. 116, §4 (NEW).]

B. Establish operating and treatment standards and inspect and issue certificates of approval for approved treatment facilities, substance use disorder treatment facilities or programs, including residential treatment centers, community-based service providers and facilities that are private nonmedical institutions pursuant to section 20024 and subchapter 5. [PL 2017, c. 407, Pt. A, §25 (AMD).]

C. [PL 1995, c. 560, Pt. L, §5 (RP); PL 1995, c. 560, Pt. L, §16 (AFF).]

The commissioner may delegate contract and licensing duties under this subsection to the Department of Corrections as long as that delegation ensures that contracting for substance use disorder services provided in community settings is consolidated within the department, that contracting for substance use disorder services delivered within correctional facilities is consolidated within the Department of Corrections and that contracting for substance use disorder services delivered within mental health facilities or as a component of programs serving persons with intellectual disabilities or autism is consolidated within the department.

The commissioner may not delegate contract and licensing duties if that delegation results in increased administrative costs.

The commissioner may not issue requests for proposals for existing contract services until the commissioner has adopted rules in accordance with the Maine Administrative Procedure Act to ensure that the reasons for which existing services are placed out for bid and the performance standards and manner in which compliance is evaluated are specified and that any change in provider is accomplished in a manner that fully protects the consumer of services.

The commissioner shall establish a procedure to obtain assistance and advice from consumers of substance use disorder services regarding the selection of contractors when requests for proposals are issued;
[PL 2017, c. 407, Pt. A, §25 (AMD).]

6-A. Contract award and renewal. Award a new contract through a request-for-proposal procedure. Any contract of $500,000 per year or more that is renewed must be awarded through a request-for-proposal procedure at least every 8 years, except for the following.

A. A renewal contract with a provider is not subject to the request-for-proposal procedure requirement if the contract granted under this subsection is performance based. [PL 1997, c. 381, §1 (NEW).]

B. Notwithstanding paragraph A, the department shall subject a contract to a request-for-proposal procedure when necessary to comply with paragraph C. [PL 1997, c. 381, §1 (NEW).]

C. A contract under this subsection that is subject to renewal must be awarded through a request-for-proposal procedure if the department determines that:

(1) The provider has breached the existing contract;

(2) The provider has failed to correct deficiencies cited by the department;

(3) The provider is inefficient or ineffective in the delivery of services and is unable to improve its performance within a reasonable time; or

(4) The provider can not or will not respond to a reconfiguration of service delivery requested by the department; [PL 1997, c. 381, §1 (NEW).]

[PL 1997, c. 381, §1 (NEW).]

6-B. Consumer assistance and advice. Establish a procedure to obtain assistance and advice from consumers of substance use disorder services regarding the selection of contractors when requests-for-proposals are issued.

[PL 2017, c. 407, Pt. A, §25 (AMD).]

7. Uniform requirements. Develop, use and require the use of uniform contracting, information gathering and reporting formats by any state-funded substance use disorder programs. Contracting standards must include measurable performance-based criteria on which funding allocations are, in part, based;

[PL 2017, c. 407, Pt. A, §25 (AMD).]

8. Reports. By January 15th of each year, report to the Legislature on the accomplishments of the past year's programs, the progress toward obtaining goals and objectives of the comprehensive state plan and other necessary or desirable information;

[PL 1989, c. 934, Pt. A, §3 (NEW).]

9. Funds. Have the authority to seek and receive funds from the Federal Government and private sources to further the purposes of this Act;

[PL 1989, c. 934, Pt. A, §3 (NEW).]

10. Agreements. Enter into agreements necessary or incidental to the purposes of this Act;

[PL 1989, c. 934, Pt. A, §3 (NEW).]

11. Cooperation. Provide support and guidance to individuals, local governments, public organizations and private organizations in their substance use disorder prevention activities;

[PL 2017, c. 407, Pt. A, §25 (AMD).]

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, 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;

[PL 2019, c. 524, §9 (AMD).]

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 or any other organization or individual in need of or requesting training or other educational information related to substance use disorder;

[PL 2017, c. 407, Pt. A, §25 (AMD).]

12-B. Motor vehicle operator programs. Administer and oversee the operation of the State's programs related to the use of alcohol by motor vehicle operators;

[PL 2017, c. 407, Pt. A, §25 (AMD).]

13. General authority. Perform other acts or exercise any other powers necessary or convenient to carry out the purposes of this chapter;

[PL 1993, c. 410, Pt. LL, §9 (AMD).]

14. Interdepartmental cooperation. Document to the Legislature's satisfaction active participation and cooperation between the department and the other departments with which it works through the commission;
[PL 2011, c. 657, Pt. AA, §21 (AMD).]

15. Public input. Document an active, aggressive effort to obtain client and public input on its decision-making process through public hearings and other activities conducted by the commission;
[PL 1993, c. 410, Pt. LL, §10 (NEW).]

16. Substance use disorder services plan. Plan for those services funded directly by the department and those additional services determined by the commission to be critical and related;
[PL 2017, c. 407, Pt. A, §25 (AMD).]

17. Program services assessment and implementation. Analyze the existing services system, including the prevention services offered within the State's public school systems, identify gaps, strengths and weaknesses in the current services, identify priorities for expanding or revising the existing services and develop a specific plan to accomplish the most critical changes that are needed;
[PL 1993, c. 410, Pt. LL, §10 (NEW).]

18. Comprehensive training strategy. Establish a comprehensive training strategy designed to develop the capacity of front-line staff in direct human services positions, including appropriate state agency staff, to recognize, assess and refer chemically dependent clients for appropriate treatment;
[PL 1993, c. 410, Pt. LL, §10 (NEW).]

19. Fiscal and program accountability. Enhance its current efforts to ensure fiscal and program accountability for the services it purchases and provides; and
[PL 2019, c. 398, §1 (AMD).]

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;
[PL 2019, c. 398, §1 (AMD); PL 2019, c. 524, §10 (AMD).]

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;
[PL 2023, c. 412, Pt. WWW, §1 (AMD).]

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; and
[PL 2023, c. 412, Pt. WWW, §2 (AMD).]

23. Treatment center. Establish one treatment center for substance use disorder treatment that, at a minimum, offers mental health and crisis stabilization services offered by the crisis receiving center in Portland and aligned with United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration standards for crisis care and the standards for crisis care of a national association of state mental health program directors. The treatment center must be located in Kennebec County. The treatment center may have at least 10 beds and offer medically managed withdrawal services. Services offered by the treatment center must be available to all individuals regardless of insurance. The treatment center established pursuant to this subsection shall provide:

A. A receiving center that is open 24 hours per day, 7 days per week to provide low-barrier walk-in access to behavioral health services, including substance use disorder treatment, while a patient waits for access to a higher level of care; [PL 2023, c. 643, Pt. QQQ, §1 (AMD).]

B. [PL 2023, c. 643, Pt. QQQ, §1 (RP).]

C. Access to medication to treat substance use disorder, including medication approved by the United States Food and Drug Administration; and [PL 2023, c. 643, Pt. QQQ, §1 (AMD).]

D. Referral to and coordination with services, including but not limited to local recovery centers, hypodermic apparatus exchange programs and recovery residences. [PL 2023, c. 643, Pt. QQQ, §1 (AMD).]

No later than February 1, 2025 and annually thereafter, the department shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the number of people served, the types of services provided, the attempts made at community outreach and any recommendations relating to the services provided by the treatment center.
[PL 2023, c. 643, Pt. QQQ, §1 (AMD).]

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 1991, c. 557, §§1,2 (AMD). PL 1991, c. 601, §§6,7 (AMD). PL 1991, c. 792 (AMD). PL 1991, c. 850, §§3,4 (AMD). PL 1993, c. 349, §21 (AMD). PL 1993, c. 410, §§LL7-10 (AMD). PL 1995, c. 560, §§L4,5 (AMD). PL 1995, c. 560, §L16 (AFF). PL 1997, c. 381, §1 (AMD). PL 1997, c. 588, §1 (AMD). PL 2003, c. 673, §V1 (AMD). PL 2003, c. 673, §V29 (AFF). PL 2003, c. 689, §B6 (REV). PL 2005, c. 674, §§1,2 (AMD). PL 2007, c. 116, §§3, 4 (AMD). PL 2011, c. 542, Pt. A, §6 (AMD). PL 2011, c. 657, Pt. AA, §§16-22 (AMD). PL 2017, c. 407, Pt. A, §25 (AMD). PL 2019, c. 398, §1 (AMD). PL 2019, c. 524, §§7-12 (AMD). PL 2023, c. 412, Pt. WWW, §§1-3 (AMD). PL 2023, c. 643, Pt. QQQ, §1 (AMD).

§20005-A. Performance-based contracts

(REPEALED)

SECTION HISTORY

PL 1993, c. 737, §1 (NEW). PL 1995, c. 402, §B1 (AMD). PL 1995, c. 560, §L6 (AMD). PL 1995, c. 560, §L16 (AFF). PL 1995, c. 691, §1 (AMD). PL 2007, c. 116, §5 (AMD). PL 2017, c. 407, Pt. A, §§26, 27 (AMD). PL 2019, c. 590, §2 (RP).

§20006. Director

(REPEALED)

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 1991, c. 601, §§8,9 (AMD). PL 1995, c. 560, §L7 (RP). PL 1995, c. 560, §L16 (AFF).

§20006-A. Commissioner duties

The commissioner or the commissioner's designee shall: [PL 2011, c. 657, Pt. AA, §23 (AMD).]

1. Alternatives. Propose alternatives to current substance use disorder prevention, treatment and recovery programs and services;
[PL 2019, c. 524, §13 (AMD).]

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

[PL 2019, c. 524, §14 (AMD).]

3. Other duties and powers. Carry out other duties and exercise other powers granted to the commissioner under this Act and under Title 22-A, section 207, subsection 3.
[PL 2011, c. 657, Pt. AA, §23 (AMD).]

SECTION HISTORY

PL 1995, c. 560, §L8 (NEW). PL 1995, c. 560, §L16 (AFF). PL 2007, c. 539, Pt. N, §7 (AMD). PL 2011, c. 657, Pt. AA, §23 (AMD). PL 2017, c. 407, Pt. A, §§28, 29 (AMD). PL 2019, c. 524, §§13, 14 (AMD).

§20006-B. Gambling Addiction Prevention and Treatment Fund

1. Fund established. The Gambling Addiction Prevention and Treatment Fund, referred to in this section as "the fund," is established for the purpose of supporting gambling addiction analysis, prevention and treatment to be administered by the department. The fund is a dedicated, nonlapsing fund into which payments are received in accordance with Title 8, section 1036, subsection 2 and Title 8, section 1352, subsection 1.
[PL 2025, c. 645, §1 (AMD).]

2. Report. The commissioner or the commissioner's designee shall report annually by March 1st to the joint standing committee of the Legislature having jurisdiction over gambling matters. The report must include a description of a continuum of care model used to identify the need for gambling addiction services, prevention efforts, intervention and treatment provided using money from the fund. The report must describe any collaborative efforts between the department, the Gambling Control Board established under Title 8, section 1002 and slot machine operators licensed in accordance with Title 8, chapter 31 to support the purpose of the fund described in subsection 1. The commissioner may submit recommendations for legislation to the joint standing committee of the Legislature having jurisdiction over gambling matters, which is authorized to submit that legislation to the Legislature.
[PL 2011, c. 657, Pt. AA, §24 (AMD).]

SECTION HISTORY

PL 2009, c. 622, §1 (NEW). PL 2011, c. 657, Pt. AA, §24 (AMD). PL 2025, c. 645, §1 (AMD).

§20007. Agency cooperation

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 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. [PL 2017, c. 407, Pt. A, §30 (AMD).]

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 1995, c. 165, §1 (AMD). PL 2011, c. 657, Pt. AA, §25 (AMD). PL 2017, c. 407, Pt. A, §30 (AMD).

§20008. Comprehensive program on substance use disorder

The department shall establish and provide for the implementation of a comprehensive and coordinated program of substance use disorder prevention and treatment in accordance with subchapters 2 and 3 and the purposes of this Act. The program must include the following elements.
[PL 2017, c. 407, Pt. A, §31 (AMD).]

1. Public and private resources. All appropriate public and private resources must be coordinated with and utilized in the program.
[PL 1989, c. 934, Pt. A, §3 (NEW).]

2. Program. The program must include emergency treatment provided by a facility affiliated with a general hospital or with part of the medical service of a general hospital.
[PL 1989, c. 934, Pt. A, §3 (NEW).]

3. Treatment. The department shall provide for adequate and appropriate treatment for drug users, persons with substance use disorder and persons admitted under sections 20043 and 20044. Treatment may not be provided at a correctional institution, except for inmates.
[PL 2017, c. 407, Pt. A, §31 (AMD).]

4. Contract with facilities. The department shall contract with approved treatment facilities whenever possible. The administrator of any treatment facility may receive for observation, diagnosis, care and treatment in the facility any person whose admission is applied for under any of the procedures in this subchapter.
[PL 2011, c. 657, Pt. AA, §28 (AMD).]

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 1991, c. 601, §§10-12 (AMD). PL 2011, c. 657, Pt. AA, §§26-28 (AMD). PL 2017, c. 407, Pt. A, §31 (AMD).

§20009. Planning

The department shall plan substance use disorder prevention, treatment and recovery activities in the State and prepare and submit to the Legislature the following documents: [PL 2019, c. 524, §15 (AMD).]

1. Biennial plan. By January 15, 1991, and biennially thereafter, a comprehensive plan containing statements of measurable goals to be accomplished during the coming biennium and establishing performance indicators by which progress toward accomplishing those goals will be measured; and
[PL 2017, c. 407, Pt. A, §32 (AMD).]

2. Four-year assessment. By January 15, 1991, and every 4th year thereafter, an assessment of the costs related to drug misuse in the State and the needs for various types of services within the State, including geographical disparities in the needs for various types of services and the needs of special populations of drug users.
[PL 2017, c. 407, Pt. A, §32 (AMD).]

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 1991, c. 601, §13 (AMD). PL 2011, c. 657, Pt. AA, §29 (AMD). PL 2017, c. 407, Pt. A, §32 (AMD). PL 2019, c. 524, §15 (AMD).

§20010. Opioid Use Disorder Prevention and Treatment Fund

1. Fund established. The Opioid Use Disorder Prevention and Treatment Fund, referred to in this section as "the fund," is established for the purpose of supporting opioid use disorder analysis, prevention and treatment and is administered by the department. The fund consists of:

A. Money received from proceeds from the registration fee under Title 32, section 13800-C; [PL 2019, c. 536, §1 (NEW).]

B. Money received from proceeds from the fee under Title 32, section 13724, less $325, which may be retained by the Department of Professional and Financial Regulation; and [PL 2019, c. 536, §1 (NEW).]

C. Appropriations, allocations and contributions from private and public sources. [PL 2019, c. 536, §1 (NEW).]

The fund must be held separate and apart from all other money, funds and accounts. Eligible investment earnings credited to the assets of the fund become part of the assets of the fund. Any unexpended

balances remaining in the fund at the end of any fiscal year do not lapse and must be carried forward to the next fiscal year.
[PL 2019, c. 536, §1 (NEW).]

2. Uses of fund proceeds. The proceeds of the fund must be used for the following purposes:

A. Opioid use disorder prevention services; [PL 2019, c. 536, §1 (NEW).]

B. Opioid use disorder treatment services, including:

(1) Inpatient and outpatient treatment programs and facilities, including short-term and long-term residential treatment programs and sober living facilities;

(2) Treating substance use disorder for the underinsured and uninsured; and

(3) Research regarding opioid use disorder prevention and treatment; [PL 2019, c. 536, §1 (NEW).]

C. The department's reasonable expenses in administering the fund; and [PL 2019, c. 536, §1 (NEW).]

D. The Maine Board of Pharmacy's reasonable expenses in administering Title 32, section 13800-C and in providing the report required under Title 32, section 13800-C. [PL 2019, c. 536, §1 (NEW).]

The department shall award grants and contracts from proceeds of the fund to persons and organizations to carry out the purposes of the fund.
[PL 2019, c. 536, §1 (NEW).]

SECTION HISTORY

PL 2019, c. 536, §1 (NEW).

§20011. Office of Behavioral Health established

The Office of Behavioral Health is established as a distinct unit within the Department of Health and Human Services. The Office of Behavioral Health is the successor in every way to the office of substance abuse within the department and the office of substance abuse and mental health services within the department. [PL 2021, c. 398, Pt. VV, §2 (NEW).]

SECTION HISTORY

PL 2021, c. 398, Pt. VV, §2 (NEW).

§20012. Recovery Community Centers Fund

The Recovery Community Centers Fund is established as a dedicated, nonlapsing fund within the Office of Behavioral Health for the purposes specified in this section. The fund must be held separate and apart from all other money, funds and accounts. Eligible investment earnings credited to the assets of the fund become part of the assets of the fund. Any unexpended balances remaining in the fund at the end of any fiscal year do not lapse and must be carried forward to the next fiscal year. [PL 2023, c. 658, §1 (NEW).]

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

A. "Fund" means the Recovery Community Centers Fund established in this section. [PL 2023, c. 658, §1 (NEW).]

B. "Independent, nonprofit organization" means a nonprofit organization that:

(1) Operates its own agency that is a tax-exempt organization under 26 United States Code, Section 501(c)(3); or

(2) Has a fiscal agent with a fiduciary relationship between a recovery community center and another agency and:

(a) The fiscal agent is limited to managing assets and distributing funds to the recovery community center, free from conflicting self-interests, for the purpose of supporting the recovery community center's mission;

(b) The recovery community center is autonomous in its own decision making, program development, recovery services provided and advocacy efforts through the leadership of an executive board or advisory board consisting of at least 51% members who are individuals in recovery; and

(c) The fiscal agent uses no more than 4% of the revenue received from the fund for administrative purposes. [PL 2023, c. 658, §1 (NEW).]

C. "Office" means the Office of Behavioral Health established in section 20011. [PL 2023, c. 658, §1 (NEW).]

D. "Recovery community center" means an independent, nonprofit organization led and governed by representatives of local recovery communities with a primary focus on recovery from substance use disorder that provides nonclinical, peer recovery support services such as recovery support groups, recovery coaching, telephone recovery support, skill-building groups, harm reduction activities, recovery-focused outreach programs to engage people seeking recovery or in recovery and recovery-focused policy and advocacy activities. [PL 2023, c. 658, §1 (NEW).]
[PL 2023, c. 658, §1 (NEW).]

2. Sources of funds. The State Controller shall credit to the fund:

A. Beginning July 1, 2025 and annually thereafter, a transfer of $2,000,000 from the Adult Use Cannabis Public Health and Safety and Municipal Opt-in Fund established in Title 28-B, section 1101 for operational support for recovery community centers and to provide funding for capacity building for recently established or new recovery community centers; [PL 2023, c. 658, §1 (NEW).]

B. All money from any other source, whether public or private, designated for deposit into or credited to the fund; and [PL 2023, c. 658, §1 (NEW).]

C. Interest earned or other investment income on balances in the fund. [PL 2023, c. 658, §1 (NEW).]
[PL 2023, c. 658, §1 (NEW).]

3. Uses of fund. Money credited to the fund pursuant to subsection 2 must be expended by the office to fund recovery community centers. Money distributed from the fund must supplement, and may not supplant, the level of state General Fund dollars received from the State by a recovery community center in fiscal year 2022-23.
[PL 2023, c. 658, §1 (NEW).]

4. Application of fund to office expenses prohibited. Money in the fund may not be applied to any expenses incurred by the office in implementing, administering or enforcing this section.
[PL 2023, c. 658, §1 (NEW).]

SECTION HISTORY

PL 2023, c. 658, §1 (NEW).

SUBCHAPTER 2

PREVENTION

§20021. Public awareness

The department shall create and maintain a program to increase public awareness of the impacts and prevalence of substance use disorder. The public awareness program must include promotional and technical assistance to local governments, schools and public and private nonprofit organizations interested in substance use disorder prevention. [PL 2017, c. 407, Pt. A, §33 (AMD).]

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 1991, c. 601, §14 (AMD). PL 2011, c. 657, Pt. AA, §30 (AMD). PL 2017, c. 407, Pt. A, §33 (AMD).

§20022. Information dissemination

As part of its comprehensive prevention and treatment 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 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. [PL 2017, c. 407, Pt. A, §34 (AMD).]

Functions of the information clearinghouse and resource center may include, but are not limited to: [PL 1991, c. 601, §15 (AMD).]

1. Research. Conducting research on the causes and nature of drugs, substance use or people who are dependent on drugs or alcohol;
[PL 2017, c. 407, Pt. A, §34 (AMD).]

2. Information collection. Collecting, maintaining and disseminating knowledge, data and statistics related to drugs, substance use and substance use disorder prevention;
[PL 2017, c. 407, Pt. A, §34 (AMD).]

3. Educational materials. Preparing, publishing and disseminating educational materials; and
[PL 1989, c. 934, Pt. A, §3 (NEW).]

4. Treatment facilities. Maintaining an inventory of the types and quantity of substance use prevention 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.
[PL 2017, c. 407, Pt. A, §34 (AMD).]

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 1991, c. 601, §15 (AMD). PL 2011, c. 657, Pt. AA, §31 (AMD). PL 2017, c. 407, Pt. A, §34 (AMD).

§20023. Education

To the fullest extent possible, the Commissioner of Education shall coordinate all elementary and secondary school substance use disorder education programs administered by the Department of Education and funded under the federal Drug-Free Schools and Communities Act of 1986 with programs administered by the Department of Health and Human Services. The Commissioner of Education shall participate in planning, budgeting and evaluation of substance use disorder programs and ensure that substance use disorder education programs administered by the Department of

Education that involve any community participation are coordinated with available treatment services. [PL 2017, c. 407, Pt. A, §35 (AMD).]

Nothing in this section interferes with the authority of the Department of Education to receive and allocate federal funds under the federal Drug-Free Schools and Communities Act of 1986. [PL 1989, c. 700, Pt. B, §46 (AMD); PL 1989, c. 934, Pt. A, §3 (NEW).]

SECTION HISTORY

PL 1989, c. 700, Pt. B, §46 (AMD). PL 1989, c. 934, §A3 (NEW). PL 1991, c. 601, §§16,17 (AMD). PL 2011, c. 657, Pt. AA, §32 (AMD). PL 2017, c. 407, Pt. A, §35 (AMD).

§20024. Licensing

The department shall periodically enter, inspect and examine a treatment facility or program and examine its books, programs, standards, policies and accounts. This examination process must include a review of the requirements to be a community-based service provider pursuant to subchapter 5. The department shall fix and collect the fees for the inspection and certification and shall maintain a list of approved public and private treatment facilities. [PL 2011, c. 657, Pt. AA, §33 (AMD).]

Upon request by the department, each approved public and private treatment facility must provide data, statistics, schedules and information that the department reasonably requires. The commissioner may remove a facility that fails to provide such information from the list of approved facilities. [PL 2011, c. 657, Pt. AA, §33 (AMD).]

An approved public or private treatment facility may not refuse inspection or examination by the department under this section. [PL 2011, c. 657, Pt. AA, §33 (AMD).]

Procedures to decertify any facility or to refuse certification are governed by the Maine Administrative Procedure Act. [PL 1991, c. 601, §19 (NEW).]

A treatment facility or program that receives and maintains accreditation from a national accrediting body approved by the department must be deemed in compliance with comparable state licensing rules upon its submission to the department of written evidence of compliance including, but not limited to, national accreditation approval, reports, findings and responses. The department may review compliance under this paragraph in response to a complaint against the facility or program. [PL 2011, c. 145, §1 (NEW).]

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 1991, c. 601, §§18,19 (AMD). PL 1991, c. 850, §5 (AMD). PL 2011, c. 145, §1 (AMD). PL 2011, c. 657, Pt. AA, §33 (AMD).

SUBCHAPTER 3

TREATMENT

§20041. Evaluation

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 and other substance use disorder programs. [PL 2017, c. 407, Pt. A, §36 (AMD).]

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 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); [PL 1989, c. 934, Pt. A, §3 (NEW).]

B. The Community Mental Health Centers Act, 42 United States Code, Section 2688 et seq. (1982); [PL 1989, c. 934, Pt. A, §3 (NEW).]

C. The Public Health Service Act, 42 United States Code, Section 1 et seq. (1982); [PL 1989, c. 934, Pt. A, §3 (NEW).]

D. The Vocational Rehabilitation Act, 29 United States Code, Section 701 et seq. (1982); [PL 1989, c. 934, Pt. A, §3 (NEW).]

E. The Social Security Act, 42 United States Code, Section 301 et seq. (1982); and [PL 1989, c. 934, Pt. A, §3 (NEW).]

F. The federal Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, Public Law 91-616 (1982) and similar Acts. [PL 1989, c. 934, Pt. A, §3 (NEW).]

[PL 2017, c. 407, Pt. A, §36 (AMD).]

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 1991, c. 601, §20 (AMD). PL 2011, c. 657, Pt. AA, §34 (AMD). PL 2017, c. 407, Pt. A, §36 (AMD).

§20042. Standards

The department shall contract for treatment services only with approved treatment facilities. [PL 2011, c. 657, Pt. AA, §35 (AMD).]

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 1991, c. 601, §20 (AMD). PL 2011, c. 657, Pt. AA, §35 (AMD).

§20043. Acceptance for treatment of drug users and persons with substance use disorder

The department shall adopt rules for acceptance of persons into a treatment program, considering available treatment resources and facilities, for the purpose of early and effective treatment of drug users and persons with substance use disorder. [PL 2017, c. 407, Pt. A, §37 (AMD).]

In establishing rules, the department must be guided by the following standards. [PL 2011, c. 657, Pt. AA, §37 (AMD).]

1. Voluntary basis. People must be treated on a voluntary basis.
[PL 1991, c. 601, §20 (AMD).]

2. Initial assignment. A person must be initially assigned or transferred to outpatient or intermediate treatment, unless the person is found to require residential treatment.
[PL 1991, c. 601, §20 (AMD).]

3. Denial of treatment. A person may not be denied treatment solely because that person has withdrawn from treatment against medical advice on a prior occasion or has relapsed after earlier treatment.
[PL 1989, c. 934, Pt. A, §3 (NEW).]

4. Individualized treatment plan. An individualized treatment plan must be prepared and maintained on a current basis for each patient.
[PL 1989, c. 934, Pt. A, §3 (NEW).]

5. Coordinated treatment. Provision must be made for a continuum of coordinated treatment services, so that a person who leaves a facility or a form of treatment has available and may utilize other appropriate treatment.
[PL 1989, c. 934, Pt. A, §3 (NEW).]

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 services, may not deny treatment to any person because of that person's inability or failure to pay any assessed fees.
[PL 2017, c. 407, Pt. A, §37 (AMD).]

7. Community-based. Treatment must be provided in the least restrictive setting possible and in the person's home community wherever possible.
[PL 1991, c. 601, §20 (NEW).]

8. Diagnosing. Diagnosing of a person's mental capabilities, psychological or personality composition, or other nonalcohol-related or drug-related conditions or mental states may not be conducted until detoxification is complete and the person is judged to be medically no longer under the influence of a chemical or drug.
[PL 2017, c. 407, Pt. A, §37 (AMD).]

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 1991, c. 601, §20 (AMD). PL 2011, c. 657, Pt. AA, §§36-38 (AMD). PL 2017, c. 407, Pt. A, §37 (AMD).

§20044. Voluntary treatment of drug users and persons with substance use disorder

1. Voluntary treatment. A drug user or person with substance use disorder may apply for voluntary treatment directly to an approved treatment facility.
[PL 2017, c. 407, Pt. A, §38 (AMD).]

2. Determination. A person who comes voluntarily or is brought to an approved treatment facility for residential care and treatment must be examined immediately by a licensed physician. That person may then be admitted or referred to another health facility based upon the physician's recommendation. Subject to rules adopted by the department, the administrator in charge of an approved treatment facility may determine who may be admitted for treatment. If a person is refused admission to an approved treatment facility, the administrator, subject to rules adopted by the department, shall refer the person to another approved treatment facility for treatment if possible and appropriate.
[PL 2011, c. 657, Pt. AA, §39 (AMD).]

3. Outpatient or intermediate treatment. If a person receiving residential care leaves an approved treatment facility, that person must be encouraged to consent to appropriate outpatient or intermediate treatment.
[PL 1991, c. 601, §20 (AMD).]

4. Discharge. If a person leaves an approved treatment facility against the advice of the administrator in charge of the facility and that person does not have a home, the patient must be assisted in obtaining shelter.
[PL 2017, c. 407, Pt. A, §38 (AMD).]

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 1991, c. 601, §20 (AMD). PL 2011, c. 657, Pt. AA, §39 (AMD). PL 2017, c. 407, Pt. A, §38 (AMD).

§20045. Treatment and services for intoxicated persons and persons incapacitated by alcohol

(REPEALED)

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 1991, c. 601, §21 (RP).

§20046. Emergency commitment of an incapacitated or intoxicated person

(REPEALED)

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 1991, c. 601, §22 (RP).

§20047. Records

(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

1. Registration and records. Registration and other records of treatment facilities must remain confidential and are privileged to the patient.
[PL 1989, c. 934, Pt. A, §3 (NEW).]

2. Information for research. Notwithstanding subsection 1, the commissioner may make available information from patients' records for purposes of research into the causes and treatment of substance use disorder. Information under this subsection may not be published in a way that discloses patients' names or other identifying information.
[PL 2017, c. 407, Pt. A, §39 (AMD).]

3. (TEXT EFFECTIVE ON CONTINGENCY: See PL 2017, c. 243, §5) Medical emergency; methadone. Notwithstanding subsection 1, records relating to methadone treatment of a patient for the treatment of opioid dependency that have been entered into the Controlled Substances Prescription Monitoring Program established under Title 22, section 7248 may be disclosed in an emergency setting only to the extent necessary to meet a bona fide medical emergency in which the patient's prior informed consent cannot be obtained and only to the health care professionals involved in treating the patient. Any disclosure of records pursuant to this subsection must be documented as described in Title 22, section 7250, subsection 7.
[PL 2017, c. 243, §1 (NEW); PL 2017, c. 243, §5 (AFF).]

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 2011, c. 657, Pt. AA, §40 (AMD). PL 2017, c. 243, §1 (AMD). PL 2017, c. 243, §5 (AFF). PL 2017, c. 407, Pt. A, §39 (AMD).

§20048. Visitation and communication of patients

1. Hours of visitation. Subject to reasonable rules regarding hours of visitation that the commissioner may adopt, patients in any approved treatment facility must be granted opportunities for adequate consultation with counsel and for continuing contact with family and friends consistent with an effective treatment program.
[PL 2011, c. 657, Pt. AA, §41 (AMD).]

2. Communication. Mail or other communication to or from a patient in any approved treatment facility may not be intercepted, read or censored. The commissioner may adopt reasonable rules regarding the use of telephones by patients in approved treatment facilities.
[PL 2011, c. 657, Pt. AA, §41 (AMD).]

3. Restrictions. The patient may exercise all civil rights, including, but not limited to, civil service status; the right to vote; rights relating to the granting, renewal, forfeiture or denial of a license, permit, privilege or benefit pursuant to any law; and the right to enter contractual relationships and to manage the patient's property, except:

A. To the extent the commissioner determines that it is necessary for the medical welfare of the patient to impose restrictions, unless the patient has been restored to legal capacity; or [PL 2011, c. 657, Pt. AA, §41 (AMD).]

B. When specifically restricted by other laws or rules. [PL 1989, c. 934, Pt. A, §3 (NEW).]

Restrictions on the exercise of civil rights may not be imposed on any patient solely because of the fact of that person's admission to a mental hospital.
[PL 2011, c. 657, Pt. AA, §41 (AMD).]

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 2011, c. 657, Pt. AA, §41 (AMD).

§20049. Emergency service patrol; establishment; rules

(REPEALED)

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 1991, c. 601, §23 (RP).

§20050. Payment for treatment; financial ability of patients

1. Payment. If treatment is provided by an approved treatment facility and the patient has not paid the charge for that treatment, the treatment facility is entitled to any payment received by the patient or to which the patient may be entitled because of the services rendered, and from any public or private source available to the treatment facility because of the treatment provided to the patient.
[PL 1991, c. 601, §24 (AMD).]

2. Liability. A patient in an approved public treatment facility, or the estate of the patient, or a person obligated to provide for the cost of treatment who has sufficient financial ability, is liable to the treatment facility for cost of maintenance and treatment of the patient in accordance with established rates.
[PL 1989, c. 934, Pt. A, §3 (NEW).]

3. Finances. The department shall adopt rules governing financial ability that take into consideration the patient's income, savings, other personal and real property and any support being furnished to any other person that the patient is required by law to support.
[PL 2011, c. 657, Pt. AA, §42 (AMD).]

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 1991, c. 601, §24 (AMD). PL 2011, c. 657, Pt. AA, §42 (AMD).

§20051. Criminal law limitations

1. Laws. A county, municipality or other political subdivision may not adopt or enforce a local law, ordinance, regulation or rule having the force of law that includes drinking or being found in an intoxicated condition as one of the elements of an offense giving rise to a criminal or civil penalty or sanction.
[PL 2017, c. 407, Pt. A, §40 (AMD).]

2. Interpretation. A county, municipality or other political subdivision may not interpret or apply any law of general application to circumvent subsection 1.
[PL 1989, c. 934, Pt. A, §3 (NEW).]

3. Effect. Nothing in this subchapter affects any law, ordinance, regulation or rule against drunken driving, driving under the influence of alcohol or other similar offense involving the operation of a vehicle, snowmobile, aircraft, boat, machinery or other equipment, or regarding the sale, purchase,

dispensing, possessing or use of alcoholic beverages at stated times and places or by a particular class of persons.
[PL 1989, c. 934, Pt. A, §3 (NEW).]

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 2009, c. 299, Pt. A, §1 (AMD). PL 2017, c. 407, Pt. A, §40 (AMD).

§20052. Long-term methadone and other narcotic drug detoxification and maintenance treatment

(REPEALED)

SECTION HISTORY

PL 1995, c. 499, §1 (NEW). PL 1995, c. 499, §5 (AFF). PL 2001, c. 26, §1 (RP).

§20053. Long-term Narcotic Dependency Treatment Project

(REPEALED)

SECTION HISTORY

PL 1995, c. 499, §1 (NEW). PL 1995, c. 499, §5 (AFF). PL 1995, c. 621, §§1,2 (AMD). PL 1997, c. 245, §19 (AMD). PL 2001, c. 26, §2 (RP).

§20054. Integrated treatment and recovery for families

The department shall develop and fund housing-based programs employing evidence-based strategies in a holistic approach to recovery for vulnerable families affected by substance use disorder. The programs must treat mothers affected by substance use disorder who have at least one child under 10 years of age when entering the program in an integrated family care model. The programs must provide to a mother in the program stable housing and comprehensive services that support recovery and unification with that mother's children. Comprehensive services provided include all of the following: care coordination, health care, child care, early childhood education, home supports, after-school programming, parenting education, treatment for mental health and substance use disorder, postsecondary education, community-based transportation and employment supports. The programs must include coordinated data collection to assess long-term recovery outcomes, transition to employment and independence for mothers participating in the programs. [PL 2019, c. 501, §5 (AMD).]

SECTION HISTORY

PL 2017, c. 415, §1 (NEW). PL 2019, c. 501, §5 (AMD).

§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. [PL 2017, c. 460, Pt. G, §6 (NEW).]

SECTION HISTORY

PL 2017, c. 460, Pt. G, §6 (NEW).

SUBCHAPTER 3-A

RECOVERY

§20057. Certified recovery residences

Beginning July 1, 2022, recovery residences must be certified pursuant to the requirements established in section 20005, subsection 22, to receive: [PL 2021, c. 472, §1 (NEW).]

1. Contracts. Any department contract for a recovery residence or services related to the recovery residence; or
[PL 2021, c. 472, §1 (NEW).]

2. Housing assistance. To the extent not in conflict with federal law, any housing assistance or voucher provided by the department, the Maine State Housing Authority or a municipality provided to or for the person recovering from substance use disorder.
[PL 2021, c. 472, §1 (NEW).]

A certified recovery residence must have a written discharge and transfer policy that is approved by a credentialing entity that is recognized by the department. Notwithstanding any landlord and tenant rights and obligations under Title 14, chapter 709, a certified recovery residence with a discharge and transfer policy approved under this section may immediately discharge or transfer a resident in accordance with that policy if the discharge or transfer is necessary for the resident's welfare, the resident's needs cannot be met at the recovery residence or the health and safety of other residents or recovery residence employees are at risk or would be at risk if the resident continues to live at the recovery residence. A person who refuses to leave a recovery residence after a discharge or transfer that is consistent with the requirements of this section may be ordered to leave the premises by the recovery residence owner or operator or by a law enforcement officer. [PL 2023, c. 249, §1 (NEW).]

SECTION HISTORY

PL 2021, c. 472, §1 (NEW). PL 2023, c. 249, §1 (AMD).

§20058. Rural recovery residences for families

1. Recovery residences for families. The Maine State Housing Authority shall make funds available for the acquisition of land or real property to support the creation of certified recovery residences under sections 20054 and 20057 that provide services to parents or guardians recovering from substance use disorder and their minor children.
[PL 2023, c. 412, Pt. LLL, §1 (NEW).]

2. Location. The land or real property acquired under this section must be located in counties with a county seat of no more than 35,000 residents and must be in close proximity to public transportation, or transportation must be provided to residents of the rural recovery residences.
[PL 2023, c. 412, Pt. LLL, §1 (NEW).]

3. Services. A rural recovery residence under this section must provide the following:

A. Recovery support services based on the needs of each resident; and [PL 2023, c. 412, Pt. LLL, §1 (NEW).]

B. Support for reunification services with minor children based on the needs of each resident. [PL 2023, c. 412, Pt. LLL, §1 (NEW).]

[PL 2023, c. 412, Pt. LLL, §1 (NEW).]

4. Staffing. Staff employed by a rural recovery residence under this section must be paid at least livable wages, as defined in Title 26, section 1-A.

[PL 2023, c. 412, Pt. LLL, §1 (NEW).]

5. Fund. The Rural Recovery Residence Fund is established as a nonlapsing fund to receive funds to support the land or real property acquisition, construction, renovation and activities described in this section. The Maine State Housing Authority shall distribute funds through a competitive bid process to grantees.

[PL 2023, c. 412, Pt. LLL, §1 (NEW).]

6. Rules. The Maine State Housing Authority may adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules as defined in chapter 375, subchapter 2-A.

[RR 2023, c. 2, Pt. A, §15 (COR).]

SECTION HISTORY

PL 2023, c. 412, Pt. LLL, §1 (NEW). RR 2023, c. 2, Pt. A, §15 (COR).

SUBCHAPTER 4

MAINE COUNCIL ON ALCOHOL AND DRUG ABUSE PREVENTION AND TREATMENT

(REPEALED)

§20061. Membership

(REPEALED)

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 1991, c. 601, §25 (AMD). PL 1993, c. 410, §LL11 (RP).

§20062. Meetings; compensation; quorum

(REPEALED)

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 1993, c. 410, §LL11 (RP).

§20063. Powers and duties of the council

(REPEALED)

SECTION HISTORY

PL 1989, c. 934, §A3 (NEW). PL 1991, c. 601, §§26,27 (AMD). PL 1993, c. 410, §LL11 (RP).

SUBCHAPTER 4-A

SUBSTANCE USE DISORDER SERVICES COMMISSION

§20065. Membership

1. Members. The Substance Use Disorder Services Commission, as established by section 12004-G, subsection 13-C, consists of 19 members.
[PL 2025, c. 140, §1 (AMD).]

2. Qualifications. To be qualified to serve, members must have education, training, experience, knowledge, expertise and interest in substance use disorder in the areas of intervention, harm reduction, prevention, treatment and recovery. Members must reflect experiential diversity from across the State and must have demonstrated active participation in issues related to substance use disorder.
[PL 2025, c. 140, §2 (AMD).]

3. Members; representation. The commission consists of the following members:

A. Two members of the Senate, appointed by the President of the Senate, and 2 members of the House of Representatives, appointed by the Speaker of the House of Representatives. Of the 2 members of the House of Representatives, one must be a member of the joint standing committee of the Legislature having jurisdiction over health and human services matters and one must be a member of the joint standing committee of the Legislature having jurisdiction over criminal justice and public safety matters; [PL 2019, c. 432, §1 (AMD).]

B. One physician or health care provider experienced in the treatment of substance use disorder, appointed by the Governor; [PL 2019, c. 432, §1 (AMD).]

C. One representative from the field of education who has experience with school-based substance use disorder intervention, prevention and education programs, appointed by the Governor; [PL 2025, c. 140, §3 (AMD).]

D. [PL 2025, c. 140, §4 (RP).]

E. One representative from nominations by a statewide community-based recovery coalition, appointed by the Governor; [PL 2019, c. 432, §1 (AMD).]

F. One representative from the criminal justice system who represents or is involved with the substance use disorder criminal justice system, appointed by the Governor; [PL 2019, c. 432, §1 (AMD).]

G. One educator involved in postsecondary substance use disorder intervention, prevention, treatment and recovery education, appointed by the Governor; [PL 2019, c. 432, §1 (AMD).]

H. One substance use disorder intervention practitioner, one substance use disorder harm reduction practitioner, one substance use disorder prevention practitioner, one substance use disorder treatment practitioner and one substance use disorder recovery practitioner, appointed by the Governor; [PL 2025, c. 140, §5 (AMD).]

I. One private sector employer familiar with employee assistance programs, appointed by the Governor; and [PL 2019, c. 432, §1 (AMD).]

J. Four members of the public with experience in substance use disorder, appointed by the Governor. In appointing these 4 members, the Governor shall select members who are actively involved in the areas of:

(6) Co-occurring disorder services;

(7) Employment;

(8) Substance use disorder recovery; and

(9) Representation of federally recognized Indian nations, tribes or bands. [PL 2025, c. 140, §6 (AMD).]

[PL 2025, c. 140, §§3-6 (AMD).]

4. Term; vacancies. Terms of appointment begin and expire on June 1st. A vacancy in the commission does not affect the commission's powers, but must be filled in accordance with this subsection.

A member appointed to fill a vacancy occurring before the expiration of the term for which the member's predecessor was appointed may be appointed only for the remainder of that term.

A. The terms of the 4 public members appointed under subsection 3, paragraph J are for terms of 3 years, except that a member appointed to fill a vacancy in an unexpired term serves only for the remainder of that term. Members hold office until the appointment and confirmation of their successors. A public member may not be appointed for more than 2 consecutive, 3-year terms. [PL 2025, c. 140, §7 (AMD).]

B. Members who are members of the Legislature and appointed by the President of the Senate or the Speaker of the House of Representatives serve at the pleasure of the appointing authority. [PL 2019, c. 432, §1 (AMD).]

C. [PL 1993, c. 700, §2 (RP).]

[PL 2025, c. 140, §7 (AMD).]

5. Reappointment; termination. Members may be appointed for 2 consecutive terms only and may serve after the expiration of their terms until their successors have been appointed and qualified and have taken office. The appointing authority may terminate the appointment of a member for good and just cause and the appointing authority shall communicate the reason for the termination to the member terminated. The appointment of a member of the commission is terminated if a member is absent from 3 consecutive meetings without a good and just cause that is communicated to the chair of the commission.

[PL 1993, c. 410, Pt. LL, §12 (NEW).]

6. Officers; bylaws. The Governor shall designate one member to chair the commission. The commission may elect other officers from its members as it considers appropriate. The commission shall adopt bylaws for the operations of the commission.

[PL 2025, c. 140, §8 (AMD).]

7. Subcommittees. The commission may appoint from its membership subcommittees relating to particular problem areas or other matters, as long as the commission functions as an integrated committee as set forth in the bylaws.

[PL 2025, c. 140, §9 (AMD).]

8. Administrative and financial assistance. The department shall provide the commission administrative or financial assistance that is available from department resources.

[PL 2011, c. 657, Pt. AA, §43 (AMD).]

SECTION HISTORY

PL 1993, c. 410, §LL12 (NEW). PL 1993, c. 700, §§1,2 (AMD). PL 1995, c. 560, §L9 (AMD). PL 1995, c. 560, §L16 (AFF). PL 1999, c. 401, §§FFF1,2 (AMD). PL 2001, c. 303, §1 (AMD). PL 2011, c. 657, Pt. AA, §43 (AMD). PL 2017, c. 407, Pt. A, §§41-43 (AMD). PL 2019, c. 432, §1 (AMD). PL 2025, c. 140, §§1-9 (AMD).

§20066. Meetings; compensation; quorum

1. Calling meetings. The commission shall meet at the call of the chair or at the call of at least 1/4 of the members appointed and currently holding office.

[PL 1993, c. 410, Pt. LL, §12 (NEW).]

2. Frequency of meetings. The commission shall meet at least 6 times a year and at least once every other month.

[PL 2025, c. 140, §10 (AMD).]

3. Minutes. The commission shall keep minutes of all full commission meetings, including a list of people in attendance. The commission shall post copies of the approved minutes to a publicly accessible website.
[PL 2025, c. 140, §10 (AMD).]

4. Compensation. Members of the commission are entitled to compensation under chapter 379.
[PL 1993, c. 410, Pt. LL, §12 (NEW).]

5. Quorum; council action. A majority of the commission members constitutes a quorum for the purpose of conducting the business and exercising all the powers of the commission. A vote of a majority of the members present is sufficient for all actions of the commission.
[PL 1993, c. 410, Pt. LL, §12 (NEW).]

SECTION HISTORY

PL 1993, c. 410, §LL12 (NEW). PL 2025, c. 140, §10 (AMD).

§20067. Duties of the commission

The commission, in cooperation with the department, has the following duties. [PL 2011, c. 657, Pt. AA, §44 (AMD).]

1. Oversee office.
[PL 1995, c. 560, Pt. L, §10 (RP); PL 1995, c. 560, Pt. L, §16 (AFF).]

1-A. Advise the department. The commission shall advise the department in the development and implementation of significant policy matters relating to substance use disorder.
[PL 2017, c. 407, Pt. A, §44 (AMD).]

2. Advise, consult and assist. The commission shall advise, consult and assist the Governor, the executive and legislative branches of State Government and the Chief Justice of the Supreme Judicial Court with activities of State Government related to substance use disorder prevention, intervention, harm reduction, treatment and recovery.
[PL 2025, c. 140, §11 (AMD).]

3. Serve as advocate; review and evaluate; inform public. The commission shall serve as an advocate and resource for the State on substance use disorder intervention, harm reduction, prevention, treatment and recovery. The commission shall promote and assess activities designed to meet and remediate challenges of substance use disorder in the State. With the support of the department, the commission shall review and evaluate on a continuing basis state and federal policies and programs relating to substance use disorder. In cooperation with the department, the commission shall keep the public informed by collecting and disseminating information, by conducting or commissioning studies and publishing the results of those studies, by issuing publications and reports and by providing public forums, including conferences and workshops. The commission, based on its activities pursuant to this subsection, shall make recommendations relating to substance use disorder to the department, the Governor and the Legislature.
[PL 2025, c. 140, §12 (AMD).]

4. Report to the Legislature. The commission shall report annually to the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs on or before the last business day of each year. The report must include developments and needs related to substance use disorder intervention, harm reduction, prevention, treatment and recovery in the State.
[PL 2025, c. 140, §13 (AMD).]

SECTION HISTORY

PL 1993, c. 410, §LL12 (NEW). PL 1995, c. 560, §§L10,11 (AMD). PL 1995, c. 560, §L16 (AFF). PL 1997, c. 134, §9 (AMD). PL 1999, c. 401, §FFF3 (AMD). PL 2011, c. 657, Pt. AA,

§§44-46 (AMD). PL 2017, c. 407, Pt. A, §44 (AMD). PL 2019, c. 432, §2 (AMD). PL 2025, c. 140, §§11-13 (AMD).

SUBCHAPTER 5

DRIVER EDUCATION AND EVALUATION PROGRAMS

§20071. Definitions

As used in this subchapter, unless the context otherwise indicates, the following terms have the following meanings. [PL 1991, c. 601, §28 (NEW).]

1. Alcohol-related or other drug-related motor vehicle incident. "Alcohol-related or other drug-related motor vehicle incident" means a conviction or administrative action resulting in the suspension of a motor vehicle operator's license for a violation under former Title 29, section 1311-A; former Title 29, section 1312, subsection 10-A; former Title 29, section 1312-B; former Title 29, section 1312-C; former Title 29, section 1313-B; former Title 29, section 2241, subsection 1, paragraph N; former Title 29, section 2241-G, subsection 2, paragraph B, subparagraph (2); former Title 29, section 2241-J; Title 29-A, section 1253; Title 29-A, section 2411; Title 29-A, section 2453; Title 29-A, section 2454, subsection 2; Title 29-A, section 2456; Title 29-A, section 2457; Title 29-A, section 2472, subsection 3, paragraph B and subsection 4; Title 29-A, section 2503; Title 29-A, sections 2521 and 2523; or Title 29-A, section 2525 or the rules adopted by the Department of the Secretary of State for the suspension of commercial drivers' licenses.
[RR 2025, c. 2, Pt. A, §20 (COR).]

2. Client. "Client" means a person who is required to complete an alcohol and other drug education, evaluation and treatment program for an alcohol-related or drug-related motor vehicle offense.
[PL 1991, c. 601, §28 (NEW).]

3. Community-based service provider. "Community-based service provider" means a provider of either the treatment component or the evaluation component, or both, of the alcohol and other drug education, evaluation and treatment program certified under section 20075 or a program approved by the office.
[PL 1991, c. 601, §28 (NEW).]

4. Completion of treatment. "Completion of treatment," for the purpose of recommendation by the office to the Secretary of State concerning restoration of the driver's license to the client, means that the individual has responded to treatment to the extent that there is a substantial probability that the individual will not be operating under the influence. This substantial probability may be shown by:

A. An acknowledgement by the client of the extent of the client's alcohol or drug problem; [PL 1991, c. 601, §28 (NEW).]

B. A demonstrated ability to abstain from the use of alcohol and drugs; and [PL 1991, c. 601, §28 (NEW).]

C. A willingness to seek continued voluntary treatment or to participate in an appropriate self-help program, or both, as necessary. [PL 1991, c. 601, §28 (NEW).]
[PL 1991, c. 601, §28 (NEW).]

4-A. First offender. "First offender" means a client who has no previous alcohol-related or drug-related motor vehicle incident within a 10-year period.
[PL 1999, c. 448, §2 (AMD).]

4-B. First offender with an aggravated operating-under-the-influence offense.

[PL 2001, c. 511, §1 (RP).]

5. Multiple offender. "Multiple offender" means a client who has more than one alcohol-related or drug-related motor vehicle incident within a 10-year period or has a previous incident prior to the 10-year period for which the client has not completed a Driver Education and Evaluation Program as established in section 20072.
[PL 1999, c. 448, §3 (AMD).]

SECTION HISTORY

PL 1991, c. 601, §28 (NEW). PL 1991, c. 622, §Y2 (AMD). PL 1993, c. 631, §§2-4 (AMD). PL 1995, c. 65, §§A11,12 (AMD). PL 1995, c. 65, §§A153,C15 (AFF). PL 1999, c. 448, §§1-3 (AMD). PL 2001, c. 511, §1 (AMD). PL 2021, c. 608, Pt. A, §1 (AMD). RR 2025, c. 2, Pt. A, §20 (COR).

§20072. Driver Education and Evaluation Programs

The Driver Education and Evaluation Programs are established in the department. The Driver Education and Evaluation Programs shall administer the alcohol and other drug education, evaluation and treatment programs as provided in this chapter. The department shall certify to the Secretary of State: [PL 2011, c. 657, Pt. AA, §47 (AMD).]

1. Completion of Driver Education and Evaluation Programs. Those individuals who have satisfactorily completed a program pursuant to section 20073-B; and
[PL 1999, c. 448, §4 (AMD).]

2. Completion of treatment other than Driver Education and Evaluation Programs. Those individuals who have satisfied the requirement for completion of treatment as defined in section 20071 by means other than a program pursuant to section 20073-B.
[PL 1999, c. 448, §4 (AMD).]

SECTION HISTORY

PL 1991, c. 601, §28 (NEW). PL 1991, c. 622, §Y3 (AMD). PL 1991, c. 850, §6 (AMD). PL 1995, c. 560, §L12 (AMD). PL 1995, c. 560, §L16 (AFF). PL 1999, c. 448, §4 (AMD). PL 2011, c. 657, Pt. AA, §47 (AMD).

§20072-A. Funding

General Fund appropriations for the Driver Education and Evaluation Programs may not exceed $1,700,000 in any fiscal year. [PL 2009, c. 462, Pt. J, §1 (NEW).]

SECTION HISTORY

PL 2009, c. 462, Pt. J, §1 (NEW).

§20073. Program components

(REPEALED)

SECTION HISTORY

PL 1991, c. 601, §28 (NEW). PL 1991, c. 622, §Y4 (RP).

§20073-A. Program components

(REPEALED)

SECTION HISTORY

PL 1991, c. 622, §Y5 (NEW). PL 1991, c. 850, §§7,8 (AMD). PL 1993, c. 631, §§5,6 (AMD). PL 1999, c. 448, §5 (RP).

§20073-B. Programs and components; rules

The department shall design programs and components that are age-appropriate and therapeutically appropriate. The department shall adopt rules regarding requirements for these programs and components and any other rules necessary to implement this subchapter. Rules adopted pursuant to this section are routine technical rules as defined in chapter 375, subchapter 2-A. [PL 2011, c. 657, Pt. AA, §48 (AMD).]

SECTION HISTORY

PL 1999, c. 448, §6 (NEW). PL 2011, c. 657, Pt. AA, §48 (AMD).

§20074. Separation of evaluation and treatment functions

A Driver Education and Evaluation Programs private practitioner or a counselor employed by a substance use disorder treatment facility approved or licensed by the department providing services under this subchapter may not provide both treatment services and evaluation services for the same individual participating in programs under this subchapter unless a waiver is granted on a case-by-case basis by the Driver Education and Evaluation Programs. The practitioner or counselor providing evaluation services shall give a client the name of 3 practitioners or counselors who can provide treatment services, at least one of whom is not employed by the same agency as the practitioner or counselor conducting the evaluation. [PL 2017, c. 407, Pt. A, §45 (AMD).]

SECTION HISTORY

PL 1991, c. 601, §28 (NEW). PL 1991, c. 622, §Y6 (AMD). PL 1991, c. 850, §9 (AMD). PL 2011, c. 657, Pt. AA, §49 (AMD). PL 2017, c. 407, Pt. A, §45 (AMD).

§20075. Certification; recertification

All providers of the evaluation, intervention and treatment components of the Driver Education and Evaluation Programs must be certified by the department pursuant to section 20005, section 20024, section 20073-B and this subchapter. The certification period for individual providers and agencies is 2 years. The department shall adopt rules requiring continuing education for recertification. [PL 2011, c. 657, Pt. AA, §50 (AMD).]

SECTION HISTORY

PL 1991, c. 601, §28 (NEW). PL 1991, c. 850, §10 (AMD). PL 1999, c. 448, §7 (AMD). PL 2001, c. 511, §2 (AMD). PL 2011, c. 657, Pt. AA, §50 (AMD).

§20076. Fees

(REPEALED)

SECTION HISTORY

PL 1991, c. 601, §28 (NEW). PL 1991, c. 622, §Y7 (RP).

§20076-A. Fees

(REPEALED)

SECTION HISTORY

PL 1991, c. 622, §Y8 (NEW). PL 1999, c. 448, §8 (RP).

§20076-B. Fees

The department shall set fees in accordance with the cost of each program. All fees must be transferred to the General Fund. The department may waive all or part of any fee for a client who provides sufficient evidence of inability to pay. [PL 2011, c. 657, Pt. AA, §51 (AMD).]

SECTION HISTORY

PL 1999, c. 448, §9 (NEW). PL 2011, c. 657, Pt. AA, §51 (AMD).

§20077. Report

Beginning in 1992, the commissioner shall report annually by February 1st to the joint standing committee of the Legislature having jurisdiction over human resource matters regarding the department's activities under this subchapter. A copy of the report must be sent to the Executive Director of the Legislative Council. [PL 2011, c. 657, Pt. AA, §52 (AMD).]

SECTION HISTORY

PL 1991, c. 601, §28 (NEW). PL 2011, c. 657, Pt. AA, §52 (AMD).

§20078. Board of appeals

(REPEALED)

SECTION HISTORY

PL 1991, c. 601, §28 (NEW). PL 1991, c. 622, §§Y9,10 (AMD). PL 1991, c. 850, §§11-14 (AMD). PL 1991, c. 850, §19 (AFF).

§20078-A. Board of appeals

(REPEALED)

SECTION HISTORY

PL 1993, c. 631, §7 (NEW). PL 1999, c. 448, §10 (AMD). PL 2011, c. 657, Pt. AA, §§53, 54 (AMD). PL 2017, c. 407, Pt. A, §46 (AMD). PL 2021, c. 560, §4 (RP).

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