

# 129th MAINE LEGISLATURE

# FIRST REGULAR SESSION-2019

**Legislative Document** 

No. 730

H.P. 535

House of Representatives, February 11, 2019

## An Act To Create the Substance Use Disorders Cabinet

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

ROBERT B. HUNT

R(+ B. Hunt

Presented by Representative HYMANSON of York. Cosponsored by Senator GRATWICK of Penobscot and

Representatives: CRAVEN of Lewiston, FARNSWORTH of Portland, McCREIGHT of

Harpswell, Senator: CLAXTON of Androscoggin.

1	Be it enacted by the People of the State of Maine as follows:
2	Sec. 1. 5 MRSA c. 441 is enacted to read:
3	CHAPTER 441
4	SUBSTANCE USE DISORDERS CABINET
5	§19151. Substance Use Disorders Cabinet
6 7 8 9 10 11	1. Establishment. The Substance Use Disorders Cabinet, referred to in this chapter as "the cabinet," is established, no later than January 15, 2020, to promote interdepartmental collaboration on policy development and program implementation and to support the delivery of services for prevention, harm reduction and treatment of substance use disorders for citizens of the State that are planned, managed and delivered in an integrated manner.
12	2. Membership. The cabinet consists of the following members:
13	A. The Commissioner of Corrections or the commissioner's designee;
14	B. The Commissioner of Education or the commissioner's designee;
15 16	C. The Commissioner of Health and Human Services or the commissioner's designee;
17	D. The Commissioner of Labor or the commissioner's designee;
18	E. The Commissioner of Public Safety or the commissioner's designee;
19 20	F. The Chief Justice of the Supreme Judicial Court or the Chief Justice's designee; and
21 22	G. At the discretion of the Governor, a member of the public, appointed by the Governor.
23 24	3. Chair. The Governor shall appoint one of the members to serve as chair of the cabinet. The term of the chair is 2 years.
25	§19152. Duties of the cabinet
26 27 28 29	Within existing resources, the cabinet shall collaborate to create, manage and promote coordinated policies, programs and service delivery systems that address prevention, harm reduction and treatment of substance use disorders consistent with the purposes of this chapter. To accomplish these purposes, the cabinet shall:
30 31	1. Regional cabinets. Appoint regional cabinets to ensure that the purposes of this chapter are implemented at the regional and local levels;
32 33 34	2. Subcommittees. Appoint subcommittees, which may include members from any public or private agency or advisory committee or any citizen who has appropriate interest and expertise, as may be necessary to carry out the work of the cabinet;

- 3. Coordinate funding; collaboration. Coordinate funding and budgets among the 1 2 departments represented in the cabinet related to services for prevention, harm reduction 3 and treatment of substance use disorders in order to carry out the purposes of this chapter. collaborate to share funding resources and remove barriers between departments; 4 4. Planning and policy development. Conduct long-term planning and policy 5 6 development to create a more effective public and private service delivery system; 7 5. Service delivery. Coordinate the delivery of residential and community-based services for prevention, harm reduction and treatment of substance use disorders among 8 the departments represented in the cabinet; 9 10 **6.** Assessment of resources. Assess resource capacity and resource allocation; 11 7. Policy and program review. Improve policies and programs through the review 12 of specific case examples; and **Communication.** Broadly communicate the work of the cabinet to the 13 departments represented in the cabinet and to the public. 14 15 §19153. Implementation and oversight 16 Within existing resources, the cabinet shall initiate, implement and oversee programs, 17 policies and services consistent with the purposes of this chapter, which may include but are not limited to programs, policies and services designed to: 18 1. Community resources. Support a collaborative effort between communities and 19 State Government in order to effectively address the problem of substance use disorders 20 21 facing the State's citizens by organizing and combining the resources of State Government with resources and leadership at the community level; 22 23 2. Effectiveness indicators. Identify indicators to measure progress in prevention. 24 harm reduction and treatment of substance use disorders to be used by policy makers at 25 the state and local levels; 3. Reducing overdose. Reduce the incidence of drug overdose among citizens of 26 the State and improve access to appropriate services for prevention, harm reduction and 27 treatment of substance use disorders; 28 29 4. Access to information and referral. Ensure easy access to information and referral for services for treatment of substance use disorders: 30

  - 5. Service coordination and access. Coordinate services for prevention, harm reduction and treatment of substance use disorders as an integrated whole and facilitate access to services; and

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6. Pooled funds. Provide services for prevention, harm reduction and treatment of substance use disorders using appropriate funds pooled from each department represented in the cabinet.

### §19154. Funds

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The cabinet is authorized to solicit, receive and pool funds from the Federal Government, any political subdivision of the State or any individual, foundation or corporation and may expend those funds for purposes that are consistent with this chapter.

### §19155. Annual report

Beginning in 2021, no later than January 31st of each year, the cabinet shall, within existing resources, provide a report to the joint standing committees of the Legislature having jurisdiction over appropriations and financial affairs, criminal justice and public safety matters, education and cultural affairs, health and human services matters, judiciary matters, labor matters and state and local government matters. The cabinet shall make the report available to the public on the Department of Health and Human Services' publicly accessible website.

**Sec. 2. Initial chair of the cabinet.** Notwithstanding the Maine Revised Statutes, Title 5, section 19151, subsection 3, the Commissioner of Health and Human Services, or the commissioner's designee, is the chair of the Substance Use Disorders Cabinet for the first 2-year term.

18 SUMMARY

This bill establishes the Substance Use Disorders Cabinet. The cabinet consists of the Commissioner of Corrections, the Commissioner of Education, the Commissioner of Health and Human Services, the Commissioner of Labor and the Commissioner of Public Safety, the Chief Justice of the Supreme Judicial Court and, at the discretion of the Governor, one member of the public. The initial chair of the cabinet is the Commissioner of Health and Human Services or the commissioner's designee. The cabinet is established to promote interdepartmental collaboration on substance use disorders policy development and program implementation and support service delivery in an integrated manner. The duties of the cabinet include coordinating funding, conducting long-term planning and policy development, coordinating service delivery, assessing resource capacity, reviewing programs and policies and communicating the work of the cabinet. The cabinet is authorized to solicit, receive and pool funds from the Federal Government, subdivisions of the State and individuals, foundations or corporations. The cabinet is required to submit an annual report to the joint standing committees of the Legislature having jurisdiction over appropriations and financial affairs, criminal justice and public safety matters, education and cultural affairs, health and human services matters, judiciary matters, labor matters and state and local government matters and to make the report available to the public. The cabinet is required to carry out its duties within existing resources.