

CHAPTER 715-A

ASSISTANCE FOR SURVIVORS OF ACQUIRED BRAIN INJURY

§3086. Definitions

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings. [PL 1987, c. 494 (NEW).]

1. Acquired brain injury. "Acquired brain injury" means an insult to the brain resulting directly or indirectly from trauma, anoxia, vascular lesions or infection, which:

A. Is not of a degenerative or congenital nature; [PL 1989, c. 501, Pt. P, §26 (NEW).]

B. Can produce a diminished or altered state of consciousness resulting in impairment of cognitive abilities or physical functioning; [PL 1989, c. 501, Pt. P, §26 (NEW).]

C. Can result in the disturbance of behavioral or emotional functioning; [PL 1989, c. 501, Pt. P, §26 (NEW).]

D. Can be either temporary or permanent; and [PL 1989, c. 501, Pt. P, §26 (NEW).]

E. Can cause partial or total functional disability or psychosocial maladjustment. [PL 1989, c. 501, Pt. P, §26 (NEW).]

[PL 2011, c. 293, §1 (AMD).]

SECTION HISTORY

PL 1987, c. 494 (NEW). PL 1989, c. 501, §P26 (AMD). PL 2011, c. 293, §1 (AMD).

§3087. Registry; duty to report

(REPEALED)

SECTION HISTORY

PL 1987, c. 494 (NEW). PL 1991, c. 155 (AMD). PL 2011, c. 293, §2 (RP).

§3088. Comprehensive neurorehabilitation service system

The department shall, within the limits of its available resources, develop a comprehensive neurorehabilitation service system designed to assist, educate and rehabilitate the person with an acquired brain injury to attain and sustain the highest function and self-sufficiency possible using home-based and community-based treatments, services and resources to the greatest possible degree. The comprehensive neurorehabilitation service system must include, but is not limited to, care management and coordination, crisis stabilization services, physical therapy, occupational therapy, speech therapy, neuropsychology, neurocognitive retraining, positive neurobehavioral supports and teaching, social skills retraining, counseling, vocational rehabilitation and independent living skills and supports. The comprehensive neurorehabilitation service system may include a posthospital system of nursing, community residential facilities and community residential support programs designed to meet the needs of persons who have sustained an acquired brain injury and assist in the reintegration of those persons into their communities. [PL 2011, c. 293, §3 (RPR).]

SECTION HISTORY

PL 1987, c. 494 (NEW). PL 2011, c. 293, §3 (RPR).

§3088-A. Support for underserved populations

Within the limits of its available resources, the department may enter into contracts with organizations representing individuals with a brain injury and their families, bringing together state and

national expertise to provide core brain injury support for underserved populations of individuals with an acquired brain injury, including, but not limited to, individuals who experienced an opioid drug overdose resulting in anoxic or hypoxic brain injury, who are veterans, who are victims of domestic violence, who are experiencing homelessness, who are ineligible for MaineCare and who have a newly acquired brain injury. For the purposes of this section, "core brain injury support" includes, but is not limited to, resource facilitation, brain injury support groups, outreach designed for individuals who have a newly acquired brain injury, access to a joint state and national helpline, information and resource education and family caregiver training. The department may adopt rules to implement this section. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A. [PL 2019, c. 488, §1 (NEW).]

SECTION HISTORY

PL 2019, c. 488, §1 (NEW).

§3089. Acquired brain injury assessments and interventions; protection of rights

The department is designated as the official state agency responsible for acquired brain injury services and programs. [PL 2005, c. 229, §1 (NEW).]

1. Assessments and interventions. In addition to developing the comprehensive neurorehabilitation service system under section 3088, the department may undertake, within the limits of available resources, appropriate identification and medical and rehabilitative interventions for persons who sustain acquired brain injuries, including, but not limited to, establishing services:

A. To assess the needs of persons who sustain acquired brain injuries and to facilitate effective and efficient medical care, neurorehabilitation planning and reintegration; and [PL 2011, c. 293, §4 (NEW).]

B. To improve the knowledge and skills of the medical community, including, but not limited to, emergency room physicians, psychiatrists, neurologists, neurosurgeons, neuropsychologists and other professionals who diagnose, evaluate and treat acquired brain injuries. [PL 2011, c. 293, §4 (NEW).]

[PL 2011, c. 293, §4 (NEW).]

2. Rights of patients and responsibility of department to protect those rights. To the extent possible within the limits of available resources and except to the extent that a patient with an acquired brain injury's rights have been suspended as the result of court-ordered guardianship, the department shall:

A. Protect the health and safety of that patient; [PL 2011, c. 293, §4 (NEW).]

B. Ensure that the patient has access to treatment, individualized planning and services and positive behavioral interventions and protections; and [PL 2011, c. 293, §4 (NEW).]

C. Protect the patient's rights to appeal decisions regarding the person's treatment, access to advocacy services and service quality control standards, monitoring and reporting. [PL 2011, c. 293, §4 (NEW).]

[PL 2011, c. 293, §4 (NEW).]

2-A. Licensing. As provided in Title 34-B, section 1203-B, the department shall license agencies, as defined in that section, that serve or provide support for an adult with an acquired brain injury.

[PL 2023, c. 89, §1 (NEW).]

3. Rules. The department shall establish rules under this section. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

[PL 2011, c. 293, §4 (NEW).]

SECTION HISTORY

PL 2005, c. 229, §1 (NEW). PL 2011, c. 293, §4 (AMD). PL 2023, c. 89, §1 (AMD).

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