

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied
(searchable text may contain some errors and/or omissions)



120th MAINE LEGISLATURE

FIRST REGULAR SESSION-2001

Legislative Document

No. 1292

H.P. 968

House of Representatives, February 28, 2001

**An Act for Voluntary Testing for Hepatitis-C of Adult Prisoners in the
Maine Correctional System.**

Reference to the Committee on Criminal Justice suggested and ordered printed.

Millicent M. MacFarland

MILLICENT M. MacFARLAND, Clerk

Presented by Representative SHIELDS of Auburn.
Cosponsored by Senator KNEELAND of Aroostook and
Representatives: BRUNO of Raymond, DUGAY of Cherryfield, NUTTING of Oakland,
QUINT of Portland, SCHNEIDER of Durham, Senator: TURNER of Cumberland.

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

4 **Sec. 1. 22 MRSA §836 is enacted to read:**

6 **§836. Testing by Department of Corrections**

8 The Department of Corrections shall perform testing for
10 hepatitis-C on high-risk adult clients, as defined in Title 34-A,
12 section 1001, subsection 1-A. The client must give consent and
14 submit to the testing and treatment voluntarily. There must be
16 pretest and posttest counseling for both positively as well as
18 negatively tested clients. The first year of testing must be
offered to all high-risk clients and subsequently to all new
high-risk admissions. The testing program must include medical
treatment for hepatitis-C, information on support groups, drug
treatment services, immunization for hepatitis-A and hepatitis-B
and case management services that connect clients with community
resources upon discharge.

20 **SUMMARY**

22 This bill requires the Department of Corrections to perform
24 testing for hepatitis-C on high-risk adult clients of the
26 department who volunteer to participate in the testing. The bill
28 requires that medical treatment for hepatitis-C, information on
30 support groups, drug treatment services, immunization for
hepatitis-A and hepatitis-B and case management services that
connect clients with community resources upon discharge all be a
part of the voluntary testing program.