

/* MAINE statutes address testing, services, and community based organizations, as well as records and confidentiality. */

PART 23 PUBLIC HEALTH
CHAPTER 501 MEDICAL CONDITIONS

Section

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19201. Definitions

As used in this chapter, unless the context indicates otherwise, the following terms have the following meanings.

1. Antibody to HIV. "Antibody to HIV" means the specific immunoglobulin produced by the body's immune system in response to HIV.
2. Health care provider. "Health care provider" means any appropriately licensed, certified or registered provider of mental or physical health care, either in the public or private sector or any business establishment providing health care services.
3. HIV. "HIV" means the human immunodeficiency virus, identified as the causative agent of Acquired Immune Deficiency Syndrome or AIDS.
4. HIV antigen. "HIV antigen" means the specific immune-recognizable marker proteins of HIV.
- 4A. HIV test. "HIV test" means a test for the presence of an antibody to HIV or a test for an HIV antigen.
5. HIV infection. "HIV infection" means the state wherein HIV has invaded the body and is being actively harbored by the body.
- 5A. Informed consent. "Informed consent" means consent that is:
 - A. Based on an actual understanding by the person to be tested:

- (1) That the test is being performed;
- (2) Of the nature of the test;
- (3) Of the persons to whom the results of that test may be disclosed;
- (4) Of the purpose for which the test results may be used; and
- (5) Of any reasonably foreseeable risks and benefits resulting from the test; and

B. Wholly voluntary and free from express or implied coercion.

6. Person. "Person" means any natural person, firm, corporation, partnership or other organization, association or group, however organized.

7. Seropositivity. "Seropositivity" means the presence of antibody to HIV as detected by appropriate laboratory tests.

8. Viral positivity. "Viral positivity" means demonstrated presence of HIV.

19202. Committee to Advise the Department of Human Services on AIDS

The Committee to Advise the Department of Human Services on AIDS, as established by section 12004-I, subsection 42, consists of not less than 27 members nor more than 31 members to include representation of: One allopathic physician from nominees submitted by the Maine Medical Association; one osteopathic physician from nominees submitted by the Maine Osteopathic Association; one nursing home administrator from nominees submitted by the Maine Health Care Association; one funeral director from nominees submitted by the Maine Funeral Directors Association; one social worker from nominees submitted by the Maine Chapter of the National Association of Social Workers; one educator from nominees submitted by the Maine Superintendents Association, the Maine Teachers Association, the Maine Elementary Principals' Association and the Maine Secondary School Principals' Association; one nurse from nominees submitted by the Maine State Nurses Association; one representative from nominees submitted by the Maine Hospice Council; 3 members of the high-risk community one of whom must be a person with hemophilia from nominees submitted by the Maine Hemophilia Treatment Center and the Maine Chapter of New England Hemophilia Association, one representative of the gay community from nominees submitted by the Maine Lesbian/Gay Political Alliance, and one person living with AIDS from nominees submitted by the Maine Persons with AIDS Coalition; one insurance industry representative; one dentist from nominees submitted by the Maine Dental Association; one state employee from nominees submitted by the Maine State Employees Association and the American Federation of State, County and Municipal Employees; 2 members of the public,

including one parent of a school age child; the Commissioner of Human Services or the commissioner's designee who shall serve during the commissioner's term of office; one mental health professional from nominees submitted by the Maine Psychological Association and the Maine Council of Community Mental Health Services; one member representing hospitals from nominees submitted by the Maine Hospital Association; one member representing public health professionals from nominees submitted by the Maine Public Health Association; one infection control practitioner from nominees submitted by the Maine Council for Infection Control Practitioners; one representative from nominees submitted by the Maine Human Rights Commission; one representative of a nonprofit hospital or medical service organization; one substance abuse counselor; one member of the clergy; one representative AIDS service providers from nominees submitted by the Maine AIDS Alliance; and 2 Legislators, one member of the House of Representatives appointed by the Speaker of the House of Representatives and one Senator appointed by the President of the Senate. The members, except for those specifically designated in this paragraph, must be appointed by the Governor for their competence and experience in connection with these fields.

1. Membership. The term of office of each member shall be 3 years; provided that of the members first appointed, 1/3 shall be appointed for a term of one year, 1/3 for terms of 2 years and 1/3 for terms of 3 years. The Governor shall designate a chairman and vice-chairman to serve at the pleasure of the Governor. The chairman shall be the presiding member of the committee. All vacancies shall be filled for the balance of the unexpired term in the same manner as original appointments. The members of the committee shall be compensated in accordance with chapter 379.

2. Duties. The committee shall advise the department on:

- A. Content and dissemination of educational materials;
- B. Crises that may develop;
- C. Coordination of services to persons with AIDS, AIDS Related Complex or viral positivity;
- D. Coordination of services for family and other persons providing care and support to persons with AIDS, AIDS Related Complex or viral positivity; and
- E. AIDS related policy and proposed rules.

3. Meetings. The advisory committee shall meet at least 4 times a year and more frequently if needed to respond to the duties of this committee as specified in subsection 2. Special meetings may be called by the chairman and shall be called at the request of the State Epidemiologist, the Director of the Bureau of Health, the Director of Disease Control, the Director of Sexually

Transmitted Diseases or by 3 or more members of the committee.

19203. Confidentiality of test

No person may disclose the results of an HIV test, except as follows:

1. Subject of test. To the subject of the test;
2. Designated health care provider. To a health care provider designated by the subject of the test in writing. When a patient has authorized disclosure of HIV test results to a person or organization providing health care, the patient's physician may make these results available only to other health care providers working directly with the patient, and only for the purpose of providing direct patient care. Any physician who discloses HIV test results in good faith pursuant to this subsection shall be immune from any criminal or civil liability for the act of disclosing HIV test results to other health care providers;
3. Authorized person. To a person or persons to whom the test subject has authorized disclosure in writing, except that the disclosure may not be used to violate any other provisions of this chapter;
4. Certain health care providers. A health care provider who procures, processes, distributes or uses a human body part donated for a purpose may, without obtaining informed consent to the testing, perform an HIV test in order to assure medical acceptability of the gift for the purpose intended. Testing pursuant to this subsection does not require pretest and post-test counseling;
5. Research facility. The Department of Human Services, a laboratory certified and approved by the Department of Human Services pursuant to Title 22, chapter 411, or a health care provider, blood bank, blood center or plasma center may, for the purpose of research and without first obtaining informed consent to the testing, subject any body fluids or tissues to an HIV test if the testing is performed in a manner by which the identity of the test subject is not known and may not be retrieved by the researcher;
6. Anonymous testing sites. To an anonymous testing site established pursuant to section 19203-B;
7. Other agencies. To employees of, or other persons designated by, the Department of Corrections, the Department of Human Services and the Department of Mental Health and Mental Retardation, to the extent that those employees or other persons are responsible for the treatment or care of subjects of the test. Those agencies shall promulgate rules, within 90 days of the effective date of this subsection, pursuant to the Maine Administrative Procedure Act, chapter 375, subchapter II, designating the persons or classes of persons to whom the test

results may be disclosed;

8. Bureau of Health. To the Bureau of Health, which may disclose results to other persons only if that disclosure is necessary to carry out its duties as provided in Title 22, sections 3, 7 and 42 and chapters 250 and 251;

9. Medical records. As part of a medical record when release or disclosure of that record is authorized pursuant to section 19203-D; or

10. Court ordered disclosure. To:

A. A person authorized by section 19203-C to receive test results following an accidental exposure; or

B. A victim-witness advocate authorized by section 19203-E to receive test results of a person convicted of gross sexual assault who shall disclose to a petitioner under section 19203-E. This section does not prohibit limited administrative disclosure in conjunction with a mandatory testing program of a military organization subject to Title 37-B.

Nothing in this section may be construed as prohibiting the entry of an HIV test result on the patient's medical record in accordance with this chapter.

19203-A. Informed consent required

1. Individual tested. Except as provided in this section and section 19203, subsections 4 and 5, no person may perform an HIV test without first obtaining the written informed consent of the person to be tested. Anonymous test sites under section 19203-B, are exempt from the requirement that the informed consent be in writing.

2. Insurers. Persons required to take an HIV test by an insurer, nonprofit hospital or medical service organization or nonprofit health care plan must provide their written informed consent on forms approved by the Superintendent of insurance. Pretest and post-test counseling must be provided by the person or organization requesting the test. The Superintendent of Insurance may promulgate rules to define language requirements of the form.

3. Access to medical care. No health care provider may deny any person medical treatment or care solely for refusal to give consent for an HIV test. No health care provider may request a person's written consent to an HIV test as a precondition to the provision of health care. All written consent to testing shall be in accordance with section 19201, subsection 5A. Nothing in this section may prohibit a health care provider from recommending an HIV test for diagnostic or treatment purposes. No physician or other health care provider may be civilly liable for failing to have an HIV test performed for diagnostic or treatment purposes if the test was recommended and refused in writing by the

patient.

4. Accidental exposure in health care facility. Consent need not be obtained when a health care provider, an employee of a health care facility or a patient in a health care facility is exposed to the blood or body fluids of another and the exposure creates a significant risk of infection provided that a court order has been obtained under section 19203-C. The fact that an HIV test was given as a result of an accidental exposure in a health care facility and the results of that test shall not appear in a patient's medical record. Counseling on risk reduction must be offered, but the patient may choose not to be informed about the result of the test.

5. Exposure from gross sexual assault. Consent need not be obtained when a victim of gross sexual assault has been exposed to the blood or body fluids of the convicted offender and the exposure creates a significant risk of infection, provided that a court order has been obtained under section 19203-E. The fact that an HIV test was given as a result of the exposure and the results of that test may not appear in a convicted offender's medical record. Counseling on risk reduction must be offered, but the convicted offender may choose not to be informed about the result of the test.

19203-B. Anonymous testing sites

The Department of Human Services may designate or establish certification and approval standards for and support anonymous testing sites where an individual may request an HIV test under conditions which ensure anonymity.

19203-C. Judicial consent to HIV test

1. Petition. Any person described in subsection 1-A who has been accidentally exposed to blood or body fluid of a patient in a health care facility may petition the District Court with jurisdiction over the health care facility where the patient was being treated at the time of the accidental exposure to require the patient to submit to an HIV test provided that the following conditions have been met:

A. The exposure to blood or body fluids creates a significant risk of HIV infection, as defined by the Bureau of Health through the promulgation of rules in accordance with the Maine Administrative Procedure Act, chapter 375;

B. The authorized representative of the health care facility has informed the patient of the accidental exposure and has sought to obtain written informed consent from the patient; and

C. Written informed consent was not given by the patient and the patient has stated in writing the refusal to be tested.

1-A. Persons authorized. This section applies to the following

persons:

- A. A health care provider;
- B. An employee or patient of a health care facility; or
- C. An emergency medical services person, as defined in Title 32, section 83, law enforcement officer or fire fighter who rendered assistance to a person transported to a health care facility.

2. Prehearing duties of the court. Upon receipt by the District Court of the petition, the court shall:

- A. Schedule a hearing to be held as soon as practicable;
- B. Cause a written notice of the petition and hearing to be given, in accordance with the Maine Rules of Civil Procedure, to the patient who is the subject of the proceeding;
- C. Appoint counsel, if requested, for any indigent client not already represented; and
- D. Furnish counsel with copies of the petition.

3. Hearing. The hearing shall be governed as follows.

A. The hearing shall be conducted in accordance with the Maine Rules of Evidence and in an informal manner consistent with orderly procedure.

B. The hearing shall be confidential and be electronically or stenographically recorded.

C. The report of the hearing proceedings shall be sealed. No report of the hearing proceedings may be released to the public, except by permission of the patient or the patient's counsel and with the approval of the court.

D. The court may order a public hearing at the request of the patient or the patient's counsel.

4. Determination. The court may require the patient to obtain an HIV test only if the petitioner proves, by a preponderance of the evidence that:

A. The exposure to blood or body fluids of the patient created a significant risk of HIV infection as defined by the Bureau of Health through the promulgation of rules in accordance with the Maine Administrative Procedure Act, chapter 375;

B. An authorized representative of the health care facility has informed the patient of the accidental exposure and has sought to obtain written informed consent from the patient; and

C. Written informed consent was not given by the patient and the patient has stated in writing the refusal to be tested.

5. Consent. The court may not order a patient to obtain an HIV test unless the health care worker accidentally exposed to the blood or body fluids of that patient has consented to and obtained an HIV test immediately following that documented exposure.

6. Costs. The health care facility shall be responsible for the petitioner's reasonable costs related to obtaining the

results of an HIV test pursuant to this section, including the payment of the petitioner's attorneys' fees.

7. Appeals. A patient required to undergo an HIV test may appeal the order to Superior Court. The appeal is limited to questions of law. Any findings of fact of the District Court may not be set aside unless clearly erroneous.

8. Reporting to bureau and counseling. The health care facility where the accidental exposure took place shall report to the Bureau of Health any case in which a person is tested pursuant to this section. All tests conducted pursuant to this section shall be accompanied by pretest and post-test counseling as defined in section 19204-A.

9. Subsequent testing of the patient. Subsequent testing arising out of the same incident of accidental exposure shall be conducted in accordance with this section.

19203-D. Records

When a medical record entry is made concerning information of a patient's HIV infection status, including the results of an HIV test, the following shall apply to the release of that information as a part of the medical record.

1. Authorized release. The patient, at or near the time the entry is made in the medical record, shall elect, in writing, whether to authorize the release of that portion of the medical record containing the HIV infection status information when the patient's medical record has been requested. A new election may be made when a change in the patient's HIV infection status occurs or whenever the patient makes a new election. The release form shall clearly state whether or not the patient has authorized the release of that information. The patient shall be advised of the potential implications of authorizing the release of that information.

A. When release has been authorized, the custodian of the medical record may release, upon request, the patient's medical record, including any HIV infection status information contained in the medical record. Release of HIV infection status information pursuant to this paragraph shall not be a violation of any of the confidentiality provisions of this chapter.

B. When release has not been authorized, the custodian of the medical record may, upon request, release that portion of the medical record which does not contain the HIV infection status information. Except as otherwise provided in this section, HIV infection status information may only be released if the patient has specifically authorized a separate release of that information. A general release form is insufficient.

2. Authorized disclosure. No medical record containing results of an HIV test may be disclosed, discoverable or compelled to be

produced in any civil, criminal, administrative or other proceedings without the patient's consent, except in the following cases:

A. Proceedings held pursuant to the communicable disease laws, Title 22, chapter 251;

B. Proceedings held pursuant to the Adult Protective Services Act, Title 22, chapter 958-A;

C. Proceedings held pursuant to the child protection laws, Title 22, chapter 1071;

D. Proceedings held pursuant to the mental health laws, Title 34-B, chapter 3, subchapter IV, article III; and

E. Pursuant to a court order upon a showing of good cause, provided that the court order limits the use and disclosure of records and provides sanctions for misuse of records or sets forth other methods for assuring confidentiality.

3. Utilization review; research. Nothing in this section may be interpreted to prohibit reviews of medical records for utilization review purposes by duly authorized utilization review committees or peer review organizations. Qualified personnel conducting scientific research, management audits, financial audits or program evaluation with the use of medical records may not identify, directly or indirectly, any individual patient in any report of such research, audit, evaluation or otherwise disclose patient identities in any manner.

4. Access by health care providers. Nothing in this section may prohibit access to medical records by the patient's designated health care provider in accordance with section 19203, subsection 2.

5. Confidentiality policy. Health care providers with patient records containing HIV infection status information shall have a written policy providing for confidentiality of all patient information consistent with this chapter. That policy shall require, at a minimum, termination of employment for violations of the confidentiality policy.

19203-E. HIV test after conviction for sexual assault

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

A. "Convicted offender" means the person convicted for a gross sexual assault, or, in the case of a juvenile, the person who has been adjudicated as having committed the juvenile crime of gross sexual assault.

B. "Petitioner" means a person who is the victim of gross sexual assault who allegedly has been exposed to the blood or body fluids of the convicted offender and who files a petition with the District Court under subsection 2.

2. Petition. A person who is the victim of gross sexual assault who allegedly has been exposed to the blood or body fluids of the convicted offender may petition the District Court with jurisdiction over the convicted offender to require the convicted offender to submit to HIV Testing, provided that the following conditions have been met:

A. The petitioner has consented to and obtained an HIV test within 6 weeks following the alleged exposure to the blood or body fluids of the convicted offender;

B. The exposure to blood or body fluids as alleged creates a significant risk of HIV infection, as defined by the Department of Human Services, Bureau of Health through the adoption of rules in accordance with the Maine Administrative Procedure Act;

C. The authorized representative of the petitioner, the prosecuting attorney or the court has sought to obtain written informed consent from the convicted offender; and

D. Written informed consent was not given by the convicted offender.

3. Prehearing duties of the court. Upon receipt of the petition, the court shall:

A. Schedule a hearing to be held as soon as practicable;

B. Cause a written notice of the petition and hearing to be given, in accordance with the Maine Rules of Civil Procedure, to the convicted offender who is the subject of the proceeding;

C. Appoint counsel, if requested, for any indigent convicted offender not already represented; and

D. Furnish counsel with copies of the petition.

4. Hearing. The hearing is governed by the following.

A. The hearing must be conducted in accordance with the Maine Rules of Evidence and in an informal manner consistent with orderly procedure.

B. The hearing must be confidential and be electronically or stenographically recorded.

C. The report of the hearing proceedings must be sealed. No report of the hearing proceedings may be released to the public, except by permission of the convicted offender and with the approval of the court.

D. The court may order a public hearing at the request of the convicted offender.

5. Determination. The court may require the convicted offender to obtain HIV Testing only if the petitioner proves by a preponderance of the evidence that:

A. The alleged exposure to blood or body fluids of the convicted offender created a significant risk of HIV infection as defined by the Department of Human Services, Bureau of Health through the adoption of rules in accordance with the Maine Administrative Procedure Act;

B. An authorized representative of the petitioner, the prosecuting attorney or the court has sought to obtain written informed consent from the convicted offender; and

C. Written informed consent was not given by the convicted offender.

6. Consent. The court may not order a convicted offender to obtain HIV Testing unless the petitioner has consented to and obtained an HIV test within 6 weeks following the gross sexual assault.

7. Appeals. A convicted offender who is required to undergo an HIV test may appeal the order to Superior Court. The appeal is limited to questions of law. Any findings of fact of the District Court may not be set aside unless clearly erroneous.

8. Reporting and counseling. The health care facility in which any person is tested pursuant to this section shall report to the Bureau of Health. The health care facility in which a convicted offender required to undergo an HIV test is tested shall disclose the results of the convicted offender's test to the victim-witness advocate who shall disclose the results to the petitioner. The convicted offender's HIV test results may not be disclosed to the petitioner until the petitioner has received counseling regarding the nature, reliability and significance of the convicted offender's HIV test and the confidential nature of the test. All counseling must be provided by a Department of Human Services certified HIV antibody counselor. All tests conducted pursuant to this section must be accompanied by pretest and posttest counseling as defined in section 19204-A.

9. Subsequent testing. Subsequent testing arising out of the same incident of exposure must be conducted in accordance with this section. Other testing of the convicted offender may not be required except as provided by this section.

19204. Restrictions upon revealing HIV test results
This section is repealed on October 1, 1990.

19204-A. Counseling

Except as otherwise provided by this chapter, persons who obtain an HIV test must be offered pretest and post-test counseling. Persons who are authorized by section 19203-C or 19203-E to receive test results after exposure must be offered counseling regarding the nature, reliability and significance of the HIV test and the confidential nature of the test.

1. Pretest counseling. "Pretest counseling" means:

A. Personal counseling that includes, at a minimum, a discussion of:

- (1) The nature and reliability of the test being proposed;
- (2) The person to whom the results of the test may be disclosed;

- (3) The purpose for which the test results may be used; and
- (4) Any reasonably foreseeable risks and benefits resulting from the test; and

B. A written memorandum summarizing the contents of the discussion given to the person being counseled. A written informed consent form may be used to satisfy the requirement for a written memorandum in this paragraph if it contains all the required information. A written consent form does not satisfy the requirement for personal counseling in paragraph A.

2. Post-test counseling. "Post-test counseling" means:

A. Personal counseling that includes, at a minimum, a discussion of:

- (1) The test results and the reliability and significance of the test results;
- (2) The social and emotional consequences of the information;
- (3) Information on good preventive practices and risk reduction plans; and
- (4) Referrals for medical care and other support services as needed; and

B. A written memorandum summarizing the contents of the discussion given to the person being counseled.

19204-B. Restrictions on requiring tests or results of tests

1. Employee testing. No health care facility may require that any employee or applicant for employment submit to an HIV test or reveal whether the employee or applicant for employment has obtained an HIV test as a condition of employment or to maintain employment, except when based on a bona fide occupational qualification. Enforcement of this subsection is assigned to the Maine Human Rights Commission.

19204-C. Restrictions upon revealing HIV antibody test results

No insurer, nonprofit hospital or medical services organization or nonprofit health care plan may request any person to reveal whether the person has obtained a test for the presence of antibodies to HIV or a test to measure the virus or to reveal the results of such tests taken prior to an application for insurance coverage.

19204-B. Restrictions on requiring tests or results of tests

1. Employee testing. No health care facility may require that any employee or applicant for employment submit to an HIV test or reveal whether the employee or applicant for employment has obtained an HIV test as a condition of employment or to maintain employment, except when based on a bona fide occupational qualification. Enforcement of this subsection is assigned to the Maine Human Rights Commission.

2. Employee rights. The employment status of any employee of a health care facility shall not be affected or changed:

A. If the employee declines to be tested pursuant to section 19203-A;

B. If the employee testifies or assists in any proceeding under this chapter;

C. If the employee asserts any other rights exercised in good faith pursuant to this chapter; or

D. Because of the result of any test taken pursuant to this chapter.

19205. Coordination of services to persons with AIDS, AIDS Related Complex and viral positivity

1. Policy; services. It shall be the policy of the State to provide to persons who test positive for HIV or have been diagnosed as having AIDS or AIDS-Related Complex services of departments and agencies, including, but not limited to, the Department of Education, the Department of Mental Health and Retardation, the Department of Human Services and the Department of Corrections.

2. Coordination of services. A person designated by the Commissioner of Human Services shall insure coordination of new and existing services so as to meet the needs of persons with AIDS, AIDS Related Complex and viral positivity and identify gaps in programs.

The committee established in section 12004-I, subsection 42, shall work with the person designated in this chapter to insure the coordination of services to meet the needs of persons with AIDS, HIV-Related Complex and viral positivity.

3. Development of a client support services system. A client support services system shall be developed to assist individuals infected with the Human Immune Deficiency Virus and to ensure that they receive necessary services. The client support service, arranged by the staff of community-based agencies, shall include, but not be limited to, assisting the individual's needs and assisting the individual with obtaining access to necessary health care, social service, housing, transportation, counseling and income maintenance services. The Department of Human Services shall be responsible for providing overall direction for the development of the client support services system.

19206. Civil liability

Any person violating this chapter is liable to the subject of the test for actual damages and costs plus a civil penalty of up to \$1,000 for a negligent violation and up to \$5,000 for an intentional violation, subject to Title 14, chapter 741.

Any person may bring an action for injunctive relief for a

violation of sections 19203 and 19204 in addition to or instead of the penalties provided in this section. The applicant for injunctive relief under this section shall not be required to give security as a condition upon the issuance of the injunction.

19208. Proceedings

All proceedings brought pursuant to this chapter shall be closed to the public, unless the court orders otherwise with the consent of all parties.

CHAPTER 502 COMMUNITY-BASED AIDS ORGANIZATIONS

Section

19251. Definitions.

19252. Authorization for expenditure of funds.

19253. Fiscal agents.

19254. Rules.

19251. Definitions

As used in this chapter, unless the context indicates otherwise, the following terms -have the following meanings.

1. Bureau - "Bureau" means the Department of Human Services, Bureau of Health.
2. Community-based AIDS organization. "Community-based AIDS organization" means a nonprofit community organization whose primary purpose is to provide educational information on HIV-related illnesses, support to persons with HIV-related illnesses and assistance to families and others providing care and support to persons with HIV related illnesses.
3. Fiscal agent. "Fiscal agent" means an incorporated community organization, agency or institution designated by a community-based AIDS organization and authorized by the bureau to receive and distribute grants to that community-based AIDS organization.
4. Statewide AIDS alliance. "Statewide AIDS alliance" means a statewide coalition of community-based AIDS organizations having at least one representative from each member organization.

19252. Authorization for expenditure of funds

The bureau may make grants to community-based AIDS organizations or fiscal agents for the purposes of maintaining a statewide network of volunteer organizations that are members of a statewide AIDS alliance and supporting the work of those organizations.

1. Grants. Grants shall be made according to rules adopted by the bureau. In order to be eligible for a grant, the applicant must match state funds, in a percentage to be determined by the

bureau, from community contributions of cash or contributions in kind.

2. Award of grants. Grants awarded shall be based on submission to the bureau of an annual plan which includes, but is not limited to, community education, materials and ongoing operations of the organization.

3. Distribution of grants. Grants shall be awarded to support existing community-based AIDS organizations and to assist the establishment of new community-based AIDS organizations. The bureau shall award the first grant no later than October 1, 1989.

4. Consultation with statewide AIDS alliance. The bureau shall seek the advice of a statewide AIDS alliance regarding the distribution of grants before any grants are awarded.

19253. Fiscal agents

A fiscal agent receiving grants under this chapter shall act only in an administrative capacity to receive and distribute grant money to the nonprofit community organization, as described in the rules promulgated by the bureau for regulating the local administration of these programs.

19254. Rules

The bureau shall adopt rules, pursuant to the Maine Administrative Procedure Act, chapter 375, which are necessary for the implementation of this chapter including, but not limited to, program and administrative standards.