

State	Objective	PH Intervention	Legal Authorities
		Definitions	<p>“Communicable Disease” means an illness or condition due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from a reservoir to a susceptible host. (22 M.R.S. §801(1)). “Extreme Public Health Emergency” means the occurrence or imminent threat of widespread exposure to a highly infectious or toxic agent that poses an imminent threat of substantial harm to the population of the State. (22 M.R.S. §801(4-A)). “Public Health Threat” means any condition or behavior that can reasonably be expected to place others at significant risk of exposure to a toxic agent or environmental hazard or infection with a notifiable disease or condition. (22 M.R.S. §801(10)). A condition poses a public health threat if an infectious or toxic agent or environmental hazard is present in the environment under circumstances that would place persons at significant risk of an adverse effect on a person's health from exposure to or infection with a notifiable disease or condition. Behavior by an infected person poses a public health threat if: 1) The infected person engages in behavior that has been demonstrated epidemiologically to create a significant risk of transmission of a communicable disease; 2) The infected person's past behavior indicates a serious and present danger that the infected person will engage in behavior that creates a significant risk of transmission of a communicable disease to another; 3) The infected person fails or refuses to cooperate with a departmental contact notification program; or 4) The infected person fails or refuses to comply with any part of either a cease and desist order or a court order issued to the infected person to prevent transmission of a communicable disease to another. Behavior described above may not be considered a public health threat if the infected person demonstrates that any other person placed at significant risk of becoming infected was informed of the risk and consented to it. (22 M.R.S. §801(10)(A-C)).</p>
ME	Prevention of TB Cases	TB Control Programs	The department may establish procedures for agents of the department to use in the detection, contacting, education, counseling and treatment of individuals having or reasonably believed to have a communicable disease. (22 M.R.S. §807).
	Identification of TB Cases	Screening	
		Examination & Testing	If, based on epidemiologic evidence or medical evaluation, the department finds probable cause to believe that an individual has a communicable disease and that the individual is unwilling to submit to a physical examination, which may include x-ray studies or other diagnostic studies, as requested by the department, or that the individual refuses to make the results of that examination available to the department, the department may petition the District Court of the district in which the individual resides or is found for an order directing that examination, or the release of the results, under conditions to prevent the conveyance of the disease or infectious agent to other individuals. If, following a hearing as provided in section 811, the District Court finds by a preponderance of the evidence that there is probable cause to believe that an individual has a communicable disease, and that the individual has willfully refused the department's request, the District Court shall order the examination of the individual. (22 M.R.S. §809).
		Reporting	Whenever any physician knows or has reason to believe that any person whom the physician examines or cares for has or is afflicted with any disease or condition designated as notifiable, that physician shall notify the department and make such a report. (22 M.R.S. §822). The reporting of a notifiable disease must be made by telephone to the department immediately upon determination that a person has that disease and must be followed by a written report mailed to the department within 48 hours. (22 M.R.S. §823).

ME	Management of TB Cases	Investigation	If the department has reasonable grounds to believe that there exists a public health threat, an agent of the department may enter any place with permission of the owner and may inspect and examine the same. If entry is refused, that agent shall apply for an inspection warrant from the district court. (22 M.R.S. §803). The department shall establish an investigative team and procedures for the detection and treatment of individuals known or reasonably believed to pose a public health threat. Team members shall have access to medical and laboratory records relevant to the investigation. (22 M.R.S. §808)..		
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		Specific Measures	Extreme Public Threat	Upon the declaration of an extreme public health emergency, the department may take a person into custody and order prescribed care of that person. (22 M.R.S. §820).
			Emergency Detention	Upon the department's submission of an affidavit showing by clear and convincing evidence that the person or property which is the subject of the petition requires immediate custody in order to avoid a clear and immediate public health threat, a judge of the District Court or justice of the Superior Court may grant temporary custody of the subject of the petition to the department and may order specific emergency care, treatment or evaluation. (22 M.R.S. §810).
			Quarantine	
			Isolation	
			Activities Restricted	
		Enforcement	Any person who neglect, violates or refuses to obey the rules or who willfully obstructs or hinders the execution of the rules, may be ordered by the department, in writing, to cease and desist. In the case of any person refusing to obey a cease and desist order, the department may bring an action in district court to obtain an injunction enforcing the cease and desist order. (22 M.R.S. §804). Upon complaint made to any judge of the district court, the judge may issue any order enforcing a subpoena, warrant or prior order necessary for the proper enforcement of this chapter. (22 M.R.S. §805). If an individual committed to a hospital, facility or private home pursuant to (22 M.R.S. §812 or 813) violates the commitment prior to discharge, the hospital or physician responsible shall immediately report this to the department. An arrest warrant must be issued upon application by the department to the district court or superior court. (22 M.R.S. §817).	

ME	Safeguarding Rights	Due Process	Extreme Public Health Emergency	The department may act without a court order if the department has <i>reasonable cause</i> to believe that the person has been exposed to or is at significant medical risk of transmitting a communicable disease that poses a serious imminent risk to public health and safety, there are no less restrictive means available and the delay involved in securing a court order would pose an imminent risk to the person or a significant medical risk of transmission of the disease. A hearing must be held before a judge of the district court, a justice of the superior court, or a justice of the supreme judicial court as soon as reasonably possible but not later than 48 hours after the person is subject to prescribed care to determine whether the person must remain in prescribed care. Notice of hearing must be served upon the person subject to prescribed care within a reasonable time before the hearing and advise him of his rights, including grounds under which prescribed care is sought; right to appear at a hearing; right to cross-examine witnesses; and a right to counsel. For a court to order prescribed care , the department must prove by <i>clear and convincing</i> evidence that the person has been exposed to or is at significant medical risk of transmitting a communicable disease that poses a serious imminent risk to public health or safety and there are no less restrictive alternatives available. Within 24 hours of completion of the hearing, the court shall enter a finding approving prescribed care and an order of prescribed care for a period not to exceed 30 days or shall dismiss the petition and order the release of the person. If the department determines that it is necessary to continue an order obtained under this subsection, the department shall petition the court that issued the order and the court shall hold a hearing and make orders as necessary except that an order may not exceed 30 days in duration without further review. A person aggrieved by a court order under this subsection may appeal from that order to the Supreme Judicial Court. (22 M.R.S. §820).
			Public Health Threat	Order under (22 M.R.S. §810) may be issued in an ex parte proceeding, but may not include orders for emergency care, treatment or evaluation unless the court finds by <i>clear and convincing</i> evidence that it is immediately necessary. An ex parte order must be served on the subject immediately upon apprehension. Unless waived by the individual, a hearing shall be held within 72 hours of apprehension. Notice of hearing must be served upon the individual held at least 24 hours before the hearing and inform him of his right to appear. In no event may the emergency hold continue longer than 5 days following the hearing, unless a petition for court ordered commitment is filed. If a petition is filed, a hearing must occur within 10 days of the filing of the petition. (22 M.R.S. §810).

If the court finds that a public health threat exists by *clear and convincing evidence*, the court shall issue the requested order for **treatment or other order** as may direct the least restrictive measures necessary to effectively protect the public health, including but not limited to participation in an education program, participation in a counseling program, participation in a treatment program, appearance before designated health officials for purposes of monitoring, part or full time supervision or monitoring, commitment to a facility for a period not to exceed 30 days, or undergoing a comprehensive medical assessment by the State Forensic Service. The court shall order the individual to be further examined by a psychiatrist, neurologist and if additional expert if it appears the individual suffers from a mental disease or further examination is required. If based on the examinations, the department determines that admission to an institution for the mentally ill is necessary, it shall petition for involuntary hospitalization. If the district court orders the involuntary hospitalization, the petition brought pursuant to (22 M.R.S. §811) must be dismissed. In no event may the period of examination pursuant to this subsection exceed 60 days without further order by the court. Orders pursuant to measures other than commitment to a facility, shall not exceed 180 days without further review. If commitment to a facility is sought beyond the original 30 days, the department shall file a motion for review. All orders issued pursuant to this chapter may be appealed to the Superior Court. (22 M.R.S. §812). If the department determines that it is necessary to continue treatment, it shall petition the district court for review of the original order. The court shall hold a hearing and if the court finds the public health threat would continue, it shall make additional order provided no order exceeds 180 days in duration without further review. If the department determines it is necessary to continue a commitment order beyond the original 30 days, it shall petition the district court which ordered the disposition for review of the original order. The court shall hold a hearing and if the court finds that a public health threat would continue, it shall make such additional orders as it deems necessary, provided no order of commitment exceeds 90 days without further review. The committed patient may request the appointment of a medical review board. Upon motion of the patient, the court shall appoint a medical review board to determine whether the patient's medical status permits termination of the commitment. The medical review board shall consist of 3 physicians who have training and experience in the treatment of the communicable disease. (22 M.R.S. §813).

If commitment or a supervised living arrangement is ordered, the court shall require the head of the institutional facility to submit a plan of treatment within 10 days of commencement of supervision and a written report at least 20 days but not more than 25 days from the start of commencement. (22 M.R.S. §814).

Any individual subject to a court order issued pursuant to this section, shall have the rights set forth in Title 34-B, section 3803, unless the exercise of any of those rights poses a threat to the health or safety of individuals. (22 M.R.S. §819).

Burden of Proof
Orders for emergency care, treatment or evaluation may be issued ex parte only if the court finds by *clear and convincing evidence* that they are necessary. (22 M.R.S. §810). Under an extreme public health emergency, the department may act without a court order if they have *reasonable cause to believe* that the person has been exposed to or is at significant medical risk of transmitting a communicable disease that poses a serious an imminent risk to public health and safety, there are no less restrictive mean available and the delay involved in securing a court order would pose an imminent risk to the person or a significant medical risk of transmission of the disease. Further, a court may only order prescribed care if the department, at hearing, shows by *clear and convincing evidence* that it is necessary and no less restrictive means are available. (22 M.R.S. §820).

Payment
An individual is financially liable for any care provided pursuant to this subchapter to the extent that the individual has public or private insurance or otherwise has the ability to pay for care. An individual shall not be denied care because of inability to pay. The State shall pay, on certification by the commissioner, the expenses for care of an individual receiving care under this chapter who is not a resident of a municipality in this State. The State shall be subrogated to the rights of recovery which the individual may have against a liable 3rd party for the cost of care provided for the individual under this subchapter to the extent that the State has spent money for that care. (22 MRS §818).

Confidentiality and Privacy
A hearing under (22 M.R.S. §810) shall be confidential and no report of the proceedings may be released to the public, except by permission of the subject of the petition or the subject's counsel with approval of the presiding district court judge. (22 M.R.S. §811). The physician-patient privileges are abrogated to the extent necessary to permit reporting any incidents of notifiable disease, but statements made may not be used against the client in a criminal proceeding. (22 M.R.S. §815). Any person who receives information pursuant to this chapter shall treat as confidential the names of individuals having or suspected of having a notifiable disease or condition, as well as other information that may identify those individuals. This information may be released to the department for adult or child protection purposes or to other public health officials of a school where a child is enrolled, but that release of information must be made in accordance with Title 5, chapter 501 where applicable. In the event of an actual or threatened epidemic or outbreak or public health threat or emergency, as declared by

		the Director of the Bureau of Health, the information may also be released to private health care providers and health and human services agencies for the purpose of carrying out public health functions as authorized by this chapter. Information not reasonably required for the purposes of this section may not be released. All information submitted pursuant to this chapter that does not name or otherwise identify individuals having or suspected of having a notifiable disease or condition may be made available to the public at the sole discretion of the department. Any person receiving a disclosure of identifying information pursuant to this chapter may not further disclose this information without the consent of the infected person. (22 M.R.S. §824).
	Anti-Discrimination	
	Religious Exemptions	
	Special Populations	Considerations for Certain Populations
Additional TB Provisions		For the purposes of carrying out this chapter, the department may designate facilities and private homes for the confinement and treatment of infected person posing a public health threat. The department may designate any facility in any hospital or other public or private institution, other than a jail or correctional facility.(22 M.R.S. §807).