

Notice of Agency Rule-making Proposal

AGENCY UMBRELLA-UNIT NUMBER – NAME OF AGENCY:
16-222 Department of Public Safety, Bureau of State Police

CHAPTER NUMBER AND TITLE OF THE RULE:
Chapter 20: Uniform Standardized Forensic Examination Kit for Gross Sexual Assault Evidence Collection

Type: new rule partial amendment(s) of existing rule
 repeal of rule emergency rule
 X repeal and replace: complete replacement of existing chapter, with former version simultaneously repealed.

PROPOSED RULE NUMBER (Leave blank - assigned by Secretary of State):

BASIS STATEMENT / CONCISE SUMMARY (Understandable by average citizen -- (a brief explanation on why this rule is being proposed and how it will operate – use a separate page if more space is needed):
This rule will repeal and replace the existinng Chapter 20: Uniform Standardized Forensic Examination Kit for Gross Sexual Assault Evidence Collection. The rule will define the contents of the kit and will include instructions for administerting the kit. The new rule will clarify instructions and will ensure that the evidence collection steps are in compliance with the standard operating procedures currently employed by the Maine State Police Crime Laboratory.

THIS RULE WILL__ WILL NOT X HAVE A FISCAL IMPACT ON MUNICIPALITIES.
This rule repeals and replaces the current rule to update the instructions and evidence collection steps of the rule. Maine State Police Crime Laboratory staff and the Sexual Assault Forensic Examiners Advisory Board were all consulted as to what evidence collection steps should be changed to better meet the needs of the patients, nurse examiners and laboratory. Additionally, Sexual Assault Forensic Examiners across the state were consulted to determine what amendments were needed to the rule.

STATUTORY AUTHORITY: 25 MRSA §2915, sub-§1

PUBLIC HEARING (if any, give date, time, location): None

DEADLINE FOR COMMENTS: June 12, 2009

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Check here if a report on the rule’s impact on small business is available:

Please approve bottom portion of this form and assign appropriate MFASIS number.

APPROVED FOR PAYMENT _____ DATE: _____
Authorized signature

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