

MAINE STATE LEGISLATURE

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HEALTH AND HUMAN SERVICES

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STATE OF MAINE HOUSE OF REPRESENTATIVES 132ND LEGISLATURE FIRST SPECIAL SESSION

COMMITTEE AMENDMENT "A" to H.P. 89, L.D. 156, "An Act to Improve Notifications Related to Substance-exposed Infants"

Amend the bill by striking out everything after the enacting clause and inserting the following:

Sec. 1. 22 MRSA §4002, sub-§5-D is enacted to read:

5-D. Family care plan. "Family care plan" means a plan of safe care as described in the federal Child Abuse Prevention and Treatment Act.

Sec. 2. 22 MRSA §4004-B, as amended by PL 2019, c. 342, §2, is repealed.

Sec. 3. 22 MRSA §4004-C is enacted to read:

§4004-C. Infants born affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or fetal alcohol spectrum disorder

The department shall:

1. Receive notifications. Receive notifications from health care providers, or their designees, regarding infants who are identified as having been born affected by substance abuse or having withdrawal symptoms resulting from prenatal drug exposure or who have a fetal alcohol spectrum disorder;

2. Develop family care plan. For each infant for whom the department receives a notification under subsection 1, develop, with the assistance of any health care provider involved in the infant's caregiver's or the infant's medical or mental health care, a family care plan, including any appropriate referrals for services for the child or caregiver. This subsection may not be construed as limiting a health care provider's ability to develop a family care plan for any family who could benefit from one;

3. Collect data. Collect data for reporting in a manner that complies with the federal Child Abuse Prevention and Treatment Act;

4. Comply with section 4004. For any infant about whom the department receives a report of abuse or neglect, comply with section 4004, subsection 2; and

5. Adopt rules. Adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

For the purposes of this section, "health care provider" means a person described in section 4011-A, subsection 1, paragraph A, subparagraphs (1) to (10), (15), (17) to (20) and (22) or any person who assists in the delivery or birth of a child for compensation, including, but not limited to, a midwife.

Sec. 4. 22 MRSA §4011-B, as amended by PL 2019, c. 342, §3, is repealed.

Sec. 5. 22 MRSA §4011-C is enacted to read:

§4011-C. Notification regarding infants affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or fetal alcohol spectrum disorder

1. Notification regarding infants affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or fetal alcohol spectrum disorder. A health care provider involved in the delivery or care of an infant the provider identifies as having been born affected by substance abuse, as having withdrawal symptoms resulting from prenatal drug exposure or as having a fetal alcohol spectrum disorder shall notify the department of that condition in the infant.

A. This section, and any notification made pursuant to this section, may not be construed to establish a definition of "abuse" or "neglect."

B. This section, and any notification made pursuant to this section, may not be construed to require prosecution for any illegal action, including, but not limited to, the act of exposing a fetus to drugs or other substances.

2. Report. When a health care provider suspects that an infant has been abused or neglected, the provider shall report to the department in accordance with section 4011-A, subsection 1, paragraph A. If the infant has a family care plan developed under section 4004-C, subsection 2, a copy of the family care plan must accompany the report.

3. Definition. For purposes of this section, "health care provider" means a person described in section 4011-A, subsection 1, paragraph A, subparagraphs (1) to (10), (15), (17) to (20) and (22) or any person who assists in the delivery or birth of a child for compensation, including, but not limited to, a midwife.

4. Rulemaking. The department shall adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.'

Amend the bill by relettering or renumbering any nonconsecutive Part letter or section number to read consecutively.

SUMMARY

This amendment replaces the bill. It establishes and defines a family care plan in statute as a plan of safe care as described in the federal Child Abuse Prevention and Treatment Act. It specifies the procedures for health care providers to notify the Department of Health and Human Services regarding infants affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, including developing a family care plan. It requires data collection in a manner that complies with federal law.

1 The amendment also strikes the language in the bill that removes references in law to
2 notifications not being construed to establish a definition of "abuse" or "neglect" or to
3 require prosecution. It removes references to investigations by the Department of Health
4 and Human Services upon notification.

5 **FISCAL NOTE REQUIRED**

6 (See attached)



Approved: 05/29/25 **LRL**

132nd MAINE LEGISLATURE

LD 156

LR 271(02)

An Act to Improve Notifications Related to Substance-exposed Infants

Fiscal Note for Bill as Amended by Committee Amendment "A" (H-650)
Committee: Health and Human Services
Fiscal Note Required: Yes

Fiscal Note

Minor cost increase - General Fund

Fiscal Detail and Notes

Any additional costs to the Department of Health and Human Services from the provisions of this bill are expected to be minor and can be absorbed within existing budgeted resources.