

MAINE STATE LEGISLATURE

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132nd MAINE LEGISLATURE

FIRST REGULAR SESSION-2025

Legislative Document

No. 1001

H.P. 648

House of Representatives, March 11, 2025

**An Act to Prohibit Medical Providers and Certain Others from
Reporting Prescribed Medication-assisted Treatment of Parents to
Child Protective Services**

Reference to the Committee on Health and Human Services suggested and ordered printed.

A handwritten signature in cursive script that reads "Robert B. Hunt".

ROBERT B. HUNT
Clerk

Presented by Representative MILLIKEN of Blue Hill.
Cosponsored by Senator BRENNER of Cumberland and
Representative: DILL of Old Town, Senator: MOORE of Washington.

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

2 **Sec. 1. 22 MRSA §4004-B**, as amended by PL 2019, c. 342, §2, is further amended
3 by enacting at the end a new paragraph to read:

4 If an infant is identified as affected by substance use or withdrawal symptoms from
5 prenatal drug exposure resulting only from the parent's receiving medication-assisted
6 treatment, as defined in section 4011-B, subsection 2, paragraph B, and there is no evidence
7 that the infant is abused or neglected or at risk of being abused or neglected, the
8 requirements of this section do not apply.

9 **Sec. 2. 22 MRSA §4011-A, sub-§4-A** is enacted to read:

10 **4-A. Medication-assisted treatment.** Notwithstanding any provision of law to the
11 contrary, a person who is otherwise required under this section to report to the department
12 any suspicion or knowledge of abuse or neglect may not report that a custodial parent,
13 parent, foster parent or other person responsible for the child is receiving medication-
14 assisted treatment as defined in section 4011-B, subsection 2, paragraph B if there is no
15 suspicion that a child has been or is at risk of being abused or neglected.

16 **Sec. 3. 22 MRSA §4011-B, sub-§1**, as amended by PL 2019, c. 342, §3, is further
17 amended to read:

18 **1. Notification of prenatal exposure to drugs or having a fetal alcohol spectrum**
19 **disorder.** A health care provider involved in the delivery or care of an infant who the
20 provider knows or has reasonable cause to suspect has been born affected by substance use,
21 has withdrawal symptoms that require medical monitoring or care beyond standard
22 newborn care when those symptoms have resulted from or have likely resulted from
23 prenatal drug exposure, whether the prenatal exposure was to legal or illegal drugs, or has
24 a fetal alcohol spectrum disorder shall notify the department of that condition in the infant
25 unless the infant is born to a parent who is receiving medication-assisted treatment and
26 there is no evidence of abuse or neglect. If a health care provider notifies the department
27 that an infant is born to a parent who is receiving medication-assisted treatment when there
28 is no evidence of abuse or neglect, the department may not take any further action based
29 on the notification. The notification required by this subsection must be made in the same
30 manner as reports of abuse or neglect required by this subchapter.

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

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

36 **Sec. 4. 22 MRSA §4011-B, sub-§2**, as enacted by PL 2003, c. 673, Pt. Z, §5, is
37 repealed and the following enacted in its place:

38 **2. Definitions.** As used in this section, unless the context indicates otherwise, the
39 following terms have the following meanings.

40 A. "Health care provider" means a person described in section 4011-A, subsection 1,
41 paragraph A, subparagraphs (1) to (10), (15), (17) to (20) or (22) or any person who

1 assists in the delivery or birth of a child for compensation, including, but not limited
2 to, a midwife or provides services to a newborn child.

3 B. "Medication-assisted treatment" means a treatment method that consists of, or
4 includes, medication approved by the federal Food and Drug Administration for the
5 treatment of substance use disorder provided by a health care provider or at a
6 methadone treatment program.

7 **Sec. 5. 22 MRSA §4011-B, sub-§3** is enacted to read:

8 **3. Develop plan for safe care.** For an infant who a health care provider knows or has
9 reasonable cause to suspect has been born affected by substance use or has withdrawal
10 symptoms that require medical monitoring or care beyond standard newborn care due to
11 the parent's receiving medication-assisted treatment, but when there is no evidence of abuse
12 or neglect, the health care provider shall develop a plan for the safe care of the infant and,
13 in appropriate cases, refer the infant or parent or both to a social service agency or another
14 health care provider for any required services.

15 **SUMMARY**

16 This bill modifies the requirements for notification to the Department of Health and
17 Human Services when an infant is born affected by substance use or has withdrawal
18 symptoms that require medical monitoring or care beyond standard newborn care when
19 those symptoms have resulted from or have likely resulted from prenatal drug exposure. If
20 the infant is affected by substances because the infant is born to a person who is receiving
21 medication-assisted treatment but there is no apparent risk of abuse or neglect, the health
22 care provider may not notify the department and must develop a plan of care for the infant.
23 If the health care provider notifies the department anyway, the department may not take
24 further action. The bill also prohibits a mandated reporter from notifying the department
25 that a parent or other person responsible for the child is receiving medication-assisted
26 treatment when there is no suspicion of abuse or neglect.