

MAINE STATE LEGISLATURE

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FIRST REGULAR SESSION

ONE HUNDRED AND NINTH LEGISLATURE

Legislative Document

No. 635

H. P. 499

House of Representatives, February 16, 1979

Referred to the Committee on Health and Institutional Services. Sent up for concurrence and ordered printed.

EDWIN H. PERT, Clerk

Presented by Mrs. M. Nelson of Portland.

Cosponsors: Mr. Matthews of Caribou, Mr. Kelleher of Bangor and Mr. Tuttle of Sanford.

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED
SEVENTY-NINE

AN ACT Concerning Persons Exposed to Diethylstilbestrol.

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

Sec. 1. 22 MRSA c. 267 is enacted to read:

CHAPTER 267

EXPOSURE TO DIETHYLSTILBESTROL

§ 1651. Identification of exposed persons

For the purpose of identifying persons who have been exposed to the potential hazards and afflictions of diethylstilbestrol and for the purpose of educating the public concerning the symptoms and prevention of associated malignancies, the Commissioner of Human Services shall establish, promote and maintain a public information campaign on diethylstilbestrol. This campaign shall be conducted throughout the State and shall include, but not be limited to, a concerted effort at reaching those persons or the offspring of persons who have been exposed to diethylstilbestrol in order to encourage them to seek medical care for the prevention or treatment of any malignant condition.

§ 1652. Contracts

1. **Authorization.** The commissioner shall designate and enter into contracts with one or more providers of health care within each health systems agency for the purpose of establishing regional screening programs for diethylstilbestrol exposed persons. In determining the provider with which to contract, the commissioner shall consider the provider's compliance with state and federally mandated standards, the location in relation to the concentration of population within the area served by the health systems agency and the capacity of the provider to properly conduct these screening programs.

2. **Terms; fees.** Each contract for a regional screening program shall be upon such terms and conditions as the commissioner determines, provided that each provider shall charge each person receiving services a fee as determined by the commissioner pursuant to rule. The amount of the fee shall be based on the person's ability to pay. Where provided, all 3rd party payors shall be accepted and utilized in securing payment for these services.

§ 1653. Training programs

Each provider of health care that enters into a contract as provided for in this chapter shall conduct a training program in conjunction with the department for purposes of instructing physicians, physician assistants and nurses within the respective health systems agency in the detection, diagnosis, treatment and prevention of diethylstilbestrol exposed persons.

§ 1654. Registry

The Bureau of Health, within the Department of Human Services, shall establish and maintain a registry of women, who took diethylstilbestrol during pregnancy and their offspring who were exposed to diethylstilbestrol prenatally, for the purpose of follow-up care and treatment of long-term problems associated with diethylstilbestrol exposure. Enrollment in the registry shall be upon a voluntary basis.

§ 1655. Assistance

The commissioner may request and shall receive from any department, division, board, bureau, commission or agency of the State, or of any political subdivision thereof, such assistance and data as will enable him to properly carry out his activities hereunder and effecuate the purposes set forth in this chapter. The commissioner may also enter into any contract for services as he deems necessary with a private agency or concern upon such terms and conditions as he deems appropriate.

§ 1656. Report

The department shall make an annual report to the Legislature of its findings and recommendations concerning the effectiveness, impact and benefits derived from the special programs as provided for in this chapter. This report shall be

delivered on or before the first day of February and shall contain evaluations of these special programs and recommendations in final draft form of any legislation deemed necessary and proper.

Sec. 2. 24-A MRSA § 2438 is enacted to read:

§ 2438. Eligibility for health insurance in certain cases

No policy of accident or health insurance, or group or blanket accident or health insurance or renewals thereof, shall be denied or cancelled by the insurer, solely because the mother of the insured has taken or is discovered to have taken diethylstilbestrol, commonly referred to as DES.

STATEMENT OF FACT

Effective identification, screening, diagnosis, care and treatment of persons who have taken diethylstilbestrol, commonly referred to as DES, or who have been exposed to DES prenatally, is of paramount public importance.

Between 1940 and 1970, DES, a synthetic estrogen-type hormone, was extensively administered to pregnant women threatened with miscarriage. Subsequently, a casual association was found between DES and an unusual type of cervical and vaginal cancer in the female offspring of those who took the drug during pregnancy. As a result of these findings, the use of DES during pregnancy has been discontinued. As an example, however, it is estimated that between 8 and 15 thousand persons in Maine were exposed prenatally. The vast majority of exposed persons are unaware of their exposure and have not been adequately screened for any malignant condition.

This problem in cancer control is likely to grow significantly over the next few years as exposed female offspring reach reproductive age, the time when abnormalities become apparent. The situation is compounded by the relative newness of the studies associating DES with cancer. Thus, many physicians are not yet familiar with screening and treatment techniques or with the implications of the most recent research results.

It is, therefore, imperative that both a program for identification, screening, diagnosis, care and treatment of DES-exposed persons and a professional education program for physicians be established so that exposed persons may benefit from the best possible diagnostic procedure and treatment.