

MAINE STATE LEGISLATURE

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Date: 06-13-07

(Filing No. S- 296)

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STATE OF MAINE
SENATE
123RD LEGISLATURE
FIRST REGULAR SESSION

SENATE AMENDMENT "A" to COMMITTEE AMENDMENT "A" to S.P. 666, L.D. 1850, Bill, "An Act To Improve Efficiency and Effectiveness of Early Intervention and Early Childhood Special Education for Children from Birth to Eight Years of Age through Improved Oversight, Accountability and Interagency Coordination"

Amend the amendment in Part A by inserting after section 6 the following:

'Sec. A-7. 22 MRSA §1532, as enacted by PL 1983, c. 848, §2, is amended to read:

§1532. Detection of cognitive disability

The department may shall require hospitals, maternity homes and other maternity services to test newborn infants, or to cause them to be tested, for the presence of metabolic abnormalities which that may be expected to result in subsequent mental deficiencies cognitive disabilities. The department shall promulgate adopt rules to define this requirement and the approved testing methods, materials, procedure and testing sequences. Reports and records of those making these tests may be required to be submitted to the department in accordance with departmental rules. The department may, on request, offer consultation, training and evaluation services to those testing facilities. The department shall adopt rules according to which it shall in a timely fashion refer newborn infants with confirmed metabolic abnormalities to the Child Development Services System as defined in Title 20-A, section 7001, subsection 1-A. The department shall also adopt rules according to which it shall in a timely fashion refer a newborn infant to the Child Development Services System if at least 6 months have passed since an initial positive test result of a metabolic abnormality without the specific nature of the metabolic abnormality's having been confirmed. The department and the Department of Education shall execute an interagency agreement to facilitate all referrals in this section. In accordance with the interagency agreement, the Department of Education shall offer a single point of contact for the Department of Health and Human Services to use in making referrals. Also in accordance with the interagency agreement, the Child Development Services System may make direct contact with the families who are referred. The referrals may take place electronically. For purposes of quality assurance and improvement, the Child Development Services System shall supply to the department aggregate data at least annually on the number of children referred to the Child

SENATE AMENDMENT

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1 Development Services System under this section who are found eligible for early
2 intervention services and on the number of children found not eligible for early
3 intervention services. In addition, the department shall supply data at least annually to
4 the Child Development Services System on how many children in the metabolic
5 abnormality detection program were screened and how many were found to have a
6 metabolic disorder. The provisions of this section shall requirement in this section that a
7 newborn infant be tested for the presence of metabolic abnormalities that may be
8 expected to result in subsequent cognitive disability does not apply to a child if the
9 parents of a that child object to them on the grounds that the test conflicts with their
10 religious tenets and practices.

11 **Sec. A-8. 22 MRSA §8824, sub-§1-A** is enacted to read:

12 **1-A. Referral to Child Development Services System.** The department shall adopt
13 rules according to which it shall in a timely fashion refer children identified in subsection
14 1 as having a high likelihood of having a hearing impairment to the Child Development
15 Services System. The rules must also describe the timetables under which the department
16 shall refer to the Child Development Services System children identified by the
17 department in accordance with subsection 1 as having possible hearing impairment but
18 for whom hearing impairment has been neither confirmed nor disconfirmed by 6 months
19 of age. The Department of Education and the Department of Health and Human Services
20 shall execute an interagency agreement under section 7213 to facilitate the referrals in
21 this subsection. In accordance with the interagency agreement, the Department of
22 Education shall offer a single point of contact for the Department of Health and Human
23 Services to use in making referrals. Also in accordance with the interagency agreement,
24 the Child Development Services System may make direct contact with the families who
25 are referred. The referrals may take place electronically. For purposes of quality
26 assurance and improvement, the Child Development Services System shall supply to the
27 Department of Health and Human Services aggregate data at least annually on the
28 number of children referred under this subsection who are found eligible for early
29 intervention services and on the number of children found not eligible for early
30 intervention services.

31 **Sec. A-9. 22 MRSA §8943,** as enacted by PL 1999, c. 344, §1, is amended to
32 read:

33 **§8943. Central registry**

34 The department shall establish and maintain a central registry for cases of birth
35 defects to accomplish the purposes of this chapter and facilitate research on birth defects.
36 The submission of information to and distribution of information from the central registry
37 are subject to the requirements of this chapter and other provisions of law. Information
38 that directly or indirectly identifies individual persons contained within the registry is
39 confidential and must be distributed from the registry in accordance with rules adopted by
40 the department. The department shall adopt rules according to which it will in a timely
41 fashion refer to the Child Development Services System children with confirmed birth
42 defects who may be eligible for early intervention. The department and the Department of
43 Education shall execute an interagency agreement to facilitate the referrals under this
44 section. In accordance with the interagency agreement, the Department of Education shall
45 offer a single point of contact for the Department of Health and Human Services to use in

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1 making referrals. Also in accordance with the interagency agreement, the Child
2 Development Services System may make direct contact with the families who are
3 referred. The referrals may take place electronically. For purposes of quality assurance
4 and improvement, the Child Development Services System shall supply to the department
5 aggregate data at least annually on the number of children referred under this section who
6 were found eligible for early intervention services and on the number of children found
7 not eligible for early intervention services. In addition, the department shall supply data
8 at least annually to the Child Development Services System on how many children had
9 data entered into the registry. For a child whose parent or legal guardian objects on the
10 basis of sincerely held religious belief, the department may not require the reporting of
11 information about that child to the central registry or enter into the central registry
12 information regarding birth defects of a that child whose parent or legal guardian objects
13 on the basis of sincerely held religious beliefs.

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SUMMARY

15 This amendment requires the Department of Education and the Department of Health
16 and Human Services to develop rules, policies and written interagency agreements to
17 assign responsibility for appropriate referrals from the Department of Health and Human
18 Services to the Child Development Services System from the metabolic abnormality
19 detection program, the newborn hearing program and the birth defects registry.

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SPONSORED BY: Elizabeth Mitchell Be

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(Senator MITCHELL)

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COUNTY: Kennebec

FISCAL NOTE REQUIRED
(See attached)



123rd MAINE LEGISLATURE

LD 1850

LR 2513(03)

An Act To Improve Efficiency and Effectiveness of Early Intervention and Early Childhood Special Education for Children from Birth to Eight Years of Age through Improved Oversight, Accountability and Interagency Coordination

Fiscal Note for Senate Amendment "A" to Committee Amendment "A"

Sponsor: Sen. Mitchell of Kennebec

Fiscal Note Required: Yes

Fiscal Note

Minor cost increase - General Fund

Fiscal Detail and Notes

Additional costs to the Department of Education to execute an interagency agreement with and to supply the required data to the Department of Health and Human Services can be absorbed within existing budgeted resources. Additional costs to the Department of Health and Human Services can also be absorbed within budgeted resources.