

MAINE STATE LEGISLATURE

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L.D. 1747

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Date: 3/8/22

(Filing No. S- 432)

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HEALTH AND HUMAN SERVICES

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Reproduced and distributed under the direction of the Secretary of the Senate.

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STATE OF MAINE

6

SENATE

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130TH LEGISLATURE

8

SECOND REGULAR SESSION

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COMMITTEE AMENDMENT "A" to S.P. 603, L.D. 1747, "An Act To Require Screening for Cytomegalovirus in Certain Newborn Infants "

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

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'Sec. 1. 22 MRSA §1534 is enacted to read:

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§1534. Cytomegalovirus screening

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1. Cytomegalovirus screening. The department shall establish a cytomegalovirus screening program for newborn infants.

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2. Religious objection exemption. The department may not require that a newborn infant be tested for the presence of cytomegalovirus if the parents of that infant object on the grounds that a test conflicts with their religious tenets and practices.

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3. Report. A health care provider that tests or causes to be tested a newborn infant pursuant to this section shall report to the department aggregate data, including the number of infants born, the number tested for cytomegalovirus, the results of the screening and testing and the type of screening sample used.

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4. Public education. The department shall provide public educational resources to pregnant individuals and individuals who may become pregnant that include information regarding the incidence of cytomegalovirus, the transmission of cytomegalovirus during and before pregnancy, birth defects caused by congenital cytomegalovirus, methods of diagnosing congenital cytomegalovirus, available preventive measures and resources for the family of an infant born with congenital cytomegalovirus. The department may solicit and accept the assistance of relevant medical associations or community resources to develop, promote and distribute the public educational resources.

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5. 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. In developing rules to implement the requirements of this section, the

COMMITTEE AMENDMENT

1 department shall convene a group of medical professionals to advise on best practices in
 2 congenital cytomegalovirus screening.

3 **Sec. 2. Report by department.** By February 1, 2023, the Department of Health and
 4 Human Services shall report on its progress toward implementing the requirements of the
 5 Maine Revised Statutes, Title 22, section 1534 to the joint standing committee of the
 6 Legislature having jurisdiction over health and human services matters.

7 **Sec. 3. Review.** No later than 3 years after the final adoption of rules pursuant to the
 8 Maine Revised Statutes, Title 22, section 1534, subsection 5, the Department of Health and
 9 Human Services shall convene a stakeholder group of clinicians and researchers with
 10 knowledge of cytomegalovirus screening to review the cytomegalovirus screening program
 11 and to consider changes to the program. No later than February 1, 2026, the department
 12 shall provide an update on this review process to the joint standing committee of the
 13 Legislature having jurisdiction over health and human services matters.

14 **Sec. 4. Appropriations and allocations.** The following appropriations and
 15 allocations are made.

16 **HEALTH AND HUMAN SERVICES, DEPARTMENT OF**
 17 **Maine Center for Disease Control and Prevention 0143**

18 Initiative: Provides funding for the ongoing costs for the annual education campaign,
 19 including the educational materials production and distribution.

20	GENERAL FUND	2021-22	2022-23
21	All Other	\$0	\$40,000
22			
23	GENERAL FUND TOTAL	\$0	\$40,000

24 **Maine Center for Disease Control and Prevention 0143**

25 Initiative: Provides one-time funding to update the child health surveillance tracking
 26 system to accommodate the new data.

27	GENERAL FUND	2021-22	2022-23
28	All Other	\$0	\$3,000
29			
30	GENERAL FUND TOTAL	\$0	\$3,000

31 **Maine Center for Disease Control and Prevention 0143**

32 Initiative: Provides funding for one half-time Public Health Educator III position to collect
 33 data, update material as needed and promote and distribute the public educational
 34 resources.

35	GENERAL FUND	2021-22	2022-23
36	POSITIONS - LEGISLATIVE COUNT	0.000	0.500
37	Personal Services	\$0	\$55,908
38	All Other	\$0	\$6,537
39			
40	GENERAL FUND TOTAL	\$0	\$62,445

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1	HEALTH AND HUMAN SERVICES,		
2	DEPARTMENT OF		
3	DEPARTMENT TOTALS	2021-22	2022-23
4			
5	GENERAL FUND	\$0	\$105,445
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7	DEPARTMENT TOTAL - ALL FUNDS	\$0	\$105,445

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9 Amend the bill by relettering or renumbering any nonconsecutive Part letter or section

10 number to read consecutively.

11 **SUMMARY**

12 This amendment replaces the bill. It:

13 1. Requires the Department of Health and Human Services to establish a

14 cytomegalovirus screening program for newborn infants;

15 2. Requires the Department of Health and Human Services to exempt a newborn infant

16 from cytomegalovirus testing if the parents of that infant object on the grounds that a test

17 conflicts with their religious tenets and practices;

18 3. Requires a health care provider that tests or causes to be tested a newborn infant for

19 cytomegalovirus to report to the Department of Health and Human Services aggregate data

20 on the testing, including the number of infants born, the number tested for cytomegalovirus,

21 the results of the screening and testing and the type of screening sample used;

22 4. Requires the Department of Health and Human Services to provide public

23 educational resources to pregnant individuals and individuals who may become pregnant

24 that include information regarding the incidence of cytomegalovirus, the transmission of

25 cytomegalovirus during and before pregnancy, birth defects caused by congenital

26 cytomegalovirus, methods of diagnosing congenital cytomegalovirus, available preventive

27 measures and resources for the family of an infant born with congenital cytomegalovirus;

28 5. Requires the Department of Health and Human Services to adopt rules to implement

29 the cytomegalovirus screening program. In developing rules, the department is required to

30 convene a group of medical professionals to advise on best practices in congenital

31 cytomegalovirus screening;

32 6. Requires the Department of Health and Human Services to report on its progress

33 toward implementing the screening program to the joint standing committee of the

34 Legislature having jurisdiction over health and human services matters by February 1,

35 2023;

36 7. Requires that, no later than 3 years after final adoption of rules, the Department of

37 Health and Human Services convene a stakeholder group of clinicians and researchers with

38 knowledge of cytomegalovirus screening to review the cytomegalovirus screening program

39 and to consider changes to the program. No later than February 1, 2026, the department

40 must provide an update on this review process to the joint standing committee of the

41 Legislature having jurisdiction over health and human services matters; and

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COMMITTEE AMENDMENT "A" to S.P. 603, L.D. 1747 (S-432)

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8. Adds an appropriations and allocations section.

FISCAL NOTE REQUIRED

(See attached)

COMMITTEE AMENDMENT



130th MAINE LEGISLATURE

LD 1747

LR 2144(02)

An Act To Require Screening for Cytomegalovirus in Certain Newborn Infants

Fiscal Note for Bill as Amended by Committee Amendment "A" (S-432)

Committee: Health and Human Services

Fiscal Note Required: Yes

Fiscal Note

	FY 2021-22	FY 2022-23	Projections FY 2023-24	Projections FY 2024-25
Net Cost (Savings)				
General Fund	\$0	\$105,445	\$103,906	\$105,436
Appropriations/Allocations				
General Fund	\$0	\$105,445	\$103,906	\$105,436

Fiscal Detail and Notes

The bill includes General Fund appropriations to the Department of Health and Human Services of \$105,445 in fiscal year 2022-23 for one half-time Public Health Educator III position to manage the program, the ongoing costs for the annual education campaign and one-time funding to update the child health surveillance tracking system to accommodate the new data.