

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND THIRTIETH LEGISLATURE

SECOND SPECIAL SESSION
September 29, 2021

SECOND REGULAR SESSION
January 5, 2022 to May 9, 2022

THE GENERAL EFFECTIVE DATE FOR
SECOND SPECIAL SESSION
NON-EMERGENCY LAWS IS
DECEMBER 29, 2021

THE GENERAL EFFECTIVE DATE FOR
SECOND REGULAR SESSION
NON-EMERGENCY LAWS IS
AUGUST 8, 2022

PUBLISHED BY THE REVISOR OF STATUTES
IN ACCORDANCE WITH THE MAINE REVISED STATUTES ANNOTATED,
TITLE 3, SECTION 163-A, SUBSECTION 4.

Augusta, Maine
2022

Sec. 1. 8 MRSA §1018, sub-§1, ¶E, as amended by PL 2005, c. 663, §7, is further amended to read:

E. The initial application fee for an employee license under section 1015 is \$250. The ~~annual~~ renewal fee for a one-year employee license is \$25. The renewal fee for a 3-year employee license is \$50.

Sec. 2. 8 MRSA §1018, sub-§2, as amended by PL 2021, c. 22, §6, is further amended to read:

2. Term of license; renewal, renewal fees. Except as provided in section 1071, subsection 6 for licenses to conduct advance deposit wagering or as otherwise provided in this subsection, licenses issued by the board under this chapter are effective for one year, unless revoked or surrendered pursuant to subchapter 5. Employee licenses issued by the board under this chapter may be renewed for a one-year term or a 3-year term. Upon proper application and payment of the required fees and taxes and in accordance with rules adopted by the board, the board may renew a license for an additional year if municipal approval has been obtained as provided in section 1012 or 1012-A. The board shall transfer \$25,000 of the renewal fee required by subsection 1, paragraph C to the municipality in which the slot machines are operated.

See title page for effective date.

CHAPTER 698

S.P. 603 - L.D. 1747

An Act To Require Screening for Cytomegalovirus in Certain Newborn Infants

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

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

§1534. Cytomegalovirus screening

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

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.

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.

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.

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

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

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

Sec. 4. Appropriations and allocations. The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES,
DEPARTMENT OF**

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

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

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

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

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

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

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

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

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

**HEALTH AND HUMAN
SERVICES, DEPARTMENT
OF
DEPARTMENT TOTALS**

	2021-22	2022-23
GENERAL FUND	\$0	\$105,445
DEPARTMENT TOTAL - ALL FUNDS	\$0	\$105,445

See title page for effective date.

**CHAPTER 699
H.P. 1331 - L.D. 1780**

**An Act To Allow Unorganized
Territory School Staff To
Receive Annualized Pay**

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

Sec. 1. 26 MRSA §621-A, sub-§4, as amended by PL 2019, c. 193, §1, is further amended to read:

4. School personnel. Employees of a school administrative unit or a school in an unorganized territory operating under Title 20-A, chapter 119 who work the school year schedule may, upon written agreement between the employees and the school administrative unit or school in an unorganized territory, be paid for their work during the school year over 12 months or a shorter period, as provided in the written agreement. For purposes of this subsection, "written agreement" includes but is not limited to a collective bargaining agreement. A school administrative unit or school in an unorganized territory shall provide a wage payment option to school personnel who are paid on an hourly basis that

allows those employees to be paid for their work during the school year over 12 months or a shorter period.

Sec. 2. Effective date. This Act takes effect July 1, 2023.

Effective July 1, 2023.

**CHAPTER 700
S.P. 645 - L.D. 1859**

**An Act To Establish the Maine
Emergency Medical Services
Community Grant Program**

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

Sec. 1. 32 MRSA §97 is enacted to read:

§97. Maine Emergency Medical Services Community Grant Program

The Maine Emergency Medical Services Community Grant Program is established as a pilot program to provide grants to communities for the review and consideration of the provision of effective and efficient emergency medical services.

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Community" means a municipality or group of municipalities.

B. "Program" means the Maine Emergency Medical Services Community Grant Program pilot program established under this section.

2. Purpose and use of grant funding. The purpose of the program is to provide financial assistance to communities that plan to examine or are examining the provision of emergency medical services through a process of informed community self-determination and are considering a new, financially stable structure for delivering emergency medical services that provides high-quality services effectively and efficiently. Recipient communities may use grant funds to review current capacity and consider alternative models for providing emergency medical services, including, but not limited to, for the following activities:

A. Engaging with the individuals, institutions and businesses in the community to plan for emergency medical services;

B. Determining the current level and financial health of emergency medical services that serve the community;

C. Identifying issues in the community that challenge or improve the provision of emergency medical services;