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Date: (Filing No. S- )

**HEALTH AND HUMAN SERVICES**

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

**STATE OF MAINE  
SENATE  
130TH LEGISLATURE  
SECOND REGULAR SESSION**

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

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

'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

**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	<b>GENERAL FUND</b>	<b>2021-22</b>	<b>2022-23</b>
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	<b>GENERAL FUND</b>	<b>2021-22</b>	<b>2022-23</b>
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	<b>GENERAL FUND</b>	<b>2021-22</b>	<b>2022-23</b>
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	<b>HEALTH AND HUMAN SERVICES,</b>		
2	<b>DEPARTMENT OF</b>		
3	<b>DEPARTMENT TOTALS</b>	<b>2021-22</b>	<b>2022-23</b>
4			
5	<b>GENERAL FUND</b>	<b>\$0</b>	<b>\$105,445</b>
6			
7	<b>DEPARTMENT TOTAL - ALL FUNDS</b>	<b>\$0</b>	<b>\$105,445</b>
8			

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

