

CHAPTER 261-A**PREVENTION OF HANDICAPPING CONDITIONS****§1531. Care of infants after birth**

1. Prophylactic ophthalmic ointment and reporting requirement. Every physician, midwife or nurse in charge shall instill or cause to be instilled into the eyes of an infant within 24 hours after its birth prophylactic ophthalmic ointment. If one or both eyes of an infant become reddened or inflamed at any time within 4 weeks after birth, the midwife, nurse or person having charge of the infant shall report the condition of the eyes at once to the infant's primary care provider licensed under Title 32, chapter 36 or 48.

[PL 2019, c. 613, §1 (AMD).]

2. Vitamin K injection. Every physician, midwife or nurse in charge shall administer 0.5 or 1 milligram, based on the infant's weight, of vitamin K to an infant intramuscularly within 6 hours after the infant's birth.

[PL 2019, c. 426, §1 (NEW).]

3. Rulemaking. The department shall adopt rules to implement this section, including, but not limited to, creating and making publicly available a brochure about the medical benefits and risks of administering the prophylactic ophthalmic ointment and vitamin K injection, and providing a form on which a parent can refuse the prophylactic ophthalmic ointment or vitamin K injection for the infant of that parent.

[PL 2019, c. 426, §1 (NEW).]

SECTION HISTORY

PL 1983, c. 848, §2 (NEW). PL 2019, c. 426, §1 (RPR). PL 2019, c. 613, §1 (AMD).

§1532. Detection of serious conditions

The department shall require hospitals, birthing centers and other birthing services to test newborn infants, or to cause them to be tested, by means of blood spot screening for the presence of treatable congenital, genetic or metabolic conditions that may be expected to result in subsequent cognitive disabilities, serious illness or death and by means of appropriate technology for the presence of critical congenital heart disease. [PL 2013, c. 397, §1 (NEW).]

1. Define requirement and methods; assistance. The department shall define the requirement under this section that a newborn infant must be tested for the presence of treatable congenital, genetic or metabolic conditions that may be expected to result in subsequent cognitive disabilities and the approved testing methods, materials, procedures and 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.

[PL 2013, c. 397, §1 (NEW).]

2. Referrals. The department shall in a timely fashion refer newborn infants with confirmed treatable congenital, genetic or metabolic conditions or critical congenital heart disease to the Child Development Services System as defined in Title 20-A, section 7001, subsection 1-A. The department 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 treatable congenital, genetic or metabolic condition without the specific nature of the condition having been confirmed. The department and the Department of Education shall execute an interagency agreement to facilitate all referrals made pursuant to 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 be made electronically. For purposes of quality assurance and improvement, the Child Development Services System shall supply aggregate data to the department at least annually on the numbers of children referred to the Child Development Services System under this section who were found eligible and ineligible for early intervention services. The department shall supply data at least annually to the Child Development Services System on how many children in the newborn blood spot screening program as established by rule of the department under section 1533, subsection 2, paragraph G were screened and how many were found to have a disorder.

[PL 2013, c. 397, §1 (NEW).]

3. Religious objection exemption. The requirement under this section that a newborn infant must be tested for the presence of treatable congenital, genetic or metabolic conditions that may be expected to result in subsequent cognitive disabilities or for the presence of critical congenital heart disease does not apply to a child if the parents of that child object on the grounds that the test conflicts with their religious tenets and practices.

[PL 2013, c. 397, §1 (NEW).]

4. Report. A hospital, birthing center or other birthing service that tests a newborn infant pursuant to this section shall report to the department aggregate data on the testing, including but not limited to the number of infants born, the number tested for treatable congenital, genetic or metabolic conditions, the number screened for critical congenital heart disease, the results of the screening and testing and, for heart disease screening the type of screening tool used.

[PL 2013, c. 397, §1 (NEW).]

SECTION HISTORY

PL 1983, c. 848, §2 (NEW). PL 2007, c. 450, Pt. A, §7 (AMD). PL 2009, c. 514, §2 (AMD). PL 2013, c. 397, §1 (RPR).

§1533. Advisory program for genetic conditions

1. Purpose; program. A voluntary statewide genetics program is established, which offers testing, counseling and education to parents and prospective parents. The program shall include, but not be limited to, the following services:

A. Follow-up programs for newborn testing, with emphasis on the counseling and education of women at risk for maternal phenylketonuria (PKU); [PL 1983, c. 848, §2 (NEW).]

B. Comprehensive genetic services to all areas of the State and all segments of the population; [PL 1983, c. 848, §2 (NEW).]

C. Development of counseling and testing programs for the diagnosis and management of genetic conditions and metabolic disorders; and [PL 1983, c. 848, §2 (NEW).]

D. Development and expansion of educational programs for physicians, allied health professionals and the public, with respect to:

(1) The nature of genetic processes;

(2) The inheritance patterns of genetic conditions; and

(3) The means, methods and facilities available to diagnose, counsel and treat genetic conditions and metabolic disorders. [PL 1983, c. 848, §2 (NEW).]

[PL 1983, c. 848, §2 (NEW).]

2. Responsibility for the program. The commissioner shall designate personnel within the department's division of family health to:

A. Coordinate matters pertaining to detection, prevention and treatment of genetic conditions and metabolic disorders; [PL 1983, c. 848, §2 (NEW).]

A-1. Establish, maintain and operate a tracking system to assess and coordinate treatment related to congenital, genetic and metabolic disorders; [PL 2009, c. 514, §3 (NEW).]

A-2. Evaluate the effectiveness of screening, counseling and health care services in reducing the morbidity and mortality caused by heritable disorders in newborns and children; [PL 2009, c. 514, §3 (NEW).]

A-3. Collect, analyze and make available to families data on certain heritable disorders; [PL 2009, c. 514, §3 (NEW).]

A-4. Ensure access to treatment and other services that will improve clinical and developmental outcomes. To accomplish this, the department is authorized to share data with other states' public health newborn blood spot screening programs; [PL 2009, c. 514, §3 (NEW).]

B. Cooperate with and stimulate public and private not-for-profit associations, agencies, corporations, institutions or other entities involved in developing and implementing eligible programs and activities designed to provide services for genetic conditions and metabolic disorders; [PL 1983, c. 848, §2 (NEW).]

C. Administer any funds that are appropriated for the services and expenses of a genetic screening, counseling and education program; [PL 2009, c. 514, §3 (AMD).]

D. Enter into agreements and contracts for the delivery of genetic services; [PL 1983, c. 848, §2 (NEW).]

E. Establish, promote and maintain a public information program on genetic conditions and metabolic disorders and the availability of counseling and treatment services; [PL 1983, c. 848, §2 (NEW).]

F. Publish, from time to time, the results of any relevant research, investigation or survey conducted on genetic conditions and metabolic disorders and, from time to time, collate those publications for distribution to scientific organizations and qualified scientists and physicians; and [PL 1983, c. 848, §2 (NEW).]

G. Adopt rules necessary to carry out the purposes of this chapter. [PL 2009, c. 514, §3 (AMD).]
[PL 2009, c. 514, §3 (AMD).]

3. Eligibility for contracts. A public or private not-for-profit association, agency, corporation, institution or other entity shall be eligible to enter into contracts pursuant to this section if it satisfies the following requirements.

A. The entity shall submit an application for a contract in the manner and on forms prescribed by the commissioner. [PL 1983, c. 848, §2 (NEW).]

B. The project or activity to be carried out by the entity, either directly or through an integrated, coordinated arrangement, shall include some or all of the following services:

(1) Prenatal testing and diagnosis;

(2) Genetic diagnosis, treatment and counseling;

(3) Newborn metabolic testing, laboratory services and nutritional follow-up; or

(4) Genetics education programs for health professionals and the public. [PL 1983, c. 848, §2 (NEW).]

C. The project or activity shall be consistent with the objectives of this section and shall be coordinated with resources existing in the community in which it is located. [PL 1983, c. 848, §2 (NEW).]

[PL 1983, c. 848, §2 (NEW).]

SECTION HISTORY

PL 1983, c. 848, §2 (NEW). PL 2009, c. 514, §3 (AMD).

§1534. Cytomegalovirus screening

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

[PL 2021, c. 698, §1 (NEW).]

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.

[PL 2021, c. 698, §1 (NEW).]

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.

[PL 2021, c. 698, §1 (NEW).]

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.

[PL 2021, c. 698, §1 (NEW).]

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.

[PL 2021, c. 698, §1 (NEW).]

SECTION HISTORY

PL 2021, c. 698, §1 (NEW).

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