

SENATE BILL 103

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4lr0052

(PRE-FILED)

By: **Chair, Finance Committee (By Request – Departmental – Health and Mental Hygiene)**

Requested: October 8, 2013

Introduced and read first time: January 8, 2014

Assigned to: Finance

A BILL ENTITLED

AN ACT concerning

Public Health Programs for Children – Renaming and Modernization

FOR the purpose of changing the name of the Program for Hearing-Impaired Infants to the Early Hearing Detection and Intervention Program; replacing obsolete terminology related to infant hearing loss; changing the name of the Advisory Council for the Program to the Early Hearing Detection and Intervention Advisory Council; altering the membership and duties of the Advisory Council; altering the length of an Advisory Council member's term; providing for staggered terms for Advisory Council members; altering the number of times the Advisory Council must meet each year; altering obsolete terminology relating to crippled children; altering the purpose of a certain program for certain children; authorizing the Department of Health and Mental Hygiene to adopt certain regulations; defining certain terms; altering certain definitions; repealing a certain definition; making certain conforming changes; specifying the terms of members of the Advisory Council; and generally relating to public health programs for children.

BY repealing and reenacting, with amendments,

Article – Education

Section 8-416(c)

Annotated Code of Maryland

(2008 Replacement Volume and 2013 Supplement)

BY repealing and reenacting, with amendments,

Article – Health – General

Section 13-601 through 13-605 to be under the amended subtitle “Subtitle 6. Early Hearing Detection and Intervention Program”; and 15-125

Annotated Code of Maryland

(2009 Replacement Volume and 2013 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Education

8–416.

(c) The Program shall include the early intervention services provided or supervised by the Department, the Department of Health and Mental Hygiene, including the [Program for Hearing–Impaired Infants] **EARLY HEARING DETECTION AND INTERVENTION PROGRAM** established under Title 13, Subtitle 6 of the Health – General Article, the Department of Human Resources, and the Governor’s Office for Children.

Article – Health – General

Subtitle 6. [Program for Hearing–Impaired Infants]
EARLY HEARING DETECTION AND INTERVENTION PROGRAM.

13–601.

(a) In this subtitle the following words have the meanings indicated.

(b) [“Hearing–impaired infant” means an infant who has an impairment that is] **“HEARING LOSS” MEANS** a dysfunction of the auditory system **OR ANY NONTRANSIENT HEARING IMPAIRMENT** of any type or degree which is sufficient to interfere with the acquisition and development of [speech and language] **SPEECH–LANGUAGE** skills with or without the use of sound amplification.

(c) “Infant” means a child who is under the age of 1 year.

(d) “Newborn” means a child up to 29 days old who is born [in or receives care in a hospital] in the State.

(e) “Program” means the program that the Secretary establishes to provide for [the] universal hearing screening of newborns and early identification and follow–up of [hearing–impaired infants] **NEWBORNS** and infants [who have a risk factor of developing a hearing impairment] **WITH HEARING LOSS OR WHO ARE AT RISK FOR DEVELOPING HEARING LOSS.**

(f) “Risk factor” includes any of the following factors that an infant may display and are considered relevant in determining the possibility of a hearing impairment:

- nursery;
- (1) An admission for more than 48 hours to a neonatal intensive care nursery;
- (2) An anatomical malformation that involves the head or neck, including:
- (i) A dysmorphic appearance;
 - (ii) A morphologic abnormality of the pinna;
 - (iii) An overt or submucous cleft palate; and
 - (iv) Any syndromal or nonsyndromal abnormality;
- (3) A severe asphyxia, including:
- (i) An infant with an Apgar score of 0–3 who fails to institute spontaneous respiration within 10 minutes; or
 - (ii) An infant with hypotonia that persists during the 1st 2 hours of the infant’s life;
- (4) A bacterial meningitis, especially H. influenza;
- (5) A birth weight of less than 1500 grams;
- (6) A congenital perinatal infection, including cytomegalovirus, herpes, rubella, syphilis, and toxoplasmosis;
- (7) A family history of a childhood hearing impairment; and
- (8) A hyperbilirubinemia at a level that exceeds indications for exchange transfusion.]

13–602.

(a) The Secretary shall establish a program for the universal hearing screening of newborns and early identification and follow-up of **NEWBORNS AND** infants who have [a risk factor for developing a hearing impairment] **HEARING LOSS OR WHO ARE AT RISK FOR HEARING LOSS.**

(b) The program shall be based on the model system developed by the Department.

13–603.

(a) There is an **EARLY HEARING DETECTION AND INTERVENTION** Advisory Council for the program.

(b) (1) The Advisory Council consists of [11] **12** members appointed by the Secretary.

(2) Of the [11] **12** members:

(i) 1 shall be a physician with expertise in childhood hearing loss;

(ii) 3 shall be from the field of education:

1. 1 shall be from the Maryland State Department of Education;

2. 1 shall be from the Maryland School for the Deaf; and

3. 1 shall be an educator of the deaf from a local education agency;

(iii) 1 shall be from the Maryland Department of Health and Mental Hygiene;

(iv) 1 shall be a mental health professional with expertise in the area of deafness;

(v) 2 shall be parents of [~~hearing-impaired~~] children **WITH HEARING LOSS**;

(vi) 1 shall be from the Maryland Association of the Deaf;

(vii) 1 shall be an audiologist with expertise in childhood hearing loss; [and]

(viii) 1 shall be from the Alexander Graham Bell Association of Maryland; **AND**

(IX) 1 SHALL BE FROM THE GOVERNOR'S OFFICE OF THE DEAF AND HARD OF HEARING.

(C) (1) THE TERM OF A MEMBER IS 3 YEARS.

(2) THE TERM OF A MEMBER BEGINS JULY 1.

(3) THE TERMS OF MEMBERS ARE STAGGERED AS REQUIRED BY THE TERMS PROVIDED FOR MEMBERS OF THE ADVISORY COUNCIL ON JULY 1, 2014.

(4) AT THE END OF A TERM, A MEMBER CONTINUES TO SERVE UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

(5) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES ONLY FOR THE REST OF THE TERM OR UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

(6) A MEMBER WHO SERVES 2 CONSECUTIVE 3-YEAR TERMS MAY NOT BE REAPPOINTED FOR 3 YEARS AFTER COMPLETION OF THOSE TERMS.

[(c)] (D) The Advisory Council shall elect a chairperson from among its members.

[(d)] (E) The Advisory Council shall meet at least **[6]** 4 times a year at the times and places that it determines.

[(e)] (F) A member of the Advisory Council:

(1) May not receive compensation; but

(2) Is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

[(f)] (G) The Advisory Council shall:

(1) Advise the Department on the implementation of **[universal hearing screening of newborns and an early identification program and follow-up of hearing-impaired infants and infants who have a risk factor of developing a hearing impairment]** **THE PROGRAM;**

[(2)] Provide consultation to the Department in the development of the program;

(3) Make recommendations for operation of the program;

(4) Advise the Department:

(i) In setting standards for the program;

(ii) In monitoring and reviewing the program; and

(iii) In providing quality assurance for the program;]

[(5)] (2) Advise the Department on the development of protocols to assist hospitals, **HEALTH CARE PROVIDERS, AND AUDIOLOGISTS** in **[implementing universal] CONDUCTING UNIVERSAL NEWBORN** hearing screening **[of newborns] AND FOLLOW-UP HEARING EVALUATIONS OF INFANTS;**

[(6)] (3) Provide consultation to the Department in the establishment of an educational program for families, professionals, and the public that can be integrated with existing State and local education agency programs; and

[(7)] (4) Review any materials the Department may distribute to the public concerning **[hearing-impaired] newborns and infants WHO HAVE OR ARE AT RISK FOR HEARING LOSS.**

[(g)] (H) In consultation with the Advisory Council, the Department shall develop guidelines for the operations of the Advisory Council.

13-604.

(a) The Secretary may contract with any qualified person to administer the program.

(b) The Secretary shall:

(1) Develop a system to gather and maintain data;

(2) Develop methods to:

(i) Contact parents or guardians of newborns and their identified primary care providers regarding the results of the newborn hearing screening;

(ii) Contact parents or guardians of **[hearing-impaired infants] NEWBORNS** and infants **[who have a risk factor of developing a hearing impairment] WITH HEARING LOSS OR WHO ARE AT RISK FOR HEARING LOSS;** and

(iii) **[Refer the parents or guardians] ENSURE FAMILIES ARE REFERRED** to appropriate services;

(3) Establish a **TOLL-FREE** telephone **[hot] line** to communicate information about hearing **[impairment] LOSS** and services for **[hearing-impaired] infants WITH HEARING LOSS OR WHO ARE AT RISK FOR HEARING LOSS;**

(4) Appoint an Advisory Council for the program;

(5) Meet annually with the Advisory Council; and

(6) In consultation with the Advisory Council, adopt rules and regulations necessary to implement the program.

13-605.

(A) As part of the supplemental information required to be submitted to the Department as part of the birth event, a hospital shall include the results of the [universal] hearing screening of the newborn.

(B) THE DEPARTMENT MAY ADOPT REGULATIONS FOR RESULTS REPORTING PROCEDURES FOR HOSPITALS, BIRTHING SITES, AND AUDIOLOGISTS.

15-125.

(a) **(1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.**

(2) “CHILDREN” MEANS INDIVIDUALS UNDER THE AGE OF 12 YEARS.

(3) “YOUTH” MEANS AN INDIVIDUAL AT LEAST 12 YEARS OLD AND UNDER THE AGE OF 22 YEARS.

(B) The Department is the agency of this State[:

(1) To] **TO** administer a program of services for children **AND YOUTH** who [are crippled or who have conditions that lead to crippling; and

(2) To supervise the administration of the program services that the Department does not provide directly] **HAVE OR ARE SUSPECTED OF HAVING SPECIAL HEALTH CARE NEEDS.**

[(b)] (C) The [purposes] **PURPOSE** of this program [are:

(1) To develop, extend, and improve services for finding these children;

(2) To provide medical, surgical, corrective, and other services and care; and

(3) To provide facilities for diagnosis, hospitalization, and aftercare] **IS TO PROVIDE REIMBURSEMENT FOR MEDICAL, DIAGNOSTIC, CORRECTIVE, AND**

OTHER SERVICES AND CARE TO CHILDREN AND YOUTH WHO HAVE OR ARE SUSPECTED OF HAVING SPECIAL HEALTH CARE NEEDS.

[(c)] (D) The Department may:

- (1) Prepare and administer detailed plans for these purposes;
- (2) Adopt rules and regulations for administering these plans;
- (3) Receive and, in accordance with these plans, spend all funds made available to the Department for these purposes; and
- (4) Cooperate with the federal government in extending and improving these services and in administering these plans.

SECTION 2. AND BE IT FURTHER ENACTED, That the terms of the members of the Early Hearing Detection and Intervention Advisory Council shall expire as follows:

- (1) four members in 2015;
- (2) four members in 2016; and
- (3) four members in 2017.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2014.