SENATE BILL 117

J1 <u>EMERGENCY BILL</u> *ENROLLED BILL*

(4lr0938)

 $-{\it Finance/Health\ and\ Government\ Operations} --$

Introduced by $\bf Senator \; Bailey$

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Read and Ex	camined by Proofreaders:
	Proofreader.
	Proofreader.
Sealed with the Great Seal and pr	esented to the Governor, for his approval this
day of at	t o'clock,M.
	President.
СН	IAPTER
AN ACT concerning	
	ng Program – Krabbe Leukodystrophy entation of Testing
Advisory Council on Hereditary approve the inclusion of a core condition time period after the advisorement of a certain time period after the advisorement for a core condition listed within a certain time period and authorizing the Department to see Council and approved by the Section Health's newborn screening systems.	irement that the Secretary of Health and the States and Congenital Disorders determine whether to endition in the system for newborn screening within dition of the condition to the Recommended Uniform and Maryland Department of Health to implement and in the Recommended Uniform Screening Panels after the core condition is added to the Panels after the core condition recommended by the Advisory are tary; requiring that the Maryland Department of the include screening Health to implement testing in a certain period of time after the U.S. Department

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.

Italics indicate opposite chamber/conference committee amendments.



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	4	SENATE BILL III
1 2	· · · · · · · · · · · · · · · · · · ·	ealth and Human Services issues a certain recommendation; and generally ng to newborn screening.
3 4 5 6 7	Articl Section Anno	g and reenacting, with amendments, le – Health – General on 13–111 tated Code of Maryland Replacement Volume)
8 9		CION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, ws of Maryland read as follows:
10		Article – Health – General
11	13–111.	
12 13 14 15		The Department shall establish a coordinated statewide system for screening infants in the State for certain hereditary and congenital disorders associated problems of health or development, except when the parent or guardian of the ant objects.
16 17 18 19	infants colle	Except as provided in § 13–112 of this subtitle, the Department's public health is the sole laboratory authorized to perform tests on specimens from newborn ected to screen for hereditary and congenital disorders as determined under d)(2) of this section.
20	(c)	The system for newborn screening shall include:
21		(1) Laboratory testing and the reporting of test results; {and}
22 23	of an affecte	(2) Follow–up activities to facilitate the rapid identification and treatment ed child ; AND
24		(3) SCREENING FOR KRABBE LEUKODYSTROPHY.
25 26	(d) Disorders, t	In consultation with the State Advisory Council on Hereditary and Congenital he Department shall:
27 28	specimens to	(1) Establish protocols for a health care provider to obtain and deliver test of the Department's public health laboratory;
29 30	laboratory is	(2) Determine the screening tests that the Department's public health s required to perform;

Maintain a coordinated statewide system for newborn screening that

carries out the purpose described in subsection (c) of this section that includes:

$\frac{1}{2}$	(i) Communicating the results of screening tests to the health care provider of the newborn infant;
3	(ii) Locating newborn infants with abnormal test results;
4 5	(iii) Sharing newborn screening information between hospitals health care providers, treatment centers, and laboratory personnel;
6 7	(iv) Delivering needed clinical, diagnostic, and treatmen information to health care providers, parents, and caregivers; and
8 9 10 11	(v) Notifying parents and guardians of newborn infants that laboratories other than the Department's public health laboratory are authorized to perform postscreening confirmatory or diagnostic tests on newborn infants for hereditary and congenital disorders; and
12 13 14	(4) Adopt regulations that set forth the standards and requirements fo newborn screening for hereditary and congenital disorders that are required under thi subtitle, including:
15	(i) Performing newborn screening tests;
16 17	(ii) Coordinating the reporting, follow-up, and treatment activitie with parents, caregivers, and health care providers; and
18 19 20	(iii) Establishing fees for newborn screening that do not exceed an amount sufficient to cover the administrative, laboratory, and follow—up costs associated with the performance of screening tests under this subtitle.
21 22 23 24	(e) (1) (i) Subject to the approval of the Secretary and the Advisory Council under subparagraph (ii) of this paragraph and notwithstanding any other provision of law the <u>THE</u> Department shall screen for each core condition listed in the U.S. Department of Health and Human Services' Recommended Uniform Screening Panel.
25 26 27 28 29 30	(ii) On or after January 1, 2023, the Secretary and the Advisory Council shall determine whether to approve the inclusion of a condition in the system for newborn screening within 1 year after the addition of the condition THE SUBJECT TO SUBPARAGRAPH (III) OF THIS PARAGRAPH, THE DEPARTMENT SHALL IMPLEMENT TESTING FOR A CORE CONDITION WITHIN 1 YEAR AND 6 MONTHS AFTER THE CORE CONDITION IS ADDED to the Recommended Uniform Screening Panel.
31 32 33	(III) 1. IF THE DEPARTMENT IS UNABLE TO IMPLEMENT TESTING WITHIN 1 YEAR AND 6 MONTHS AFTER A CORE CONDITION IS ADDED TO THE RECOMMENDED UNIFORM SCREENING PANEL DUE TO A DELAY IN THE

PROCUREMENT OF EQUIPMENT OR SUPPLIES NEEDED TO IMPLEMENT THE TESTING,

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- 1 THE DEPARTMENT SHALL REPORT TO THE SENATE FINANCE COMMITTEE AND THE
- 2 HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE
- 3 WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, WITHIN 1 YEAR AND 3
- 4 MONTHS AFTER THE ADDITION OF THE CORE CONDITION TO THE RECOMMENDED
- 5 Uniform Screening Panel and every 3 months thereafter until the
- 6 <u>TESTING FOR THE CORE CONDITION IS IMPLEMENTED.</u>
- 7 <u>A REPORT REQUIRED UNDER SUBSUBPARAGRAPH 1</u>
- 8 OF THIS SUBPARAGRAPH SHALL INCLUDE THE REASON FOR THE DELAY AND THE
- 9 ANTICIPATED TIMELINE FOR IMPLEMENTATION.
- 10 (iii) If the Secretary or Advisory Council does not approve the
- 11 inclusion of a core condition in the system for newborn screening under subparagraph (i) of
- 12 this paragraph:
- 13 Within 1 year after the addition of the condition to the
- 14 Recommended Uniform Screening Panel, the Department shall publicly post and submit to
- 15 the General Assembly, in accordance with § 2-1257 of the State Government Article, a
- 16 report that includes, as applicable, the Secretary's justification for not approving the
- 17 inclusion and the final vote of the Advisory Council regarding the inclusion of the condition;
- 18 and
- 19 Each year after the initial disapproval, the Advisory
- 20 Council shall:
- 21 A. Review the medical literature published on the condition
- 22 since the initial evaluation and determine whether substantive updates have occurred that
- 23 would merit formal reevaluation of the inclusion of the condition; and
- B. If the Advisory Council upholds its disapproval of the
- 25 condition, publicly publish and submit to the General Assembly, in accordance with §
- 26 2-1257 of the State Government Article, a report on the reason for the disapproval.
- 27 (2) Notwithstanding any other provision of law, if the Secretary of Health 28 and Human Services issues federal recommendations on critical congenital heart disease
- and fruman betvices issues federal recommendations on critical congenital near disease
- 29 screening of newborns, the Department shall adopt the federal screening recommendations.
- 30 (3) The Department May screen for any condition
- 31 RECOMMENDED BY THE ADVISORY COUNCIL AND APPROVED BY THE SECRETARY.
- 32 (f) If the Secretary and the Advisory Council approve the inclusion of a condition
- 33 in the system for the newborn screening under subsection (e) of this section, the
- 34 Department shall implement testing for the condition within 1 year after the date of the
- 35 approval.

- 1 (g) (I) The Secretary shall pay all fees collected under the provisions of 2 this subtitle to the Comptroller.
- 3 (2) The Comptroller shall distribute the fees to the Newborn Screening 4 Program Fund established under § 13–113 of this subtitle.
- 5 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect 6 October 1, 2024.

7 SECTION 2. AND BE IT FURTHER ENACTED, That₌:

- 8 (a) Subject to subsection (b) of this section and notwithstanding § 13–111(e)(1)(ii) of the Health General Article, as enacted by Section 1 of this Act, the Maryland Department of Health shall implement testing for infantile Krabbe disease within 1 year after the U.S. Department of Health and Human Services issues the final newborn screening recommendation regarding the disease a final recommendation to add screening of the condition to the federal Recommended Uniform Screening Panel.
- 14 *(b)* If the Department is unable to implement testing for infantile Krabbe disease within the time period required under subsection (a) of this section due to a delay in 15 the procurement of equipment or supplies needed to implement the testing, the Department 16 17 shall report to the Senate Finance Committee and the House Health and Government 18 Operations Committee, in accordance with § 2–1257 of the State Government Article, within 19 9 months after the addition of the final recommendation to add screening of infantile Krabbe 20 disease to the federal Recommended Uniform Screening Panel and every 3 months thereafter 21until testing for infantile Krabbe disease is implemented.
- 22 (2) The report required under paragraph (1) of this subsection shall include 23 information on the equipment or supplies needed, the reason for the delay, and the 24 anticipated timeline for implementation.
- SECTION 3. AND BE IT FURTHER ENACTED, That this Act is an emergency measure, is necessary for the immediate preservation of the public health or safety, has been passed by a yea and nay vote supported by three—fifths of all the members elected to each of the two Houses of the General Assembly, and shall take effect from the date it is enacted.