



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary  
March 17, 2026

The Honorable Heather Bagnall  
Chair, House Health Committee  
241 Taylor House Office Building  
Annapolis, Maryland 21401

**Re: House Bill 1625 – Public Health – Newborn Screening Program – Fees and Core Conditions - Letter of Information**

Dear Chair Bagnall and Committee Members:

The Maryland Department of Health (the Department) submits this letter of information regarding House Bill (HB) 1625 - Public Health – Newborn Screening Program – Fees and Core Conditions. This bill – if enacted, will require the Department’s Newborn Screening and Childhood Division (Division) to establish fees that are sufficient to cover the administrative, laboratory, and follow-up costs associated with implementation of screening tests. The Department is also required to screen for each core condition on the federal Recommended Uniform Screening Panel (RUSP) through May 31, 2026, wherein the Maryland Advisory Council on Hereditary and Congenital Disorders (Advisory Council) will thereafter provide recommendations on whether the Department should implement testing for each core condition added to the RUSP. An extension to the 18-month requirement for implementation of a new condition on the RUSP to two years (if the Department has decided to implement testing upon the recommendation of the Advisory Council) has also been provided.

The Division screens for more than 60 hereditary and congenital disorders for infants born in the State of Maryland. The Division is entirely funded through the Newborn Screening Program Fund pursuant to Maryland Code Ann., Health – General § 13-113. This is a non-lapsing special fund designed to provide funding for the screening of newborn infants, the funds of which are collected by birthing hospitals for the screening tests that are performed. According to State statutory and regulatory requirements, currently, fees are based on true costs required to cover expenses, such as purchasing equipment, reagents, and supplies or hiring additional personnel.

In addition, extending the implementation period for a new condition added to the RUSP from 18 months to two years (if the Department chooses to implement testing after the Advisory Council’s recommendation) would give the Division more time to secure funding, begin validation studies, and launch screening. Most states allow three years for implementation of screening for new disorders, and Maryland’s current 18-month timeline is the shortest of any state that aligns with the RUSP. In regard to the potential for HB 1625 to remove the requirement for Maryland to align with the RUSP, the Department could implement this change should the bill pass.

If you would like to discuss this further, please do not hesitate to contact Meghan Lynch, Director of Governmental Affairs at [meghan.lynch@maryland.gov](mailto:meghan.lynch@maryland.gov).

Sincerely,

Meena Seshamani, M.D., Ph.D.  
Secretary of Health