

BY: Finance Committee

AMENDMENTS TO HOUSE BILL NO. 1160

(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 3, after “the” insert “Program for Hearing-Impaired Infants to include a certain universal newborn hearing screening component; requiring certain tracking, monitoring, and follow-up care; requiring certain reports on newborn hearing screening and follow-up care;”; strike beginning with “composition” in line 6 down through “date;” in line 10; and in line 14, strike “13-603” and substitute “13-601 through 13-605”.

AMENDMENT NO. 2

On page 3, after line 30, insert:

“13-601.

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

(b) “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:

(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

(Over)

(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.

(c) "Hearing-impaired infant" means an infant who has an impairment that is a dysfunction of the auditory system of any type or degree which is sufficient to interfere with the acquisition and development of speech and language skills with or without the use of sound amplification.

(d) "Infant" means a child who is under the age of 1 year.

(E) "NEWBORN" MEANS A CHILD UP TO 29 DAYS OLD WHO IS BORN IN OR RECEIVES CARE IN A HOSPITAL IN THE STATE.

[(e)] (F) "Program" means the program that the Secretary establishes to provide for the UNIVERSAL HEARING SCREENING OF NEWBORNS BORN OR RECEIVING CARE IN HOSPITALS IN THE STATE AND early identification and follow-up of hearing-impaired infants and infants who have a risk factor of developing a hearing impairment.

13-602.

(a) The Secretary shall establish a program for the UNIVERSAL HEARING SCREENING OF NEWBORNS BORN IN HOSPITALS IN THE STATE AND early identification and follow-up

of infants who have a risk factor for developing a hearing impairment.

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

(C) (1) UNDER THE PROGRAM, NOT LATER THAN NOVEMBER 1, 1999, NEWBORN HEARING SCREENING SHALL BE CONDUCTED ON NO FEWER THAN 85% OF THE NEWBORNS BORN IN HOSPITALS IN THE STATE.

(2) FOR A NEWBORN DELIVERED IN A FACILITY OR PLACE OTHER THAN A HOSPITAL, THE PARENTS SHALL BE:

(I) INSTRUCTED ON THE BENEFITS OF HAVING THE HEARING SCREENING PERFORMED; AND

(II) GIVEN INFORMATION TO ASSIST THEM IN HAVING THE HEARING SCREENING PERFORMED WITHIN 3 MONTHS OF THE CHILD'S BIRTH.

(3) ON OR BEFORE NOVEMBER 1, 1998, EACH HOSPITAL IN THE STATE SHALL BEGIN EDUCATING PARENTS OF NEWBORNS ON THE IMPORTANCE OF HAVING NEWBORNS SCREENED FOR HEARING PROBLEMS AND RECEIVING FOLLOW-UP CARE.

(4) IF THE NUMBER OF NEWBORNS AND INFANTS SCREENED DOES NOT EQUAL OR EXCEED 85% OF THE TOTAL NUMBER OF NEWBORNS BORN IN THE STATE ON OR BEFORE NOVEMBER 1, 1999, OR FALLS BELOW 85% AT ANY TIME THEREAFTER, THE DEPARTMENT SHALL:

(I) ADMINISTER THE SCREENING OF NEWBORNS AND INFANTS PURSUANT TO THIS SUBTITLE; AND

(II) BE REIMBURSED FOR THESE SCREENINGS BY THE PARENTS' HEALTH INSURANCE POLICIES.”.

(Over)

AMENDMENT NO. 3

On page 4, in line 27, after “of” insert “UNIVERSAL NEWBORN SCREENING AND”; and in line 29, after “hearing-impaired” insert “NEWBORNS AND”.

AMENDMENT NO. 4

On page 6, after line 18, insert:

“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) [To contact ] CONTACT parents or guardians of hearing-impaired infants and infants who have a risk factor of developing a hearing impairment; [and]

(ii) [To refer ] REFER the parents or guardians to appropriate services; AND

(III) CONTACT PARENTS OR GUARDIANS OF NEWBORNS REGARDING THE RESULTS OF THE NEWBORN HEARING SCREENING;

(3) Establish a telephone hot line to communicate information about hearing impairment and services for hearing-impaired infants;

(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) A hospital shall prepare, on the form that the Secretary provides, a report on each infant with a risk factor who is born alive in the hospital AND EACH NEWBORN INFANT WHO IS SCREENED FOR HEARING PROBLEMS. If an infant is born outside the hospital, the person filling out the birth certificate shall make a report under this section.

(b) (1) The Secretary shall determine the contents of the report required under subsection (a) of this section.

(2) WITH REGARD TO NEWBORNS, THE REPORT SHALL CONTAIN INFORMATION ABOUT THE NUMBER OF NEWBORNS SCREENED ON BIRTH ADMISSION, THE NUMBER WHO PASSED THE SCREENING, AND THE NUMBER WHO DID NOT PASS THE SCREENING.

(3) THE REPORT ALSO SHOULD CONTAIN INFORMATION ABOUT THE NUMBER OF NEWBORNS WHO WERE RECOMMENDED FOR FOLLOW-UP CARE, THE NUMBER WHO PASSED AND DID NOT PASS THE FOLLOW-UP CARE SCREENING.

(c) The report shall be submitted to the Secretary.”.

AMENDMENT NO. 5

On page 6, strike in their entirety lines 19 through 39, inclusive; and in line 40, strike “4.” and substitute “2.”.