
By: **Delegate Hixson**

Introduced and read first time: February 13, 1998

Assigned to: Environmental Matters

A BILL ENTITLED

1 AN ACT concerning

2 **Universal Hearing Loss Screenings - Newborns**

3 FOR the purpose of altering the Program for Hearing-Impaired Infants to include a
4 certain universal newborn hearing screening component; requiring certain
5 tracking, monitoring, and follow-up care; requiring certain reports on newborn
6 hearing screening and follow-up care; and generally relating to universal
7 newborn hearing screening.

8 BY repealing and reenacting, with amendments,
9 Article - Health - General
10 Section 13-601 through 13-605
11 Annotated Code of Maryland
12 (1994 Replacement Volume and 1997 Supplement)

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

15 **Article - Health - General**

16 13-601.

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

18 (b) "Risk factor" includes any of the following factors that an infant may
19 display and are considered relevant in determining the possibility of a hearing
20 impairment:

21 (1) An admission for more than 48 hours to a neonatal intensive care
22 nursery;

23 (2) An anatomical malformation that involves the head or neck,
24 including:

25 (i) A dysmorphic appearance;

26 (ii) A morphologic abnormality of the pinna;

- 1 (iii) An overt or submucous cleft palate; and
- 2 (iv) Any syndromal or nonsyndromal abnormality;
- 3 (3) A severe asphyxia, including:
- 4 (i) An infant with an apgar score of 0-3 who fails to institute
5 spontaneous respiration within 10 minutes; or
- 6 (ii) An infant with hypotonia that persists during the 1st 2 hours of
7 the infant's life;
- 8 (4) A bacterial meningitis, especially H. influenza;
- 9 (5) A birth weight of less than 1500 grams;
- 10 (6) A congenital perinatal infection, including cytomegalovirus, herpes,
11 rubella, syphilis, and toxoplasmosis;
- 12 (7) A family history of a childhood hearing impairment; and
- 13 (8) A hyperbilirubinemia at a level that exceeds indications for exchange
14 transfusion.

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

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

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

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

27 13-602.

28 (a) The Secretary shall establish a program for the UNIVERSAL HEARING
29 SCREENING OF NEWBORNS BORN IN HOSPITALS IN THE STATE AND early
30 identification and follow-up of infants who have a risk factor for developing a hearing
31 impairment.

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

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

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

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

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

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

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

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

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

22 13-603.

23 (a) There is an Advisory Council for the program.

24 (b) (1) The Advisory Council consists of 10 members appointed by the
25 Secretary.

26 (2) Of the 10 members:

27 (i) 1 shall be a physician;

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

29 1. 1 shall be from the Maryland State Department of
30 Education;

31 2. 1 shall be from the Maryland School for the Deaf; and

32 3. 1 shall be an educator of the deaf from a local education
33 agency;

- 1 (iii) 1 shall be from the Maryland Department of Health and Mental
2 Hygiene;
- 3 (iv) 1 shall be a mental health professional with expertise in the
4 area of deafness;
- 5 (v) 2 shall be parents of hearing-impaired children;
- 6 (vi) 1 shall be from the Maryland Association of the Deaf; and
- 7 (vii) 1 shall be an audiologist.

8 (c) The Advisory Council shall elect a chairperson from among its members.

9 (d) The Advisory Council shall meet at least 6 times a year at the times and
10 places that it determines.

11 (e) A member of the Advisory Council:

12 (1) May not receive compensation; but

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

15 (f) The Advisory Council shall:

16 (1) Advise the Department on the implementation of UNIVERSAL
17 NEWBORN SCREENING AND an early identification program and follow-up of
18 hearing-impaired NEWBORNS AND infants and infants who have a risk factor of
19 developing a hearing impairment;

20 (2) Provide consultation to the Department in the development of the
21 program;

22 (3) Make recommendations for operation of the program;

23 (4) Advise the Department:

24 (i) In setting standards for the program;

25 (ii) In monitoring and reviewing the program; and

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

27 (5) Provide consultation to the Department in the establishment of an
28 educational program for families, professionals, and the public that can be integrated
29 with existing State and local education agency programs; and

30 (6) Review any materials the Department may distribute to the public
31 concerning hearing-impaired NEWBORNS AND infants.

1 (g) In consultation with the Advisory Council, the Department shall develop
2 guidelines for the operations of the Advisory Council.

3 13-604.

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

6 (b) The Secretary shall:

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

8 (2) Develop methods TO:

9 (i) [To contact] CONTACT parents or guardians of
10 hearing-impaired infants and infants who have a risk factor of developing a hearing
11 impairment; [and]

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

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

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

18 (4) Appoint an Advisory Council for the program;

19 (5) Meet annually with the Advisory Council; and

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

22 13-605.

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

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

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

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

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

5 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
6 October 1, 1998.