

HOUSE BILL 884

Unofficial Copy  
J1

1999 Regular Session  
(91r0781)

*ENROLLED BILL*  
*-- Economic Matters/Finance --*

Introduced by **Delegates Hixson, Barkley, Bobo, Bronrott, Cryor, DeCarlo, Finifter, Franchot, Grosfeld, Healey, Hubbard, A. Jones, V. Jones, K. Kelly, Klausmeier, Kopp, Mandel, Marriott, McIntosh, Moe, Morhaim, Owings, Petzold, Nathan-Pulliam, Stern, Turner, Frush, C. Davis, Montague, Hubers, Rawlings, Heller, Patterson, ~~and Palumbo~~ Palumbo, Busch, Gordon, Barve, Brown, Donoghue, Eckardt, Fulton, Goldwater, Harrison, Hill, Kirk, Krysiak, La Vay, Love, McClenahan, McHale, Minnick, Mitchell, Pendergrass, and Walkup**

Read and Examined by Proofreaders:

\_\_\_\_\_  
Proofreader.

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Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_\_\_\_M.

\_\_\_\_\_  
Speaker.

CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Universal Newborn Hearing Screening**

3 FOR the purpose of altering the Program for Hearing-Impaired Infants to include a  
4 certain universal newborn hearing screening component; altering the  
5 composition and responsibilities of the Advisory Council for the Program;  
6 requiring the Secretary of Health and Mental Hygiene to develop methods to  
7 contact certain persons regarding the results of certain screenings; requiring  
8 hospitals to provide certain information to the Department of Health and  
9 Mental Hygiene in a certain manner; requiring certain carriers to provide  
10 coverage for certain screenings provided by a hospital before discharge;

1 requiring certain hospitals to establish a certain type of program; including  
2 certain screenings in the minimum package of child wellness services; defining  
3 a certain term; altering a certain definition; providing for the application of  
4 certain provisions of this Act on and after a certain date; providing for a delayed  
5 effective date for certain provisions of this Act; and generally relating to  
6 universal newborn hearing screening.

7 BY repealing and reenacting, with amendments,  
8 Article - Health - General  
9 Section 4-208(a) and 13-601 through 13-604  
10 Annotated Code of Maryland  
11 (1994 Replacement Volume and 1998 Supplement)

12 BY repealing and reenacting, with amendments,  
13 Article - Health - General  
14 Section 19-705.1(c)  
15 Annotated Code of Maryland  
16 (1996 Replacement Volume and 1998 Supplement)

17 BY repealing  
18 Article - Health - General  
19 Section 13-605  
20 Annotated Code of Maryland  
21 (1994 Replacement Volume and 1998 Supplement)

22 BY adding to  
23 Article - Health - General  
24 Section 13-605 and 15-103(b)(28)  
25 Annotated Code of Maryland  
26 (1994 Replacement Volume and 1998 Supplement)

27 BY adding to  
28 Article - Health - General  
29 Section 19-308.5  
30 Annotated Code of Maryland  
31 (1996 Replacement Volume and 1998 Supplement)

32 BY repealing and reenacting, with amendments,  
33 Article - Insurance  
34 Section 15-817  
35 Annotated Code of Maryland  
36 (1997 Volume and 1998 Supplement)

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

3 **Article - Health - General**

4 13-601.

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

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

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

11 (2) An anatomical malformation that involves the head or neck,  
12 including:

13 (i) A dysmorphic appearance;

14 (ii) A morphologic abnormality of the pinna;

15 (iii) An overt or submucous cleft palate; and

16 (iv) Any syndromal or nonsyndromal abnormality;

17 (3) A severe asphyxia, including:

18 (i) An infant with an apgar score of 0-3 who fails to institute  
19 spontaneous respiration within 10 minutes; or

20 (ii) An infant with hypotonia that persists during the 1st 2 hours of  
21 the infant's life;

22 (4) A bacterial meningitis, especially H. influenza;

23 (5) A birth weight of less than 1500 grams;

24 (6) A congenital perinatal infection, including cytomegalovirus, herpes,  
25 rubella, syphilis, and toxoplasmosis;

26 (7) A family history of a childhood hearing impairment; and

27 (8) A hyperbilirubinemia at a level that exceeds indications for exchange  
28 transfusion.

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

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

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

4 (F) "Program" means the program that the Secretary establishes to provide for  
5 the UNIVERSAL HEARING SCREENING OF NEWBORNS AND early identification and  
6 follow-up of hearing-impaired infants and infants who have a risk factor of  
7 developing a hearing impairment.

8 13-602.

9 (a) The Secretary shall establish a program for the UNIVERSAL HEARING  
10 SCREENING OF NEWBORNS AND early identification and follow-up of infants who  
11 have a risk factor for developing a hearing impairment.

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

14 13-603.

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

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

18 (2) Of the [10] 11 members:

19 (i) 1 shall be a physician WITH EXPERTISE IN CHILDHOOD  
20 HEARING LOSS;

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

22 1. 1 shall be from the Maryland State Department of  
23 Education;

24 2. 1 shall be from the Maryland School for the Deaf; and

25 3. 1 shall be an educator of the deaf from a local education  
26 agency;

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

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

31 (v) 2 shall be parents of hearing-impaired children;

32 (vi) 1 shall be from the Maryland Association of the Deaf; [and]

1 (vii) I shall be an audiologist WITH EXPERTISE IN CHILDHOOD  
2 HEARING LOSS; AND

3 (VIII) I SHALL BE FROM THE ALEXANDER GRAHAM BELL  
4 ASSOCIATION OF MARYLAND.

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

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

8 (e) A member of the Advisory Council:

9 (1) May not receive compensation; but

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

12 (f) The Advisory Council shall:

13 (1) Advise the Department on the implementation of UNIVERSAL  
14 HEARING SCREENING OF NEWBORNS AND an early identification program and  
15 follow-up of hearing-impaired infants and infants who have a risk factor of  
16 developing a hearing impairment;

17 (2) Provide consultation to the Department in the development of the  
18 program;

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

20 (4) Advise the Department:

21 (i) In setting standards for the program;

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

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

24 (5) ADVISE THE DEPARTMENT ON THE DEVELOPMENT OF PROTOCOLS  
25 TO ASSIST HOSPITALS IN IMPLEMENTING UNIVERSAL HEARING SCREENING OF  
26 NEWBORNS.

27 (6) 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)] (7) Review any materials the Department may distribute to the  
31 public concerning hearing-impaired NEWBORNS AND infants.

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

1 13-604.

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

4 (b) The Secretary shall:

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

6 (2) Develop methods TO:

7 (i) CONTACT PARENTS OR GUARDIANS OF NEWBORNS AND THEIR  
8 IDENTIFIED PRIMARY CARE PROVIDERS REGARDING THE RESULTS OF THE  
9 NEWBORN HEARING SCREENING;

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

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

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

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

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

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

21 [13-605.

22 (a) A hospital shall prepare, on the form that the Secretary provides, a report  
23 on each infant with a risk factor who is born alive in the hospital. If an infant is born  
24 outside the hospital, the person filling out the birth certificate shall make a report  
25 under this section.

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

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

29 13-605.

30 AS PART OF THE SUPPLEMENTAL INFORMATION REQUIRED TO BE SUBMITTED  
31 TO THE DEPARTMENT AS PART OF THE BIRTH EVENT, A HOSPITAL SHALL INCLUDE  
32 THE RESULTS OF THE UNIVERSAL HEARING SCREENING OF THE NEWBORN.

1 SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland  
2 read as follows:

3 **Article - Health - General**

4 4-208.

5 (a) (1) Within 72 hours after a birth occurs in an institution, or en route to  
6 the institution, the administrative head of the institution or a designee of the  
7 administrative head shall:

8 (i) Prepare, on the form that the Secretary provides, a certificate of  
9 birth;

10 (ii) Secure each signature that is required on the certificate; and

11 (iii) File the certificate.

12 (2) The attending physician shall provide the date of birth and medical  
13 information that are required on the certificate within 72 hours after the birth.

14 (3) THE RESULTS OF THE UNIVERSAL HEARING SCREENING OF  
15 NEWBORNS SHALL BE INCORPORATED INTO THE SUPPLEMENTAL INFORMATION  
16 REQUIRED BY THE DEPARTMENT TO BE SUBMITTED AS A PART OF THE BIRTH EVENT.

17 (4) Upon the birth of a child to an unmarried woman in an institution,  
18 the administrative head of the institution or the designee of the administrative head  
19 shall:

20 (i) Provide an opportunity for the child's mother and the father to  
21 complete a standardized affidavit of parentage recognizing parentage of the child on  
22 the standardized form provided by the Department of Human Resources under §  
23 5-1028 of the Family Law Article;

24 (ii) Furnish to the mother written information prepared by the  
25 Child Support Enforcement Administration concerning the benefits of having the  
26 paternity of her child established, including the availability of child support  
27 enforcement services; and

28 (iii) Forward the completed affidavit to the Department of Health  
29 and Mental Hygiene, Division of Vital Records. The Department of Health and  
30 Mental Hygiene, Division of Vital Records shall make the affidavits available to the  
31 parents, guardian of the child, or a child support enforcement agency upon request.

32 [(4)] (5) An institution, the administrative head of the institution, the  
33 designee of the administrative head of an institution, and an employee of an  
34 institution may not be held liable in any cause of action arising out of the  
35 establishment of paternity.

1            [(5)]    (6)    If the child's mother was not married at the time of either  
2 conception or birth or between conception and birth, the name of the father may not  
3 be entered on the certificate without an affidavit of paternity as authorized by §  
4 5-1028 of the Family Law Article signed by the mother and the person to be named on  
5 the certificate as the father.

6            [(6)]    (7)    In any case in which paternity of a child is determined by a  
7 court of competent jurisdiction, the name of the father and surname of the child shall  
8 be entered on the certificate of birth in accordance with the finding and order of the  
9 court.

10           [(7)]    (8)    If the father is not named on the certificate of birth, no other  
11 information about the father shall be entered on the certificate.

12 15-103.

13        (b)    (28)    A MANAGED CARE ORGANIZATION SHALL PROVIDE COVERAGE FOR  
14 HEARING LOSS SCREENINGS OF NEWBORNS PROVIDED BY A HOSPITAL BEFORE  
15 DISCHARGE.

16 19-308.5.

17        (A)    EACH HOSPITAL THAT PROVIDES OBSTETRICAL SERVICES SHALL  
18 ESTABLISH A UNIVERSAL NEWBORN HEARING SCREENING PROGRAM TO ENSURE  
19 THAT:

20           (1)    ALL NEWBORNS BORN IN THE HOSPITAL ARE SCREENED FOR  
21 HEARING LOSS BEFORE DISCHARGE; AND

22           (2)    THE RESULTS ARE REPORTED AS REQUIRED UNDER § 13-605 OF THIS  
23 ARTICLE.

24        (B)    THE UNIVERSAL NEWBORN HEARING SCREENING PROGRAM  
25 ESTABLISHED UNDER THIS SECTION SHALL CONSIST OF AT LEAST ONE OF THE  
26 FOLLOWING SCREENING TESTS:

27           (1)    AUDITORY BRAIN STEM RESPONSE;

28           (2)    OTOACOUSTIC EMISSIONS; OR

29           (3)    ANOTHER APPROPRIATE SCREENING TEST RECOMMENDED BY THE  
30 ADVISORY COUNCIL AND APPROVED BY THE SECRETARY.

31 19-705.1.

32        (c)    (1)    The health maintenance organization shall make available and  
33 encourage appropriate history and baseline examinations for each member within a  
34 reasonable time of enrollment set by it.

35           (2)    Medical problems that are a potential hazard to the person's health  
36 shall be identified and a course of action to alleviate these problems outlined.



1 (3) Progress notes indicating success or failure of the course of action  
2 shall be recorded.

3 (4) The health maintenance organization shall:

4 (i) Offer or arrange for preventive services that include health  
5 education and counseling, early disease detection, [and] immunization, AND  
6 HEARING LOSS SCREENING OF NEWBORNS PROVIDED BY A HOSPITAL BEFORE  
7 DISCHARGE;

8 (ii) Develop or arrange for periodic health education on subjects  
9 which impact on the health status of a member population; and

10 (iii) Notify every member in writing of the availability of these and  
11 other preventive services.

12 (5) The health maintenance organization shall offer services to prevent a  
13 disease if:

14 (i) The disease produces death or disability and exists in the  
15 member population;

16 (ii) The etiology of the disease is known or the disease can be  
17 detected at an early stage; and

18 (iii) Any elimination of factors leading to the disease or  
19 immunization has been proven to prevent its occurrence, or early disease detection  
20 followed by behavior modification, environmental modification, or medical  
21 intervention has been proven to prevent death or disability.

22 **Article - Insurance**

23 15-817.

24 (a) In this section, "child wellness services" means preventive activities  
25 designed to protect children from morbidity and mortality and promote child  
26 development.

27 (b) This section applies to each individual hospital or major medical insurance  
28 policy, group or blanket health insurance policy, and nonprofit health service plan  
29 that:

30 (1) is delivered or issued for delivery in the State;

31 (2) is written on an expense-incurred basis; and

32 (3) provides coverage for a family member of the insured.

1 (c) (1) A policy or plan subject to this section shall include under the family  
2 member coverage a minimum package of child wellness services that are consistent  
3 with:

- 4 (i) public health policy;
- 5 (ii) professional standards; and
- 6 (iii) scientific evidence of effectiveness.

7 (2) The minimum package of child wellness services shall cover at least:

8 (i) all visits for and costs of childhood and adolescent  
9 immunizations recommended by the Advisory Committee on Immunization Practices  
10 of the Centers for Disease Control;

11 (ii) visits for the collection of adequate samples, the first of which is  
12 to be collected before 2 weeks of age, for hereditary and metabolic newborn screening  
13 and follow-up between birth and 4 weeks of age;

14 (iii) UNIVERSAL HEARING SCREENING OF NEWBORNS PROVIDED BY  
15 A HOSPITAL BEFORE DISCHARGE;

16 (IV) all visits for and costs of age-appropriate screening tests for  
17 tuberculosis, anemia, lead toxicity, hearing, and vision as determined by the  
18 American Academy of Pediatrics;

19 [(iv)] (V) a physical examination, developmental assessment,  
20 and parental anticipatory guidance services at each of the visits required under items  
21 (i), (ii), and [(iii)] (IV) of this paragraph; and

22 [(v)] (VI) any laboratory tests considered necessary by the physician  
23 as indicated by the services provided under items (i), (ii), [(iii), or] (iv), OR (V) of this  
24 paragraph.

25 (d) Except as provided in subsection (e) of this section, an insurer or nonprofit  
26 health service plan that issues a policy or plan subject to this section, on notification  
27 of the pregnancy of the insured and before the delivery date, shall:

28 (1) encourage and help the insured to choose and contact a primary care  
29 provider for the expected newborn before delivery; and

30 (2) provide the insured with information on postpartum home visits for  
31 the mother and the expected newborn, including the names of health care providers  
32 that are available for postpartum home visits.

33 (e) An insurer or nonprofit health service plan that does not require or  
34 encourage the insured to use a particular health care provider or group of health care  
35 providers that has contracted with the insurer or nonprofit health service plan to

1 provide services to the insurer's or nonprofit health service plan's insureds need not  
2 comply with subsection (d) of this section.

3 (f) (1) A policy or plan subject to this section may not impose a deductible on  
4 the coverage required under this section.

5 (2) Each health insurance policy and certificate shall contain a notice of  
6 the prohibition established by paragraph (1) of this subsection in a form approved by  
7 the Commissioner.

8 ~~SECTION 3. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall~~  
9 ~~take effect October 1, 1999.~~

10 SECTION 3. AND BE IT FURTHER ENACTED, That all health insurance  
11 carriers subject to the provisions of this Act shall make the benefits for universal  
12 hearing screening of newborns available on and after July 1, 2000, notwithstanding  
13 any policy or benefit statement to the contrary.

14 SECTION 4. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall  
15 take effect July 1, 2000.

16 SECTION 5. AND BE IT FURTHER ENACTED, That, except as provided in  
17 Section 4 of this Act, this Act shall take effect October 1, 1999.