

HOUSE BILL 884

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1999 Regular Session
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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**

Introduced and read first time: February 12, 1999
Assigned to: Economic Matters

A BILL ENTITLED

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;
11 requiring certain hospitals to establish a certain type of program; including
12 certain screenings in the minimum package of child wellness services; defining
13 a certain term; altering a certain definition; providing for a delayed effective
14 date; and generally relating to universal newborn hearing screening.

15 BY repealing and reenacting, with amendments,
16 Article - Health - General
17 Section 4-208(a) and 13-601 through 13-604
18 Annotated Code of Maryland
19 (1994 Replacement Volume and 1998 Supplement)

20 BY repealing and reenacting, with amendments,
21 Article - Health - General
22 Section 19-705.1(c)
23 Annotated Code of Maryland
24 (1996 Replacement Volume and 1998 Supplement)

25 BY repealing
26 Article - Health - General
27 Section 13-605

1 Annotated Code of Maryland
2 (1994 Replacement Volume and 1998 Supplement)

3 BY adding to
4 Article - Health - General
5 Section 13-605 and 15-103(b)(28)
6 Annotated Code of Maryland
7 (1994 Replacement Volume and 1998 Supplement)

8 BY adding to
9 Article - Health - General
10 Section 19-308.5
11 Annotated Code of Maryland
12 (1996 Replacement Volume and 1998 Supplement)

13 BY repealing and reenacting, with amendments,
14 Article - Insurance
15 Section 15-817
16 Annotated Code of Maryland
17 (1997 Volume and 1998 Supplement)

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

20 **Article - Health - General**

21 13-601.

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

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

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

28 (2) An anatomical malformation that involves the head or neck,
29 including:

30 (i) A dysmorphic appearance;

31 (ii) A morphologic abnormality of the pinna;

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

33 (iv) Any syndromal or nonsyndromal abnormality;

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

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

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

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

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

24 13-602.

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

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

30 13-603.

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

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

- 1 (2) Of the [10] 11 members:
- 2 (i) 1 shall be a physician WITH EXPERTISE IN CHILDHOOD
3 HEARING LOSS;
- 4 (ii) 3 shall be from the field of education:
- 5 1. 1 shall be from the Maryland State Department of
6 Education;
- 7 2. 1 shall be from the Maryland School for the Deaf; and
- 8 3. 1 shall be an educator of the deaf from a local education
9 agency;
- 10 (iii) 1 shall be from the Maryland Department of Health and Mental
11 Hygiene;
- 12 (iv) 1 shall be a mental health professional with expertise in the
13 area of deafness;
- 14 (v) 2 shall be parents of hearing-impaired children;
- 15 (vi) 1 shall be from the Maryland Association of the Deaf; [and]
- 16 (vii) 1 shall be an audiologist WITH EXPERTISE IN CHILDHOOD
17 HEARING LOSS; AND

18 (VIII) 1 SHALL BE FROM THE ALEXANDER GRAHAM BELL
19 ASSOCIATION OF MARYLAND.

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

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

23 (e) A member of the Advisory Council:

24 (1) May not receive compensation; but

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

27 (f) The Advisory Council shall:

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

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

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

4 (4) Advise the Department:

5 (i) In setting standards for the program;

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

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

8 (5) ADVISE THE DEPARTMENT ON THE DEVELOPMENT OF PROTOCOLS
9 TO ASSIST HOSPITALS IN IMPLEMENTING UNIVERSAL HEARING SCREENING OF
10 NEWBORNS.

11 (6) Provide consultation to the Department in the establishment of an
12 educational program for families, professionals, and the public that can be integrated
13 with existing State and local education agency programs; and

14 [(6)] (7) Review any materials the Department may distribute to the
15 public concerning hearing-impaired NEWBORNS AND infants.

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

18 13-604.

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

21 (b) The Secretary shall:

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

23 (2) Develop methods TO:

24 (i) CONTACT PARENTS OR GUARDIANS OF NEWBORNS AND THEIR
25 IDENTIFIED PRIMARY CARE PROVIDERS REGARDING THE RESULTS OF THE
26 NEWBORN HEARING SCREENING;

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

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

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

- 1 (4) Appoint an Advisory Council for the program;
- 2 (5) Meet annually with the Advisory Council; and
- 3 (6) In consultation with the Advisory Council, adopt rules and
4 regulations necessary to implement the program.

5 [13-605.

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

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

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

13 13-605.

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

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

19 **Article - Health - General**

20 4-208.

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

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

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

27 (iii) File the certificate.

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

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

1 (4) Upon the birth of a child to an unmarried woman in an institution,
2 the administrative head of the institution or the designee of the administrative head
3 shall:

4 (i) Provide an opportunity for the child's mother and the father to
5 complete a standardized affidavit of parentage recognizing parentage of the child on
6 the standardized form provided by the Department of Human Resources under §
7 5-1028 of the Family Law Article;

8 (ii) Furnish to the mother written information prepared by the
9 Child Support Enforcement Administration concerning the benefits of having the
10 paternity of her child established, including the availability of child support
11 enforcement services; and

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

16 [(4)] (5) An institution, the administrative head of the institution, the
17 designee of the administrative head of an institution, and an employee of an
18 institution may not be held liable in any cause of action arising out of the
19 establishment of paternity.

20 [(5)] (6) If the child's mother was not married at the time of either
21 conception or birth or between conception and birth, the name of the father may not
22 be entered on the certificate without an affidavit of paternity as authorized by §
23 5-1028 of the Family Law Article signed by the mother and the person to be named on
24 the certificate as the father.

25 [(6)] (7) In any case in which paternity of a child is determined by a
26 court of competent jurisdiction, the name of the father and surname of the child shall
27 be entered on the certificate of birth in accordance with the finding and order of the
28 court.

29 [(7)] (8) If the father is not named on the certificate of birth, no other
30 information about the father shall be entered on the certificate.

31 15-103.

32 (b) (28) A MANAGED CARE ORGANIZATION SHALL PROVIDE COVERAGE FOR
33 HEARING LOSS SCREENINGS OF NEWBORNS PROVIDED BY A HOSPITAL BEFORE
34 DISCHARGE.

35 19-308.5.

36 (A) EACH HOSPITAL THAT PROVIDES OBSTETRICAL SERVICES SHALL
37 ESTABLISH A UNIVERSAL NEWBORN HEARING SCREENING PROGRAM TO ENSURE
38 THAT:

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

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

5 (B) THE UNIVERSAL NEWBORN HEARING SCREENING PROGRAM
6 ESTABLISHED UNDER THIS SECTION SHALL CONSIST OF AT LEAST ONE OF THE
7 FOLLOWING SCREENING TESTS:

8 (1) AUDITORY BRAIN STEM RESPONSE;

9 (2) OTOACOUSTIC EMISSIONS; OR

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

12 19-705.1.

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

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

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

20 (4) The health maintenance organization shall:

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

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

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

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

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

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

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

5 **Article - Insurance**

6 15-817.

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

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

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

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

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

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

19 (i) public health policy;

20 (ii) professional standards; and

21 (iii) scientific evidence of effectiveness.

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

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

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

29 (iii) UNIVERSAL HEARING SCREENING OF NEWBORNS PROVIDED BY
30 A HOSPITAL BEFORE DISCHARGE;

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

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

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

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

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

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

15 (e) An insurer or nonprofit health service plan that does not require or
16 encourage the insured to use a particular health care provider or group of health care
17 providers that has contracted with the insurer or nonprofit health service plan to
18 provide services to the insurer's or nonprofit health service plan's insureds need not
19 comply with subsection (d) of this section.

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

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

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

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