

HOUSE BILL 884

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1999 Regular Session
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CF 9lr1362

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**

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

Committee Report: Favorable with amendments
House action: Adopted
Read second time: March 17, 1999

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;
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)

1 BY repealing and reenacting, with amendments,
2 Article - Health - General
3 Section 19-705.1(c)
4 Annotated Code of Maryland
5 (1996 Replacement Volume and 1998 Supplement)

6 BY repealing
7 Article - Health - General
8 Section 13-605
9 Annotated Code of Maryland
10 (1994 Replacement Volume and 1998 Supplement)

11 BY adding to
12 Article - Health - General
13 Section 13-605 and 15-103(b)(28)
14 Annotated Code of Maryland
15 (1994 Replacement Volume and 1998 Supplement)

16 BY adding to
17 Article - Health - General
18 Section 19-308.5
19 Annotated Code of Maryland
20 (1996 Replacement Volume and 1998 Supplement)

21 BY repealing and reenacting, with amendments,
22 Article - Insurance
23 Section 15-817
24 Annotated Code of Maryland
25 (1997 Volume and 1998 Supplement)

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

28 **Article - Health - General**

29 13-601.

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

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

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

- 1 (2) An anatomical malformation that involves the head or neck,
2 including:
- 3 (i) A dysmorphic appearance;
- 4 (ii) A morphologic abnormality of the pinna;
- 5 (iii) An overt or submucous cleft palate; and
- 6 (iv) Any syndromal or nonsyndromal abnormality;
- 7 (3) A severe asphyxia, including:
- 8 (i) An infant with an apgar score of 0-3 who fails to institute
9 spontaneous respiration within 10 minutes; or
- 10 (ii) An infant with hypotonia that persists during the 1st 2 hours of
11 the infant's life;
- 12 (4) A bacterial meningitis, especially H. influenza;
- 13 (5) A birth weight of less than 1500 grams;
- 14 (6) A congenital perinatal infection, including cytomegalovirus, herpes,
15 rubella, syphilis, and toxoplasmosis;
- 16 (7) A family history of a childhood hearing impairment; and
- 17 (8) A hyperbilirubinemia at a level that exceeds indications for exchange
18 transfusion.
- 19 (c) "Hearing-impaired infant" means an infant who has an impairment that is
20 a dysfunction of the auditory system of any type or degree which is sufficient to
21 interfere with the acquisition and development of speech and language skills with or
22 without the use of sound amplification.
- 23 (d) "Infant" means a child who is under the age of 1 year.
- 24 (e) "NEWBORN" MEANS A CHILD UP TO 29 DAYS OLD WHO IS BORN IN OR
25 RECEIVES CARE IN A HOSPITAL IN THE STATE.
- 26 (F) "Program" means the program that the Secretary establishes to provide for
27 the UNIVERSAL HEARING SCREENING OF NEWBORNS AND early identification and
28 follow-up of hearing-impaired infants and infants who have a risk factor of
29 developing a hearing impairment.
- 30 13-602.
- 31 (a) The Secretary shall establish a program for the UNIVERSAL HEARING
32 SCREENING OF NEWBORNS AND early identification and follow-up of infants who
33 have a risk factor for developing a hearing impairment.

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

3 13-603.

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

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

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

8 (i) 1 shall be a physician WITH EXPERTISE IN CHILDHOOD
9 HEARING LOSS;

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

11 1. 1 shall be from the Maryland State Department of
12 Education;

13 2. 1 shall be from the Maryland School for the Deaf; and

14 3. 1 shall be an educator of the deaf from a local education
15 agency;

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

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

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

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

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

24 (VIII) 1 SHALL BE FROM THE ALEXANDER GRAHAM BELL
25 ASSOCIATION OF MARYLAND.

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

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

29 (e) A member of the Advisory Council:

30 (1) May not receive compensation; but

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

3 (f) The Advisory Council shall:

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

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

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

11 (4) Advise the Department:

12 (i) In setting standards for the program;

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

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

15 (5) ADVISE THE DEPARTMENT ON THE DEVELOPMENT OF PROTOCOLS
16 TO ASSIST HOSPITALS IN IMPLEMENTING UNIVERSAL HEARING SCREENING OF
17 NEWBORNS.

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

21 [(6)] (7) Review any materials the Department may distribute to the
22 public concerning hearing-impaired NEWBORNS AND infants.

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

25 13-604.

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

28 (b) The Secretary shall:

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

30 (2) Develop methods TO:

31 (i) CONTACT PARENTS OR GUARDIANS OF NEWBORNS AND THEIR
32 IDENTIFIED PRIMARY CARE PROVIDERS REGARDING THE RESULTS OF THE
33 NEWBORN HEARING SCREENING;

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

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

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

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

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

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

12 [13-605.

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

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

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

20 13-605.

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

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

26 **Article - Health - General**

27 4-208.

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

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

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

1 (iii) File the certificate.

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

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

7 (4) Upon the birth of a child to an unmarried woman in an institution,
8 the administrative head of the institution or the designee of the administrative head
9 shall:

10 (i) Provide an opportunity for the child's mother and the father to
11 complete a standardized affidavit of parentage recognizing parentage of the child on
12 the standardized form provided by the Department of Human Resources under §
13 5-1028 of the Family Law Article;

14 (ii) Furnish to the mother written information prepared by the
15 Child Support Enforcement Administration concerning the benefits of having the
16 paternity of her child established, including the availability of child support
17 enforcement services; and

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

22 [(4)] (5) An institution, the administrative head of the institution, the
23 designee of the administrative head of an institution, and an employee of an
24 institution may not be held liable in any cause of action arising out of the
25 establishment of paternity.

26 [(5)] (6) If the child's mother was not married at the time of either
27 conception or birth or between conception and birth, the name of the father may not
28 be entered on the certificate without an affidavit of paternity as authorized by §
29 5-1028 of the Family Law Article signed by the mother and the person to be named on
30 the certificate as the father.

31 [(6)] (7) In any case in which paternity of a child is determined by a
32 court of competent jurisdiction, the name of the father and surname of the child shall
33 be entered on the certificate of birth in accordance with the finding and order of the
34 court.

35 [(7)] (8) If the father is not named on the certificate of birth, no other
36 information about the father shall be entered on the certificate.

1 15-103.

2 (b) (28) A MANAGED CARE ORGANIZATION SHALL PROVIDE COVERAGE FOR
3 HEARING LOSS SCREENINGS OF NEWBORNS PROVIDED BY A HOSPITAL BEFORE
4 DISCHARGE.

5 19-308.5.

6 (A) EACH HOSPITAL THAT PROVIDES OBSTETRICAL SERVICES SHALL
7 ESTABLISH A UNIVERSAL NEWBORN HEARING SCREENING PROGRAM TO ENSURE
8 THAT:

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

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

13 (B) THE UNIVERSAL NEWBORN HEARING SCREENING PROGRAM
14 ESTABLISHED UNDER THIS SECTION SHALL CONSIST OF AT LEAST ONE OF THE
15 FOLLOWING SCREENING TESTS:

16 (1) AUDITORY BRAIN STEM RESPONSE;

17 (2) OTOACOUSTIC EMISSIONS; OR

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

20 19-705.1.

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

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

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

28 (4) The health maintenance organization shall:

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

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

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

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

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

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

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

13 **Article - Insurance**

14 15-817.

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

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

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

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

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

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

27 (i) public health policy;

28 (ii) professional standards; and

29 (iii) scientific evidence of effectiveness.

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

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

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

4 (iii) UNIVERSAL HEARING SCREENING OF NEWBORNS PROVIDED BY
5 A HOSPITAL BEFORE DISCHARGE;

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

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

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

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

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

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

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

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

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

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

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

