

SENATE BILL 624

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1999 Regular Session
(9r1362)

ENROLLED BILL
-- Finance/Economic Matters --

Introduced by **Senators Bromwell, Roesser, Astle, and Dorman**

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this
____ day of _____ at _____ o'clock, ____ M.

President.

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 the application of*
14 *certain provisions of this Act on and after a certain date*; providing for a delayed
15 effective date *for certain provisions of this Act*; and generally relating to
16 universal newborn hearing screening.

17 BY repealing and reenacting, with amendments,

1 Article - Health - General
2 Section 4-208(a) and 13-601 through 13-604
3 Annotated Code of Maryland
4 (1994 Replacement Volume and 1998 Supplement)

5 BY repealing and reenacting, with amendments,
6 Article - Health - General
7 Section 19-705.1(c)
8 Annotated Code of Maryland
9 (1996 Replacement Volume and 1998 Supplement)

10 BY repealing
11 Article - Health - General
12 Section 13-605
13 Annotated Code of Maryland
14 (1994 Replacement Volume and 1998 Supplement)

15 BY adding to
16 Article - Health - General
17 Section 13-605 and 15-103(b)(28)
18 Annotated Code of Maryland
19 (1994 Replacement Volume and 1998 Supplement)

20 BY adding to
21 Article - Health - General
22 Section 19-308.5
23 Annotated Code of Maryland
24 (1996 Replacement Volume and 1998 Supplement)

25 BY repealing and reenacting, with amendments,
26 Article - Insurance
27 Section 15-817
28 Annotated Code of Maryland
29 (1997 Volume and 1998 Supplement)

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

32 **Article - Health - General**

33 13-601.

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

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

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

6 (2) An anatomical malformation that involves the head or neck,
7 including:

8 (i) A dysmorphic appearance;

9 (ii) A morphologic abnormality of the pinna;

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

11 (iv) Any syndromal or nonsyndromal abnormality;

12 (3) A severe asphyxia, including:

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

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

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

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

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

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

22 (8) A hyperbilirubinemia at a level that exceeds indications for exchange
23 transfusion.

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

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

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

31 (F) "Program" means the program that the Secretary establishes to provide for
32 the UNIVERSAL HEARING SCREENING OF NEWBORNS AND early identification and

1 follow-up of hearing-impaired infants and infants who have a risk factor of
 2 developing a hearing impairment.

3 13-602.

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

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

9 13-603.

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

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

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

14 (i) 1 shall be a physician WITH EXPERTISE IN CHILDHOOD
 15 HEARING LOSS;

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

17 1. 1 shall be from the Maryland State Department of
 18 Education;

19 2. 1 shall be from the Maryland School for the Deaf; and

20 3. 1 shall be an educator of the deaf from a local education
 21 agency;

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

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

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

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

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

30 (VIII) 1 SHALL BE FROM THE ALEXANDER GRAHAM BELL
 31 ASSOCIATION OF MARYLAND.

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

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

3 (e) A member of the Advisory Council:

4 (1) May not receive compensation; but

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

7 (f) The Advisory Council shall:

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

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

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

15 (4) Advise the Department:

16 (i) In setting standards for the program;

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

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

19 (5) ADVISE THE DEPARTMENT ON THE DEVELOPMENT OF PROTOCOLS
20 TO ASSIST HOSPITALS IN IMPLEMENTING UNIVERSAL HEARING SCREENING OF
21 NEWBORNS.

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

25 [(6)] (7) Review any materials the Department may distribute to the
26 public concerning hearing-impaired NEWBORNS AND infants.

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

29 13-604.

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

32 (b) The Secretary shall:

- 1 (1) Develop a system to gather and maintain data;
- 2 (2) Develop methods TO:
- 3 (i) CONTACT PARENTS OR GUARDIANS OF NEWBORNS AND THEIR
4 IDENTIFIED PRIMARY CARE PROVIDERS REGARDING THE RESULTS OF THE
5 NEWBORN HEARING SCREENING;
- 6 (II) [To contact] CONTACT parents or guardians of
7 hearing-impaired infants and infants who have a risk factor of developing a hearing
8 impairment; and
- 9 [(ii)] (III) [To refer] REFER the parents or guardians to appropriate
10 services;
- 11 (3) Establish a telephone hot line to communicate information about
12 hearing impairment and services for hearing-impaired infants;
- 13 (4) Appoint an Advisory Council for the program;
- 14 (5) Meet annually with the Advisory Council; and
- 15 (6) In consultation with the Advisory Council, adopt rules and
16 regulations necessary to implement the program.

17 [13-605.

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

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

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

25 13-605.

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

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

Article - Health - General

1 4-208.

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

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

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

8 (iii) File the certificate.

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

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

14 (4) Upon the birth of a child to an unmarried woman in an institution,
15 the administrative head of the institution or the designee of the administrative head
16 shall:

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

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

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

29 [(4)] (5) An institution, the administrative head of the institution, the
30 designee of the administrative head of an institution, and an employee of an
31 institution may not be held liable in any cause of action arising out of the
32 establishment of paternity.

33 [(5)] (6) If the child's mother was not married at the time of either
34 conception or birth or between conception and birth, the name of the father may not
35 be entered on the certificate without an affidavit of paternity as authorized by §
36

1 5-1028 of the Family Law Article signed by the mother and the person to be named on
2 the certificate as the father.

3 [(6)] (7) In any case in which paternity of a child is determined by a
4 court of competent jurisdiction, the name of the father and surname of the child shall
5 be entered on the certificate of birth in accordance with the finding and order of the
6 court.

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

9 15-103.

10 (b) (28) A MANAGED CARE ORGANIZATION SHALL PROVIDE COVERAGE FOR
11 HEARING LOSS SCREENINGS OF NEWBORNS PROVIDED BY A HOSPITAL BEFORE
12 DISCHARGE.

13 19-308.5.

14 (A) EACH HOSPITAL THAT PROVIDES OBSTETRICAL SERVICES SHALL
15 ESTABLISH A UNIVERSAL NEWBORN HEARING SCREENING PROGRAM TO ENSURE
16 THAT:

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

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

21 (B) THE UNIVERSAL NEWBORN HEARING SCREENING PROGRAM
22 ESTABLISHED UNDER THIS SECTION SHALL CONSIST OF AT LEAST ONE OF THE
23 FOLLOWING SCREENING TESTS:

24 (1) AUDITORY BRAIN STEM RESPONSE;

25 (2) OTOACOUSTIC EMISSIONS; OR

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

28 19-705.1.

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

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

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

1 (ii) professional standards; and

2 (iii) scientific evidence of effectiveness.

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

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

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

10 (iii) UNIVERSAL HEARING SCREENING OF NEWBORNS PROVIDED BY
11 A HOSPITAL BEFORE DISCHARGE;

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

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

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

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

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

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

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

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

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

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

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

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

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