

SENATE BILL 624

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1999 Regular Session
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By: **Senators Bromwell, Roesser, Astle, and Dorman**
Introduced and read first time: February 5, 1999
Assigned to: Finance

Committee Report: Favorable
Senate action: Adopted
Read second time: March 15, 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)

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)

1 BY repealing
2 Article - Health - General
3 Section 13-605
4 Annotated Code of Maryland
5 (1994 Replacement Volume and 1998 Supplement)

6 BY adding to
7 Article - Health - General
8 Section 13-605 and 15-103(b)(28)
9 Annotated Code of Maryland
10 (1994 Replacement Volume and 1998 Supplement)

11 BY adding to
12 Article - Health - General
13 Section 19-308.5
14 Annotated Code of Maryland
15 (1996 Replacement Volume and 1998 Supplement)

16 BY repealing and reenacting, with amendments,
17 Article - Insurance
18 Section 15-817
19 Annotated Code of Maryland
20 (1997 Volume and 1998 Supplement)

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

23 **Article - Health - General**

24 13-601.

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

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

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

31 (2) An anatomical malformation that involves the head or neck,
32 including:

33 (i) A dysmorphic appearance;

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

26 13-602.

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

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

32 13-603.

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

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

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

4 (i) 1 shall be a physician WITH EXPERTISE IN CHILDHOOD
5 HEARING LOSS;

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

7 1. 1 shall be from the Maryland State Department of
8 Education;

9 2. 1 shall be from the Maryland School for the Deaf; and

10 3. 1 shall be an educator of the deaf from a local education
11 agency;

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

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

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

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

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

20 (VIII) 1 SHALL BE FROM THE ALEXANDER GRAHAM BELL
21 ASSOCIATION OF MARYLAND.

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

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

25 (e) A member of the Advisory Council:

26 (1) May not receive compensation; but

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

29 (f) The Advisory Council shall:

30 (1) Advise the Department on the implementation of UNIVERSAL
31 HEARING SCREENING OF NEWBORNS AND an early identification program and

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

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

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

6 (4) Advise the Department:

7 (i) In setting standards for the program;

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

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

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

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

16 [(6)] (7) Review any materials the Department may distribute to the
17 public concerning hearing-impaired NEWBORNS AND infants.

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

20 13-604.

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

23 (b) The Secretary shall:

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

25 (2) Develop methods TO:

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

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

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

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

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

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

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

7 [13-605.

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

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

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

15 13-605.

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

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

21 **Article - Health - General**

22 4-208.

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

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

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

29 (iii) File the certificate.

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

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

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

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

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

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

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

23 [(5)] (6) If the child's mother was not married at the time of either
24 conception or birth or between conception and birth, the name of the father may not
25 be entered on the certificate without an affidavit of paternity as authorized by §
26 5-1028 of the Family Law Article signed by the mother and the person to be named on
27 the certificate as the father.

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

32 [(7)] (8) If the father is not named on the certificate of birth, no other
33 information about the father shall be entered on the certificate.

34 15-103.

35 (b) (28) A MANAGED CARE ORGANIZATION SHALL PROVIDE COVERAGE FOR
36 HEARING LOSS SCREENINGS OF NEWBORNS PROVIDED BY A HOSPITAL BEFORE
37 DISCHARGE.

1 19-308.5.

2 (A) EACH HOSPITAL THAT PROVIDES OBSTETRICAL SERVICES SHALL
3 ESTABLISH A UNIVERSAL NEWBORN HEARING SCREENING PROGRAM TO ENSURE
4 THAT:

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

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

9 (B) THE UNIVERSAL NEWBORN HEARING SCREENING PROGRAM
10 ESTABLISHED UNDER THIS SECTION SHALL CONSIST OF AT LEAST ONE OF THE
11 FOLLOWING SCREENING TESTS:

12 (1) AUDITORY BRAIN STEM RESPONSE;

13 (2) OTOACOUSTIC EMISSIONS; OR

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

16 19-705.1.

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

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

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

24 (4) The health maintenance organization shall:

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

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

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

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

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

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

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

9 **Article - Insurance**

10 15-817.

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

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

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

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

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

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

23 (i) public health policy;

24 (ii) professional standards; and

25 (iii) scientific evidence of effectiveness.

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

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

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

33 (iii) UNIVERSAL HEARING SCREENING OF NEWBORNS PROVIDED BY
34 A HOSPITAL BEFORE DISCHARGE;

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

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

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

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

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

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

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

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

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

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

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

