

**Department of Legislative Services**  
 Maryland General Assembly  
 2014 Session

**FISCAL AND POLICY NOTE**

**Revised**

Senate Bill 103

(Chair, Finance Committee)(By Request - Departmental -  
 Health and Mental Hygiene)

Finance

Health and Government Operations

**Public Health Programs for Children - Renaming and Modernization**

This departmental bill alters the Program for Hearing-Impaired Infants and the Program for Crippled Children to reflect current practice and terminology. The bill repeals the statutory list of risk factors for hearing impairment and instead allows such indicators to be determined in regulations. The bill authorizes the Department of Health and Mental Hygiene (DHMH) to adopt regulations for newborn hearing screening results reporting procedures for hospitals, birthing sites, and audiologists.

The bill takes effect July 1, 2014.

**Fiscal Summary**

**State Effect:** The bill does not affect governmental finances.

**Local Effect:** None.

**Small Business Effect:** DHMH has determined that this bill has minimal or no impact on small business (attached). The Department of Legislative Services concurs with this assessment. (The attached assessment does not reflect amendments to the bill.)

**Analysis**

**Bill Summary:**

*Program for Hearing-Impaired Infants:* The bill changes the name of the Program for Hearing-Impaired Infants to the Early Hearing Detection and Intervention Program and changes the name of the program's advisory council to the Early Hearing Detection and Intervention Advisory Council. Membership on the advisory council is increased from

11 to 12, adding a representative from the Governor's Office of the Deaf and Hard of Hearing. Three-year, staggered terms are established for members, and members who serve two consecutive terms are prohibited from being reappointed for three years after completing those terms. The minimum number of times the advisory council must meet annually is reduced from six to four. The duties of the advisory council are clarified and updated. The advisory council must counsel DHMH on the development of protocols to assist hospitals, health care providers, and audiologists in conducting universal newborn hearing screening and follow-up hearing evaluations of infants and review any materials DHMH may distribute to the public concerning *the program*. Obsolete language referring to "hearing impairment" and "hearing loss" is replaced with "hearing status that affects speech-language skills."

The bill also clarifies the duties of the Secretary of Health and Mental Hygiene. Rather than referring parents or guardians to appropriate services, the Secretary must ensure that families with newborns and infants who have, or are at risk for developing, a permanent hearing status that affects speech-language skills are referred to appropriate services. The Secretary must also establish a *toll-free* telephone line to communicate information about hearing status that affects speech-language skills and services for infants who have, or are at risk for developing, a permanent hearing status that affects speech-language skills.

*Program for Crippled Children:* Obsolete language referring to "crippled children" is replaced with the term "children with special health care needs." The purposes of the program are repealed and replaced to reflect the current manner in which services are delivered. The purpose of the program is now to provide reimbursement for medical, diagnostic, corrective, and other services and care to children and youth through age 21 who have or are suspected of having special health care needs.

### **Current Law/Background:**

*Program for Hearing-Impaired Infants:* The Program for Hearing-Impaired Infants was established in 1985 to provide hearing screening of newborns and early identification and follow-up of infants that may be at risk for hearing loss. The goals of the program are to screen all newborns before they are one month of age, identify babies with hearing loss by three months of age, and initiate early intervention for babies with hearing loss no later than six months of age. According to DHMH, the program has been successful in ensuring that infants born in Maryland hospitals receive a hearing screening prior to hospital discharge. In 2011, Maryland's hospital screening rate was 98%.

The existing advisory council provides information to, consults with, and advises DHMH to ensure that all newborns receive appropriate, high-quality services. The 11-member advisory council is appointed by the Secretary of Health and Mental Hygiene.

*Risk Factors for Hearing Loss:* According to DHMH, the risk factors for hearing loss in statute are outdated. The national Joint Committee on Infant Hearing publishes

statements delineating high-risk factors for hearing loss and periodically revises those risk factors to reflect the latest scientific research. Authorizing the department to specify risk factors in regulations is intended to provide flexibility and ensure that the risk factors are aligned with the most current national guidance.

*Reporting Procedures for Hospitals, Birthing Sites, and Audiologists:* Currently, if an infant is reported to the Program for Hearing-Impaired Infants as requiring follow-up, there is no way to ensure that follow-up has occurred other than contacting the family. DHMH would like to establish a process that ensures infants who require follow-up receive it, ensures infants needing referral services receive such referrals, and allows DHMH to remove those infants who have received follow-up testing and been determined to have normal hearing from its follow-up rosters. These changes are intended to allow staff to focus resources to infants in need of additional services.

*Program for Crippled Children:* The Program for Crippled Children was established in 1957 to (1) develop and improve services for finding crippled children; (2) provide medical, surgical, corrective, and other services and care; and (3) provide facilities for diagnosis, hospitalization, and aftercare. The program, now known as Children's Medical Services, serves children through age 21 with a variety of chronic health conditions who meet financial and medical eligibility and have no other coverage for such services. The provision of services to children with special health care needs has changed significantly since 1957. The program no longer supervises or directly provides services or facilities but rather (1) provides reimbursement for health insurance premiums for eligible children and (2) reimburses Medicaid providers for specialty care, medications, and durable medical equipment. In fiscal 2013, the program served 277 children.

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### **Additional Information**

**Prior Introductions:** None.

**Cross File:** None.

**Information Source(s):** Department of Health and Mental Hygiene, Department of Legislative Services

**Fiscal Note History:** First Reader - January 9, 2014  
ncs/ljm Revised - Enrolled Bill/Clarification - May 12, 2014

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## ANALYSIS OF ECONOMIC IMPACT ON SMALL BUSINESSES

TITLE OF BILL: Public Health Programs for Children – Renaming and Modernization

BILL NUMBER: SB 103

PREPARED BY: Department of Health and Mental Hygiene

### PART A. ECONOMIC IMPACT RATING

This agency estimates that the proposed bill:

WILL HAVE MINIMAL OR NO ECONOMIC IMPACT ON MARYLAND SMALL BUSINESS

OR

WILL HAVE MEANINGFUL ECONOMIC IMPACT ON MARYLAND SMALL BUSINESSES

### PART B. ECONOMIC IMPACT ANALYSIS