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EMERGENCY BILL (PRE–FILED)

4lr0937 CF SB 117

By: **Delegate T. Morgan** Requested: October 12, 2023

Introduced and read first time: January 10, 2024 Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 21, 2024

CHAPTER _____

1 AN ACT concerning

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Health – Newborn Screening Program – Krabbe Leukodystrophy <u>Implementation of Testing</u>

4 FOR the purpose of repealing the requirement that the Secretary of Health and the State 5 Advisory Council on Hereditary and Congenital Disorders determine whether to 6 approve the inclusion of a core condition in the system for newborn screening within 7 a certain time period after the addition of the condition to the Recommended Uniform 8 Screening Panel; requiring the Maryland Department of Health to implement 9 testing for a core condition listed in the Recommended Uniform Screening Panel 10 within a certain time period after the core condition is added to the Panel; authorizing the Department to screen for any condition recommended by the 11 Advisory Council and approved by the Secretary; requiring that the Maryland 12 Department of Health's newborn screening system include screening to implement 13 testing for Krabbe leukodystrophy within a certain period of time after the U.S. 14 15 Department of Health and Human Services issues a certain recommendation; and 16 generally relating to newborn screening.

17 BY repealing and reenacting, with amendments,

18 Article – Health – General

19 Section 13–111

20 Annotated Code of Maryland

21 (2023 Replacement Volume)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.



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health care providers, treatment centers, and laboratory personnel;

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, 1 2 That the Laws of Maryland read as follows: 3 Article - Health - General 13-111. 4 5 The Department shall establish a coordinated statewide system for screening (a) 6 all newborn infants in the State for certain hereditary and congenital disorders associated 7 with severe problems of health or development, except when the parent or guardian of the newborn infant objects. 8 9 Except as provided in § 13–112 of this subtitle, the Department's public health (b) laboratory is the sole laboratory authorized to perform tests on specimens from newborn 10 infants collected to screen for hereditary and congenital disorders as determined under 11 subsection (d)(2) of this section. 12 13 (c) The system for newborn screening shall include: 14 Laboratory testing and the reporting of test results; \(\frac{1}{2}\) and \(\frac{1}{2}\) (1) Follow-up activities to facilitate the rapid identification and treatment 15 (2)of an affected child: AND 16 SCREENING FOR KRABBE LEUKODYSTROPHY. 17 (3)18 (d) In consultation with the State Advisory Council on Hereditary and Congenital Disorders, the Department shall: 19 20 Establish protocols for a health care provider to obtain and deliver test specimens to the Department's public health laboratory; 2122Determine the screening tests that the Department's public health (2)23 laboratory is required to perform; 24Maintain a coordinated statewide system for newborn screening that 25carries out the purpose described in subsection (c) of this section that includes: 26 Communicating the results of screening tests to the health care 27 provider of the newborn infant; 28 (ii) Locating newborn infants with abnormal test results:

Sharing newborn screening information between hospitals,

- 1 (iv) Delivering needed clinical, diagnostic, and treatment 2 information to health care providers, parents, and caregivers; and
- 3 (v) Notifying parents and guardians of newborn infants that 4 laboratories other than the Department's public health laboratory are authorized to 5 perform postscreening confirmatory or diagnostic tests on newborn infants for hereditary 6 and congenital disorders; and
- 7 (4) Adopt regulations that set forth the standards and requirements for 8 newborn screening for hereditary and congenital disorders that are required under this 9 subtitle, including:
- 10 (i) Performing newborn screening tests;
- 11 (ii) Coordinating the reporting, follow-up, and treatment activities 12 with parents, caregivers, and health care providers; and
- 13 (iii) Establishing fees for newborn screening that do not exceed an 14 amount sufficient to cover the administrative, laboratory, and follow—up costs associated 15 with the performance of screening tests under this subtitle.
- 16 (e) (1) (i) Subject to the approval of the Secretary and the Advisory Council
 17 under subparagraph (ii) of this paragraph and notwithstanding any other provision of law,
 18 the THE Department shall screen for each core condition listed in the U.S. Department of
 19 Health and Human Services' Recommended Uniform Screening Panel.
- 20 (ii) On or after January 1, 2023, the Secretary and the Advisory
 21 Council shall determine whether to approve the inclusion of a condition in the system for
 22 newborn screening within 1 year after the addition of the condition SUBJECT TO
 23 SUBPARAGRAPH (III) OF THIS PARAGRAPH, THE DEPARTMENT SHALL IMPLEMENT
 24 TESTING FOR A CORE CONDITION WITHIN 1 YEAR AND 6 MONTHS AFTER THE CORE
 25 CONDITION IS ADDED to the Recommended Uniform Screening Panel.
- 26 (III) 1. IF THE DEPARTMENT IS UNABLE TO IMPLEMENT TESTING WITHIN 1 YEAR AND 6 MONTHS AFTER A CORE CONDITION IS ADDED TO THE 27 RECOMMENDED UNIFORM SCREENING PANEL DUE TO A DELAY IN THE 28 29 PROCUREMENT OF EQUIPMENT OR SUPPLIES NEEDED TO IMPLEMENT THE TESTING, THE DEPARTMENT SHALL REPORT TO THE SENATE FINANCE COMMITTEE AND THE 30 31 HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE 32 WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, WITHIN 1 YEAR AND 3 33 MONTHS AFTER THE ADDITION OF THE CORE CONDITION TO THE RECOMMENDED Uniform Screening Panel and every 3 months thereafter until the 34 35 TESTING FOR THE CORE CONDITION IS IMPLEMENTED.

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October 1, 2024.

1 2 3	2. A REPORT REQUIRED UNDER SUBSUBPARAGRAPH 1 OF THIS SUBPARAGRAPH SHALL INCLUDE THE REASON FOR THE DELAY AND THE ANTICIPATED TIMELINE FOR IMPLEMENTATION.
4 5 6	(iii) If the Secretary or Advisory Council does not approve the inclusion of a core condition in the system for newborn screening under subparagraph (i) of this paragraph:
7 8 9 10 11 12	1. Within 1 year after the addition of the condition to the Recommended Uniform Screening Panel, the Department shall publicly post and submit to the General Assembly, in accordance with § 2–1257 of the State Government Article, a report that includes, as applicable, the Secretary's justification for not approving the inclusion and the final vote of the Advisory Council regarding the inclusion of the condition; and
13 14	2. Each year after the initial disapproval, the Advisory Council shall:
15 16 17	A. Review the medical literature published on the condition since the initial evaluation and determine whether substantive updates have occurred that would merit formal reevaluation of the inclusion of the condition; and
18 19 20	B. If the Advisory Council upholds its disapproval of the condition, publicly publish and submit to the General Assembly, in accordance with § 2–1257 of the State Government Article, a report on the reason for the disapproval.
21 22 23	(2) Notwithstanding any other provision of law, if the Secretary of Health and Human Services issues federal recommendations on critical congenital heart disease screening of newborns, the Department shall adopt the federal screening recommendations.
24 25	(3) THE DEPARTMENT MAY SCREEN FOR ANY CONDITION RECOMMENDED BY THE ADVISORY COUNCIL AND APPROVED BY THE SECRETARY.
26 27 28 29	(f) If the Secretary and the Advisory Council approve the inclusion of a condition in the system for the newborn screening under subsection (e) of this section, the Department shall implement testing for the condition within 1 year after the date of the approval.
30 31	(g) (F) (1) The Secretary shall pay all fees collected under the provisions of this subtitle to the Comptroller.
32 33	(2) The Comptroller shall distribute the fees to the Newborn Screening Program Fund established under § 13–113 of this subtitle.
34	SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect

SECTION 2. AND BE IT FURTHER ENACTED, That:

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- (a) Subject to subsection (b) of this section and notwithstanding § 13–311(e)(1)(ii) of the Health General Article, as enacted by Section 1 of this Act, the Maryland Department of Health shall implement testing for infantile Krabbe disease within 1 year after the U.S. Department of Health and Human Services issues a final recommendation to add screening of the condition to the federal Recommended Uniform Screening Panel.
- 7 If the Department is unable to implement testing for infantile Krabbe (b) 8 disease within the time period required under subsection (a) of this section due to a delay in the procurement of equipment or supplies needed to implement the testing, the 9 10 Department shall report to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2–1257 of the State Government 11 Article, within 9 months after the addition of the final recommendation to add screening of 12 13 infantile Krabbe disease to the federal Recommended Uniform Screening Panel and every 3 months thereafter until testing for infantile Krabbe disease is implemented. 14
- 15 (2) The report required under paragraph (1) of this subsection shall include 16 information on the equipment or supplies needed, the reason for the delay, and the 17 anticipated timeline for implementation.
- SECTION 3. AND BE IT FURTHER ENACTED, That this Act is an emergency measure, is necessary for the immediate preservation of the public health or safety, has been passed by a yea and nay vote supported by three—fifths of all the members elected to each of the two Houses of the General Assembly, and shall take effect from the date it is enacted.

Approved:	
	Governor.
	Speaker of the House of Delegates.
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President of the Senate.