

SENATE BILL 103

J1

(4lr0052)

ENROLLED BILL

— Finance/Health and Government Operations —

Introduced by **Chair, Finance Committee (By Request – Departmental – Health and Mental Hygiene)**

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

3 FOR the purpose of changing the name of the Program for Hearing–Impaired Infants
4 to the Early Hearing Detection and Intervention Program; replacing obsolete
5 terminology related to infant hearing ~~loss~~ status; changing the name of the
6 Advisory Council for the Program to the Early Hearing Detection and
7 Intervention Advisory Council; altering the membership and duties of the
8 Advisory Council; altering the length of an Advisory Council member's term;
9 providing for staggered terms for Advisory Council members; altering the
10 number of times the Advisory Council must meet each year; altering obsolete
11 terminology relating to crippled children; altering the purpose of a certain
12 program for certain children; authorizing the Department of Health and Mental
13 Hygiene to adopt certain regulations; defining certain terms; altering certain
14 definitions; repealing a certain definition; making certain conforming changes;

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

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

Italics indicate opposite chamber/conference committee amendments.



1 specifying the terms of members of the Advisory Council; and generally relating
2 to public health programs for children.

3 BY repealing and reenacting, with amendments,
4 Article – Education
5 Section 8–416(c)
6 Annotated Code of Maryland
7 (2008 Replacement Volume and 2013 Supplement)

8 BY repealing and reenacting, with amendments,
9 Article – Health – General
10 Section 13–601 through 13–605 to be under the amended subtitle “Subtitle 6.
11 Early Hearing Detection and Intervention Program”; and 15–125
12 Annotated Code of Maryland
13 (2009 Replacement Volume and 2013 Supplement)

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

16 **Article – Education**

17 8–416.

18 (c) The Program shall include the early intervention services provided or
19 supervised by the Department, the Department of Health and Mental Hygiene,
20 including the [Program for Hearing–Impaired Infants] **EARLY HEARING**
21 **DETECTION AND INTERVENTION PROGRAM** established under Title 13, Subtitle 6
22 of the Health – General Article, the Department of Human Resources, and the
23 Governor’s Office for Children.

24 **Article – Health – General**

25 Subtitle 6. [Program for Hearing–Impaired Infants]
26 **EARLY HEARING DETECTION AND INTERVENTION PROGRAM.**

27 13–601.

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

29 (b) ~~["Hearing impaired infant" means an infant who has an impairment that~~
30 ~~is] **“HEARING LOSS” MEANS** a dysfunction of the auditory system **OR ANY**~~
31 ~~**NONTRANSIENT HEARING IMPAIRMENT** of any type or degree which is sufficient to~~
32 ~~interfere with the acquisition and development of [speech and language]~~
33 ~~**SPEECH LANGUAGE** skills with or without the use of sound amplification.~~

1 **(B) “HEARING STATUS” MEANS THE STATE OF AN INDIVIDUAL’S ABILITY**
 2 **TO PERCEIVE SOUND, BASED ON AUDIOLOGICAL ASSESSMENT.**

3 (c) “Infant” means a child who is under the age of 1 year.

4 (d) “Newborn” means a child up to 29 days old who is born [in or receives
 5 care in a hospital] in the State.

6 (e) “Program” means the program that the Secretary establishes to provide
 7 for [the] universal hearing screening of newborns and early identification and
 8 follow-up of [hearing-impaired infants] **NEWBORNS** and infants [who have a risk
 9 factor of developing a hearing impairment] ~~WITH HEARING LOSS OR WHO ARE AT~~
 10 ~~RISK FOR DEVELOPING HEARING LOSS WHO HAVE, OR ARE AT RISK FOR~~
 11 **DEVELOPING, A PERMANENT HEARING STATUS THAT AFFECTS**
 12 **SPEECH-LANGUAGE SKILLS.**

13 [(f) “Risk factor” includes any of the following factors that an infant may
 14 display and are considered relevant in determining the possibility of a hearing
 15 impairment:

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

18 (2) An anatomical malformation that involves the head or neck,
 19 including:

20 (i) A dysmorphic appearance;

21 (ii) A morphologic abnormality of the pinna;

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

23 (iv) Any syndromal or nonsyndromal abnormality;

24 (3) A severe asphyxia, including:

25 (i) An infant with an Apgar score of 0–3 who fails to institute
 26 spontaneous respiration within 10 minutes; or

27 (ii) An infant with hypotonia that persists during the 1st 2
 28 hours of the infant’s life;

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

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

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

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

4 (8) A hyperbilirubinemia at a level that exceeds indications for
5 exchange transfusion.]

6 13-602.

7 (a) The Secretary shall establish a program for the universal hearing
8 screening of newborns and early identification and follow-up of **NEWBORNS AND**
9 **infants who have ~~have [a risk factor for developing a hearing impairment]~~ HEARING LOSS**
10 **~~OR WHO ARE AT RISK FOR HEARING LOSS~~ HAVE, OR WHO ARE AT RISK FOR**
11 **DEVELOPING, A PERMANENT HEARING STATUS THAT AFFECTS**
12 **SPEECH-LANGUAGE SKILLS.**

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

15 13-603.

16 (a) There is an **EARLY HEARING DETECTION AND INTERVENTION**
17 **Advisory Council for the ~~program~~ PROGRAM.**

18 (b) (1) The Advisory Council consists of [11] **12** members appointed by
19 the Secretary.

20 (2) Of the [11] **12** members:

21 (i) 1 shall be a physician with expertise in childhood hearing
22 **~~loss~~ STATUS THAT AFFECTS SPEECH-LANGUAGE SKILLS;**

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

24 1. 1 shall be from the Maryland State Department of
25 Education;

26 2. 1 shall be from the Maryland School for the Deaf; and

27 3. 1 shall be an educator of the deaf from a local
28 education agency;

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

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

3 (v) 2 shall be parents of [hearing-impaired] children WITH
4 ~~HEARING LOSS~~ A PERMANENT HEARING STATUS THAT AFFECTS
5 SPEECH-LANGUAGE SKILLS;

6 (vi) 1 shall be from the Maryland Association of the Deaf;

7 (vii) 1 shall be an audiologist with expertise in childhood hearing
8 ~~loss~~ STATUS THAT AFFECTS SPEECH-LANGUAGE SKILLS; [and]

9 (viii) 1 shall be from the Alexander Graham Bell Association of
10 Maryland; AND

11 (IX) 1 SHALL BE FROM THE GOVERNOR'S OFFICE OF THE
12 DEAF AND HARD OF HEARING.

13 (C) (1) THE TERM OF A MEMBER IS 3 YEARS.

14 (2) THE TERM OF A MEMBER BEGINS JULY 1.

15 (3) THE TERMS OF MEMBERS ARE STAGGERED AS REQUIRED BY
16 THE TERMS PROVIDED FOR MEMBERS OF THE ADVISORY COUNCIL ON JULY 1,
17 2014.

18 (4) AT THE END OF A TERM, A MEMBER CONTINUES TO SERVE
19 UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

20 (5) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN
21 SERVES ONLY FOR THE REST OF THE TERM OR UNTIL A SUCCESSOR IS
22 APPOINTED AND QUALIFIES.

23 (6) A MEMBER WHO SERVES 2 CONSECUTIVE 3-YEAR TERMS MAY
24 NOT BE REAPPOINTED FOR 3 YEARS AFTER COMPLETION OF THOSE TERMS.

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

27 [(d)] (E) The Advisory Council shall meet at least [6] 4 times a year at the
28 times and places that it determines.

29 [(e)] (F) A member of the Advisory Council:

30 (1) May not receive compensation; but

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

3 [(f)] (G) 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 follow-up of
6 hearing-impaired infants and infants who have a risk factor of developing a hearing
7 impairment] ~~THE PROGRAM~~ PROGRAM;

8 [(2)] (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)] (2) Advise the Department on the development of protocols to
16 assist hospitals, **HEALTH CARE PROVIDERS, AND AUDIOLOGISTS** in [implementing
17 universal] **CONDUCTING UNIVERSAL NEWBORN** hearing screening [of newborns]
18 **AND FOLLOW-UP HEARING EVALUATIONS OF INFANTS**;

19 [(6)] (3) Provide consultation to the Department in the establishment
20 of an educational program for families, professionals, and the public that can be
21 integrated with existing State and local education agency programs; and

22 [(7)] (4) Review any materials the Department may distribute to the
23 public concerning ~~[hearing-impaired] newborns and infants WHO HAVE OR ARE AT~~
24 ~~RISK FOR HEARING LOSS~~ THE PROGRAM.

25 [(g)] (H) In consultation with the Advisory Council, the Department shall
26 develop guidelines for the operations of the Advisory Council.

27 13-604.

28 (a) The Secretary may contract with any qualified person to administer the
29 ~~program~~ PROGRAM.

1 (b) The Secretary shall:

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

3 (2) Develop methods to:

4 (i) Contact parents or guardians of newborns and their
5 identified primary care providers regarding the results of the newborn hearing
6 screening;

7 (ii) Contact parents or guardians of [hearing-impaired infants]
8 NEWBORNS and infants [who have a risk factor of developing a hearing impairment]
9 ~~WITH HEARING LOSS OR WHO ARE AT RISK FOR HEARING LOSS~~ WHO HAVE, OR
10 ARE AT RISK FOR DEVELOPING, A PERMANENT HEARING STATUS THAT AFFECTS
11 SPEECH-LANGUAGE SKILLS; and

12 (iii) [Refer the parents or guardians] **ENSURE FAMILIES ARE**
13 **REFERRED** to appropriate services;

14 (3) Establish a TOLL-FREE telephone [hot] line to communicate
15 information about hearing [impairment] ~~LOSS~~ and services for [hearing-impaired]
16 ~~infants~~ ~~WITH HEARING LOSS OR WHO ARE AT RISK FOR HEARING LOSS~~ STATUS
17 THAT AFFECTS SPEECH-LANGUAGE SKILLS AND SERVICES FOR INFANTS WHO
18 HAVE, OR ARE AT RISK FOR DEVELOPING, A PERMANENT HEARING STATUS THAT
19 AFFECTS SPEECH-LANGUAGE SKILLS;

20 (4) Appoint an Advisory Council for the ~~program~~ **PROGRAM**;

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

22 (6) In consultation with the Advisory Council, adopt rules and
23 regulations necessary to implement the ~~program~~ **PROGRAM**.

24 13-605.

25 (A) As part of the supplemental information required to be submitted to the
26 Department as part of the birth event, a hospital shall include the results of the
27 [universal] hearing screening of the newborn.

28 (B) **THE DEPARTMENT MAY ADOPT REGULATIONS FOR RESULTS**
29 **REPORTING PROCEDURES FOR HOSPITALS, BIRTHING SITES, AND**
30 **AUDIOLOGISTS.**

31 15-125.

1 (a) **(1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE**
2 **MEANINGS INDICATED.**

3 **(2) “CHILDREN” MEANS INDIVIDUALS UNDER THE AGE OF 12**
4 **YEARS.**

5 **(3) “YOUTH” MEANS AN INDIVIDUAL AT LEAST 12 YEARS OLD AND**
6 **UNDER THE AGE OF 22 YEARS.**

7 **(B)** The Department is the agency of this State[:

8 (1) To] **TO** administer a program of services for children **AND YOUTH**
9 who [are crippled or who have conditions that lead to crippling; and

10 (2) To supervise the administration of the program services that the
11 Department does not provide directly] **HAVE OR ARE SUSPECTED OF HAVING**
12 **SPECIAL HEALTH CARE NEEDS.**

13 **[(b)] (C)** The [purposes] **PURPOSE** of this program [are:

14 (1) To develop, extend, and improve services for finding these children;

15 (2) To provide medical, surgical, corrective, and other services and
16 care; and

17 (3) To provide facilities for diagnosis, hospitalization, and aftercare] **IS**
18 **TO PROVIDE REIMBURSEMENT FOR MEDICAL, DIAGNOSTIC, CORRECTIVE, AND**
19 **OTHER SERVICES AND CARE TO CHILDREN AND YOUTH WHO HAVE OR ARE**
20 **SUSPECTED OF HAVING SPECIAL HEALTH CARE NEEDS.**

21 **[(c)] (D)** The Department may:

22 (1) Prepare and administer detailed plans for these purposes;

23 (2) Adopt rules and regulations for administering these plans;

24 (3) Receive and, in accordance with these plans, spend all funds made
25 available to the Department for these purposes; and

26 (4) Cooperate with the federal government in extending and
27 improving these services and in administering these plans.

28 SECTION 2. AND BE IT FURTHER ENACTED, That the terms of the
29 members of the Early Hearing Detection and Intervention Advisory Council shall
30 expire as follows:

1 (1) four members in 2015;

2 (2) four members in 2016; and

3 (3) four members in 2017.

4 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
5 July 1, 2014.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.