

Department of Legislative Services  
Maryland General Assembly  
2026 Session

**FISCAL AND POLICY NOTE**  
**Third Reader - Revised**

House Bill 1625  
Health

(Delegate Hill, *et al.*)

Finance

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**Public Health - Newborn Screening Program - Fees and Core Conditions**

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This bill increases the limit on fees for which the Maryland Department of Health (MDH) must set for newborn screening. The bill also (1) alters responsibilities for the State Advisory Council on Hereditary and Congenital Disorders regarding newborn screening; (2) authorizes MDH to delay or not implement screenings for certain conditions after advice from the advisory council; and (3) alters reporting requirements for MDH related to delays or lack of implementation of certain tests. **The bill takes effect June 1, 2026.**

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**Fiscal Summary**

**State Effect:** MDH can implement the bill's changes using existing budgeted resources. To the extent that MDH opts to raise fees for newborn screening, MDH special fund revenues increase, and Medicaid expenditures (50% general funds, 50% federal funds) increase beginning as early as FY 2027, to pay its share of fees. Federal fund revenues increase accordingly. Any impact is anticipated to be minimal.

**Local Effect:** None.

**Small Business Effect:** None.

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**Analysis**

**Bill Summary/Current Law:** MDH's Newborn Screening Program is a statewide system for screening all newborn infants in Maryland for certain hereditary and congenital disorders associated with severe problems of health or development (except when the parent or guardian of the newborn objects).

The program was codified and centralized by Chapter 256 of 2008, which established the MDH public health laboratory as the sole laboratory in Maryland allowed to perform the screening tests. The system for newborn screening includes laboratory testing, reporting of test results, and follow-up activities to facilitate the rapid identification and treatment of an affected child. The laboratory is required to screen for 61 first-tier metabolic hereditary disorders on all screening specimens collected. These conditions are listed in Maryland regulations (COMAR 10.10.13.12). Second-tier tests can only be performed when requested by an individual authorized to request a medical laboratory test.

### *Fees*

Under current law, MDH is required, in consultation with the State Advisory Council on Hereditary and Congenital Disorders, to establish fees for newborn screening that *do not exceed* an amount sufficient to cover the administrative, laboratory, and follow-up costs associated with the performance of screening tests. Fees are deposited into the Newborn Screening Program Fund, a special fund that is administered by the Secretary of Health to cover costs associated with performing newborn screening tests.

The bill alters that provision, instead requiring MDH to establish fees in an amount that is sufficient to cover the administrative, laboratory, and follow-up costs associated with the performance of screening tests.

### *Testing and Reporting*

Under current law, MDH must implement testing for a core condition listed in the U.S. Department of Health and Human Services' Recommended Uniform Screening Panel (RUSP) within 18 months of its addition to RUSP.

The bill requires MDH to screen for each core condition listed in RUSP *as of January 1, 2026*. The bill also repeals the requirement to implement testing within 18 months of a core condition being added to RUSP. Instead, if a core condition is added to RUSP, the State Advisory Council on Hereditary and Congenital Disorders must (1) advise MDH on the risks, harms, accessibility, and costs of implementing testing for the condition and (2) provide recommendations on whether MDH should implement testing for the condition. After considering the advice and recommendations of the advisory council, MDH may either (1) implement testing; (2) delay the implementation of testing; or (3) decide not to implement testing for the core condition.

Under current law, if MDH is unable to implement testing within the 18-month timeframe due to a delay in the procurement of necessary equipment or supplies, MDH must report to the Senate Finance Committee and the House Health and Government Operations Committee (now the House Health Committee) on the delay. Specifically, MDH must

report on the reason for the delay and the anticipated timeline for implementation within 15 months of the core condition being added to RUSP and every 3 months thereafter until testing is implemented.

The bill alters this provision such that if MDH *decides to implement testing* for a core condition but cannot do so within two years of the condition being added to RUSP due to a delay in the procurement of necessary equipment or supplies, MDH must report to the Senate Finance Committee and the House Health Committee within 15 months of the condition being added to RUSP and every 3 months thereafter until testing is implemented. Additionally, if MDH *decides not to implement testing* or decides to delay implementation for a period of more than two years, MDH must report to the Senate Finance Committee and the House Health Committee within 15 months after the addition of the condition to RUSP.

The bill also repeals the requirement that these reports include the reason for the delay. Instead, the reports must include justification for the decision not to implement testing or for delaying implementation of testing (in addition to the anticipated timeline for implementation as required under current law).

**State Fiscal Effect:** MDH is currently required to establish fees that do not exceed an amount sufficient to cover the administrative, laboratory, and follow-up costs associated with newborn screening in the State. The bill authorizes MDH to set fees in an amount that is sufficient to cover these costs. Thus, to the extent that MDH increases fees for newborn screening under this increased flexibility, special fund revenues increase minimally beginning as early as fiscal 2027. The timing and magnitude of any such potential fee increase cannot be reliably estimated.

Medicaid covers approximately half of all births in Maryland. Thus, with the implementation of any increase in the newborn screening fee, Medicaid expenditures (50% general funds, 50% federal funds) increase beginning as early as fiscal 2027.

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### **Additional Information**

**Recent Prior Introductions:** Similar legislation has not been introduced within the last three years.

**Designated Cross File:** None.

**Information Source(s):** Maryland Department of Health; Department of Legislative Services

**Fiscal Note History:** First Reader - March 13, 2026  
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