HOUSE BILL 1625

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By: **Delegate Hill**
Introduced and read first time: February 23, 2026
Assigned to: Rules and Executive Nominations

A BILL ENTITLED

AN ACT concerning

Public Health – Newborn Screening Program – Fees and Core Conditions

FOR the purpose of altering the amount of fees the Maryland Department of Health may establish for newborn testing under the newborn screening program; requiring the State Advisory Council on Hereditary and Congenital Disorders to advise the Department on certain information related to the implementation of testing for a core condition added to the Recommended Uniform Screening Panel and provide recommendations regarding whether testing should be implemented; authorizing the Department to take certain actions regarding the implementation for a core condition added to the Panel; altering the reporting requirement related to the implementation of core conditions added to the Panel; and generally relating to the newborn screening program.

BY repealing and reenacting, with amendments,
Article – Health – General
Section 13–111
Annotated Code of Maryland
(2023 Replacement Volume and 2025 Supplement)

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

Article – Health – General

13–111.

(a) The Department shall establish a coordinated statewide system for screening all newborn infants in the State for certain hereditary and congenital disorders associated with severe problems of health or development, except when the parent or guardian of the newborn infant objects.

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**
[Brackets**]** indicate matter deleted from existing law.

(b) Except as provided in § 13–112 of this subtitle, the Department's public health laboratory is the sole laboratory authorized to perform tests on specimens from newborn infants collected to screen for hereditary and congenital disorders as determined under subsection (d)(2) of this section.

(c) The system for newborn screening shall include:

(1) Laboratory testing and the reporting of test results; and

(2) Follow–up activities to facilitate the rapid identification and treatment of an affected child.

(d) In consultation with the State Advisory Council on Hereditary and Congenital Disorders, the Department shall:

(1) Establish protocols for a health care provider to obtain and deliver test specimens to the Department's public health laboratory;

(2) Determine the screening tests that the Department's public health laboratory is required to perform;

(3) Maintain a coordinated statewide system for newborn screening that carries out the purpose described in subsection (c) of this section that includes:

(i) Communicating the results of screening tests to the health care provider of the newborn infant;

(ii) Locating newborn infants with abnormal test results;

(iii) Sharing newborn screening information between hospitals, health care providers, treatment centers, and laboratory personnel;

(iv) Delivering needed clinical, diagnostic, and treatment information to health care providers, parents, and caregivers; and

(v) Notifying parents and guardians of newborn infants that laboratories other than the Department's public health laboratory are authorized to perform postscreening confirmatory or diagnostic tests on newborn infants for hereditary and congenital disorders; and

(4) Adopt regulations that set forth the standards and requirements for newborn screening for hereditary and congenital disorders that are required under this subtitle, including:

(i) Performing newborn screening tests;

(ii) Coordinating the reporting, follow–up, and treatment activities with parents, caregivers, and health care providers; and

(iii) Establishing fees for newborn screening **[**that do not exceed**]** **IN** an amount **THAT IS NOT LESS THAN THE AMOUNT THAT IS** sufficient to cover the administrative, laboratory, and follow–up costs associated with the performance of screening tests under this subtitle.

(e) (1) (i) The Department shall screen for each core condition listed in the U.S. Department of Health and Human Services' Recommended Uniform Screening Panel **AS OF MAY 31, 2026**.

(ii) **[**Subject to subparagraph (iii) of this paragraph, the Department shall implement testing for a core condition within 1 year and 6 months after the core condition is added to the Recommended Uniform Screening Panel**]** **IF A CORE CONDITION IS ADDED TO THE RECOMMENDED UNIFORM SCREENING PANEL, THE ADVISORY COUNCIL SHALL:**

1. ADVISE THE DEPARTMENT ON THE RISKS, HARMS, ACCESSIBILITY, AND COSTS OF IMPLEMENTING TESTING FOR THE CONDITION; AND

2. PROVIDE RECOMMENDATIONS ON WHETHER THE DEPARTMENT SHOULD IMPLEMENT TESTING FOR THE CONDITION.

(III) IF A CORE CONDITION IS ADDED TO THE RECOMMENDED UNIFORM SCREENING PANEL, THE DEPARTMENT MAY, AFTER CONSIDERING THE ADVICE AND RECOMMENDATIONS OF THE ADVISORY COUNCIL:

1. IMPLEMENT TESTING FOR THE CORE CONDITION;

2. DELAY THE IMPLEMENTATION OF TESTING FOR THE CORE CONDITION; OR

3. DECIDE NOT TO IMPLEMENT TESTING FOR THE CORE CONDITION.

[(iii)**]** **(IV)** 1. If the Department **DECIDES TO IMPLEMENT TESTING FOR A CORE CONDITION, BUT** is unable to implement testing within **[**1 year and 6 months**]** **2 YEARS** after a core condition is added to the Recommended Uniform Screening Panel due to a delay in the procurement of equipment or supplies needed to implement the testing, the 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 Article, within 1 year and 3 months after the addition of the core condition to the Recommended Uniform Screening Panel and every 3 months thereafter until the testing for the core condition is implemented.

2. IF THE DEPARTMENT DECIDES NOT TO IMPLEMENT TESTING FOR THE CORE CONDITION OR DECIDES TO DELAY IMPLEMENTATION FOR A PERIOD OF MORE THAN 2 YEARS, THE DEPARTMENT SHALL REPORT TO THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH COMMITTEE, IN ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE, WITHIN 1 YEAR AND 3 MONTHS AFTER THE ADDITION OF THE CORE CONDITION TO THE RECOMMENDED UNIFORM SCREENING PANEL.

[2.**] 3.** A report required under **[**subsubparagraph**]** **SUBSUBPARAGRAPHS** 1 **OR 2** of this subparagraph shall include **[**the reason for the delay**]:**

A. THE JUSTIFICATION FOR THE DECISION TO NOT IMPLEMENT TESTING; OR

B. THE JUSTIFICATION FOR DELAYING THE IMPLEMENTATION OF TESTING and the anticipated timeline for implementation.

(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.

(3) The Department may screen for any condition recommended by the Advisory Council and approved by the Secretary.

(f) (1) The Secretary shall pay all fees collected under the provisions of this subtitle to the Comptroller.

(2) The Comptroller shall distribute the fees to the Newborn Screening Program Fund established under § 13–113 of this subtitle.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2026.