

## (A) "SENTINEL BIRTH DEFECTS" INCLUDE:

- (1) ANE~~CE~~PHALY ANENCEPHALY;
- (2) SPINA BIFIDA;
- (3) ~~HYDR~~-~~CEPHAL~~ HYDROCEPHALY;
- (4) ~~CLEFT-PALLET~~ CLEFT PALATE;
- (5) TOTAL CLEFT LIP;
- (6) ~~ESOPHAGEAL--ATRESIA-AND-STENOSIS~~; ESOPHAGEAL ATRESIA AND STENOSIS
- (7) RENAL RECTAL AND ANAL ATRESIA;
- (8) ~~HYP~~-~~SP~~~~AD~~~~IAS~~ HYPOSPADIAS;
- (9) REDUCTION AND DEFORMITY - UPPER LIMB;
- (10) REDUCTION AND DEFORMITY - LOWER LIMB;
- (11) CONGENITAL DISLOCATION OF THE HIP; AND
- (12) ~~D~~~~O~~~~W~~~~N~~~~S~~~~-~~~~S~~~~Y~~~~N~~~~D~~~~R~~~~O~~~~M~~~~E~~ DOWN'S SYNDROME.

(B) (1) A HOSPITAL SHALL MAKE A REPORT ON EACH CHILD WHO IS BORN LIVE OR STILLBORN IN THE HOSPITAL AND HAS A SENTINEL BIRTH DEFECT. IF A CHILD IS BORN OUTSIDE THE HOSPITAL, THE PERSON FILLING OUT THE BIRTH CERTIFICATE SHALL MAKE A REPORT UNDER THIS SECTION.

(2) THE SECRETARY SHALL APPOINT A COMMITTEE OF PHYSICIANS, HOSPITAL REPRESENTATIVES AND OFFICIALS FROM THE DEPARTMENT SHALL TO DETERMINE THE INFORMATION REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION.

(3) EACH MONTH THE HOSPITAL SHALL SUBMIT THE REPORTS FOR THAT MONTH, IDENTIFIED BY HOSPITAL CASE NUMBER ONLY, TO THE DEPARTMENT.

(C) (1) THE HOSPITAL MAY NOT DISCLOSE THE IDENTITY OF THE CHILD TO THE DEPARTMENT UNLESS:

(1) THE DEPARTMENT SHOWS A RESEARCH PUBLIC HEALTH NEED FOR INDIVIDUAL IDENTITY;

(2) THE HOSPITAL OBTAINS WRITTEN CONSENT OF THE PARENT OR GUARDIAN OF THE CHILD; AND

(3) THE DEPARTMENT ASSURES THAT THE IDENTITY OF THE CHILD WILL NOT BE RELEASED WITHOUT THE WRITTEN CONSENT OF THE PARENT OR GUARDIAN.