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State of Minnesota
HOUSE OF REPRESENTATIVES

**EIGHTY-FIFTH
SESSION**

HOUSE FILE No. 1206

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The bill was read for the first time and referred to the Committee on Health and Human Services

A bill for an act

relating to health; establishing the Universal Newborn and Infant Hearing
Screening Act; proposing coding for new law in Minnesota Statutes, chapter 144.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. LEGISLATIVE FINDINGS AND PURPOSE.

The legislature hereby finds that hearing loss occurs in newborn infants more frequently than any other health condition for which newborn infant screening is required. Early detection of hearing loss in a child and early intervention and treatment has been demonstrated to be highly effective in facilitating a child's healthy development in a manner consistent with the child's age, language acquisition, and cognitive ability. Without early hearing detection and intervention, children with hearing loss experience serious delays in language acquisition and social and cognitive development. With appropriate testing and identification of newborn infants, hearing loss screening will facilitate early intervention and treatment and will serve the public purpose of promoting the healthy development of children.

For these reasons, the legislature hereby determines that it is beneficial and in the best interests of the development of the children of the state of Minnesota that newborn infants' hearing be screened.

Sec. 2. [144.966] UNIVERSAL NEWBORN AND INFANT HEARING SCREENING ACT.

Subdivision 1. **Definitions.** (a) "Child" means a person 21 years of age or younger.

2.1 (b) "False positive rate" means the proportion of infants identified as having a
 2.2 significant hearing loss by the screening process who are ultimately found to not have a
 2.3 significant hearing loss.

2.4 (c) "False negative rate" means the proportion of infants not identified as having
 2.5 a significant hearing loss by the screening process who are ultimately found to have a
 2.6 significant hearing loss.

2.7 (d) "Hearing screening test" means automated auditory brain stem response,
 2.8 otoacoustic emissions, or another appropriate screening test approved by the Department
 2.9 of Health.

2.10 (e) "Hospital" means a health care facility or birthing center licensed in this state
 2.11 that provides obstetrical services.

2.12 (f) "Infant" means a child who is not a newborn and has not attained the age of
 2.13 one year.

2.14 (g) "Newborn" means an infant 28 days old or younger.

2.15 (h) "Parent" means a natural parent, stepparent, adoptive parent, guardian, or
 2.16 custodian of a newborn or infant.

2.17 (i) "Significant hearing loss" means a hearing loss equivalent to or greater than a
 2.18 30-decibel hearing loss (30-dB HL) in the better ear.

2.19 Subd. 2. **Newborn Hearing Screening Advisory Committee.** (a) The
 2.20 commissioner of health shall appoint a Newborn Hearing Screening Advisory Committee
 2.21 to advise and assist the Department of Health and the Department of Education in:

2.22 (1) developing protocols and timelines for screening, rescreening, and diagnostic
 2.23 audiological assessment and early medical, audiological, and educational intervention
 2.24 services for children who are deaf or hard-of-hearing;

2.25 (2) designing protocols for tracking children from birth through age three that may
 2.26 have passed newborn screening but are at risk for delayed or late onset of permanent
 2.27 hearing loss;

2.28 (3) designing a technical assistance program to support facilities implementing the
 2.29 screening program and facilities conducting rescreening and diagnostic audiological
 2.30 assessment;

2.31 (4) designing implementation and evaluation of a system of follow-up and tracking;
 2.32 and

2.33 (5) evaluating program outcomes to increase effectiveness and efficiency and ensure
 2.34 culturally appropriate services for children with a confirmed hearing loss and their families.

2.35 (b) Membership of the committee shall include at least one member from each of the
 2.36 following groups with no less than two of the members being deaf or hard-of-hearing:

- 3.1 (1) a representative from a consumer organization representing culturally deaf
3.2 persons;
- 3.3 (2) a parent with a child with hearing loss representing a parent organization;
3.4 (3) a consumer from an organization representing oral communication options;
3.5 (4) a consumer from an organization representing cued speech communication
3.6 options;
- 3.7 (5) an audiologist who has experience in evaluation and intervention of infants
3.8 and young children;
- 3.9 (6) a speech-language pathologist who has experience in evaluation and intervention
3.10 of infants and young children;
- 3.11 (7) two primary care providers who have experience in the care of infants and young
3.12 children, one of which shall be a pediatrician;
- 3.13 (8) a representative from the early hearing detection intervention teams;
3.14 (9) a representative from the Department of Education resource center for the deaf
3.15 and hard-of-hearing or their designee;
- 3.16 (10) a representative of the Minnesota Commission Serving Deaf and Hard of
3.17 Hearing People;
- 3.18 (11) a representative from the Department of Human Services Deaf and Hard of
3.19 Hearing Services Division;
- 3.20 (12) one or more of the Part C coordinators from the Department of Education, the
3.21 Department of Health, or the Department of Human Services or their designee;
- 3.22 (13) the Department of Health early hearing detection and intervention coordinator;
3.23 (14) a birth hospital representative;
3.24 (15) a pediatric geneticist;
- 3.25 (16) a representative from the Newborn Screening Advisory Committee under
3.26 this subdivision; and
- 3.27 (17) a representative of the Department of Education regional low-incidence
3.28 facilitators.
- 3.29 The Department of Health member shall chair the first meeting of the committee.
3.30 At the first meeting, the committee shall elect a chairperson from its membership. The
3.31 committee shall meet at the call of the chairperson, at least four times a year. The
3.32 committee shall adopt written bylaws to govern its activities. The Department of Health
3.33 shall provide technical and administrative support services as required by the committee.
3.34 These services shall include technical support from individuals qualified to administer
3.35 infant hearing screening, rescreening, and diagnostic audiological assessments.

4.1 Members of the committee shall receive no compensation for their service, but
4.2 shall be reimbursed for expenses incurred as a result of their duties as members of the
4.3 committee.

4.4 Subd. 3. **Newborn and infant hearing screening programs.** As a condition of
4.5 licensure, all hospitals shall establish a Universal Newborn Hearing and Infant Screening
4.6 (UNHS) program. Each UNHS program shall:

4.7 (1) in advance of any hearing screening testing, provide to the newborn's or infant's
4.8 parents information concerning the nature of the screening procedure, applicable costs of
4.9 the screening procedure, the potential risks and effects of hearing loss, and the benefits of
4.10 early detection and intervention;

4.11 (2) comply with parental consent under section 144.125, subdivision 3;

4.12 (3) develop policies and procedures for screening and rescreening based on
4.13 Department of Health recommendations;

4.14 (4) provide appropriate training and monitoring of individuals responsible for
4.15 performing hearing screening tests. The training shall be in:

4.16 (i) performance of the tests;

4.17 (ii) risks of the tests, including psychological stress for the parents;

4.18 (iii) infection control practices; and

4.19 (iv) general care and handling of newborns and infants in hospital settings;

4.20 (5) test the newborn's hearing prior to discharge, or, if the newborn is expected to
4.21 remain in the hospital for a prolonged period, testing shall be performed prior to three
4.22 months of age;

4.23 (6) develop and implement procedures for documenting the results of all hearing
4.24 screening tests;

4.25 (7) inform the baby's parents, primary care physician, and the Department of Health
4.26 according to subdivision 4 of the results of the hearing screening test, or if the newborn
4.27 or infant was not successfully tested. The hospital that discharges the baby to home is
4.28 responsible for the screening; and

4.29 (8) collect performance data specified by the Department of Health to ensure that
4.30 each UNHS program is in compliance with this section, including the number of infants
4.31 born, proportion of all infants screened, referral rate, follow-up rate, false positive rate,
4.32 and false negative rate.

4.33 Subd. 4. **Notification and information.** (a) Notification shall occur prior to
4.34 discharge or no later than ten days following the date of testing. Notification shall include
4.35 information regarding appropriate follow-up for a screening failure or a missed screening,
4.36 and referral information for confirmatory testing. If a hearing screening test indicates the

5.1 possibility of a significant hearing loss, the hospital shall ensure that the physician or
5.2 other person attending the newborn or infant is made aware of the community resources
5.3 available for confirmatory testing and process of referral to early intervention services.

5.4 (b) A physician, nurse, midwife, or other health professional attending a birth outside
5.5 a hospital or institution shall provide information, as established by the Department of
5.6 Health, to parents regarding places where the parents may have their infants' hearing
5.7 screened and the importance of such screening.

5.8 Subd. 5. **Oversight responsibility.** The Department of Health shall exercise
5.9 oversight responsibility for UNHS programs, including establishing a performance data
5.10 set and reviewing performance data collected by each hospital.

5.11 Subd. 6. **Civil and criminal immunity and penalties.** (a) No physician or hospital
5.12 shall be civilly or criminally liable for failure to conduct hearing screening testing.

5.13 (b) No physician, midwife, nurse, other health professional, or hospital acting in
5.14 compliance with this section shall be civilly or criminally liable for any acts conforming
5.15 with this section, including furnishing information required according to this section.

5.16 **EFFECTIVE DATE.** This section is effective the day following final enactment.