



Alan Van Dyne

Bill Analysis
Legislative Service Commission

S.B. 255
123rd General Assembly
(As Introduced)

Sen. Watts

BILL SUMMARY

- Modifies the current law requiring newborn hearing screenings to require the Department of Health to establish and maintain a statewide hearing screening, tracking, and intervention program to identify newborn and infant hearing impairment.
- Requires that the newborn hearing screening use automated or diagnostic auditory brainstem response, otoacoustic emissions, or an equivalent physiologic technology.
- Requires the Infant Hearing Subcommittee of the Medically Handicapped Children's Medical Advisory Council to collect information on newborn hearing screening and issue an annual report.

CONTENT AND OPERATION

Hearing screenings

(secs. 3701.503, 3701.504, and 3701.505)

Current law

Current law requires the Ohio Department of Health to establish and maintain newborn infant hearing impairment risk criteria and develop a high-risk questionnaire to identify infants who are at risk of hearing impairment. The Public Health Council is required to adopt rules establishing a program to be administered by the Department of Health that requires risk screening of each infant in a hospital nursery to determine if the infant meets the risk criteria established by the

Department.¹ The rules must include a provision that no infant shall be required to undergo a risk screening if the infant's parent, guardian, or custodian, if an individual, objects on the grounds that the screening conflicts with his religious tenets and practices. (R.C. § 3701.504.) A risk screening is the identification of infants who are at risk of hearing impairment through the use of the high-risk questionnaire developed by the Department.

Each hospital is required by current law to provide risk screening of newborn infants and promptly notify the primary care physician and the Department of Health of the name of any infant who is identified by a risk screening as at risk for hearing impairment and the name and address of the infant's parent, guardian, or custodian. (R.C. § 3701.505(A).) If an infant is identified as at risk for hearing impairment and the hospital provides hearing assessment, it must provide a hearing assessment for the infant; otherwise the hospital must provide the infant's parent, guardian, or custodian with a list of hospitals, clinics, or other facilities that provide hearing assessment and are located within a reasonable distance of the address of the parent, guardian, or custodian. (R.C. § 3701.505(B).) A hearing assessment is the use of audiological procedures by or under the supervision of an audiologist, neurologist, or otolaryngologist to identify infants who are at risk of hearing impairment.

The rules adopted by the Public Health Council specify that a hospital must provide the risk screening prior to the infant being discharged into the care of his or her parent, guardian, or custodian or prior to the infant attaining six months of age, whichever occurs sooner. (OAC 3701-46-02(A).) The high-risk questionnaire used to identify possible infant hearing loss consists of two parts: the first part is to be completed by the infant's parents and second part by the hospital. (OAC 3701-46-02(B)(2) and (4).) A hospital is required to distribute the questionnaire to the parents of newborn infants, collect the questionnaire, and review the results of the questionnaire and determine if the infant is at risk of hearing impairment. (OAC 3701-46-02(B)(1), (3), and (5).) The review of the questionnaire must be performed by an individual who has successfully completed instruction provided by the Director of Health in interpreting the questionnaire. (OAC 3701-46-02(B)(5).) A hospital that completes the risk screening must maintain the completed questionnaire in the infant's medical record. (OAC 3701-46-02(C).)

¹ *The Public Health Council consists of seven members appointed by the Governor. It is responsible for adopting rules in a number of public health areas, but has no executive or administrative duties.*

The bill

The bill requires the Department of Health to establish and maintain a statewide hearing screening, tracking, and intervention program to identify newborn and infant hearing impairment.² The Public Health Council is required to adopt rules governing the program. The program must include a hearing screening of each newborn born in the hospital. "Hearing screening" is defined by the bill as the identification of newborns who are at risk of hearing impairment, through the use of automated or diagnostic auditory brainstem response, otoacoustic emissions, or an equivalent physiologic technology.

Each hospital is required by the bill to conduct a hearing screening of each newborn born in the hospital and promptly notify the newborn's primary care physician and the Department of Health of the name of any newborn who is identified by a hearing screening as at risk of hearing impairment and the name and address of the newborn's parent, guardian, or custodian. If a newborn is identified by a hearing screening as at risk for hearing impairment, the hospital must provide the newborn's parent, guardian, or custodian with a list of hospitals, clinics, or other facilities located within a reasonable distance of the address of the parent, guardian, or custodian that provide hearing assessment and have agreed to share the results of the assessment with the hospital where the screening was conducted. "Hearing assessment" is defined by the bill, similarly to current law, as identification of newborns and infants who are at risk of hearing impairment, through the use of audiological procedures by or under the supervision of a licensed audiologist, or by a neurologist or otolaryngologist. "Hearing impairment" is defined in the bill as a loss of 30 decibels or more in one or both ears.

The bill provides that a hospital, clinic, or other facility performing a hearing assessment on a newborn is not required to obtain the consent of the parent before reporting the results to the hospital where the screening was conducted. Each hospital, clinic, or facility that provides a hearing assessment is required to prepare and provide to the newborn's parent, guardian, or custodian a list of hospitals, clinics, or other facilities located within a reasonable distance of the address of the parent, guardian, or custodian that provide follow-up care.

² "Newborn" is defined by the bill as a child who is less than 90 days of age.

"Infant" is defined as a child who is at least 90 days of age but less than 24 months of age.

Reimbursement for infant hearing screenings

(sec. 3701.505(C))

The bill continues the provision in current law that provides that any hospital, clinic, or other facility providing a hearing assessment must be reimbursed by the Department of Health at a rate determined by the Director of Health, if both of the following are the case:

- (1) The assessment is performed before the newborn or infant attains nine months of age;
- (2) The parent, guardian, or custodian is financially unable to pay for the hearing assessment and the hospital, clinic, or other facility is not reimbursed by a third-party payer.

Distribution of information on infant hearing loss

(sec. 3701.506)

Current law requires the Department of Health to prepare and distribute to all hospitals required to provide infant risk screenings information describing factors or conditions of hearing loss and the effect of hearing loss on an infant or child's language development. The bill continues this requirement and also provides that the information distributed to hospitals is to include information on the importance of hearing screening, hearing assessment, and follow-up care for newborns and infants.

Current law provides that when a newborn who is at risk of hearing impairment is discharged, the hospital must provide the infant's parent, guardian, or custodian with the information prepared by the Department of Health on newborn hearing loss. The bill provides that the information must be provided to the parent, guardian, or custodian of each newborn born in the hospital, but does not specify when it is to be provided.

Infant Hearing Screening Subcommittee

(sec. 3701.507)

Current law requires the Medically Handicapped Children's Medical Advisory Council to appoint a permanent Infant Hearing Screening

Subcommittee.³ The Subcommittee is required to consult with the Director of Health regarding the administration, development, and implementation of the infant hearing screening program and advise and make recommendations regarding proposed rules. In its role as consultant to the Director of Health, the Subcommittee is required to advise and make recommendations regarding all of the following: the establishment of newborn infant hearing impairment risk criteria and development of a high-risk questionnaire; identification of locations where assessment of infants may be conducted; recommendations for methods and techniques of risk screening and hearing assessment; referral, data recording and compilation, and procedures to encourage follow-up hearing assessments; maintenance of a register of infants determined to be at high risk for hearing impairment; and preparation of any information the Public Health Council requires the Department of Health to provide.

The bill continues these provisions, except that it removes from current law the provisions relating to the development of questionnaires to identify newborn hearing impairment and replaces them with a requirement that the Infant Hearing Screening Subcommittee consult with the Director of Health and advise and make recommendations regarding the establishment of a statewide hearing screening, tracking, and intervention program to identify newborn hearing impairment. The bill also requires the Subcommittee to prepare for the Department of Health information on the effects of newborn hearing loss that will be distributed to hospitals and the parent, guardian, and custodian of each newborn.

Information reporting by hospitals

(sec. 3701.508)

The bill requires each hospital to provide annually to the Department of Health for use by the Infant Hearing Screening Subcommittee information specifying all of the following for the proceeding year:

- (1) The number of newborns born in the hospital;
- (2) The number and percentage of newborns born in the hospital who received a hearing screening;
- (3) The number of newborns born in the hospital whose parents received the information prepared by the Department of Health that describes factors or

³ *The Council consists of members appointed by the Director of Health. Its duty is to advise the Director on matters related to the Program for Medically Handicapped Children.*

conditions of hearing loss and the effect of hearing loss on an infant or child's language development, as well as information on the importance of hearing screening, hearing assessment, and follow-up care for newborns and infants;

(4) The number and percentage of newborns born in the hospital who did not pass the hearing screening;

(5) The number of newborns born in the hospital who are provided a hearing assessment as a newborn or infant;

(6) The number and percentage of newborns and infants born in the hospital whose parent, guardian, or custodian was provided a copy of a list of hospitals, clinics, or other facilities that provide hearing assessment.

The bill provides that the Infant Hearing Screening Subcommittee must compile and summarize the information submitted to it by hospitals and, beginning January 1, 2001, annually prepare and transmit a report to the Director of Health, the Speaker of the House of Representatives, and the President of the Senate. The report must specify the number and percentage of children born in a hospital who did not pass the hearing screening and received a hearing assessment at a hospital, clinic, or other facility. The Council must make its report available to the public.

The bill also provides that the Department and all members of the Subcommittee must maintain the confidentiality of patient-identifying information submitted to them by hospitals. The information is not a public record, except to the extent that the information is used in preparing the report required by the bill.

HISTORY

ACTION	DATE	JOURNAL ENTRY
Introduced	02-15-00	p. 1379

S0255-I.123/bc