

AN ACT relating to hearing screening tests for infants.

*Be it enacted by the General Assembly of the Commonwealth of Kentucky:*

SECTION 1. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO READ AS FOLLOWS:

- (1) The Cabinet for Human Resources shall establish an Infant Hearing Screening Program for the detection, diagnosis, and treatment of infants who are deaf or hard-of-hearing. The Infant Hearing Screening Program shall require that all hospitals that operate an obstetrics service offer a hearing screening test to infants born at the hospital, except as provided in subsection (2) of this section. The test shall take place before the baby is discharged to the care of the parent or guardian.*
- (2) Nothing contained in this section shall be construed to require the testing of any child whose parents object to the hearing test based on their religious or other tenets.*
- (3) The cabinet shall also require the administering unit to inform a parent or guardian of the newborn and the child's primary care physician of an infant's failure to pass the test, or if an infant is not successfully tested. This notification shall occur prior to discharge whenever possible, or at most within ten (10) days following discharge. The administering unit so informing the parent and physician shall provide information regarding appropriate follow up for a screening failure or a missed screening.*
- (4) The cabinet shall require each administering unit to:*

  - (a) Assure that tests are administered by trained personnel;*
  - (b) Maintain program statistics; and*
  - (c) Maintain a quality assurance program.*
- (5) The cost of providing the newborn hearing screening test shall be a covered benefit reimbursable by all health insurers, except for supplemental policies that*

only provide coverage for specific diseases, such as hospital indemnity, Medicare supplement, or other supplemental policies. In the absence of a third party payor, the charges for the newborn hearing screening test shall be paid by the Commonwealth.

(6) An infant whose hearing screening test result indicates the need for diagnostic audiological examination shall be offered the examination at a center approved by the cabinet. These centers shall maintain suitable audiological support and medical and educational referral practices in order to receive approval. The cost of these follow-up diagnostic examinations shall be borne by the Commonwealth for any child under thirty-six (36) months of age, when and only when the child's medical care is not covered by a health insurance plan.

(7) The cabinet shall provide educational materials to parents, pediatricians, and the general public regarding the advisability and availability of early identification and habilitation for infants who are deaf or hard-of-hearing. Included in these materials shall be information that hearing loss in infants may be acquired or progressive and that follow-up hearing tests are indicated in the event of suspicion of hearing loss or known indicators for progressive loss, even when the newborn hearing screening test has not detected any hearing loss.

(8) Infants identified as being deaf or hard-of-hearing shall be offered appropriate programs of early intervention.

(9) The cabinet shall initiate activities with the advice of the Infant Hearing Screening Advisory Panel to make recommendations regarding the following:

(a) The validity and cost of screening procedures;

(b) Setting standards for appropriate screening methodology based on updated technological developments;

(c) Methods of recording results and follow up from the screening program;

and

(d) Facilitating interaction of professions and agencies which participate in follow up.

SECTION 2. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO READ AS FOLLOWS:

(1) The Cabinet for Human Resources shall create an Infant Hearing Screening Advisory Panel for the purpose of acting in an advisory capacity to the cabinet regarding the hearing screening program.

(2) The advisory panel shall meet at least two (2) times per year, be provided support services by the cabinet, be chaired by an individual elected by the advisory committee members, shall not collect a per diem compensation, and shall be composed of the following members appointed by the director of the appropriate state-wide organizations:

(a) A representative of the health insurance industry;

(b) A pediatrician or family practitioner;

(c) An otolaryngologist;

(d) A neonatologist;

(e) A nurse representing newborn nurseries;

(f) Two (2) audiologists;

(g) A teacher of the deaf and hard-of-hearing;

(h) A representative of the state Early Intervention Program;

(i) A representative of the cabinet;

(j) A parent of children who are deaf or hard-of-hearing; and

(k) A deaf or hard-of-hearing adult as designated by the Kentucky Commission for the Deaf and Hard-of-Hearing.

Section 3. If the reorganization of the Cabinet for Human Resources into the Cabinet for Families and Children and the Cabinet for Health Services is confirmed by this 1998 Regular Session of the General Assembly, the reference to the Department

Cabinet for Human Resources appearing in Sections 1 and 2 of this Act shall be codified as the Cabinet for Health Services.