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HOUSE BILL NO. 916

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the House Committee on Health, Welfare and Institutions
on February 13, 1998)

(Patron Prior to Substitute—Delegate Darner)

A BILL to amend and reenact §§ 32.1-64.1 and 32.1-64.2 of the Code of Virginia, relating to the Virginia Hearing Impairment Identification and Monitoring System.

Be it enacted by the General Assembly of Virginia:

1. That §§ 32.1-64.1 and 32.1-64.2 of the Code of Virginia are amended and reenacted as follows:

§ 32.1-64.1. Virginia Hearing Impairment Identification and Monitoring System.

A. In order to identify hearing loss among newborns and to provide early intervention for such all infants so identified as having hearing impairment, the Commissioner shall establish and maintain the Virginia Hearing Impairment Identification and Monitoring System. This system will shall be for the purpose of identifying and monitoring infants who are at risk for with hearing impairment to assure ensure that such infants receive appropriate early intervention through treatment, therapy, training and education.

B. The Virginia Hearing Impairment Identification and Monitoring System shall be implemented in two phases as follows:

1. In the 1986-1988 biennium, the system shall be initiated in all hospitals with neonatal intensive care services; and,

2. In 1988, the system shall be initiated in all hospitals in the Commonwealth having newborn nurseries, and in other birthing places or centers in the Commonwealth having newborn nurseries.

C. In all hospitals with neonatal intensive care services, the chief medical officer of such hospitals or his designee shall identify infants at risk of hearing impairment using criteria established by the Board. All such Beginning on July 1, 1999, all infants shall then be screened for hearing loss given a hearing screening test, regardless of whether or not the infant is at risk of hearing impairment, by the chief medical officer or his designee using methodology approved by the Board. The test shall take place before the infant is discharged from the hospital to the care of the parent or guardian, or as the Board may by regulation provide. The chief administrative officer of the hospital or his designee shall report to the Commissioner all infants identified as at risk of hearing impairment and all infants who are identified through screening as having hearing loss.

In all other hospitals and other birthing places or centers, the chief medical officer or his designee or the attending practitioner shall identify infants at risk of hearing impairment using criteria established by the Board. The chief administrative officer or his designee shall report to the Commissioner all infants identified as at risk of hearing impairment.

D. Beginning on July 1, 2000, the Board shall provide by regulation for the giving of hearing screening tests for all infants born in hospitals. The Board's regulations shall establish when the testing shall be offered and performed and procedures for reporting.

An infant whose hearing screening indicates the need for a diagnostic audiological examination shall be offered such examination at a center approved by the Board of Health. As a condition of such approval, such centers shall maintain suitable audiological support and medical and educational referral practices.

E. The Commissioner may shall appoint an advisory committee to assist in the design and, implementation, and revision of this identification and monitoring system with representation. The advisory committee shall meet at least four times per year. A chairman shall be elected annually by the advisory committee. The Department of Health shall provide support services to the advisory committee. The advisory committee shall consist of representatives from relevant groups including, but not limited to, the health insurance industry; physicians, including at least one pediatrician or family practitioner, one otolaryngologist, and one neonatologist; nurses representing newborn nurseries; audiologists; hearing aid dealers and fitters; teachers of the deaf and hard-of-hearing; parents of children who are deaf or hard-of-hearing; adults who are deaf or hard-of-hearing; hospital administrators; and personnel of appropriate state agencies, including the Department of Medical Assistance Services, the Department of Education, and the Department for the Deaf and Hard-of-Hearing. The Department of Education and, the Department for the Deaf and Hard-of-Hearing, and the Department of Mental Health, Mental Retardation and Substance Abuse Services shall cooperate with the Commissioner and the Board in implementing this system.

F. With the assistance of the advisory committee, the Board shall promulgate such rules and regulations as may be necessary to implement this identification and monitoring system. These rules and regulations shall include criteria, including current screening methodology, for the identification of

60 infants (i) with hearing impairment and (ii) at risk of hearing impairment and ~~may~~shall include the
61 scope of the information to be reported, reporting forms, screening protocols, appropriate mechanisms
62 for follow-up, relationships between the identification and monitoring system and other state agency
63 programs or activities and mechanisms for review and evaluation of the activities of the system. The
64 identification and monitoring system ~~may~~shall collect the name, address, sex, race, and any other
65 information determined to be pertinent by the Board, regarding infants determined to be at risk of
66 hearing impairment or to have hearing loss.

67 *G. In addition, the Board's regulations shall provide that any person making a determination that an*
68 *infant (i) is at risk for hearing impairment, (ii) has failed to pass a hearing screening, or (iii) was not*
69 *successfully tested shall notify the parent or guardian of the infant, the infant's primary care physician,*
70 *and the Commissioner.*

71 *H. No testing required to be performed or offered by this section shall be performed if the parents of*
72 *the infant object to the test based on their bona fide religious convictions.*

73 § 32.1-64.2. Confidentiality of records; publication; Commissioner required to contact parents,
74 physicians, and school divisions.

75 The Commissioner and all other persons to whom data is submitted pursuant to § 32.1-64.1 shall
76 keep such information confidential. No publication of information shall be made except in the form of
77 statistical or other studies which do not identify individuals. However, the Commissioner ~~may~~ shall
78 contact the parents of children identified with hearing impairment or as at risk of hearing impairment ~~or~~
79 ~~having hearing loss and~~, their physicians *and the relevant local early intervention program to collect*
80 ~~relevant data and~~ to provide them with information about available public and private health care and
81 educational resources including any hearing impairment clinics.