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SENATE BILL NO. 591

Offered January 26, 1998

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.

Patrons—Ticer, Couric, Edwards, Gartlan, Howell, Lambert, Lucas, Maxwell, Miller, Y.B., Reasor, Reynolds, Saslaw, Walker and Whipple; Delegates: Almand, Darner, Hull, Moran, Plum and Watts

Referred to the Committee on Education and Health

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.

In order to identify hearing loss at the earliest possible age among newborns and to provide early intervention for such all infants so identified as having hearing loss, 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 that such infants receive appropriate early intervention through treatment, therapy, training and education.

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.

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 which shall include screening with current technology such as automated auditory brainstem response, otoacoustic emission testing or conventional auditory brainstem response, with follow-up testing performed on all infants who fail an initial screening. All such infants shall then be screened for hearing loss by the chief medical officer or his designee. 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 failing the initial hearing test and any follow-up test.

In all other hospitals, the chief medical officer or his designee shall identify infants at risk of hearing impairment using criteria established by the Board. The Board shall include in this criteria current testing methodology. The chief administrative officer or his designee shall report to the Commissioner all infants identified as having hearing loss or at risk of hearing impairment.

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 from relevant groups including, but not limited to, physicians, hospital administrators and personnel of appropriate state agencies. 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.

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

§ 32.1-64.2. Confidentiality of records; publication; authority of Commissioner to contact parents and physicians.

The Commissioner and all other persons to whom data is submitted pursuant to § 32.1-64.1 shall keep such information confidential. No publication of information shall be made except in the form of statistical or other studies which do not identify individuals. However, the Commissioner may shall

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60 contact the parents of children identified *with hearing loss or* as at risk of hearing impairment ~~or having~~  
61 ~~hearing loss and~~, their physicians *and the relevant local school division* to collect relevant data and to  
62 provide them with information about available public and private health care and educational resources  
63 including *any* hearing impairment clinics.