

## Louisiana Revised Statutes

### CHAPTER 30-A. IDENTIFICATION OF HEARING LOSS IN INFANTS LAW

#### §46.2261. Short title

This Chapter may be cited as the "Identification of Hearing Loss in Infants Law".  
Acts 1992, No. 417, §1; Acts 2017, No. 146, §11.

#### §46.2262. Purpose

A. The purpose of the program for early identification of hearing loss is to identify deaf or hard of hearing infants at the earliest possible time so that medical treatment, early audiological evaluation, selection of amplification, and early educational intervention can be provided.

B. Early educational intervention and early audiological services are required under the Education of the Handicapped Act, Amendments of 1986, Public Law 99-457.

C. Early identification and management of the deaf or hard of hearing infant are essential if that infant is to acquire the vital language and speech skills needed to achieve maximum potential educationally, emotionally, and socially.

D. Appropriate screening and identification of newborns and infants with hearing loss will therefore serve the public purpose of promoting the healthy development of children and reducing public expenditures for health care, special education, and related services.  
Acts 1992, No. 417, §1; Acts 1999, No. 653, §1; Acts 2017, No. 146, §11.

#### §46.2262.1. Bill of Rights

In order to ensure that children who are deaf or hard of hearing have the same rights and potential to become independent and self-actualizing as children who are not deaf or hard of hearing, the Deaf Child's Bill of Rights is established so that children who are deaf or hard of hearing are entitled:

- (1) To appropriate screening and assessment of hearing and vision capabilities and communication and language needs at the earliest possible age and to the continuation of screening services throughout the educational experience.
- (2) To early intervention to provide for acquisition of the language base developed at the earliest possible age.
- (3) To their parents' or guardians' full and informed participation in their educational planning.
- (4) To adult role models who are deaf or hard of hearing.
- (5) To meet and associate with their peers.
- (6) To qualified teachers, interpreters, and resource personnel who communicate effectively with the child in the child's mode of communication.
- (7) To placement best suited to the child's individual needs, including but not limited to social, emotional, cultural needs, age, hearing loss, academic level, modes of communication, styles of learning, motivational level, and family support.
- (8) To individual considerations for free and appropriate education across a full spectrum of educational programs.

- (9) To full support services provided by qualified professionals in their educational settings.
  - (10) To full access to all programs in their educational settings.
  - (11) To have the public fully informed concerning medical, cultural, and linguistic issues of deafness and hearing loss.
  - (12) Where appropriate, to have deaf and hard of hearing adults directly involved in determining the extent, content, and purpose of all programs that affect their education.
- Acts 1993, No. 395, §1; Acts 2017, No. 146, §11.

#### §46.2263. Definitions

Except where the context clearly indicates otherwise, in this Chapter:

- (1) "Advisory council" means the advisory council created pursuant to R.S. 46:2265.
- (2) "Department" means the Louisiana Department of Health.
- (3) "Deaf or hard of hearing infant" means an infant who has a disorder of the auditory system of any type or degree, causing hearing loss sufficient to interfere with the development of language and speech skills.
- (4) "Infants susceptible to a hearing disability" means those infants who are susceptible to hearing loss because they have one or more risk factors.
- (5) "Office" means the office of public health within the department.
- (6) "Program" means the program that the office of public health establishes to provide for the early identification and follow-up of infants susceptible to a hearing disability, of deaf or hard of hearing infants, and of infants who have a risk factor for developing progressive hearing loss.
- (7)(a) "Risk factors" means those criteria or factors, any one of which identifies an infant as being susceptible to hearing loss.
- (b) The risk factors that identify those neonates, infants from birth through the first twenty-eight days, who are susceptible to sensorineural hearing loss include the following:
  - (i) Family history of congenital or delayed onset childhood sensorineural impairment.
  - (ii) Congenital infection known or suspected to be associated with sensorineural hearing loss such as toxoplasmosis, syphilis, rubella, cytomegalovirus, and herpes.
  - (iii) Craniofacial anomalies including morphologic abnormalities of the pinna and ear canal, absent philtrum, low hairline, et cetera.
  - (iv) Birth weight less than one thousand five hundred grams or less than three and three tenths pounds.
  - (v) Hyperbilirubinemia at a level exceeding indication for exchange transfusion.
  - (vi) Ototoxic medications, including but not limited to the aminoglycosides used for more than five days, such as gentamicin, tobramycin, kanamycin, streptomycin, and loop diuretics used in combination with aminoglycosides.
  - (vii) Bacterial meningitis.
  - (viii) Severe depression at birth, which may include infants with Apgar scores of zero to three at five minutes or those who fail to initiate spontaneous respiration by ten minutes or those with hypotonia persisting to two hours of age.
  - (ix) Prolonged mechanical ventilation for a duration equal to or greater than ten days, such as persistent pulmonary hypertension.
  - (x) Stigmata or other findings associated with a syndrome known to include sensorineural hearing loss, such as Waardenburg or Usher Syndrome.

(xi) Other risk factors added or deleted by the office of public health upon recommendation of the advisory council for early identification of deaf or hard of hearing children.

(c) The factors that identify those infants aged twenty-nine days to two years who are susceptible to sensorineural hearing loss include the following:

(i) Parent or caregiver concerns regarding hearing, speech, language, or developmental delay.

(ii) Bacterial meningitis.

(iii) Neonatal risk factors that may be associated with progressive sensorineural hearing loss, such as cytomegalovirus, prolonged mechanical ventilation, and inherited disorders.

(iv) Head trauma, especially with either longitudinal or transverse fracture of the temporal bone.

(v) Stigmata or other findings associated with syndromes known to include sensorineural hearing loss, such as Waardenburg or Usher Syndrome.

(vi) Ototoxic medications, including but not limited to the aminoglycosides used for more than five days, such as gentamicin, tobramycin, kanamycin, streptomycin, and loop diuretics used in combination with aminoglycosides.

(vii) Neurodegenerative disorders such as neurofibromatosis, myoclonic epilepsy, Werdnig-Hoffman disease, Tay-Sachs disease, infantile Gaucher's disease, Niemann-Pick disease, any metachromatic leukodystrophy, or any infantile demyelinating neuropathy.

(viii) Childhood infectious diseases known to be associated with sensorineural hearing loss, such as mumps or measles.

(ix) Other risk factors added or deleted by the office of public health upon recommendation of the advisory council for early identification of deaf or hard of hearing children.

(8) "Screening for hearing loss" means employing a device for identifying whether an infant has a disorder of the auditory system, but may not necessarily provide a comprehensive determination of hearing thresholds in the speech range. Procedures may include auditory brainstem response (ABR) screening, evoked otoacoustic emissions (EOAE) screening, and other devices approved by the office upon recommendation of the advisory council.

Acts 1992, No. 417, §1; Acts 1999, No. 653, §1; Acts 2017, No. 146, §11.

#### §46.2264. Identification of hearing loss in infants

A. The office shall establish, in consultation with the advice of the Louisiana Commission for the Deaf and the advisory council created in R.S. 46:2265, a program for the early identification and follow-up of infants susceptible to a hearing disability, deaf or hard of hearing infants, and infants susceptible to developing progressive hearing loss. The program shall, at a minimum:

(1) Develop criteria or factors to identify those infants who are likely deaf or hard of hearing and infants who may develop a progressive hearing loss, including the risk factors set forth in this Chapter, and develop a susceptibility questionnaire for infant hearing loss.

(2) Create a susceptibility registry to include, but not be limited to, the identification of infants susceptible to hearing loss, deaf or hard of hearing infants, and infants susceptible to developing progressive hearing loss.

(3) Provide to the hospitals and other birthing sites the susceptibility questionnaire for infant hearing loss and require that the form be completed for any newborn prior to discharge from the hospital or other birthing site. As to infants susceptible to a hearing disability, copies of the completed susceptibility questionnaire shall be distributed to the susceptibility registry of the office, the parent or guardian, and, if known, the infant's primary care physician and the provider of audiological services.

(4) Require for all newborn infants that the hospital of birth or that hospital to which the newborn infant may be transferred provide screening for hearing loss by auditory brainstem response (ABR) screening, evoked otoacoustic emissions (EOAE) screening, or any other screening device approved by the office before discharge. The results of that screening for hearing loss shall be provided to the susceptibility registry of the office, the parent or guardian, and if known, the primary care physician and the provider of audiological services.

(5) Develop and provide to the hospitals or other birthing sites appropriate written materials regarding hearing loss, and require that the hospitals or other birthing sites provide this written material to all parents or guardians of newborn infants.

(6) Develop methods to contact parents or guardians of infants susceptible to a hearing disability, of deaf or hard of hearing infants, and of infants susceptible to developing progressive hearing loss.

(7) Establish a telephone hotline to communicate information about hearing loss, hearing screening, audiological evaluation, and other services for deaf or hard of hearing infants.

(8) Provide that when a screening indicates a hearing loss, audiological evaluation shall be done as soon as practical. The parents or guardians of the infant shall be provided with information on locations at which medical and audiological follow up can be obtained.

B. The office shall consult with the advisory council and implement the program.

C. The office shall develop a system for the collection of data, determine the cost-effectiveness of the program, and disseminate statistical reports to the Louisiana Commission for the Deaf.

D. The office, in cooperation with the state Department of Education, shall develop a plan to coordinate early educational and audiological services for infants identified as deaf or hard of hearing.

E. The office shall follow current practices and applicable guidelines that are currently utilized in Louisiana and will consider practices and guidelines that may be established by the National Institute on Deafness and other Communication Disorders (NIDCD).

Acts 1992, No. 417, §1; Acts 1999, No. 653, §1; Acts 2017, No. 146, §11.

§46.2265. Advisory council creation; membership; terms; quorum; compensation

A. There is hereby created an advisory council for the program of early identification of deaf or hard of hearing infants. The council shall consist of fourteen members as follows:

(1) An otolaryngologist or otologist.

(2) An audiologist with extensive experience in evaluating infants.

(3) A neonatologist.

(4) A pediatrician.

(5) A deaf person.

(6) A hospital administrator.

(7) A speech and language pathologist.

- (8) A school teacher or administrator certified in education of the deaf.
- (9) A parent who chose the oral method for his deaf or hard of hearing child.
- (10) A parent of a deaf or hard of hearing child utilizing total communication.
- (11) A representative of the state Department of Education designated by the superintendent of education.
- (12) A representative of the office designated by the assistant secretary of the office.
- (13) A representative from the Louisiana Commission for the Deaf.
- (14) A representative from the Louisiana Association of the Deaf.

B. Members of the council in accordance with Paragraphs (A)(1) through (10), (13), and (14) shall be appointed by the governor, subject to Senate confirmation. Other members are not subject to Senate confirmation.

C. Members of the council representing offices and departments of state government shall serve four-year terms concurrent with that of the governor. Other members shall serve three-year terms, except that in making the initial appointments, four members shall be appointed for a one-year term, four shall be appointed for two-year terms, and four shall be appointed for three-year terms. No member may serve more than two consecutive terms.

D. Each member shall serve without compensation.

E. A majority of the members of the council shall constitute a quorum for the transaction of all business.

F. The members of the council shall elect from their membership a chairman and a vice chairman.

*Acts 1992, No. 417, §1; Acts 2017, No. 146, §11.*

#### §46.2266. Powers, duties, functions of the advisory council

The advisory council shall:

- (1) Advise and recommend risk factors or criteria for infants who are likely deaf or hard of hearing and infants who may develop a progressive hearing loss.
- (2) Advise the office as to hearing screening, setting standards for the program, monitoring and reviewing the program, and providing quality assurance for the program.
- (3) Advise the office as to integrating the program for early identification of deaf or hard of hearing infants with existing medical, audiological, and early infant education programs.
- (4) Advise the office as to materials to be distributed to the public concerning deaf or hard of hearing infants.
- (5) Advise the office on the implementation of the program for early identification and follow-up of infants susceptible to a hearing disability, deaf or hard of hearing infants, and infants who are at risk of developing progressive hearing loss.

*Acts 1992, No. 417, §1; Acts 2017, No. 146, §11.*

#### §46.2267. Effective date; rules and regulations

The office of public health shall, by July 1, 2000, adopt rules and regulations necessary to implement the program in accordance with the Administrative Procedure Act.

*Acts 1992, No. 417, §1; Acts 1999, No. 653, §1.*