

2001 Montana Legislature

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HOUSE BILL NO. 468

INTRODUCED BY K. GALVIN-HALCRO



AN ACT PROVIDING FOR A UNIVERSAL NEWBORN HEARING SCREENING PROGRAM; REQUIRING THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO IMPLEMENT AN EDUCATION AND REPORTING PROGRAM; PROVIDING RULEMAKING AUTHORITY; PROVIDING FOR A TASK FORCE ON HEARING LOSS IN NEWBORN INFANTS; REQUIRING HOSPITALS, HEALTH CARE FACILITIES, AND HEALTH CARE PROVIDERS THAT PROVIDE OBSTETRIC SERVICES TO PROVIDE EDUCATION AND SUBMIT QUARTERLY REPORTS; PROVIDING AN APPROPRIATION; AND PROVIDING AN EFFECTIVE DATE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Purpose. The purposes of [sections 1 through 4] are:

(1) to provide early detection of hearing loss in newborn infants as soon after birth as possible to enable children, their families, and primary health care providers to obtain any necessary multidisciplinary evaluation, audiologic assessment, treatment, and intervention services at the earliest opportunity and to prevent or mitigate the developmental delays and academic failures associated with late identification of hearing loss; and

(2) to provide the state with the necessary information to effectively plan, establish, and evaluate a comprehensive system of appropriate services for newborn infants who have a hearing loss or who are deaf.

Section 2. Statewide universal newborn hearing screening, tracking, and intervention program. (1) There is a universal newborn hearing screening program in the department of public health and human services. The department shall implement the program to encourage a hearing screening test for all newborn infants to undergo for identification of newborn infant hearing loss. The department shall encourage newborn infant hearing tests to be completed before discharge from a hospital or no later than 3 months after birth.

(2) The department shall adopt rules to:

(a) determine the volume of births that would allow a hospital or health care facility to be exempt from providing newborn infant hearing screenings onsite before discharge;

(b) develop information for and procedures by which health care providers, local health departments, health care clinics, school districts, and other appropriate resources may promote the importance of the screening of newborn infants' hearing and provide information regarding locations where screenings may be accessed for those newborn infants either not born in a hospital or who do not receive a screening in a hospital; and

(c) determine any additional reporting requirements that are related to newborn infant hearing screening, evaluation, audiologic assessment, treatment, and intervention services.

(3) The department shall assist hospitals in developing systems for reporting and in accessing funds to purchase hearing screening equipment by providing information on funding sources known to the department.

(4) The department may accept contributions, gifts, grants, or endowments from public or private sources for the use and benefit of this program.

Section 3. Task force. (1) There is a task force on hearing loss in newborn infants for the purpose of advising the department of public health and human services on the collection and reporting of information from the hospitals and other sources and providing recommendations to the department, hospitals, other health care providers, and the public concerning but not limited to:

(a) appropriate methodologies to be implemented for hearing screening of newborn infants that must be objective and physiologically based;

(b) the number of births sufficient to qualify a hospital or health care facility for exemption from screening and procedures to inform persons how to arrange for hearing screening outside of the hospital

or health care facility; and

(c) guidelines for reporting and the means to ensure that identified newborn infants receive referral and appropriate audiologic assessment, evaluation, and followup services.

(2) The task force may consist of at least 7 and not more than 12 members who must be appointed by the department director and must include the coordinator of part C services pursuant to the Individuals with Disabilities Education Act, 20 U.S.C. 1437, and a representative of a parenting organization. Members appointed to the task force must have training, experience, or interest in the area of hearing conditions in children. The members of the task force may be compensated as provided in 2-18-501 through 2-18-503 as funds allow.

Section 4. Required education -- screening. (1) Each licensed hospital, health care facility, or health care provider that provides obstetric services shall provide education to parents of infants born in the hospital or health care facility of the importance of screening the hearing of newborn infants and followup care. Education is not considered a substitute for the hearing screening.

(2) Every licensed hospital, health care facility, or health care provider that provides obstetric services shall report quarterly to the department of public health and human services and to the task force the following information and any other information required by rule:

- (a) the number of infants born in the hospital;
- (b) the number of infants screened;
- (c) the number of infants who passed the screening, if administered;
- (d) the number of infants who did not pass the screening, if administered;
- (e) the number of infants who received followup care; and
- (f) the number of infants with hearing impairment.

Section 5. Appropriation. There is appropriated up to \$100,000 for the biennium beginning July 1, 2001, and ending June 30, 2003, from the state special revenue account, provided for in 53-19-310, to the department of public health and human services to be used for the purchase of newborn hearing screening equipment.

Section 6. Codification instruction. [Sections 1 through 4] are intended to be codified as an integral part of Title 53, chapter 19, and the provisions of Title 53, chapter 19, apply to [sections 1 through 4].

Section 7. Effective date. [This act] is effective July 1, 2001.

- END -

Latest Version of HB 468 (*HB0468.ENR*)
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New language in a bill appears underlined, deleted material appears stricken.

Sponsor names are handwritten on introduced bills, hence do not appear on the bill until it is reprinted. See the [status of this bill](#) for the bill's primary sponsor.

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