191.925. 1. Effective January 1, 2002, every infant born in this state shall be screened for hearing loss in accordance with the provisions of sections 191.925 to 191.937 and section 376.1220.

2. The screening procedure shall include the use of at least one of the following physiological technologies:

   (1) Automated or diagnostic auditory brainstem response (ABR);

   (2) Otoacoustic emissions (OAE); or

   (3) Other technologies approved by the department of health and senior services.

3. Every newborn delivered on or after January 1, 2002, in an ambulatory surgical center or hospital shall be screened for hearing loss prior to discharge of the infant from the facility. Any facility that transfers a newborn for further acute care prior to completion of the newborn hearing screening shall notify the receiving facility of the status of the newborn hearing screening. The receiving facility shall be responsible for the completion of the newborn hearing screening. Such facilities shall report the screening results on all newborns to the parents or guardian of the newborn, and the department of health and senior services in a manner prescribed by the department.

4. If a newborn is delivered in a place other than the facilities listed in subsection 3 of this section, the physician or person who professionally undertakes the pediatric care of the infant shall ensure that the newborn hearing screening is performed within three months of the date of the infant's birth. Such physicians and persons shall report the screening results on all newborns to the parents or guardian of the newborn, and the department of health and senior services in a manner prescribed by the department.

5. The provisions of this section shall not apply if the parents of the newborn or infant object to such testing on the grounds that such tests conflict with their religious tenets and practices.

6. As provided in subsection 5 of this section, the parent of any child who fails to have the hearing screening test administered after notice of the requirement for such test shall have such refusal documented in writing. Such physicians, persons or administrators shall obtain the written refusal and make such refusal part of the medical record of the infant, and shall report such refusal to the department of health and senior services in a manner prescribed by the department.

7. The physician or person who professionally undertakes the pediatric care of the newborn, and administrators of ambulatory surgical centers or hospitals shall provide to the parents or guardians of newborns a written packet of educational information developed and supplied by the
department of health and senior services describing the screening, how it is conducted, the nature of the hearing loss, and the possible consequences of treatment and nontreatment for hearing loss prior to administering the screening.

8. All facilities or persons described in subsections 3 and 4 of this section who voluntarily provide hearing screening to newborns prior to January 1, 2002, shall report such screening results to the department of health and senior services in a manner prescribed by the department.

9. All facilities or persons described in subsections 3 and 4 of this section shall provide the parents or guardians of newborns who fail the hearing screening with educational materials that:

   (1) Communicate the importance of obtaining further hearing screening or diagnostic audiological assessment to confirm or rule out hearing loss;

   (2) Identify community resources available to provide rescreening and diagnostic audiological assessments; and

   (3) Provide other information as prescribed by the department of health and senior services.

10. Any person who acts in good faith in complying with the provisions of this section by reporting the newborn hearing screening results to the department of health and senior services shall not be civilly or criminally liable for furnishing the information required by this section.

11. The department of health and senior services shall provide audiological and administrative technical support to facilities and persons implementing the requirements of this section, including, but not limited to, assistance in:

   (1) Selecting state-of-the-art newborn hearing screening equipment;

   (2) Developing and implementing newborn hearing screening procedures that result in appropriate failure rates;

   (3) Developing and implementing training for individuals administering screening procedures;

   (4) Developing and distributing educational materials for families;

   (5) Identifying community resources for delivery of rescreening and pediatric audiological assessment services; and

   (6) Implementing reporting requirements. Such audiological technical support shall be provided by individuals qualified to administer newborn and infant hearing screening, rescreening and diagnostic audiological assessment.

191.928. 1. The department of health and senior services shall establish and maintain a newborn hearing screening surveillance and monitoring system for newborns who have been reported with possible hearing loss for the purpose of confirming the presence or absence of hearing loss, and referring those with hearing loss for early intervention services.
2. The department of health and senior services shall establish standards and follow-up procedures for all newborns reported with possible hearing loss pursuant to the provisions of section 191.925, as necessary to assure appropriate and timely diagnosis of hearing loss, delivery of amplification, and referral for early intervention services. Such standards and procedures shall include:

   (1) Rescreening;

   (2) Diagnostic audiological assessment;

   (3) Individuals qualified to administer rescreening and diagnostic audiological assessment;

   (4) Time lines for administering rescreening and diagnostic pediatric audiological assessment; and

   (5) Time lines and content of contacts to be made by the surveillance and monitoring system.

3. The results of rescreening and diagnostic audiological assessment procedures shall be reported to the department of health and senior services in a manner prescribed by the department. Any person who acts in good faith in complying with this section in reporting rescreening or diagnostic audiological assessment procedures to the department of health and senior services, or the parents or guardians of a newborn shall not be civilly or criminally liable for furnishing the information required by this section.

4. Any newborn with a confirmed hearing loss in the surveillance and monitoring system shall be referred to the appropriate point of contact for the Part C of the Individuals with Disabilities Education Act (IDEA) system of early intervention services (First Steps) and shall be reported to the Missouri commission for the deaf and hard of hearing for census purposes.

5. Except as provided in this section, the information contained in the surveillance and monitoring system shall be confidential and shall not be divulged or made public in a manner that discloses the identity of an individual. The department of health and senior services may disclose and exchange such information as is necessary to provide follow-up services for newborns identified with hearing loss to the following persons without a parent's or guardian's written release:

   (1) Employees of public agencies, departments and political subdivisions who need to know such information to carry out their public duties; or

   (2) Health care professionals or their agents who undertake the pediatric care of the newborn. If any person discloses such information for any other purposes, such person is guilty of an unauthorized release of confidential information and the person who discloses is liable for civil damages.

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191.931. The IDEA Part C data system shall monitor the delivery of early intervention services to those infants identified by the newborn hearing screening program and report annually to the department of health and senior services. Information collected shall be sufficient to document the
early intervention services provided, including the type of amplification or other assistive
technologies, and the status of outcomes as identified on the individualized family service plan
(IFSP).

Rulemaking authority, procedure.

191.937. 1. The director of the department of health and senior services may promulgate rules
and regulations to implement the provisions of sections 191.925, 191.928 and 191.934*. The director
of the department of elementary and secondary education may promulgate rules and regulations to
implement the provisions of section 191.931. The directors of the departments of insurance, financial
institutions and professional registration and social services may promulgate rules and regulations to
implement the provisions of section 376.685.

2. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under
the authority delegated in sections 191.925 to 191.937 or section 376.685 shall become effective
only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable,
section 536.028. All rulemaking authority delegated prior to August 28, 1999, is of no force and
effect and repealed. Nothing in this section shall be interpreted to repeal or affect the validity of any
rule filed or adopted prior to August 28, 1999, if it fully complied with all applicable provisions of law.
This section and chapter 536 are nonseverable and if any of the powers vested with the general
assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and annul a
rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule
proposed or adopted after August 28, 1999, shall be invalid and void.