

SENATE BILL No. 215

February 14, 2001, Introduced by Senators SCHWARZ, JOHNSON, NORTH and MC COTTER and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled
"Public health code,"
(MCL 333.1101 to 333.25211) by adding part 94.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 PART 94. HEARING IMPAIRED INFANTS

2 SEC. 9401. (1) AS USED IN THIS PART:

3 (A) "ADVISORY COUNCIL" MEANS THE ADVISORY COUNCIL FOR THE
4 PROGRAM FOR EARLY IDENTIFICATION OF HEARING IMPAIRED INFANTS CRE-
5 ATED IN SECTION 9407.

6 (B) "HEARING IMPAIRED INFANT" MEANS AN INFANT WHO HAS A DIS-
7 ORDER OF THE AUDITORY SYSTEM OF A TYPE OR DEGREE THAT CAUSES A
8 HEARING IMPAIRMENT THAT INTERFERES WITH THE DEVELOPMENT OF THE
9 INFANT'S LANGUAGE AND SPEECH SKILLS.

1 (C) "HEALTH PROFESSIONAL" MEANS AN INDIVIDUAL WHO IS
2 LICENSED, REGISTERED, OR OTHERWISE AUTHORIZED IN A HEALTH
3 PROFESSION UNDER ARTICLE 15.

4 (D) "HEARING IMPAIRMENT SCREENING" MEANS THE EMPLOYMENT OF A
5 DEVICE TO IDENTIFY WHETHER AN INFANT HAS A DISORDER OF THE AUDI-
6 TORY SYSTEM.

7 (E) "HOSPITAL" MEANS A HOSPITAL LICENSED UNDER ARTICLE 17.

8 (F) "INFANT AT RISK" MEANS AN INFANT WHO MAY BECOME A HEAR-
9 ING IMPAIRED INFANT DUE TO THE EXISTENCE OF 1 OR MORE RISK
10 FACTORS.

11 (G) "RISK FACTOR" MEANS 1 OR MORE OF THE FOLLOWING:

12 (i) AN ADMISSION TO A NEONATAL INTENSIVE CARE UNIT.

13 (ii) A FAMILY HISTORY OF CHILDHOOD HEARING IMPAIRMENT.

14 (iii) A CONGENITAL INFECTION KNOWN OR SUSPECTED TO BE ASSO-
15 CIATED WITH SENSORINEURAL HEARING IMPAIRMENT INCLUDING, BUT NOT
16 LIMITED TO, TOXOPLASMOSIS, SYPHILLIS, RUBELLA, CYTOMEGALOVIRUS,
17 AND HERPES.

18 (iv) CRANIOFACIAL ANOMALIES INCLUDING, BUT NOT LIMITED TO,
19 MORPHOLOGIC ABNORMALITIES OF THE PINNA AND EAR CANAL, AN OVERT OR
20 SUBMUCOUS CLEFT OF THE PALATE, ABSENT PHILTRUM, AND LOW
21 HAIRLINE.

22 (v) A BIRTH WEIGHT OF LESS THAN 1,500 GRAMS.

23 (vi) HYPERBILIRUBINEMIA AT A LEVEL EXCEEDING INDICATION FOR
24 EXCHANGE TRANSFUSION.

25 (vii) THE USE OF OTOTOXIC DRUGS, UNDER 1 OR MORE OF THE FOL-
26 LOWING CIRCUMSTANCES:

1 (A) IF SERUM LEVELS EXCEED THE THERAPEUTIC RANGE.

2 (B) IF 2 OR MORE OTOTOXIC DRUGS ARE GIVEN CONCURRENTLY.

3 (C) IF A PROLONGED OR CHRONIC COURSE OF OTOTOXIC DRUGS IS
4 REQUIRED.

5 (D) IF OTOTOXIC DRUGS ARE ADMINISTERED TO THE MOTHER DURING
6 PREGNANCY.

7 (viii) BACTERIAL MENINGITIS.

8 (ix) SEVERE ASPHYXIA AT BIRTH.

9 (x) PROLONGED MECHANICAL VENTILATION FOR A DURATION OF 10 OR
10 MORE DAYS.

11 (xi) STIGMATA OR OTHER FINDINGS ASSOCIATED WITH A SYNDROME
12 KNOWN TO RESULT IN SENSORINEURAL HEARING LOSS.

13 (xii) OTHER CRITERIA THAT CONSTITUTE A RISK FACTOR AS ADDED
14 BY RULE OF THE DEPARTMENT.

15 (2) IN ADDITION TO THE DEFINITIONS CONTAINED IN SUBSECTION
16 (1), ARTICLE 1 CONTAINS DEFINITIONS OF GENERAL APPLICATION TO
17 THIS CODE.

18 SEC. 9403. THE DEPARTMENT SHALL ESTABLISH A PROGRAM FOR THE
19 EARLY IDENTIFICATION OF AND FOLLOW-UP HEALTH CARE FOR INFANTS AT
20 RISK, HEARING IMPAIRED INFANTS, AND INFANTS AT RISK OF DEVELOPING
21 A PROGRESSIVE HEARING IMPAIRMENT. IN ESTABLISHING THE PROGRAM
22 REQUIRED UNDER THIS SECTION, THE DEPARTMENT SHALL, AT A MINIMUM,
23 DO ALL OF THE FOLLOWING:

24 (A) DEVELOP AN AT RISK QUESTIONNAIRE FOR INFANT HEARING LOSS
25 FOR USE BY HOSPITALS AND FOR HEALTH PROFESSIONALS WHO PROVIDE
26 BIRTHING SERVICES OUTSIDE OF HOSPITALS AND DISTRIBUTE THE

1 QUESTIONNAIRE TO EACH HOSPITAL AND HEALTH PROFESSIONAL REQUIRED
2 TO SCREEN INFANTS UNDER THIS PART.

3 (B) DEVELOP AN INFANT AT RISK REGISTRY TO RECORD CASES OF
4 INFANTS WHO ARE IDENTIFIED UNDER THIS PART AS BEING INFANTS AT
5 RISK, HEARING IMPAIRED INFANTS, OR INFANTS AT RISK OF DEVELOPING
6 A PROGRESSIVE HEARING IMPAIRMENT.

7 (C) DEVELOP AND PROVIDE TO HOSPITALS AND OTHER BIRTHING
8 SITES REQUIRED TO SCREEN INFANTS UNDER THIS PART WRITTEN INFORMA-
9 TION REGARDING HEARING IMPAIRMENT IN INFANTS.

10 (D) ESTABLISH A TELEPHONE HOTLINE TO PROVIDE INFORMATION
11 REGARDING HEARING IMPAIRMENT, HEARING SCREENING, AUDIOLOGICAL
12 EVALUATION, AND OTHER PUBLIC AND PRIVATE SERVICES FOR HEARING
13 IMPAIRED INFANTS.

14 (E) CONSULT WITH THE ADVISORY COUNCIL CREATED UNDER SECTION
15 9407 ON THE DEVELOPMENT AND IMPLEMENTATION OF THE PROGRAM
16 REQUIRED UNDER THIS SECTION.

17 (F) ANNUALLY REPORT TO THE LEGISLATIVE STANDING COMMITTEES
18 WITH JURISDICTION OVER MATTERS PERTAINING TO PUBLIC HEALTH ON THE
19 COST EFFECTIVENESS OF THE PROGRAM REQUIRED UNDER THIS SECTION.

20 (G) IN COOPERATION WITH THE DEPARTMENT OF EDUCATION, DEVELOP
21 A PLAN TO COORDINATE EARLY EDUCATIONAL AND AUDIOLOGICAL SERVICES
22 FOR INFANTS IDENTIFIED UNDER THIS PART AS BEING HEARING IMPAIRED.

23 SEC. 9405. (1) THE DEPARTMENT SHALL PROMULGATE RULES TO DO
24 ALL OF THE FOLLOWING:

25 (A) REQUIRE EACH HOSPITAL THAT PROVIDES BIRTHING SERVICES
26 AND EACH HEALTH PROFESSIONAL WHO PROVIDES BIRTHING SERVICES
27 OUTSIDE OF A HOSPITAL TO COMPLETE THE AT RISK QUESTIONNAIRE

1 DEVELOPED BY THE DEPARTMENT UNDER SECTION 9403(A) FOR EACH
2 NEWBORN INFANT BEFORE THE INFANT IS DISCHARGED FROM THE HOSPITAL
3 OR BEFORE THE HEALTH PROFESSIONAL LEAVES THE BIRTHING SITE OUT-
4 SIDE OF A HOSPITAL. THE RULES SHALL ALSO REQUIRE THE HOSPITAL OR
5 HEALTH PROFESSIONAL TO PROVIDE COPIES OF THE COMPLETED AT RISK
6 QUESTIONNAIRE TO THE DEPARTMENT, THE PARENT OR GUARDIAN OF THE
7 INFANT AND, IF KNOWN, THE INFANT'S PRIMARY CARE PHYSICIAN AND
8 PROVIDER OF AUDIOLOGICAL SERVICES.

9 (B) ADD RISK FACTORS TO THOSE LISTED IN SECTION 9401(1)(G),
10 AS DETERMINED APPROPRIATE BY THE DEPARTMENT.

11 (C) REQUIRE EACH HOSPITAL AND HEALTH PROFESSIONAL DESCRIBED
12 IN SUBDIVISION (A) TO PERFORM A HEARING IMPAIRMENT SCREENING FOR
13 EACH INFANT DETERMINED BY THE HOSPITAL OR HEALTH PROFESSIONAL,
14 UPON COMPLETION OF THE AT RISK QUESTIONNAIRE REQUIRED UNDER SUB-
15 DIVISION (A), TO BE AN INFANT AT RISK.

16 (D) REQUIRE EACH HOSPITAL AND HEALTH PROFESSIONAL DESCRIBED
17 IN SUBDIVISION (A) TO TRANSMIT THE RESULTS OF THE HEARING IMPAIR-
18 MENT SCREENING PERFORMED UNDER SUBDIVISION (C) TO ALL OF THE
19 FOLLOWING:

20 (i) THE DEPARTMENT.

21 (ii) THE PARENT OR GUARDIAN OF THE INFANT.

22 (iii) THE INFANT'S PRIMARY CARE PHYSICIAN, IF KNOWN.

23 (iv) THE INFANT'S PROVIDER OF AUDIOLOGICAL SERVICES, IF
24 KNOWN.

25 (E) REQUIRE EACH HOSPITAL AND HEALTH PROFESSIONAL DESCRIBED
26 IN SUBDIVISION (A) TO DISTRIBUTE TO THE PARENT OR GUARDIAN OF A

1 NEWBORN INFANT THE WRITTEN MATERIALS DEVELOPED BY THE DEPARTMENT
2 UNDER SECTION 9403(C).

3 (F) REQUIRE EACH HOSPITAL AND HEALTH PROFESSIONAL DESCRIBED
4 IN SUBDIVISION (A) TO RECOMMEND TO THE PARENT OR GUARDIAN OF A
5 NEWBORN INFANT DETERMINED BY THE HOSPITAL OR HEALTH PROFESSIONAL
6 TO BE AN INFANT AT RISK THAT THE INFANT UNDERGO AN AUDIOLOGICAL
7 EVALUATION AS SOON AS PRACTICABLE AFTER THE DETERMINATION IS
8 MADE. THE RULES SHALL ALSO REQUIRE THE HOSPITAL OR HEALTH PRO-
9 FESSIONAL TO PROVIDE THE PARENT OR GUARDIAN WITH A LIST OF AGEN-
10 CIES AND HEALTH PROFESSIONALS THAT PROVIDE AUDIOLOGICAL EVALU-
11 ATION SERVICES.

12 (G) ESTABLISH A PROCESS BY WHICH A HOSPITAL WITH 500 OR
13 FEWER BIRTHS PER YEAR CAN APPLY FOR AND RECEIVE AN EXEMPTION FROM
14 THE REQUIREMENTS OF SUBDIVISION (C).

15 (2) THE DEPARTMENT SHALL SUBMIT THE RULES REQUIRED UNDER
16 SUBSECTION (1) FOR PUBLIC HEARING UNDER THE ADMINISTRATIVE PROCE-
17 DURES ACT OF 1969 WITHIN 9 MONTHS AFTER THE EFFECTIVE DATE OF
18 THIS SECTION.

19 SEC. 9407. (1) THE ADVISORY COUNCIL FOR THE PROGRAM FOR
20 EARLY IDENTIFICATION OF HEARING IMPAIRED INFANTS IS CREATED IN
21 THE DEPARTMENT. THE ADVISORY COUNCIL CONSISTS OF 13 MEMBERS
22 APPOINTED BY THE DIRECTOR PURSUANT TO SUBSECTION (2).

23 (2) THE DIRECTOR SHALL APPOINT THE MEMBERS OF THE ADVISORY
24 COUNCIL AS FOLLOWS:

25 (A) ONE MEMBER SHALL BE AN OTOLARYNGOLOGIST OR OTOLOGIST.

26 (B) ONE MEMBER SHALL BE AN AUDIOLOGIST WITH EXTENSIVE
27 EXPERIENCE IN EVALUATING INFANTS.

- 1 (C) ONE MEMBER SHALL BE A NEONATOLOGIST.
- 2 (D) ONE MEMBER SHALL BE A PEDIATRICIAN.
- 3 (E) ONE MEMBER SHALL BE A DEAF PERSON.
- 4 (F) ONE MEMBER SHALL BE A HOSPITAL ADMINISTRATOR.
- 5 (G) ONE MEMBER SHALL BE A SPEECH AND LANGUAGE PATHOLOGIST.
- 6 (H) ONE MEMBER SHALL BE A PUBLIC SCHOOL TEACHER OR ADMINIS-
7 TRATOR CERTIFIED IN EDUCATION OF THE DEAF.
- 8 (I) ONE MEMBER SHALL BE A PARENT OR GUARDIAN OF AN ORAL
9 HEARING IMPAIRED CHILD.
- 10 (J) ONE MEMBER SHALL BE A PARENT OF A HEARING IMPAIRED CHILD
11 WHO UTILIZES TOTAL COMMUNICATION.
- 12 (K) ONE MEMBER SHALL BE A REPRESENTATIVE OF THE DEPARTMENT
13 OF EDUCATION.
- 14 (L) ONE MEMBER SHALL BE A REPRESENTATIVE OF THE DEPARTMENT
15 OF COMMUNITY HEALTH.
- 16 (M) ONE MEMBER SHALL BE A REPRESENTATIVE OF THE DIVISION
17 WITHIN THE DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES THAT
18 DEALS WITH DEAFNESS IN THE WORKPLACE.
- 19 (3) THE ADVISORY COUNCIL SHALL DO ALL OF THE FOLLOWING:
- 20 (A) RECOMMEND TO THE DEPARTMENT RISK FACTORS IN ADDITION TO
21 THOSE LISTED IN SECTION 9401(1)(G).
- 22 (B) ADVISE THE DEPARTMENT AS TO ALL OF THE FOLLOWING:
- 23 (i) IMPAIRED HEARING SCREENING METHODS.
- 24 (ii) IMPLEMENTATION AND REVIEW OF THE PROGRAM REQUIRED UNDER
25 THIS PART.
- 26 (iii) QUALITY CONTROL OF THE PROGRAM REQUIRED UNDER THIS
27 PART.

1 (iv) THE INTEGRATION OF THE PROGRAM REQUIRED UNDER THIS PART
2 WITH EXISTING MEDICAL, AUDIOLOGICAL, AND EARLY EDUCATION PROGRAMS
3 FOR INFANTS.

4 (v) THE CONTENT OF THE WRITTEN INFORMATIONAL MATERIALS TO BE
5 DEVELOPED AND DISTRIBUTED BY THE DEPARTMENT UNDER
6 SECTION 9403(C).

7 SEC. 9409. UPON APPLICATION, THE DEPARTMENT SHALL REIMBURSE
8 A HOSPITAL OR HEALTH PROFESSIONAL WHO PERFORMS A HEARING IMPAIR-
9 MENT SCREENING UNDER SECTION 9405(C), AT A RATE DETERMINED BY THE
10 DEPARTMENT, IF BOTH OF THE FOLLOWING REQUIREMENTS ARE MET:

11 (A) THE HEARING IMPAIRMENT SCREENING IS PERFORMED BEFORE THE
12 INFANT IS 2 MONTHS OF AGE.

13 (B) THE INFANT IS NOT COVERED UNDER A PUBLIC OR PRIVATE
14 HEALTH CARE PAYMENT OR BENEFITS PLAN FOR THE HEARING IMPAIRMENT
15 SCREENING AND THE PARENT OR GUARDIAN OF THE INFANT IS FINANCIALLY
16 UNABLE TO PAY FOR THE HEARING IMPAIRMENT SCREENING.