

State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. 782

02/21/2013 Authored by Norton and Abeler

The bill was read for the first time and referred to the Committee on Civil Law

1.1 A bill for an act
1.2 relating to health; extending expiration of an advisory board; classifying data
1.3 collected under the early hearing detection and intervention program; amending
1.4 Minnesota Statutes 2012, section 144.966, subdivision 2, by adding a subdivision.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. Minnesota Statutes 2012, section 144.966, subdivision 2, is amended to read:

1.7 Subd. 2. **Newborn Hearing Screening Advisory Committee.** (a) The
1.8 commissioner of health shall establish a Newborn Hearing Screening Advisory Committee
1.9 to advise and assist the Department of Health and the Department of Education in:

1.10 (1) developing protocols and timelines for screening, rescreening, and diagnostic
1.11 audiological assessment and early medical, audiological, and educational intervention
1.12 services for children who are deaf or hard-of-hearing;

1.13 (2) designing protocols for tracking children from birth through age three that may
1.14 have passed newborn screening but are at risk for delayed or late onset of permanent
1.15 hearing loss;

1.16 (3) designing a technical assistance program to support facilities implementing the
1.17 screening program and facilities conducting rescreening and diagnostic audiological
1.18 assessment;

1.19 (4) designing implementation and evaluation of a system of follow-up and tracking;
1.20 and

1.21 (5) evaluating program outcomes to increase effectiveness and efficiency and ensure
1.22 culturally appropriate services for children with a confirmed hearing loss and their families.

1.23 (b) The commissioner of health shall appoint at least one member from each of the
1.24 following groups with no less than two of the members being deaf or hard-of-hearing:

(1) a representative from a consumer organization representing culturally deaf persons;

(2) a parent with a child with hearing loss representing a parent organization;

(3) a consumer from an organization representing oral communication options;

(4) a consumer from an organization representing cued speech communication options;

(5) an audiologist who has experience in evaluation and intervention of infants and young children;

(6) a speech-language pathologist who has experience in evaluation and intervention of infants and young children;

(7) two primary care providers who have experience in the care of infants and young children, one of which shall be a pediatrician;

(8) a representative from the early hearing detection intervention teams;

(9) a representative from the Department of Education resource center for the deaf and hard-of-hearing or the representative's designee;

(10) a representative of the Commission of Deaf, DeafBlind and Hard-of-Hearing Minnesotans;

(11) a representative from the Department of Human Services Deaf and Hard-of-Hearing Services Division;

(12) one or more of the Part C coordinators from the Department of Education, the Department of Health, or the Department of Human Services or the department's designees;

(13) the Department of Health early hearing detection and intervention coordinators;

(14) two birth hospital representatives from one rural and one urban hospital;

(15) a pediatric geneticist;

(16) an otolaryngologist;

(17) a representative from the Newborn Screening Advisory Committee under this subdivision; and

(18) a representative of the Department of Education regional low-incidence facilitators.

The commissioner must complete the appointments required under this subdivision by September 1, 2007.

(c) The Department of Health member shall chair the first meeting of the committee. At the first meeting, the committee shall elect a chair from its membership. The committee shall meet at the call of the chair, at least four times a year. The committee shall adopt written bylaws to govern its activities. The Department of Health shall provide technical and administrative support services as required by the committee. These services shall

3.1 include technical support from individuals qualified to administer infant hearing screening,
3.2 rescreening, and diagnostic audiological assessments.

3.3 Members of the committee shall receive no compensation for their service, but
3.4 shall be reimbursed as provided in section 15.059 for expenses incurred as a result of
3.5 their duties as members of the committee.

3.6 (d) This subdivision expires June 30, ~~2013~~ 2019.

3.7 Sec. 2. Minnesota Statutes 2012, section 144.966, is amended by adding a subdivision
3.8 to read:

3.9 Subd. 8. **Data collected.** Data collected by or submitted to the Department of
3.10 Health pursuant to this section is not genetic information for purposes of section 13.386.