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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 910

- 02/07/2019 Authored by Edelson, Pierson, Bahner, Huot and Demuth
The bill was read for the first time and referred to the Committee on Health and Human Services Policy
- 03/07/2019 Adoption of Report: Amended and re-referred to the Committee on Government Operations
- 03/13/2019 Adoption of Report: Amended and re-referred to the Committee on Ways and Means

1.1 A bill for an act

1.2 relating to health care; extending the expiration date of the newborn hearing

1.3 screening advisory committee; amending Minnesota Statutes 2018, section 144.966,

1.4 subdivision 2.

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

1.6 Section 1. Minnesota Statutes 2018, section 144.966, subdivision 2, is amended to read:

1.7 Subd. 2. **Newborn Hearing Screening Advisory Committee.** (a) The commissioner

1.8 of health shall establish a Newborn Hearing Screening Advisory Committee to advise and

1.9 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 have

1.14 passed newborn screening but are at risk for delayed or late onset of permanent hearing

1.15 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; and

1.20 (5) evaluating program outcomes to increase effectiveness and efficiency and ensure

1.21 culturally appropriate services for children with a confirmed hearing loss and their families.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2.23 (15) a pediatric geneticist;

2.24 (16) an otolaryngologist;

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

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

2.28 (19) a representative from the deaf mentor program; and

3.1 (20) a representative of the Minnesota State Academy for the Deaf from the Minnesota
3.2 State Academies staff.

3.3 The commissioner must complete the initial appointments required under this subdivision
3.4 by September 1, 2007, and the initial appointments under clauses (19) and (20) by September
3.5 1, 2019.

3.6 (c) The Department of Health member shall chair the first meeting of the committee. At
3.7 the first meeting, the committee shall elect a chair from its membership. The committee
3.8 shall meet at the call of the chair, at least four times a year. The committee shall adopt
3.9 written bylaws to govern its activities. The Department of Health shall provide technical
3.10 and administrative support services as required by the committee. These services shall
3.11 include technical support from individuals qualified to administer infant hearing screening,
3.12 rescreening, and diagnostic audiological assessments.

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

3.16 (d) By February 15, 2015, and by February 15 of the odd-numbered years after that date,
3.17 the commissioner shall report to the chairs and ranking minority members of the legislative
3.18 committees with jurisdiction over health and data privacy on the activities of the committee
3.19 that have occurred during the past two years.

3.20 (e) This subdivision expires June 30, ~~2019~~ 2025.

3.21 **EFFECTIVE DATE.** This section is effective the day following final enactment.