

HOUSE COMMITTEE OF REFERENCE REPORT

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Chairman of Committee

January 30, 2018  
Date

Committee on Public Health Care & Human Services.

After consideration on the merits, the Committee recommends the following:

HB18-1006 be amended as follows, and as so amended, be referred to the Committee on Finance with favorable recommendation:

1 Amend printed bill, page 2, strike lines 4 though 6 and substitute:

2           **"SECTION 2.** In Colorado Revised Statutes, **amend** 25-4-1002  
3 as follows:".

4 Page 2, strike lines 9 through 26 and substitute:

5           "(a) RECENT NEWBORN SCREENING INNOVATIONS ARE CONSIDERED  
6 AMONG THE GREATEST PUBLIC HEALTH ACHIEVEMENTS OF THE  
7 TWENTY-FIRST CENTURY;

8           (b) SCIENTIFIC RESEARCH HAS DEMONSTRATED THAT NEWBORN  
9 SCREENING NOT ONLY SAVES LIVES AND IMPROVES DEVELOPMENTAL  
10 OUTCOMES BUT ALSO CONTRIBUTES TO COST SAVINGS FOR FAMILIES,  
11 HEALTH CARE SYSTEMS, AND THE STATE;

12           (c) NEWBORN SCREENING INCLUDES CONDITIONS FOR WHICH  
13 DIAGNOSIS AND TREATMENT MUST BE IMPLEMENTED IN A TIMELY MANNER  
14 IN ORDER TO ACHIEVE MAXIMUM BENEFIT FOR THE CHILD;

15           (d) NEWBORN SCREENING IS AN APPROPRIATE PUBLIC HEALTH  
16 FUNCTION TO PROVIDE NECESSARY EDUCATIONAL SERVICES TO HEALTH  
17 CARE PROVIDERS, FAMILIES, AND COMMUNITIES SO THAT APPROPRIATE  
18 RESOURCES AND INFORMATION ARE AVAILABLE;

19           (e) NEWBORN SCREENING IS A PUBLIC HEALTH FUNCTION THAT  
20 IDENTIFIES NEWBORNS AT RISK OF CERTAIN CONDITIONS OR HEARING LOSS,  
21 AS WELL AS NEWBORNS WHO DO NOT RECEIVE SCREENING, AND  
22 APPROPRIATELY CONNECTS THEM TO CARE;

1 (f) AN EFFECTIVE NEWBORN SCREENING PROGRAM IS DEPENDENT  
2 UPON A STRONG SYSTEM OF EDUCATION AND COORDINATION AMONG  
3 PRIMARY CARE PROVIDERS, HOSPITALS, SPECIALTY CARE PROVIDERS,  
4 PATIENT AND FAMILY SUPPORT ORGANIZATIONS, PUBLIC HEALTH  
5 LABORATORY STAFF, AND PUBLIC HEALTH PROFESSIONALS;  
6 (a) (g) State policy regarding newborn screening and genetic  
7 counseling and education should be made with full public knowledge, in  
8 light of expert opinion, and should be constantly reviewed to consider  
9 changing medical knowledge and ensure full public protection;  
10 (b) (h) Participation of persons in genetic counseling programs in  
11 this state should be wholly voluntary and that all information obtained  
12 from persons involved in such programs or in newborn screening  
13 programs in the state should be held strictly confidential.  
14 (i) HEARING LOSS OCCURS IN NEWBORN INFANTS MORE  
15 FREQUENTLY THAN ANY OTHER HEALTH CONDITION FOR WHICH NEWBORN  
16 INFANT SCREENING IS REQUIRED;  
17 (j) EIGHTY PERCENT OF THE LANGUAGE ABILITY OF A CHILD IS  
18 ESTABLISHED BY THE TIME THE CHILD IS EIGHTEEN MONTHS OF AGE, AND  
19 IT IS VITALLY IMPORTANT TO SUPPORT THE HEALTHY DEVELOPMENT OF  
20 LANGUAGE SKILLS;  
21 (k) EARLY DETECTION, EARLY INTERVENTION, AND TREATMENT OF  
22 HEARING LOSS IN A CHILD ARE HIGHLY EFFECTIVE IN FACILITATING A  
23 CHILD'S HEALTHY DEVELOPMENT IN A MANNER CONSISTENT WITH THE  
24 CHILD'S AGE AND COGNITIVE ABILITY;  
25 (l) CHILDREN WITH HEARING LOSS WHO DO NOT RECEIVE EARLY  
26 INTERVENTION AND TREATMENT FREQUENTLY REQUIRE SPECIAL  
27 EDUCATIONAL SERVICES, WHICH, FOR THE VAST MAJORITY OF CHILDREN  
28 IN THE STATE WITH HEARING NEEDS, ARE PUBLICLY FUNDED; AND  
29 (m) APPROPRIATE TESTING AND IDENTIFICATION OF NEWBORN  
30 INFANTS WITH HEARING LOSS WILL FACILITATE EARLY INTERVENTION AND  
31 TREATMENT AND WILL THEREFORE SERVE THE PUBLIC PURPOSES OF  
32 PROMOTING THE HEALTHY DEVELOPMENT OF CHILDREN AND REDUCING  
33 THE NEED FOR ADDITIONAL PUBLIC EXPENDITURES."

34 Page 3, strike lines 1 through 25.

35 Page 9, lines 19 and 20, strike "and (9)" and substitute "(9), and (10)".

36 Page 11, line 15, strike "seven" and substitute "~~SEVEN~~ NINE".

37 Page 11, line 23, after "HOSPITAL," insert "A REPRESENTATIVE FROM AN

1 ORGANIZATION REPRESENTING CULTURALLY DEAF PERSONS, AN  
2 AMERICAN SIGN LANGUAGE EXPERT WHO HAS EXPERIENCE IN EVALUATION  
3 AND INTERVENTION OF INFANTS AND YOUNG CHILDREN,".

4 Page 13, strike lines 15 through 18 and substitute:

5 "(8) (a) THE STATE BOARD OF HEALTH SHALL PROMULGATE RULES  
6 THAT REQUIRE EACH OF THE FOLLOWING WITH INFORMATION PERTINENT  
7 TO THIS SECTION TO REPORT THE RESULTS OF INDIVIDUAL SCREENING TO  
8 THE DEPARTMENT:

9 (I) A BIRTHING FACILITY; OR

10 (II) ANOTHER FACILITY OR PROVIDER.

11 (b) THE RULES MUST INCLUDE A REQUIREMENT THAT THE BIRTHING  
12 FACILITY INCLUDE THE RESULTS OF THE HEARING SCREENING IN THE  
13 ELECTRONIC MEDICAL RECORD OF THE NEWBORN. THE INFORMATION  
14 SYSTEM REQUIRED IN SUBSECTION (7) OF THIS SECTION MUST ALLOW THE  
15 RESULTS OF OUTPATIENT RESCREENINGS TO BE REPORTED TO THE  
16 DEPARTMENT AND TO THE PARENT OR GUARDIAN OF THE NEWBORN.

17 (9) (a) THE STATE BOARD OF HEALTH SHALL PROMULGATE RULES  
18 TO ESTABLISH AND MAINTAIN APPROPRIATE FOLLOW-UP SERVICES FOR  
19 NEWBORNS AT RISK OF HEARING LOSS AS WELL AS NEWBORNS WHO FAIL TO  
20 RECEIVE SCREENING. THE FOLLOW-UP SERVICES MUST INCLUDE  
21 IDENTIFICATION OF NEWBORNS AT RISK FOR HEARING LOSS, COORDINATION  
22 AMONG MEDICAL AND AUDIOLOGY PROVIDERS AND FAMILIES, CONNECTING  
23 NEWBORNS TO TIMELY INTERVENTION, APPROPRIATE REFERRALS TO  
24 SPECIALISTS FOR FOLLOW-UP AND DIAGNOSTIC TESTING, AND ADDITIONAL  
25 DUTIES AS DETERMINED BY THE DEPARTMENT."

26 Renumber succeeding subsection accordingly.

27 Page 14, line 7, after the period add "THE INFORMATION GATHERED IN  
28 ACCORDANCE WITH THIS SUBSECTION (9)(d) DOES NOT RESTRICT THE  
29 DEPARTMENT FROM PERFORMING FOLLOW-UP SERVICES WITH NEWBORNS,  
THEIR PARENTS OR GUARDIANS, AND HEALTH CARE PROVIDERS."

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