

Second Regular Session  
Seventy-first General Assembly  
STATE OF COLORADO

INTRODUCED

LLS NO. 18-0435.01 Kristen Forrestal x4217

HOUSE BILL 18-1006

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HOUSE SPONSORSHIP

Hamner and Liston,

SENATE SPONSORSHIP

Gardner and Moreno,

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House Committees

Public Health Care & Human Services

Senate Committees

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A BILL FOR AN ACT

101 CONCERNING MODIFICATIONS TO THE NEWBORN SCREENING PROGRAM  
102 ADMINISTERED BY THE DEPARTMENT OF PUBLIC HEALTH AND  
103 ENVIRONMENT.

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Bill Summary

*(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)*

The bill updates the current newborn screening program to require more timely newborn hearing screenings. The department of public health and environment is authorized to assess a fee for newborn screening and necessary follow-up services. The bill creates the newborn hearing screening cash fund for the purpose of covering the costs of the program.

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
Capital letters or bold & italic numbers indicate new material to be added to existing statute.  
Dashes through the words indicate deletions from existing statute.

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1 *Be it enacted by the General Assembly of the State of Colorado:*

2           **SECTION 1.** In Colorado Revised Statutes, **repeal** part 8 of  
3 article 4 of title 25.

4           **SECTION 2.** In Colorado Revised Statutes, 25-4-1002, **add**  
5 (1)(c), (1)(d), (1)(e), (1)(f), (1)(g), (1)(h), (1)(i), (1)(j), (1)(k), (1)(l), and  
6 (1)(m) as follows:

7           **25-4-1002. Legislative declaration.** (1) The general assembly  
8 hereby finds and declares that:

9           (c) HEARING LOSS OCCURS IN NEWBORN INFANTS MORE  
10 FREQUENTLY THAN ANY OTHER HEALTH CONDITION FOR WHICH NEWBORN  
11 INFANT SCREENING IS REQUIRED;

12           (d) EIGHTY PERCENT OF THE LANGUAGE ABILITY OF A CHILD IS  
13 ESTABLISHED BY THE TIME THE CHILD IS EIGHTEEN MONTHS OF AGE, AND  
14 HEARING IS VITALLY IMPORTANT TO THE HEALTHY DEVELOPMENT OF  
15 LANGUAGE SKILLS;

16           (e) EARLY DETECTION, EARLY INTERVENTION, AND TREATMENT OF  
17 HEARING LOSS IN A CHILD ARE HIGHLY EFFECTIVE IN FACILITATING A  
18 CHILD'S HEALTHY DEVELOPMENT IN A MANNER CONSISTENT WITH THE  
19 CHILD'S AGE AND COGNITIVE ABILITY;

20           (f) CHILDREN WITH HEARING LOSS WHO DO NOT RECEIVE EARLY  
21 INTERVENTION AND TREATMENT FREQUENTLY REQUIRE SPECIAL  
22 EDUCATIONAL SERVICES, WHICH, FOR THE VAST MAJORITY OF CHILDREN  
23 IN THE STATE WITH HEARING NEEDS, ARE PUBLICLY FUNDED;

24           (g) APPROPRIATE TESTING AND IDENTIFICATION OF NEWBORN  
25 INFANTS WITH HEARING LOSS WILL FACILITATE EARLY INTERVENTION AND  
26 TREATMENT AND WILL THEREFORE SERVE THE PUBLIC PURPOSES OF

1 PROMOTING THE HEALTHY DEVELOPMENT OF CHILDREN AND REDUCING  
2 THE NEED FOR ADDITIONAL PUBLIC EXPENDITURES;

3 (h) RECENT NEWBORN SCREENING INNOVATIONS ARE CONSIDERED  
4 AMONG THE GREATEST PUBLIC HEALTH ACHIEVEMENTS OF THE  
5 TWENTY-FIRST CENTURY;

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

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

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

17 (l) NEWBORN SCREENING IS A PUBLIC HEALTH FUNCTION THAT  
18 IDENTIFIES NEWBORNS AT RISK OF DISEASE OR HEARING LOSS, AS WELL AS  
19 NEWBORNS WHO DO NOT RECEIVE SCREENING, AND APPROPRIATELY  
20 CONNECTS THEM TO CARE; AND

21 (m) AN EFFECTIVE NEWBORN SCREENING PROGRAM IS DEPENDENT  
22 UPON A STRONG SYSTEM OF COORDINATION AMONG PRIMARY CARE  
23 PROVIDERS, HOSPITALS, SPECIALTY CARE PROVIDERS, PATIENT AND  
24 FAMILY SUPPORT ORGANIZATIONS, PUBLIC HEALTH LABORATORY STAFF,  
25 AND PUBLIC HEALTH PROFESSIONALS.

26 **SECTION 3.** In Colorado Revised Statutes, 25-4-1003, **amend**  
27 (2) introductory portion and (2)(e) as follows:

1           **25-4-1003. Powers and duties of state board and executive**  
2 **director - newborn screening programs - genetic counseling and**  
3 **education programs - rules.** (2) The executive director of the  
4 department of ~~public health and environment~~ shall comply with the  
5 following provisions:

6           (e) All information gathered by the department of ~~public health~~  
7 ~~and environment~~, or by other agencies, entities, and individuals  
8 conducting programs and projects on newborn screening and genetic  
9 counseling and education, other than statistical information and  
10 information ~~which~~ THAT the ~~individual~~ PARENT OR GUARDIAN OF A  
11 NEWBORN allows to be released through ~~his~~ THE PARENT'S OR GUARDIAN'S  
12 informed consent, ~~shall be~~ IS confidential. Public and private access to  
13 ~~individual~~ NEWBORN patient data ~~shall be~~ IS limited to data compiled  
14 without the ~~individual's~~ NEWBORN'S name. THE INFORMATION GATHERED  
15 PURSUANT TO THIS SUBSECTION (2)(e) DOES NOT RESTRICT THE  
16 DEPARTMENT FROM PERFORMING FOLLOW-UP SERVICES WITH NEWBORNS,  
17 THEIR PARENTS OR GUARDIANS, AND HEALTH CARE PROVIDERS.

18           **SECTION 4.** In Colorado Revised Statutes, 25-4-1004, **amend**  
19 (1)(b), (1)(c) introductory portion, and (2); and **add** (1.5) as follows:

20           **25-4-1004. Newborn screening - advisory committee.**  
21 (1) (b) ~~On or after April 1, 1989, all~~ Infants born in the state of Colorado  
22 shall be tested for the following conditions: Phenylketonuria,  
23 hypothyroidism, abnormal hemoglobins, galactosemia, cystic fibrosis,  
24 biotinidase deficiency, and such other conditions as the STATE board of  
25 ~~health~~ may determine meet the criteria set forth in ~~paragraph (c) of this~~  
26 subsection (1). ~~Appropriate specimens for such testing shall be forwarded~~  
27 ~~by the hospital in which the child is born to the laboratory operated or~~

1 ~~designated by the department of public health and environment for such~~  
2 ~~purposes~~ SUBSECTION (1)(c) OF THIS SECTION. THE BIRTHING FACILITY  
3 WHERE THE INFANT IS BORN SHALL FORWARD ALL APPROPRIATE  
4 SPECIMENS TO THE LABORATORY OPERATED OR DESIGNATED BY THE  
5 DEPARTMENT. The physician, nurse, midwife, or other health professional  
6 attending a birth outside a ~~hospital shall be~~ BIRTHING FACILITY IS  
7 responsible for ~~the collection~~ COLLECTING and forwarding ~~of such~~ THE  
8 specimens. The LABORATORY SHALL FORWARD THE results of the testing  
9 ~~shall be forwarded~~ directly to the physician, PRIMARY CARE PROVIDER, or  
10 other ~~primary~~ health care provider AS NEEDED for the provision of such  
11 information to the parent, ~~or~~ parents, OR GUARDIANS of the child. The  
12 results of any testing or follow-up testing pursuant to section 25-4-1004.5  
13 may be sent to the immunization tracking system authorized by section  
14 25-4-2403 and accessed by the physician or other primary health care  
15 provider. The state board ~~of health~~ may discontinue testing for any  
16 condition listed in this ~~paragraph (b)~~ SUBSECTION (1)(b) if, upon  
17 consideration of criteria set forth in ~~paragraph (c) of this subsection (1)~~  
18 SUBSECTION (1)(c) OF THIS SECTION, the STATE board finds that the public  
19 health is better served by not testing infants for that condition.

20 (c) The STATE board ~~of health~~ shall use the following criteria to  
21 determine whether ~~or not~~ to test infants for conditions ~~which~~ THAT are not  
22 specifically enumerated in this subsection (1):

23 (1.5) ON OR BEFORE SEPTEMBER 1, 2018, AND ON OR BEFORE  
24 SEPTEMBER 1 EACH YEAR THEREAFTER, THE STATE BOARD SHALL ADD  
25 NEW CONDITIONS FOR WHICH INFANTS MUST BE TESTED AS DEEMED  
26 APPROPRIATE BY THE DEPARTMENT, BASED ON THE RECOMMENDED  
27 UNIFORM SCREENING PANEL AS RECOMMENDED BY THE SECRETARY OF THE

1 UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES OR ITS  
2 SUCCESSOR AGENCY.

3 (2) The executive director of the department of public health and  
4 environment shall assess a fee ~~which~~ THAT is sufficient to cover the  
5 DIRECT AND INDIRECT ONGOING costs of ~~such~~ THE testing REQUIRED BY  
6 THIS SECTION and to accomplish the other purposes of this part 10.  
7 ~~Hospitals shall~~ BIRTHING FACILITIES MAY assess a reasonable fee to be  
8 charged the parent, ~~or~~ parents, OR GUARDIANS of the infant to cover the  
9 costs of handling the specimens, the reimbursement of laboratory costs,  
10 and the costs of providing other services, INCLUDING THE CONNECTION OF  
11 FOLLOW-UP SERVICES AND CARE TO INFANTS IDENTIFIED AS AT RISK  
12 THROUGH SCREENING, necessary to implement the purposes of this part  
13 10.

14 **SECTION 5.** In Colorado Revised Statutes, 25-4-1004.5, **amend**  
15 (2)(b), (3)(a) introductory portion, (3)(a)(V), (3)(b) introductory portion,  
16 and (3)(c); **repeal** (1); and **add** (2)(c) and (3)(b.5) as follows:

17 **25-4-1004.5. Follow-up testing and treatment - second**  
18 **screening - fee - rules.** (1) ~~The general assembly finds that:~~

19 ~~(a) Newborn screening authorized by section 25-4-1004 is~~  
20 ~~provided for every newborn in the state;~~

21 ~~(b) Newborn testing is designed to identify metabolic disorders~~  
22 ~~that cause mental retardation and other health problems unless they are~~  
23 ~~diagnosed and treated early in life;~~

24 ~~(c) In order to ensure that children with metabolic disorders are~~  
25 ~~able to lead as normal a life as possible and to minimize long-term health~~  
26 ~~care costs for such children, it is necessary to provide centralized~~  
27 ~~follow-up testing and treatment services;~~

1           ~~(d) For over twenty-five years the follow-up testing and treatment~~  
2           ~~services were provided by a federal grant that was discontinued June 30,~~  
3           ~~1993. Since that time, follow-up testing and treatment services have been~~  
4           ~~limited. If alternative sources of funding are not provided, those services~~  
5           ~~will be eliminated.~~

6           ~~(e) A nominal increase of the fee on newborn screening to cover~~  
7           ~~the costs of providing follow-up and referral services would allow for~~  
8           ~~those services to be continued;~~

9           ~~(f) Over the past ten years, many children with serious health~~  
10          ~~conditions have received timely diagnosis and treatment as a result of the~~  
11          ~~newborn screening required by this part 10. Such screening has averted~~  
12          ~~the possibility of life-long institutionalization of some children and~~  
13          ~~substantial related health care costs. The general assembly further finds,~~  
14          ~~however, that many infants who are screened early in life may exhibit~~  
15          ~~false or inaccurate results on certain newborn screening tests. The general~~  
16          ~~assembly therefore finds and declares that subsequent newborn screening~~  
17          ~~will provide more accurate and reliable test results for the timely and~~  
18          ~~effective diagnosis and treatment of certain health conditions in newborn~~  
19          ~~infants and the best interests of children in Colorado will be served by a~~  
20          ~~new screening program that routinely tests all newborns twice.~~

21          (2) (b) ~~On and after July 1, 1994,~~ The executive director of the  
22          ~~department of public health and environment~~ shall increase the newborn  
23          screening fee as provided in section 25-4-1004 (2) so that the fee is  
24          sufficient to include the costs of providing FIRST AND SECOND SPECIMEN  
25          TESTS WITH SECOND-TIER TESTING IF NECESSITATED BY THE RESULTS OF  
26          THE SCREENING IN ORDER TO REDUCE THE NUMBER OF FALSE POSITIVE  
27          TESTS AND TO PROVIDE follow-up and referral services to families with a

1 newborn whose test results under a newborn screening indicate a GENETIC  
2 OR metabolic disorder. ~~Follow-up services include comprehensive~~  
3 ~~diagnostic testing. The increase shall not exceed five dollars; except that~~  
4 ~~it may be adjusted annually to reflect any change in the Denver-Boulder~~  
5 ~~consumer price index. Any fees collected shall be subject to the~~  
6 ~~provisions of section 25-4-1006.~~

7 (c) THE STATE BOARD SHALL PROMULGATE RULES TO ESTABLISH  
8 AND MAINTAIN APPROPRIATE FOLLOW-UP SERVICES ON POSITIVE SCREEN  
9 CASES IN ORDER THAT MEASURES MAY BE TAKEN TO PREVENT DEATH OR  
10 INTELLECTUAL OR OTHER PERMANENT DISABILITIES. THE FOLLOW-UP  
11 SERVICES MUST INCLUDE IDENTIFICATION OF NEWBORNS AT RISK FOR  
12 GENETIC AND METABOLIC CONDITIONS, COORDINATION AMONG MEDICAL  
13 PROVIDERS AND FAMILIES, CONNECTING NEWBORNS WHO SCREEN POSITIVE  
14 TO TIMELY INTERVENTION AND APPROPRIATE REFERRALS TO SPECIALISTS  
15 FOR FOLLOW-UP AND DIAGNOSTIC TESTING, AND ADDITIONAL DUTIES AS  
16 DETERMINED BY THE DEPARTMENT.

17 (3) (a) ~~On and after July 1, 1996,~~ all Infants born in the state of  
18 Colorado who receive newborn screening pursuant to section 25-4-1004  
19 (1) ~~shall~~ MUST have a second specimen taken to screen for the following  
20 conditions:

21 (V) Such other conditions as the state board ~~of health~~ may  
22 determine meet the criteria set forth in section 25-4-1004 (1)(c) and  
23 require a second screening for accurate test results.

24 (b) ~~The executive director of the department of public health and~~  
25 ~~environment~~ STATE BOARD is authorized to promulgate rules ~~regulations,~~  
26 and standards for the implementation of the second specimen testing  
27 specified in this subsection (3), including: ~~but not limited to the~~



1 following:

2 (b.5) THE LABORATORY OPERATED BY THE LABORATORY SERVICES  
3 DIVISION IN THE DEPARTMENT, OR THE LABORATORY DESIGNATED BY THE  
4 DEPARTMENT, AS APPLICABLE, MUST REMAIN OPEN A MINIMUM OF SIX  
5 DAYS PER WEEK EVERY WEEK OF THE YEAR.

6 (c) On and after July 1, ~~1996~~ 2018, the executive director of the  
7 department of public health and environment may adjust the newborn  
8 screening fee set forth in section 25-4-1004 (2) so that the fee is sufficient  
9 to cover the costs associated with the second screening described in this  
10 subsection (3). ~~Any increase shall be in addition to the fee described in~~  
11 ~~subsection (2) of this section and shall not initially exceed five dollars and~~  
12 ~~seventy-five cents but may be adjusted annually to reflect any actual cost~~  
13 ~~increase associated with the administration of the second screening. Any~~  
14 ~~fees collected pursuant to this paragraph (c) shall be subject to the~~  
15 ~~provisions of section 25-4-1006~~ MONEY IN THE NEWBORN SCREENING AND  
16 GENETIC COUNSELING CASH FUNDS IS EXEMPT FROM SECTION 24-75-402.

17 **SECTION 6.** In Colorado Revised Statutes, 25-4-1004.7, **amend**  
18 (2)(a)(I) introductory portion, (2)(a)(I)(A), (2)(a)(I)(C), (2)(a)(II), (3)(a),  
19 and (5); **repeal** (1), (2)(a)(I)(B), (3)(b), and (4)(a); and **add** (7), (8), and  
20 (9) as follows:

21 **25-4-1004.7. Newborn hearing screening - advisory committee**  
22 **- report - rules.** (1) ~~(a) The general assembly finds, determines, and~~  
23 ~~declares:~~

24 ~~(I) That hearing loss occurs in newborn infants more frequently~~  
25 ~~than any other health condition for which newborn infant screening is~~  
26 ~~required;~~

27 ~~(II) That eighty percent of the language ability of a child is~~

1 established by the time the child is eighteen months of age and that  
2 hearing is vitally important to the healthy development of such language  
3 skills;

4 (III) That early detection of hearing loss in a child and early  
5 intervention and treatment has been demonstrated to be highly effective  
6 in facilitating a child's healthy development in a manner consistent with  
7 the child's age and cognitive ability;

8 (IV) That children with hearing loss who do not receive such early  
9 intervention and treatment frequently require special educational services  
10 and that such services are publicly funded for the vast majority of  
11 children with hearing needs in the state;

12 (V) That appropriate testing and identification of newborn infants  
13 with hearing loss will facilitate early intervention and treatment and may  
14 therefore serve the public purposes of promoting the healthy development  
15 of children and reducing public expenditure; and

16 (VI) That consumers should be entitled to know whether the  
17 hospital at which they choose to deliver their infant provides newborn  
18 hearing screening.

19 (b) For these reasons the general assembly hereby determines that  
20 it would be beneficial and in the best interests of the development of the  
21 children of the state of Colorado that newborn infants' hearing be  
22 screened.

23 (2) (a) (I) There is hereby established an advisory committee on  
24 hearing in newborn infants for the purpose of collecting the informational  
25 data specified in paragraph (b) of subsection (3) of this section, and for  
26 the purpose of REVIEWING INFORMATION AND STATISTICS GATHERED  
27 DURING THE NEWBORN HEARING SCREENING PROGRAM AND providing

1 recommendations to ~~hospitals~~ BIRTHING FACILITIES, other health care  
2 institutions, the department, ~~of public health and environment~~, and the  
3 public concerning, but not necessarily limited to: ~~the following~~:

4 (A) ~~Appropriate methodologies to be implemented~~ BEST  
5 PRACTICES for hearing screening of newborn infants, which  
6 ~~methodologies shall~~ PRACTICES MUST be objective and physiologically  
7 based and ~~which shall~~ MUST not include a requirement that the initial  
8 newborn hearing screening be performed by an audiologist; AND

9 (B) ~~The number of births sufficient to qualify a hospital or health~~  
10 ~~institution to arrange otherwise for hearing screenings; and~~

11 (C) Guidelines AND BEST PRACTICES for reporting and the means  
12 to assure that identified children receive referral for appropriate follow-up  
13 services.

14 (II) The advisory committee on hearing in newborn infants ~~shall~~  
15 MUST consist of at least seven members. ~~who shall be appointed by~~ The  
16 executive director of the department ~~of public health and environment~~  
17 SHALL APPOINT MEMBERS TO THE ADVISORY COMMITTEE. Members  
18 appointed to the committee ~~shall~~ MUST have training, experience, or  
19 interest in the area of hearing ~~conditions~~ LOSS in children AND SHOULD  
20 INCLUDE REPRESENTATIVES FROM RURAL AND URBAN AREAS OF THE  
21 STATE, A PARENT WHO HAS A CHILD WITH HEARING LOSS, A  
22 REPRESENTATIVE OF A PATIENT AND FAMILY SUPPORT ORGANIZATION, A  
23 REPRESENTATIVE OF A HOSPITAL, AND PHYSICIANS AND AUDIOLOGISTS  
24 WITH SPECIFIC EXPERTISE IN HEARING LOSS IN INFANTS.

25 (3) (a) It is the intent of the general assembly that ~~newborn~~  
26 ~~hearing screening be conducted on no fewer than ninety-five percent of~~  
27 ~~the infants born in hospitals~~ INFANTS BORN IN THE STATE BE SCREENED

1 FOR HEARING LOSS using procedures recommended by the advisory  
2 committee on hearing in newborn infants, created in subsection (2) of this  
3 section. Toward that end, every licensed or certified ~~hospital~~ BIRTHING  
4 FACILITY shall educate the parents of infants born in such ~~hospitals~~  
5 BIRTHING FACILITIES of the importance of screening the hearing of  
6 newborn infants and follow-up care. Education ~~shall not be~~ IS NOT  
7 considered a substitute for the hearing screening described in this section.  
8 Every licensed or certified ~~hospital~~ shall report annually to the advisory  
9 committee concerning the following:

- 10 (I) ~~The number of infants born in the hospital;~~
- 11 (II) ~~The number of infants screened;~~
- 12 (III) ~~The number of infants who passed the screening, if~~  
13 ~~administered; and~~
- 14 (IV) ~~The number of infants who did not pass the screening, if~~  
15 ~~administered.~~

16 (b) ~~The advisory committee on hearing in newborn infants shall~~  
17 ~~determine which hospitals or other health care institutions in the state of~~  
18 ~~Colorado are administering hearing screening to newborn infants on a~~  
19 ~~voluntary basis and the number of infants screened.~~

20 (I) to (IV) ~~Repealed.~~

21 (4) (a) ~~If the number of infants screened falls below eighty-five~~  
22 ~~percent, the board of health shall promulgate rules requiring hearing~~  
23 ~~screening of newborn infants pursuant to section 24-4-103, C.R.S., of the~~  
24 ~~"State Administrative Procedure Act".~~

25 (5) A physician, nurse, midwife, or other health professional  
26 attending a birth outside a hospital or institution shall ENSURE THAT THE  
27 HEARING SCREENING IS PERFORMED WITHIN THIRTY DAYS OF THE BIRTH

1 AND SHALL provide information, as established by RULE OF the  
2 department, to parents regarding ~~places where the parents may have their~~  
3 ~~infants' hearing screened~~ and the importance of ~~such~~ THE screening. THE  
4 PHYSICIAN, NURSE, MIDWIFE, OR OTHER HEALTH PROFESSIONAL SHALL  
5 PROVIDE A REPORT OF ANY SCREENING TO THE PARENT OR GUARDIAN OF  
6 THE INFANT, THE PRIMARY CARE PROVIDER OF THE INFANT, AND THE  
7 DEPARTMENT.

8 (7) UPON RECEIPT OF SUFFICIENT FINANCIAL RESOURCES IN THE  
9 NEWBORN HEARING SCREENING CASH FUND, AS DETERMINED BY THE  
10 DEPARTMENT, TO SUPPORT A NEW INFORMATION TECHNOLOGY SYSTEM  
11 FOR THE PURPOSE OF MANAGING THE NEWBORN HEARING SCREENING  
12 PROGRAM, THE DEPARTMENT SHALL PROCURE AN INFORMATION  
13 TECHNOLOGY SYSTEM AND PROMULGATE RULES IN ORDER TO IMPLEMENT  
14 THE SYSTEM.

15 (8) (a) THE DEPARTMENT SHALL ESTABLISH AND MAINTAIN  
16 FOLLOW-UP SERVICES FOR NEWBORNS AT RISK OF HEARING LOSS, AS WELL  
17 AS NEWBORNS WHO DO NOT RECEIVE SCREENING, AND APPROPRIATELY  
18 CONNECT THEM TO CARE.

19 (b) THE FOLLOW-UP SERVICES MUST PROVIDE THE PARENTS WITH  
20 INFORMATION AND RESOURCES SO THAT THE PARENTS CAN, IN A TIMELY  
21 MANNER, LOCATE APPROPRIATE DIAGNOSTIC AND TREATMENT SERVICES  
22 FOR THE NEWBORN.

23 (c) THE DEPARTMENT SHALL ALSO PROVIDE APPROPRIATE  
24 TRAINING, ON A PERIODIC BASIS, TO BIRTHING FACILITIES AND MIDWIVES  
25 ON THE DEPARTMENT'S SCREENING PROGRAM.

26 (d) THE INFORMATION GATHERED BY THE DEPARTMENT, OTHER  
27 THAN STATISTICAL INFORMATION AND INFORMATION THAT THE PARENT OR

1 GUARDIAN OF A NEWBORN ALLOWS TO BE RELEASED THROUGH THE  
2 PARENT'S OR GUARDIAN'S INFORMED CONSENT, IS CONFIDENTIAL. PUBLIC  
3 ACCESS TO NEWBORN PATIENT DATA IS LIMITED TO DATA COMPILED  
4 WITHOUT THE NEWBORN'S NAME. AUDIOLOGISTS AND OTHER HEALTH  
5 PROFESSIONALS PROVIDING DIAGNOSTIC SERVICES TO NEWBORNS AND  
6 THEIR FAMILIES MAY ACCESS THE INFORMATION, ON A NEWBORN-SPECIFIC  
7 BASIS, FOR THE PURPOSE OF ENTERING FOLLOW-UP INFORMATION.

8 (9) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT MAY ASSESS  
9 A FEE THAT IS SUFFICIENT TO COVER THE ONGOING DIRECT AND INDIRECT  
10 COSTS OF ALL INITIAL NEWBORN HEARING SCREENING AND FOLLOW-UP  
11 SERVICES AND TO ACCOMPLISH THE OTHER PURPOSES OF THIS SECTION,  
12 WHICH FEE SHALL BE DEPOSITED INTO THE NEWBORN HEARING SCREENING  
13 CASH FUND CREATED IN SECTION 25-4-1006(3). BIRTHING FACILITIES MAY  
14 ASSESS A REASONABLE FEE TO BE CHARGED THE PARENT OR GUARDIAN OF  
15 THE NEWBORN TO COVER THE COSTS OF PROVIDING SERVICES NECESSARY  
16 TO IMPLEMENT THE PURPOSES OF THIS SECTION.

17 **SECTION 7.** In Colorado Revised Statutes, 25-4-1006, **amend**  
18 (1); and **add** (3) and (4) as follows:

19 **25-4-1006. Cash funds.** (1) All ~~moneys~~ MONEY received from  
20 fees collected pursuant to this part 10, EXCEPT FOR THE MONEY RECEIVED  
21 PURSUANT TO SECTION 25-4-1004.7, shall be transmitted to the state  
22 treasurer, who shall credit ~~the same~~ IT to the newborn screening and  
23 genetic counseling cash funds, which funds are hereby created. Such  
24 ~~moneys~~ MONEY shall be utilized for expenditures authorized or  
25 contemplated by and not inconsistent with the provisions of this part 10  
26 relating to newborn screening, follow-up care, and genetic counseling and  
27 education programs and functions. All ~~moneys~~ MONEY credited to the

1 newborn screening and genetic counseling cash funds shall be used as  
2 provided in this part 10 and shall not be deposited in or transferred to the  
3 general fund of this state or any other fund.

4 (3) THERE IS HEREBY CREATED THE NEWBORN HEARING  
5 SCREENING CASH FUND FOR THE PURPOSE OF COVERING THE ONGOING  
6 DIRECT AND INDIRECT COSTS ASSOCIATED WITH THE ADMINISTRATION OF  
7 THE NEWBORN HEARING SCREENING PROGRAM. ALL MONEY COLLECTED  
8 PURSUANT TO SECTION 25-4-1004.7 SHALL BE TRANSMITTED TO THE STATE  
9 TREASURER, WHO SHALL CREDIT IT TO THE NEWBORN HEARING SCREENING  
10 CASH FUND. THE MONEY IN THE CASH FUND AT THE END OF ANY FISCAL  
11 YEAR SHALL REMAIN IN THE CASH FUND AND SHALL NOT BE CREDITED OR  
12 TRANSFERRED TO THE GENERAL FUND OR ANY OTHER FUND. IN ADDITION,  
13 THE GENERAL ASSEMBLY MAY APPROPRIATE MONEY FROM THE GENERAL  
14 FUND TO THE DEPARTMENT TO IMPLEMENT THE NEWBORN HEARING  
15 SCREENING PROGRAM.

16 (4) MONEY IN THE NEWBORN SCREENING AND GENETIC  
17 COUNSELING CASH FUNDS AND THE NEWBORN HEARING SCREENING CASH  
18 FUND ARE EXEMPT FROM SECTION 24-75-402.

19 **SECTION 8.** In Colorado Revised Statutes, **add** 25-4-1002.5 as  
20 follows:

21 **25-4-1002.5. Definitions.** AS USED IN THIS PART 10, UNLESS THE  
22 CONTEXT OTHERWISE REQUIRES:

23 (1) "BIRTHING FACILITY" MEANS A GENERAL HOSPITAL OR  
24 BIRTHING CENTER LICENSED OR CERTIFIED PURSUANT TO SECTION  
25 25-1.5-103.

26 (2) "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC HEALTH  
27 AND ENVIRONMENT.

1           (3) "STATE BOARD" MEANS THE STATE BOARD OF HEALTH IN THE  
2 DEPARTMENT.

3           **SECTION 9. Effective date.** This act takes effect July 1, 2018.

4           **SECTION 10. Safety clause.** The general assembly hereby finds,  
5 determines, and declares that this act is necessary for the immediate  
6 preservation of the public peace, health, and safety.