

Second Regular Session
Seventy-first General Assembly
STATE OF COLORADO

REENGROSSED

This Version Includes All Amendments
Adopted in the House of Introduction

LLS NO. 18-0435.01 Kristen Forrestal x4217

HOUSE BILL 18-1006

HOUSE SPONSORSHIP

Hamner and Liston,

SENATE SPONSORSHIP

Gardner and Moreno,

House Committees

Public Health Care & Human Services
Finance
Appropriations

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING MODIFICATIONS TO THE NEWBORN SCREENING PROGRAM**
102 **ADMINISTERED BY THE DEPARTMENT OF PUBLIC HEALTH AND**
103 **ENVIRONMENT, AND, IN CONNECTION THEREWITH, MAKING AN**
104 **APPROPRIATION.**

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

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.

HOUSE
3rd Reading Unamended
April 20, 2018

HOUSE
Amended 2nd Reading
April 19, 2018

necessary follow-up services. The bill creates the newborn hearing screening cash fund for the purpose of covering the costs of the program.

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, **amend** 25-4-1002 as
5 follows:

6 **25-4-1002. Legislative declaration.** (1) The general assembly
7 hereby finds and declares that:

8 (a) RECENT NEWBORN SCREENING INNOVATIONS ARE CONSIDERED
9 AMONG THE GREATEST PUBLIC HEALTH ACHIEVEMENTS OF THE
10 TWENTY-FIRST CENTURY;

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

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

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

22 (e) NEWBORN SCREENING IS A PUBLIC HEALTH FUNCTION THAT
23 IDENTIFIES NEWBORNS AT RISK OF CERTAIN CONDITIONS OR HEARING LOSS,
24 AS WELL AS NEWBORNS WHO DO NOT RECEIVE SCREENING, AND
25 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 NEWBORN SCREENING
11 PROGRAMS OR genetic counseling programs in this state should be wholly
12 voluntary and that all information obtained from persons involved in such
13 programs or in newborn screening programs in the state should be held
14 strictly confidential. FAMILY PARTICIPATION IN THE FOLLOW-UP SUPPORT
15 AND ASSISTANCE SERVICES IS VOLUNTARY.

16 (i) HEARING LOSS OCCURS IN NEWBORN INFANTS MORE
17 FREQUENTLY THAN ANY OTHER HEALTH CONDITION FOR WHICH NEWBORN
18 INFANT SCREENING IS REQUIRED;

19 (j) EIGHTY PERCENT OF THE LANGUAGE ABILITY OF A CHILD IS
20 ESTABLISHED BY THE TIME THE CHILD IS EIGHTEEN MONTHS OF AGE, AND
21 IT IS VITALLY IMPORTANT TO SUPPORT THE HEALTHY DEVELOPMENT OF
22 LANGUAGE SKILLS;

23 (k) EARLY DETECTION, EARLY INTERVENTION, AND TREATMENT OF
24 HEARING LOSS IN A CHILD ARE HIGHLY EFFECTIVE IN FACILITATING A
25 CHILD'S HEALTHY DEVELOPMENT IN A MANNER CONSISTENT WITH THE
26 CHILD'S AGE AND COGNITIVE ABILITY;

27 (l) CHILDREN WITH HEARING LOSS WHO DO NOT RECEIVE EARLY

1 INTERVENTION AND TREATMENT FREQUENTLY REQUIRE SPECIAL
2 EDUCATIONAL SERVICES, WHICH, FOR THE VAST MAJORITY OF CHILDREN
3 IN THE STATE WITH HEARING NEEDS, ARE PUBLICLY FUNDED; AND

4 (m) APPROPRIATE TESTING AND IDENTIFICATION OF NEWBORN
5 INFANTS WITH HEARING LOSS WILL FACILITATE EARLY INTERVENTION AND
6 TREATMENT AND WILL THEREFORE SERVE THE PUBLIC PURPOSES OF
7 PROMOTING THE HEALTHY DEVELOPMENT OF CHILDREN AND REDUCING
8 THE NEED FOR ADDITIONAL PUBLIC EXPENDITURES.

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

11 **25-4-1003. Powers and duties of state board and executive**
12 **director - newborn screening programs - genetic counseling and**
13 **education programs - rules.** (2) The executive director of the
14 department of ~~public health and environment~~ shall comply with the
15 following provisions:

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

1 **SECTION 4.** In Colorado Revised Statutes, 25-4-1004, **amend**
2 (1)(b), (1)(c) introductory portion, and (2); and **add** (1.5) and (3) as
3 follows:

4 **25-4-1004. Newborn screening - advisory committee - rules.**

5 (1) (b) ~~On or after April 1, 1989, all~~ Infants born in the state of Colorado
6 shall be tested for the following conditions: Phenylketonuria,
7 hypothyroidism, abnormal hemoglobins, galactosemia, cystic fibrosis,
8 biotinidase deficiency, and such other conditions as the STATE board of
9 health may determine meet the criteria set forth in ~~paragraph (c) of this~~
10 ~~subsection (1). Appropriate specimens for such testing shall be forwarded~~
11 ~~by the hospital in which the child is born to the laboratory operated or~~
12 ~~designated by the department of public health and environment for such~~
13 ~~purposes~~ SUBSECTION (1)(c) OF THIS SECTION. THE BIRTHING FACILITY
14 WHERE THE INFANT IS BORN SHALL FORWARD ALL APPROPRIATE
15 SPECIMENS TO THE LABORATORY OPERATED OR DESIGNATED BY THE
16 DEPARTMENT. The physician, nurse, midwife, or other health professional
17 attending a birth outside a ~~hospital shall be~~ BIRTHING FACILITY IS
18 responsible for ~~the collection~~ COLLECTING and forwarding of ~~such~~ THE
19 specimens. The LABORATORY SHALL FORWARD THE results of the testing
20 ~~shall be forwarded~~ directly to the physician, PRIMARY CARE PROVIDER, or
21 other ~~primary~~ health care provider AS NEEDED for the provision of such
22 information to the parent, ~~or~~ parents, OR GUARDIANS of the child. The
23 results of any testing or follow-up testing pursuant to section 25-4-1004.5
24 may be sent to the immunization tracking system authorized by section
25 25-4-2403 and accessed by the physician or other primary health care
26 provider. The state board of ~~health~~ may discontinue testing for any
27 condition listed in this ~~paragraph (b)~~ SUBSECTION (1)(b) if, upon

1 consideration of criteria set forth in ~~paragraph (c) of this subsection (1)~~
2 SUBSECTION (1)(c) OF THIS SECTION, the STATE board finds that the public
3 health is better served by not testing infants for that condition.

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

7 (1.5) ON OR BEFORE SEPTEMBER 1, 2018, AND ON OR BEFORE
8 SEPTEMBER 1 EACH YEAR THEREAFTER, THE STATE BOARD SHALL ADD
9 NEW CONDITIONS FOR WHICH INFANTS MUST BE TESTED AS DEEMED
10 APPROPRIATE BY THE DEPARTMENT, BASED ON THE RECOMMENDED
11 UNIFORM SCREENING PANEL AS RECOMMENDED BY THE SECRETARY OF THE
12 UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES OR ITS
13 SUCCESSOR AGENCY.

14 (2) The executive director of the department of public health and
15 environment shall assess a fee ~~which~~ THAT is sufficient to cover the
16 DIRECT AND INDIRECT costs of ~~such~~ THE testing REQUIRED BY THIS
17 SECTION and to accomplish the other purposes of this part 10. ~~Hospitals~~
18 ~~shall~~ BIRTHING FACILITIES MAY assess a reasonable fee to be charged the
19 parent, ~~or~~ parents, OR GUARDIANS of the infant to cover the costs of
20 handling the specimens, the reimbursement of laboratory costs, and the
21 costs of providing other services, INCLUDING THE CONNECTION OF
22 FOLLOW-UP SERVICES AND CARE TO INFANTS IDENTIFIED AS AT RISK
23 THROUGH SCREENING, necessary to implement the purposes of this part
24 10.

25 (3) THE STATE BOARD SHALL PROMULGATE RULES CONCERNING
26 THE REQUIREMENTS OF THE NEWBORN SCREENING PROGRAM FOR GENETIC
27 AND METABOLIC DISORDERS, INCLUDING:

1 (I) IN ADDITION TO THOSE CONDITIONS LISTED IN SUBSECTION
2 (1)(b) OF THIS SECTION, ANY OTHER CONDITIONS FOR WHICH TESTING
3 MUST OCCUR;

4 (II) OBTAINING SAMPLES OR SPECIMENS FROM NEWBORN INFANTS
5 REQUIRED FOR THE TESTS PRESCRIBED BY THE STATE BOARD; AND

6 (III) THE HANDLING AND DELIVERY OF SAMPLES OR SPECIMENS FOR
7 TESTING AND EXAMINATION.

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

11 **25-4-1004.5. Follow-up testing and treatment - second**
12 **screening - fee - rules.** (1) The general assembly finds that:

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

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

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

22 ~~(d) For over twenty-five years the follow-up testing and treatment~~
23 ~~services were provided by a federal grant that was discontinued June 30,~~
24 ~~1993. Since that time, follow-up testing and treatment services have been~~
25 ~~limited. If alternative sources of funding are not provided, those services~~
26 ~~will be eliminated.~~

27 ~~(e) A nominal increase of the fee on newborn screening to cover~~

1 the costs of providing follow-up and referral services would allow for
2 those services to be continued;

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

15 (2) (b) On and after July 1, 1994, The executive director of the
16 department of public health and environment shall increase the newborn
17 screening fee as provided in section 25-4-1004 (2) so that the fee is
18 sufficient to include the costs of providing FIRST AND SECOND SPECIMEN
19 TESTS WITH SECOND-TIER TESTING IF NECESSITATED BY THE RESULTS OF
20 THE SCREENING IN ORDER TO REDUCE THE NUMBER OF FALSE POSITIVE
21 TESTS AND TO PROVIDE follow-up and referral services to families with a
22 newborn whose test results under a newborn screening indicate a GENETIC
23 OR metabolic disorder. Follow-up services include comprehensive
24 diagnostic testing. The increase shall not exceed five dollars; except that
25 it may be adjusted annually to reflect any change in the Denver-Boulder
26 consumer price index. Any fees collected shall be subject to the
27 provisions of section 25-4-1006.

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

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

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

18 (b) ~~The executive director of the department of public health and~~
19 ~~environment~~ STATE BOARD is authorized to promulgate rules ~~regulations,~~
20 and standards for the implementation of the second specimen testing
21 specified in this subsection (3), including: ~~but not limited to the~~
22 ~~following:~~

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

27 (c) On and after July 1, ~~1996~~ 2018, the executive director of the

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

11 **SECTION 6.** In Colorado Revised Statutes, 25-4-1004.7, **amend**
12 (2)(a)(I) introductory portion, (2)(a)(I)(A), (2)(a)(I)(C), (2)(a)(II), (3)(a),
13 and (5); **repeal** (1), (2)(a)(I)(B), (3)(b), and (4)(a); and **add** (7), (8), (9),
14 (10), and (11) as follows:

15 **25-4-1004.7. Newborn hearing screening - advisory committee**
16 **- report - rules.** (1) (a) ~~The general assembly finds, determines, and~~
17 ~~declares:~~

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

21 ~~(II) That eighty percent of the language ability of a child is~~
22 ~~established by the time the child is eighteen months of age and that~~
23 ~~hearing is vitally important to the healthy development of such language~~
24 ~~skills;~~

25 ~~(III) That early detection of hearing loss in a child and early~~
26 ~~intervention and treatment has been demonstrated to be highly effective~~
27 ~~in facilitating a child's healthy development in a manner consistent with~~

1 ~~the child's age and cognitive ability;~~

2 ~~(IV) That children with hearing loss who do not receive such early~~
3 ~~intervention and treatment frequently require special educational services~~
4 ~~and that such services are publicly funded for the vast majority of~~
5 ~~children with hearing needs in the state;~~

6 ~~(V) That appropriate testing and identification of newborn infants~~
7 ~~with hearing loss will facilitate early intervention and treatment and may~~
8 ~~therefore serve the public purposes of promoting the healthy development~~
9 ~~of children and reducing public expenditure; and~~

10 ~~(VI) That consumers should be entitled to know whether the~~
11 ~~hospital at which they choose to deliver their infant provides newborn~~
12 ~~hearing screening.~~

13 ~~(b) For these reasons the general assembly hereby determines that~~
14 ~~it would be beneficial and in the best interests of the development of the~~
15 ~~children of the state of Colorado that newborn infants' hearing be~~
16 ~~screened.~~

17 (2) (a) (I) There is hereby established an advisory committee on
18 hearing in newborn infants for the purpose of collecting the informational
19 data specified in paragraph (b) of subsection (3) of this section, and for
20 the purpose of REVIEWING INFORMATION AND STATISTICS GATHERED
21 DURING THE NEWBORN HEARING SCREENING PROGRAM AND providing
22 recommendations to ~~hospitals~~ BIRTHING FACILITIES, other health care
23 institutions, the department, ~~of public health and environment~~, and the
24 public concerning, but not necessarily limited to: ~~the following:~~

25 (A) ~~Appropriate methodologies to be implemented~~ BEST
26 PRACTICES for hearing screening of newborn infants, which
27 ~~methodologies shall~~ PRACTICES MUST be objective and physiologically

1 based and ~~which shall~~ MUST not include a requirement that the initial
2 newborn hearing screening be performed by an audiologist; AND

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

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

8 (II) The advisory committee on hearing in newborn infants ~~shall~~
9 MUST consist of at least ~~seven~~ NINE members. ~~who shall be appointed by~~
10 The executive director of the department ~~of public health and~~
11 ~~environment~~ SHALL APPOINT MEMBERS TO THE ADVISORY COMMITTEE.
12 Members appointed to the committee ~~shall~~ MUST have training,
13 experience, or interest in the area of hearing ~~conditions~~ LOSS in children
14 AND SHOULD INCLUDE REPRESENTATIVES FROM RURAL AND URBAN AREAS
15 OF THE STATE, A PARENT WHO HAS A CHILD WITH HEARING LOSS, A
16 REPRESENTATIVE OF A PATIENT AND FAMILY SUPPORT ORGANIZATION, A
17 REPRESENTATIVE OF A HOSPITAL, A REPRESENTATIVE FROM AN
18 ORGANIZATION REPRESENTING CULTURALLY DEAF PERSONS, AN
19 AMERICAN SIGN LANGUAGE EXPERT WHO HAS EXPERIENCE IN EVALUATION
20 AND INTERVENTION OF INFANTS AND YOUNG CHILDREN, AND PHYSICIANS
21 AND AUDIOLOGISTS WITH SPECIFIC EXPERTISE IN HEARING LOSS IN
22 INFANTS.

23 (3) (a) It is the intent of the general assembly that ~~newborn~~
24 ~~hearing screening be conducted on no fewer than ninety-five percent of~~
25 ~~the infants born in hospitals~~ INFANTS BORN IN THE STATE BE SCREENED
26 FOR HEARING LOSS using procedures recommended by the advisory
27 committee on hearing in newborn infants, created in subsection (2) of this

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

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

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

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

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

23 (5) A physician, nurse, midwife, or other health professional
24 attending a birth outside a hospital or institution shall **MAKE EVERY**
25 **PROFESSIONAL EFFORT, AS DEFINED BY THE BOARD, INCLUDING**
26 **FOLLOWING UP AT SCHEDULED POSTPARTUM APPOINTMENTS, TO ENSURE**
27 **THAT THE HEARING SCREENING IS PERFORMED WITHIN THIRTY DAYS OF**

1 THE BIRTH 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 WHO
5 PERFORMS THE SCREENING SHALL PROVIDE A REPORT OF ANY SCREENING
6 TO THE PARENT OR GUARDIAN OF THE INFANT, THE PRIMARY CARE
7 PROVIDER OF THE INFANT, AND THE 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 STATE BOARD OF HEALTH SHALL PROMULGATE RULES
16 THAT REQUIRE EACH OF THE FOLLOWING WITH INFORMATION PERTINENT
17 TO THIS SECTION TO REPORT THE RESULTS OF INDIVIDUAL SCREENING TO
18 THE DEPARTMENT:

19 (I) A BIRTHING FACILITY; OR

20 (II) ANOTHER FACILITY OR PROVIDER.

21 (b) THE RULES MUST INCLUDE A REQUIREMENT THAT THE BIRTHING
22 FACILITY INCLUDE THE RESULTS OF THE HEARING SCREENING IN THE
23 ELECTRONIC MEDICAL RECORD OF THE NEWBORN. THE INFORMATION
24 SYSTEM REQUIRED IN SUBSECTION (7) OF THIS SECTION MUST ALLOW THE
25 RESULTS OF OUTPATIENT RESCREENINGS TO BE REPORTED TO THE
26 DEPARTMENT AND TO THE PARENT OR GUARDIAN OF THE NEWBORN.

27 (9) (a) THE STATE BOARD OF HEALTH SHALL PROMULGATE RULES

1 TO ESTABLISH AND MAINTAIN APPROPRIATE FOLLOW-UP SERVICES FOR
2 NEWBORNS AT RISK OF HEARING LOSS AS WELL AS NEWBORNS WHO FAIL TO
3 RECEIVE SCREENING. THE FOLLOW-UP SERVICES MUST INCLUDE
4 IDENTIFICATION OF NEWBORNS AT RISK FOR HEARING LOSS, COORDINATION
5 AMONG MEDICAL AND AUDIOLOGY PROVIDERS AND FAMILIES, CONNECTING
6 NEWBORNS TO TIMELY INTERVENTION, APPROPRIATE REFERRALS TO
7 SPECIALISTS FOR FOLLOW-UP AND DIAGNOSTIC TESTING, AND ADDITIONAL
8 DUTIES AS DETERMINED BY THE DEPARTMENT.

9 (b) THE FOLLOW-UP SERVICES MUST PROVIDE THE PARENTS WITH
10 INFORMATION AND RESOURCES SO THAT THE PARENTS CAN, IN A TIMELY
11 MANNER, LOCATE APPROPRIATE DIAGNOSTIC AND TREATMENT SERVICES
12 FOR THE NEWBORN.

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

16 (d) THE INFORMATION GATHERED BY THE DEPARTMENT, OTHER
17 THAN STATISTICAL INFORMATION AND INFORMATION THAT THE PARENT OR
18 GUARDIAN OF A NEWBORN ALLOWS TO BE RELEASED THROUGH THE
19 PARENT'S OR GUARDIAN'S INFORMED CONSENT, IS CONFIDENTIAL. PUBLIC
20 ACCESS TO NEWBORN PATIENT DATA IS LIMITED TO DATA COMPILED
21 WITHOUT THE NEWBORN'S NAME. AUDIOLOGISTS AND OTHER HEALTH
22 PROFESSIONALS PROVIDING DIAGNOSTIC SERVICES TO NEWBORNS AND
23 THEIR FAMILIES MAY ACCESS THE INFORMATION, ON A NEWBORN-SPECIFIC
24 BASIS, FOR THE PURPOSE OF ENTERING FOLLOW-UP INFORMATION. THE
25 INFORMATION GATHERED IN ACCORDANCE WITH THIS SUBSECTION (9)(d)
26 DOES NOT RESTRICT THE DEPARTMENT FROM PERFORMING FOLLOW-UP
27 SERVICES WITH NEWBORNS, THEIR PARENTS OR GUARDIANS, AND HEALTH

1 CARE PROVIDERS.

2 (10) (a) THE DEPARTMENT SHALL DEVELOP AND PUBLISH
3 MATERIALS ON ITS WEBSITE FOR USE IN EDUCATING AND TRAINING ON
4 CYTOMEGALOVIRUS, REFERRED TO AS "CMV", THAT INCLUDE THE
5 FOLLOWING:

6 (I) THE ESTIMATED INCIDENCE OF CMV;

7 (II) THE TRANSMISSION OF CMV TO PREGNANT WOMEN OR WOMEN
8 WHO MAY BECOME PREGNANT;

9 (III) BIRTH DEFECTS CAUSED BY CONGENITAL CMV;

10 (IV) METHODS OF DIAGNOSING CONGENITAL CMV;

11 (V) AVAILABLE PREVENTIVE MEASURES TO AVOID THE INFECTION
12 IN WOMEN WHO ARE PREGNANT OR MAY BECOME PREGNANT;

13 (VI) RESOURCES AND EVIDENCE-BASED TREATMENT AS THEY
14 BECOME AVAILABLE FOR FAMILIES OF CHILDREN BORN WITH CMV; AND

15 (VII) ANY FEDERAL OR STATE REQUIREMENTS REGARDING
16 TESTING FOR CMV.

17 (b) SUBJECT TO AVAILABLE APPROPRIATIONS, THE DEPARTMENT
18 SHALL PROVIDE TECHNICAL ASSISTANCE AND TRAINING REGARDING CMV
19 TO HEALTH CARE FACILITIES AND HEALTH CARE PROVIDERS UPON
20 REQUEST.

21 (11) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT MAY ASSESS
22 A FEE THAT IS SUFFICIENT TO COVER THE ONGOING DIRECT AND INDIRECT
23 COSTS OF ALL INITIAL NEWBORN HEARING SCREENING AND FOLLOW-UP
24 SERVICES AND TO ACCOMPLISH THE OTHER PURPOSES OF THIS SECTION,
25 WHICH FEE SHALL BE DEPOSITED INTO THE NEWBORN HEARING SCREENING
26 CASH FUND CREATED IN SECTION 25-4-1006 (3). BIRTHING FACILITIES MAY
27 ASSESS A REASONABLE FEE TO BE CHARGED THE PARENT OR GUARDIAN OF

1 THE NEWBORN TO COVER THE COSTS OF PROVIDING SERVICES NECESSARY
2 TO IMPLEMENT THE PURPOSES OF THIS SECTION.

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

5 **25-4-1006. Cash funds.** (1) All ~~moneys~~ MONEY received from
6 fees collected pursuant to this part 10, EXCEPT FOR THE MONEY RECEIVED
7 PURSUANT TO SECTION 25-4-1004.7, shall be transmitted to the state
8 treasurer, who shall credit ~~the same~~ IT to the newborn screening and
9 genetic counseling cash funds, which funds are hereby created. Such
10 ~~moneys~~ MONEY shall be utilized for expenditures authorized or
11 contemplated by and not inconsistent with the provisions of this part 10
12 relating to newborn screening, follow-up care, and genetic counseling and
13 education programs and functions. All ~~moneys~~ MONEY credited to the
14 newborn screening and genetic counseling cash funds shall be used as
15 provided in this part 10 and shall not be deposited in or transferred to the
16 general fund of this state or any other fund.

17 (3) THERE IS HEREBY CREATED THE NEWBORN HEARING
18 SCREENING CASH FUND FOR THE PURPOSE OF COVERING THE ONGOING
19 DIRECT AND INDIRECT COSTS ASSOCIATED WITH THE ADMINISTRATION OF
20 THE NEWBORN HEARING SCREENING PROGRAM. ALL MONEY COLLECTED
21 PURSUANT TO SECTION 25-4-1004.7 SHALL BE TRANSMITTED TO THE STATE
22 TREASURER, WHO SHALL CREDIT IT TO THE NEWBORN HEARING SCREENING
23 CASH FUND. THE MONEY IN THE CASH FUND AT THE END OF ANY FISCAL
24 YEAR SHALL REMAIN IN THE CASH FUND AND SHALL NOT BE CREDITED OR
25 TRANSFERRED TO THE GENERAL FUND OR ANY OTHER FUND. IN ADDITION,
26 THE GENERAL ASSEMBLY MAY APPROPRIATE MONEY FROM THE GENERAL
27 FUND TO THE DEPARTMENT TO IMPLEMENT THE NEWBORN HEARING

1 SCREENING PROGRAM THROUGH JULY 1, 2021.

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

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

7 **25-4-1002.5. Definitions.** AS USED IN THIS PART 10, UNLESS THE
8 CONTEXT OTHERWISE REQUIRES:

9 (1) "BIRTHING FACILITY" MEANS A GENERAL HOSPITAL OR
10 BIRTHING CENTER LICENSED OR CERTIFIED PURSUANT TO SECTION
11 25-1.5-103.

12 (2) "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC HEALTH
13 AND ENVIRONMENT.

14 (3) "STATE BOARD" MEANS THE STATE BOARD OF HEALTH IN THE
15 DEPARTMENT.

16 **SECTION 9.** In Colorado Revised Statutes, 24-75-302, **amend**
17 **as added by House Bill 18-1173** (2.3)(c) and (2.3)(d); and **add** (2.3)(e)
18 as follows:

19 **24-75-302. Capital construction fund - capital assessment fees**
20 **- calculation - information technology capital account.** (2.3) In
21 addition to the sums transferred pursuant to subsections (2) and (2.5) of
22 this section, the state treasurer and the controller shall transfer a sum as
23 specified in this subsection (2.3) from the general fund to the information
24 technology capital account created in subsection (3.7) of this section, as
25 enacted by House Bill 15-1266, as money becomes available in the
26 general fund during the fiscal year beginning on July 1 of the fiscal year
27 in which the transfer is made. Transfers between funds pursuant to this

1 subsection (2.3) are not appropriations subject to the limitations of section
2 24-75-201.1. The amounts transferred pursuant to this subsection (2.3) are
3 as follows:

4 (c) On July 1, 2017, nineteen million eight hundred fifty-five
5 thousand five hundred fifteen dollars; and

6 (d) On April 1, 2018, two million eight hundred eighty-eight
7 thousand five hundred twenty-nine dollars; AND

8 (e) ON JULY 1, 2018, SEVEN HUNDRED THOUSAND DOLLARS.

9 **SECTION 10. Capital construction appropriation.** (1) For the
10 2018-19 state fiscal year, \$700,000 is appropriated to the department of
11 public health and environment for use by the center for health and
12 environmental information. This appropriation is from the information
13 technology capital account within the capital construction fund created in
14 section 24-75-302 (3.7), C.R.S. To implement this act, the center may use
15 this appropriation for capital construction related to an information
16 technology system for hearing loss screening. Any money appropriated
17 in this subsection (1) not expended prior to July 1, 2019, is further
18 appropriated to the division for the 2019-20 and 2020-21 state fiscal years
19 for the same purpose.

20 (2) For the 2018-19 state fiscal year, \$642,500 is appropriated to
21 the department of public health and environment for use by the laboratory
22 services division. This appropriation is from the newborn screening and
23 genetic counseling cash funds created in section 25-4-1006 (1), C.R.S. To
24 implement this act, the division may use this appropriation for capital
25 construction related to laboratory space expansion. Any money
26 appropriated in this subsection (2) not expended prior to July 1, 2019, is
27 further appropriated to the division for the 2019-20 and 2020-21 state

1 fiscal years for the same purpose.

2 **SECTION 11. Appropriation.** (1) For the 2018-19 state fiscal
3 year, \$89,222 is appropriated to the department of public health and
4 environment for use by the center for health and environmental
5 information. This appropriation is from the newborn hearing screening
6 cash fund created in section 25-4-1006 (3), C.R.S., and is based on the
7 assumption that the center will require an additional 1.0 FTE. To
8 implement this act, the center may use this appropriation the birth defects
9 monitoring and prevention program.

10 (2) For the 2018-19 state fiscal year, \$520,000 is appropriated to
11 the department of public health and environment for use by the laboratory
12 services division. This appropriation is from the newborn screening and
13 genetic counseling cash funds created in section 25-4-1006 (1), C.R.S. To
14 implement this act, the division may use this appropriation for chemistry
15 and microbiology operating expenses.

16 **SECTION 12. Effective date.** This act takes effect July 1, 2018.

17 **SECTION 13. Safety clause.** The general assembly hereby finds,
18 determines, and declares that this act is necessary for the immediate
19 preservation of the public peace, health, and safety.