

Second Regular Session
Seventy-first General Assembly
STATE OF COLORADO

REREVISED

This Version Includes All Amendments
Adopted in the Second House

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

State, Veterans, & Military Affairs
Finance
Appropriations

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.

SENATE
3rd Reading Unamended
May 4, 2018

SENATE
Amended 2nd Reading
May 3, 2018

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
13 such THESE programs or in newborn screening programs in the state
14 should MUST be held strictly confidential. FAMILY PARTICIPATION IN THE
15 FOLLOW-UP SUPPORT 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. TESTING
4 UNDER THIS SUBSECTION (1)(b) IS NOT REQUIRED IF THE PARENT OR LEGAL
5 GUARDIAN OBJECTS.

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

9 (1.5) IF THE DEPARTMENT DEEMS THAT NEW CONDITIONS FOR
10 WHICH AN INFANT MUST BE TESTED SHOULD BE ADDED, THE DEPARTMENT
11 SHALL REPORT THE ADDED CONDITIONS TO THE GENERAL ASSEMBLY
12 DURING ITS PRESENTATION IN ACCORDANCE WITH THE "STATE
13 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT
14 (SMART) GOVERNMENT ACT", PART 2 OF ARTICLE 7 OF TITLE 2. THE
15 DEPARTMENT SHALL ALSO NOTIFY THE JOINT BUDGET COMMITTEE AND THE
16 HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE
17 HEALTH, INSURANCE, AND ENVIRONMENT COMMITTEE AND THE PUBLIC
18 HEALTH CARE AND HUMAN SERVICES COMMITTEE OF THE HOUSE OF
19 REPRESENTATIVES, OR THEIR SUCCESSOR COMMITTEES, WITHIN SIXTY
20 DAYS AFTER THE DEPARTMENT RECOMMENDS A NEW CONDITION AND
21 INCLUDE THE ADDED CONDITIONS IN THE DEPARTMENT'S ANNUAL BUDGET
22 REQUEST SUBMITTED TO THE GENERAL ASSEMBLY EACH NOVEMBER 1.

23 (2) The executive director of the department of public health and
24 environment shall assess a fee ~~which~~ THAT is sufficient to cover the
25 DIRECT AND INDIRECT ■ costs of ~~such~~ THE testing REQUIRED BY THIS
26 SECTION and to accomplish the other purposes of this part 10. ~~Hospitals~~
27 ~~shall~~ BIRTHING FACILITIES MAY assess a reasonable fee to be charged the

1 parent, ~~or~~ parents, OR GUARDIANS of the infant to cover the costs of
2 handling the specimens, the reimbursement of laboratory costs, and the
3 costs of providing other services, INCLUDING THE CONNECTION OF
4 FOLLOW-UP SERVICES AND CARE TO INFANTS IDENTIFIED AS AT RISK
5 THROUGH SCREENING, necessary to implement the purposes of this part
6 10.

7 (3) THE STATE BOARD SHALL PROMULGATE RULES CONCERNING
8 THE REQUIREMENTS OF THE NEWBORN SCREENING PROGRAM FOR GENETIC
9 AND METABOLIC DISORDERS, INCLUDING:

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

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

15 (III) THE HANDLING AND DELIVERY OF SAMPLES OR SPECIMENS FOR
16 TESTING AND EXAMINATION.

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

20 **25-4-1004.5. Follow-up testing and treatment - second**
21 **screening - fee - rules.** (1) ~~The general assembly finds that:~~

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

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

27 ~~(c) In order to ensure that children with metabolic disorders are~~

1 able to lead as normal a life as possible and to minimize long-term health
2 care costs for such children, it is necessary to provide centralized
3 follow-up testing and treatment services;

4 (d) For over twenty-five years the follow-up testing and treatment
5 services were provided by a federal grant that was discontinued June 30,
6 1993. Since that time, follow-up testing and treatment services have been
7 limited. If alternative sources of funding are not provided, those services
8 will be eliminated.

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

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

24 (2) (b) On and after July 1, 1994, The executive director of the
25 department of public health and environment shall increase the newborn
26 screening fee as provided in section 25-4-1004 (2) so that the fee is
27 sufficient to include the costs of providing FIRST AND SECOND SPECIMEN

1 TESTS WITH SECOND-TIER TESTING IF NECESSITATED BY THE RESULTS OF
2 THE SCREENING IN ORDER TO REDUCE THE NUMBER OF FALSE POSITIVE
3 TESTS AND TO PROVIDE follow-up and referral services to families with a
4 newborn whose test results under a newborn screening indicate a GENETIC
5 OR metabolic disorder. ~~Follow-up services include comprehensive~~
6 ~~diagnostic testing. The increase shall not exceed five dollars; except that~~
7 ~~it may be adjusted annually to reflect any change in the Denver-Boulder~~
8 ~~consumer price index. Any fees collected shall be subject to the~~
9 ~~provisions of section 25-4-1006.~~

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

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

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

27 (b) ~~The executive director of the department of public health and~~

1 ~~environment~~ STATE BOARD is authorized to promulgate rules ~~regulations,~~
2 and standards for the implementation of the second specimen testing
3 specified in this subsection (3), including: ~~but not limited to the~~
4 ~~following:~~

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

9 (c) On and after July 1, ~~1996~~ 2018, the executive director of the
10 department of public health and environment may adjust the newborn
11 screening fee set forth in section 25-4-1004 (2) so that the fee is sufficient
12 to cover the costs associated with the second screening described in this
13 subsection (3). ~~Any increase shall be in addition to the fee described in~~
14 ~~subsection (2) of this section and shall not initially exceed five dollars and~~
15 ~~seventy-five cents but may be adjusted annually to reflect any actual cost~~
16 ~~increase associated with the administration of the second screening. Any~~
17 ~~fees collected pursuant to this paragraph (c) shall be subject to the~~
18 ~~provisions of section 25-4-1006~~ MONEY IN THE NEWBORN SCREENING AND
19 GENETIC COUNSELING CASH FUNDS IS EXEMPT FROM SECTION 24-75-402
20 THROUGH JULY 1, 2021.

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

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

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

4 ~~(II) That eighty percent of the language ability of a child is~~
5 ~~established by the time the child is eighteen months of age and that~~
6 ~~hearing is vitally important to the healthy development of such language~~
7 ~~skills;~~

8 ~~(III) That early detection of hearing loss in a child and early~~
9 ~~intervention and treatment has been demonstrated to be highly effective~~
10 ~~in facilitating a child's healthy development in a manner consistent with~~
11 ~~the child's age and cognitive ability;~~

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

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

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

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

27 (2) (a) (I) There is hereby established an advisory committee on

1 hearing in newborn infants ~~for the purpose of collecting the informational~~
2 ~~data specified in paragraph (b) of subsection (3) of this section, and for~~
3 the purpose of REVIEWING INFORMATION AND STATISTICS GATHERED
4 DURING THE NEWBORN HEARING SCREENING PROGRAM AND providing
5 recommendations to ~~hospitals~~ BIRTHING FACILITIES, other health care
6 institutions, the department, ~~of public health and environment~~, and the
7 public concerning, but not necessarily limited to: ~~the following:~~

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

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

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

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

6 (3) (a) It is the intent of the general assembly that ~~newborn~~
7 ~~hearing screening be conducted on no fewer than ninety-five percent of~~
8 ~~the infants born in hospitals~~ INFANTS BORN IN THE STATE BE SCREENED
9 FOR HEARING LOSS using procedures recommended by the advisory
10 committee on hearing in newborn infants, created in subsection (2) of this
11 section. Toward that end, every licensed or certified ~~hospital~~ BIRTHING
12 FACILITY shall educate the parents of infants born in such ~~hospitals~~
13 BIRTHING FACILITIES of the importance of screening the hearing of
14 newborn infants and follow-up care. Education ~~shall not be~~ IS NOT
15 considered a substitute for the hearing screening described in this section.
16 ~~Every licensed or certified hospital shall report annually to the advisory~~
17 ~~committee concerning the following:~~ SCREENING FOR HEARING LOSS
18 UNDER THIS SUBSECTION (3)(a) IS NOT REQUIRED IF THE PARENT OR LEGAL
19 GUARDIAN OBJECTS.

20 ~~(I) The number of infants born in the hospital;~~

21 ~~(II) The number of infants screened;~~

22 ~~(III) The number of infants who passed the screening, if~~
23 ~~administered; and~~

24 ~~(IV) The number of infants who did not pass the screening, if~~
25 ~~administered.~~

26 (b) ~~The advisory committee on hearing in newborn infants shall~~
27 ~~determine which hospitals or other health care institutions in the state of~~

1 Colorado are administering hearing screening to newborn infants on a
2 voluntary basis and the number of infants screened.

3 (I) to (IV) Repealed.

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

8 (5) A physician, nurse, midwife, or other health professional
9 attending a birth outside a hospital or institution shall MAKE EVERY
10 PROFESSIONAL EFFORT, AS DEFINED BY THE BOARD, INCLUDING
11 FOLLOWING UP AT SCHEDULED POSTPARTUM APPOINTMENTS, TO ENSURE
12 THAT THE HEARING SCREENING IS PERFORMED WITHIN THIRTY DAYS OF
13 THE BIRTH AND SHALL provide information, as established by RULE OF the
14 department, to parents regarding places where the parents may have their
15 infants' hearing screened and the importance of such THE screening. THE
16 PHYSICIAN, NURSE, MIDWIFE, OR OTHER HEALTH PROFESSIONAL WHO
17 PERFORMS THE SCREENING SHALL PROVIDE A REPORT OF ANY SCREENING
18 TO THE PARENT OR GUARDIAN OF THE INFANT, THE PRIMARY CARE
19 PROVIDER OF THE INFANT, AND THE DEPARTMENT. SCREENING FOR
20 HEARING LOSS UNDER THIS SUBSECTION (5) IS NOT REQUIRED IF THE
21 PARENT OR LEGAL GUARDIAN OBJECTS.

22 (7) UPON RECEIPT OF SUFFICIENT FINANCIAL RESOURCES IN THE
23 NEWBORN HEARING SCREENING CASH FUND, AS DETERMINED BY THE
24 DEPARTMENT, TO SUPPORT A NEW INFORMATION TECHNOLOGY SYSTEM
25 FOR THE PURPOSE OF MANAGING THE NEWBORN HEARING SCREENING
26 PROGRAM, THE DEPARTMENT SHALL PROCURE AN INFORMATION
27 TECHNOLOGY SYSTEM AND PROMULGATE RULES IN ORDER TO IMPLEMENT

1 THE SYSTEM.

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

6 (I) A BIRTHING FACILITY; OR

7 (II) ANOTHER FACILITY OR PROVIDER.

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

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

23 (b) THE FOLLOW-UP SERVICES MUST PROVIDE THE PARENTS WITH
24 INFORMATION AND RESOURCES SO THAT THE PARENTS CAN, IN A TIMELY
25 MANNER, LOCATE APPROPRIATE DIAGNOSTIC AND TREATMENT SERVICES
26 FOR THE NEWBORN.

27 (c) THE DEPARTMENT SHALL ALSO PROVIDE APPROPRIATE

1 TRAINING, ON A PERIODIC BASIS, TO BIRTHING FACILITIES AND MIDWIVES
2 ON THE DEPARTMENT'S SCREENING PROGRAM.

3 (d) THE INFORMATION GATHERED BY THE DEPARTMENT, OTHER
4 THAN STATISTICAL INFORMATION AND INFORMATION THAT THE PARENT OR
5 GUARDIAN OF A NEWBORN ALLOWS TO BE RELEASED THROUGH THE
6 PARENT'S OR GUARDIAN'S INFORMED CONSENT, IS CONFIDENTIAL. PUBLIC
7 ACCESS TO NEWBORN PATIENT DATA IS LIMITED TO DATA COMPILED
8 WITHOUT THE NEWBORN'S NAME. AUDIOLOGISTS AND OTHER HEALTH
9 PROFESSIONALS PROVIDING DIAGNOSTIC SERVICES TO NEWBORNS AND
10 THEIR FAMILIES MAY ACCESS THE INFORMATION, ON A NEWBORN-SPECIFIC
11 BASIS, FOR THE PURPOSE OF ENTERING FOLLOW-UP INFORMATION. THE
12 INFORMATION GATHERED IN ACCORDANCE WITH THIS SUBSECTION (9)(d)
13 DOES NOT RESTRICT THE DEPARTMENT FROM PERFORMING FOLLOW-UP
14 SERVICES WITH NEWBORNS, THEIR PARENTS OR GUARDIANS, AND HEALTH
15 CARE PROVIDERS.

16 (10) (a) THE DEPARTMENT SHALL DEVELOP AND PUBLISH
17 MATERIALS ON ITS WEBSITE FOR USE IN EDUCATING AND TRAINING ON
18 CYTOMEGALOVIRUS, REFERRED TO AS "CMV", THAT INCLUDE THE
19 FOLLOWING:

- 20 (I) THE ESTIMATED INCIDENCE OF CMV;
- 21 (II) THE TRANSMISSION OF CMV TO PREGNANT WOMEN OR WOMEN
22 WHO MAY BECOME PREGNANT;
- 23 (III) BIRTH DEFECTS CAUSED BY CONGENITAL CMV;
- 24 (IV) METHODS OF DIAGNOSING CONGENITAL CMV;
- 25 (V) AVAILABLE PREVENTIVE MEASURES TO AVOID THE INFECTION
26 IN WOMEN WHO ARE PREGNANT OR MAY BECOME PREGNANT;
- 27 (VI) RESOURCES AND EVIDENCE-BASED TREATMENT AS THEY

1 BECOME AVAILABLE FOR FAMILIES OF CHILDREN BORN WITH CMV; AND
2 (VII) ANY FEDERAL OR STATE REQUIREMENTS REGARDING
3 TESTING FOR CMV.

4 (b) SUBJECT TO AVAILABLE APPROPRIATIONS, THE DEPARTMENT
5 SHALL PROVIDE TECHNICAL ASSISTANCE AND TRAINING REGARDING CMV
6 TO HEALTH CARE FACILITIES AND HEALTH CARE PROVIDERS UPON
7 REQUEST.

8 (11) 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, amend 25-4-1005 as**
18 **follows:**

19 **25-4-1005. Exceptions. Nothing in the provisions of this part 10**
20 **shall be construed to require the testing or medical treatment for the**
21 **minor child of any person WHO HAS PERSONAL OBJECTION TO THE**
22 **ADMINISTRATION OF THE TESTS OR TREATMENT or of any person who is**
23 **a member of a well-recognized church or religious denomination and**
24 **whose religious convictions in accordance with the tenets or principles of**
25 **his THE church or religious denomination are against medical treatment**
26 **for disease or physical defects. or has a personal objection to the**
27 **administration of such tests or treatment.**

1 **SECTION 8.** In Colorado Revised Statutes, 25-4-1006, **amend**
2 (1); and **add** (3) and (4) as follows:

3 **25-4-1006. Cash funds.** (1) All ~~moneys~~ MONEY received from
4 fees collected pursuant to this part 10, EXCEPT FOR THE MONEY RECEIVED
5 PURSUANT TO SECTION 25-4-1004.7, shall be transmitted to the state
6 treasurer, who shall credit ~~the same~~ IT to the newborn screening and
7 genetic counseling cash funds, which funds are hereby created. Such
8 ~~moneys~~ MONEY shall be utilized for expenditures authorized or
9 contemplated by and not inconsistent with the provisions of this part 10
10 relating to newborn screening, follow-up care, and genetic counseling and
11 education programs and functions. All ~~moneys~~ MONEY credited to the
12 newborn screening and genetic counseling cash funds shall be used as
13 provided in this part 10 and shall not be deposited in or transferred to the
14 general fund of this state or any other fund.

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

27 (4) MONEY IN THE NEWBORN SCREENING AND GENETIC

1 COUNSELING CASH FUNDS AND THE NEWBORN HEARING SCREENING CASH
2 FUND ARE EXEMPT FROM SECTION 24-75-402 THROUGH JULY 1, 2021.

3 **SECTION 9.** In Colorado Revised Statutes, **add 25-4-1002.5** as
4 follows:

5 **25-4-1002.5. Definitions.** AS USED IN THIS PART 10, UNLESS THE
6 CONTEXT OTHERWISE REQUIRES:

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

10 (2) "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC HEALTH
11 AND ENVIRONMENT.

12 (3) "STATE BOARD" MEANS THE STATE BOARD OF HEALTH IN THE
13 DEPARTMENT.

14 **SECTION 10.** In Colorado Revised Statutes, 24-75-302, **amend**
15 **as added by House Bill 18-1173 (2.3)(c) and (2.3)(d); and add (2.3)(e)**
16 **as follows:**

17 **24-75-302. Capital construction fund - capital assessment fees**
18 **- calculation - information technology capital account. (2.3)** In
19 addition to the sums transferred pursuant to subsections (2) and (2.5) of
20 this section, the state treasurer and the controller shall transfer a sum as
21 specified in this subsection (2.3) from the general fund to the information
22 technology capital account created in subsection (3.7) of this section, as
23 enacted by House Bill 15-1266, as money becomes available in the
24 general fund during the fiscal year beginning on July 1 of the fiscal year
25 in which the transfer is made. Transfers between funds pursuant to this
26 subsection (2.3) are not appropriations subject to the limitations of section
27 24-75-201.1. The amounts transferred pursuant to this subsection (2.3) are

1 as follows:

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

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

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

7 **SECTION 11. Capital construction appropriation.** (1) For the
8 2018-19 state fiscal year, \$700,000 is appropriated to the department of
9 public health and environment for use by the center for health and
10 environmental information. This appropriation is from the information
11 technology capital account within the capital construction fund created in
12 section 24-75-302 (3.7), C.R.S. To implement this act, the center may use
13 this appropriation for capital construction related to an information
14 technology system for hearing loss screening. Any money appropriated
15 in this subsection (1) not expended prior to July 1, 2019, is further
16 appropriated to the division for the 2019-20 and 2020-21 state fiscal years
17 for the same purpose.

18 (2) For the 2018-19 state fiscal year, \$1,162,500 is appropriated to
19 the department of public health and environment for use by the laboratory
20 services division. This appropriation is from the newborn screening and
21 genetic counseling cash funds created in section 25-4-1006 (1), C.R.S. To
22 implement this act, the division may use this appropriation for capital
23 construction related to laboratory space expansion and equipment
24 purchase. Any money appropriated in this subsection (2) not expended
25 prior to July 1, 2019, is further appropriated to the division for the
26 2019-20 and 2020-21 state fiscal years for the same purpose.

27 **SECTION 12. Appropriation.** For the 2018-19 state fiscal

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

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9 **SECTION 13. Effective date.** This act takes effect July 1, 2018.

10 **SECTION 14. Safety clause.** The general assembly hereby finds,
11 determines, and declares that this act is necessary for the immediate
12 preservation of the public peace, health, and safety.