

HB1006_L.001

HOUSE COMMITTEE OF REFERENCE AMENDMENT

Committee on Public Health Care & Human Services.

HB18-1006 be amended as follows:

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

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

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

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

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

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

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

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

23 (f) AN EFFECTIVE NEWBORN SCREENING PROGRAM IS DEPENDENT
24 UPON A STRONG SYSTEM OF EDUCATION AND COORDINATION AMONG
25 PRIMARY CARE PROVIDERS, HOSPITALS, SPECIALTY CARE PROVIDERS,
26 PATIENT AND FAMILY SUPPORT ORGANIZATIONS, PUBLIC HEALTH
27 LABORATORY STAFF, AND PUBLIC HEALTH PROFESSIONALS;

28 (a) (g) State policy regarding newborn screening and genetic
29 counseling and education should be made with full public knowledge, in
30 light of expert opinion, and should be constantly reviewed to consider
31 changing medical knowledge and ensure full public protection;

32 (b) (h) Participation of persons in genetic counseling programs in
33 this state should be wholly voluntary and that all information obtained
34 from persons involved in such programs or in newborn screening
35 programs in the state should be held strictly confidential.

36 (i) HEARING LOSS OCCURS IN NEWBORN INFANTS MORE
37 FREQUENTLY THAN ANY OTHER HEALTH CONDITION FOR WHICH NEWBORN
38 INFANT SCREENING IS REQUIRED;

L.002

"It is vitally...
development
of "

1 (j) EIGHTY PERCENT OF THE LANGUAGE ABILITY OF A CHILD IS
 2 ESTABLISHED BY THE TIME THE CHILD IS EIGHTEEN MONTHS OF AGE, AND
 3 ~~HEARING IS VITALLY IMPORTANT TO THE HEALTHY DEVELOPMENT OF~~
 4 ~~LANGUAGE SKILLS;~~
 5 (k) EARLY DETECTION, EARLY INTERVENTION, AND TREATMENT OF
 6 HEARING LOSS IN A CHILD ARE HIGHLY EFFECTIVE IN FACILITATING A
 7 CHILD'S HEALTHY DEVELOPMENT IN A MANNER CONSISTENT WITH THE
 8 CHILD'S AGE AND COGNITIVE ABILITY;
 9 (l) CHILDREN WITH HEARING LOSS WHO DO NOT RECEIVE EARLY
 10 INTERVENTION AND TREATMENT FREQUENTLY REQUIRE SPECIAL
 11 EDUCATIONAL SERVICES, WHICH, FOR THE VAST MAJORITY OF CHILDREN
 12 IN THE STATE WITH HEARING NEEDS, ARE PUBLICLY FUNDED; AND
 13 (m) APPROPRIATE TESTING AND IDENTIFICATION OF NEWBORN
 14 INFANTS WITH HEARING LOSS WILL FACILITATE EARLY INTERVENTION AND
 15 TREATMENT AND WILL THEREFORE SERVE THE PUBLIC PURPOSES OF
 16 PROMOTING THE HEALTHY DEVELOPMENT OF CHILDREN AND REDUCING
 17 THE NEED FOR ADDITIONAL PUBLIC EXPENDITURES."

18 Page 3, strike lines 1 through 25.

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

L.002 — Page 11, line 15, strike "seven" and substitute "NINE".
20 Page 13, strike lines 15 through 18 and substitute:

L.002
Page 11, line 23
after "hospital,"
insert "a
representative...
young children,"

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

- 25 (I) A BIRTHING FACILITY; OR
- 26 (II) ANOTHER FACILITY OR PROVIDER.

27 (b) THE RULES MUST INCLUDE A REQUIREMENT THAT THE BIRTHING
 28 FACILITY INCLUDE THE RESULTS OF THE HEARING SCREENING IN THE
 29 ELECTRONIC MEDICAL RECORD OF THE NEWBORN. THE INFORMATION
 30 SYSTEM REQUIRED IN SUBSECTION (7) OF THIS SECTION MUST ALLOW THE
 31 RESULTS OF OUTPATIENT RESCREENINGS TO BE REPORTED TO THE
 32 DEPARTMENT AND TO THE PARENT OR GUARDIAN OF THE NEWBORN.

33 (9) (a) THE STATE BOARD OF HEALTH SHALL PROMULGATE RULES
 34 TO ESTABLISH AND MAINTAIN APPROPRIATE FOLLOW-UP SERVICES FOR
 35 NEWBORNS AT RISK OF HEARING LOSS AS WELL AS NEWBORNS WHO FAIL TO
 36 RECEIVE SCREENING. THE FOLLOW-UP SERVICES MUST INCLUDE
 37 IDENTIFICATION OF NEWBORNS AT RISK FOR HEARING LOSS, COORDINATION
 38 AMONG MEDICAL AND AUDIOLOGY PROVIDERS AND FAMILIES, CONNECTING
 39 NEWBORNS TO TIMELY INTERVENTION, APPROPRIATE REFERRALS TO

1 SPECIALISTS FOR FOLLOW-UP AND DIAGNOSTIC TESTING, AND ADDITIONAL
2 DUTIES AS DETERMINED BY THE DEPARTMENT."

3 Renumber succeeding subsection accordingly.

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

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