

MAINE STATE LEGISLATURE

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119th MAINE LEGISLATURE

FIRST REGULAR SESSION-1999

Legislative Document

No. 1814

H.P. 1260

House of Representatives, March 11, 1999

An Act Establishing the Newborn Hearing Program.

Reference to the Committee on Health and Human Services suggested and ordered printed.

A handwritten signature in black ink that reads "Joseph W. Mayo".

JOSEPH W. MAYO, Clerk

Presented by Representative FULLER of Manchester.
Cosponsored by Senator TREAT of Kennebec and
Representatives: GREEN of Monmouth, KANE of Saco, McKENNEY of Cumberland,
ROWE of Portland, SHIELDS of Auburn, TOWNSEND of Portland, Senator: PARADIS of
Aroostook.

Be it enacted by the People of the State of Maine as follows:

2
3
4 **Sec. 1. 5 MRSA §12004-G, sub-§14-C** is enacted to read:

5 **14-C.** **Newborn** **Expenses** **22 MRSA**
6 **Human** **Hearing** **Only** **§8823**
7 **Services** **Screening**
8 **Advisory**
9 **Board**

10 **Sec. 2. 22 MRSA §3174-U** is enacted to read:

11 **§3174-U. Payment for newborn hearing screening**

12 The department shall provide for the delivery of federally
13 approved Medicaid services to children who are enrolled in the
14 program who receive services under chapter 1687.

15 **Sec. 3. 22 MRSA c. 1687** is enacted to read:

16 **CHAPTER 1687**

17 **NEWBORN HEARING**

18 **§8821. Newborn Hearing Program**

19 There is established within the department the Newborn
20 Hearing Program, referred to in this chapter as the "program," to
21 provide hearing screening tests to newborn children to enable
22 the children and their families and caregivers to obtain
23 evaluation, treatment and intervention services at the earliest
24 opportunity in order to prevent or mitigate developmental delays
25 and academic failures associated with undetected hearing loss.

26 1. Definitions. As used in this chapter, unless the
27 context indicates otherwise, the following terms have the
28 following meanings.

29 A. "Birth admission" means the time after birth that the
30 newborn remains in the hospital nursery prior to discharge.

31 B. "Board" means the Newborn Hearing Advisory Board.

32 C. "Health policy" means any group or individual health
33 insurance policy, contract, plan or any individual policy,
34 contract or plan with dependent coverage for children, that
35 provides health care coverage on an expense-incurred service
36 or prepaid basis, including health maintenance organization
37 plans.

2 D. "Hearing loss" means a hearing loss of 30 decibels or
4 more in the frequency region important for speech
6 recognition and comprehension in one or both ears. The
department may adopt rules to decrease the amount of
decibels of hearing loss as technology allows for detection
of hearing loss of 15 to 25 decibels in one or both ears.

8 E. "Intervention" or "follow-up care" means the early
10 intervention services described in Part H of the Individuals
with Disabilities Education Act as amended by PL 105-17.

12 F. "Medicaid" means the state-administered Medicaid
14 program administered under this Title.

16 G. "Parent" means a natural parent, stepparent, adoptive
parent, legal guardian or other legal custodian of a child.

18 H. "Test" or "testing" means a hearing screening and
20 includes for the purposes of this chapter evaluation,
treatment and intervention services.

22 2. Hearing screening. The program shall provide hearing
24 screening tests for newborn children prior to discharge from the
birth admission to the hospital or within 3 months of discharge
26 and for children born outside of hospitals within 3 months of
their birth. Testing must be performed by a trained person who
is periodically monitored by a licensed audiologist.

28 3. Parental choice. The department shall adopt rules
30 permitting parents to decline to have a child tested under this
chapter. The department shall provide information on hearing and
32 the procedures and merits of testing to all parents who choose
not to undergo testing and shall offer testing at a later date,
34 up to 3 months of age to parents who then decide to participate
in the program.

36 **§8822. Program requirements**

38 Hospitals licensed under this Title, other locations
40 providing birthing services and the department shall meet the
requirements of this section.

42 1. Information to parents of children born in hospitals.
44 Beginning November 1, 1999, a hospital shall provide information
to the parents of newborns born in the hospital of the importance
46 of screening the hearing of newborns, and of receiving follow-up
care. The information must explain the process of hearing
48 screening, the likelihood of a child having a hearing loss,
follow-up procedures and community resources and must include a

2 description of the normal auditory, speech and language
3 development process in children.

4 2. Information to parents of children born outside of
5 hospitals. By November 1, 2001, when a newborn is delivered in a
6 facility other than a hospital, the department shall provide
7 information to the parents on the merits of having the hearing
8 screening performed and on the availability of hearing screening
9 within 3 months of the date of birth.

10 3. Screening. By November 1, 2001, newborn hearing
11 screening must be conducted on no less than 85% of newborns born
12 in hospitals in the State on birth admission.

13 4. Children with hearing loss and at-risk children. The
14 department shall establish guidelines for the provision of
15 follow-up services for newborn children in the State who are
16 identified as having or being at risk of developing hearing
17 loss. These services must include, but are not limited to,
18 diagnostic audiologic assessment, counseling and educational
19 services for the parents and an explanation of the potential
20 effects of the identified hearing loss on the development of the
21 newborn's speech, language and cognitive skills as well as the
22 potential benefits of early identification and intervention.

23 5. Reporting. Beginning January 1, 2002, every hospital
24 and other location providing birthing services shall report
25 annually to the board concerning the following:

26 A. The number of newborns born in the hospital or location;

27 B. The number of newborns screened on birth admission;

28 C. The number of newborns who passed the birth admission
29 screening;

30 D. The number of newborns who did not pass the birth
31 admission screening;

32 E. The number of newborns and infants who participated in
33 follow-up rescreening;

34 F. The number of newborns and infants who passed the
35 follow-up rescreening;

36 G. The number of newborns recommended for monitoring,
37 intervention and follow-up care;

38 H. The number of newborns and infants recommended for
39 diagnostic audiologic evaluation; and

2 I. The number of newborns whose parents declined screening.

4 **§8823. Newborn Hearing Screening Advisory Board**

6 The Newborn Hearing Screening Advisory Board, as established
8 in Title 5, section 12004-G, subsection 14-C, is created to
10 provide oversight and advice on the program. The department shall
12 provide administrative support services required by the board.

14 1. Duties. The board shall perform the duties listed in
16 this subsection.

18 A. The board shall oversee and advise the commissioner on
20 issues relating to the program, including actions required
22 to accomplish screening of all newborn children by November
24 1, 2001.

26 B. The board shall adopt advisory procedures for hearing
28 screening, evaluation, treatment and intervention services.
30 The screening must be performed using automated or
32 diagnostic auditory brain stem response or otoacoustic
34 emissions.

36 C. The board shall provide information to the department on
38 hearing screening for children born in locations other than
40 hospitals.

42 D. Beginning January 1, 2000, the board shall report each
44 year to the joint standing committee of the Legislature
46 having jurisdiction over health and human services matters
48 on the program, the percentages of children being screened
50 and evaluated and those being offered and receiving
intervention and treatment services. To the extent allowed
by available resources, the report must be made available to
the public, consumer groups, insurance carriers, health
maintenance organizations and managed care organizations,
other 3rd-party payors, the media and physicians whose
practices include the practice of obstetrics or neonatology.

2. Composition of the board. The board consists of an odd
number of members, numbering at least 11, appointed by the
Governor, including but not limited to representatives from the
following interests:

A. Health professionals, including audiologists,
speech-language pathologists, pediatricians and
neonatologists, otolaryngologists, family medical
practitioners and neonatal nurses;

2 B. Public members, including adults who are deaf or
4 hard-of-hearing, representatives of consumer organizations
6 of deaf and hard-of-hearing persons, parents of children
8 with hearing loss and teachers of children with hearing
10 loss; and

12 C. Health care systems and government representatives,
14 including representatives of the health insurance industry,
16 the commissioner, the Superintendent of Insurance,
18 representatives from the Department of Education and
20 representatives of statewide early intervention programs.

22 3. Reimbursement for expenses. Board members may be
24 reimbursed for reasonable and necessary expenses incurred to
26 attend board meetings but are not entitled to per diem payments.

18 §8824. Tracking system

20 The department is authorized to implement a tracking system
22 that provides the information necessary to effectively plan and
24 establish a comprehensive system of developmentally appropriate
26 services for newborn children and infants who are deaf or
hard-of-hearing that reduces the likelihood of associated
disabling conditions for these children. The tracking system must
be integrated with any national database or similar system
developed by the Federal Government.

28 1. Mandatory reporting. Once the tracking system is
30 operating, all hospitals licensed in the State and other
32 providers of services that have established hearing screening
34 procedures for newborn children and infants through up to 3 years
of age shall report to the department the newborns and infants
who fail to pass hearing screening procedures.

36 2. Use of information. Information collected in the
38 tracking system is confidential health care information subject
40 to section 1711-C. Parents must be provided information on the
availability of resources and services for children with hearing
loss, including those provided in accordance with the Individuals
with Disabilities Education Act.

42 3. Immunity. Persons reporting information in good faith
44 in compliance with this chapter are immune from civil liability.

46 §8825. Rulemaking

48 The department shall adopt rules as required to implement
50 this chapter. Rules adopted pursuant to this section are routine
technical rules as defined by Title 5, chapter 375, subchapter
II-A.

2 **Sec. 4. 24 MRSA §2319-A** is enacted to read:

4 **§2319-A. Newborn hearing services**

6 All individual and group nonprofit hospital and medical
7 service organization contracts must provide that benefits are
8 payable with respect to newborn children hearing screening,
9 evaluation, treatment and intervention services under Title 22,
10 chapter 1687 and necessary audiologic diagnostic follow-up care
11 related to hearing. Newborn hearing screening may not be subject
12 to a deductible or copayment. Other newborn children hearing
13 services may be subject to the same deductibles and copayments
14 that are applicable to other health care services.

16 **Sec. 5. 24-A MRSA §2743-B** is enacted to read:

18 **§2743-B. Newborn hearing services**

20 Individual health insurance policies must provide benefits
21 for newborn hearing screening, evaluation, treatment and
22 intervention services under Title 22, chapter 1687 and necessary
23 audiologic diagnostic follow-up care related to hearing. Newborn
24 children hearing screening benefits may not be subject to a
25 deductible or copayment. Other newborn children hearing services
26 benefits may be subject to the same deductibles and copayments
27 that are applicable to other health care services benefits.

28 **Sec. 6. 24-A MRSA §2843-A** is enacted to read:

30 **§2843-A. Newborn hearing services**

32 Group health policies providing coverage for medical and
33 surgical benefits, except accidental injury, specified disease,
34 hospital indemnity, Medicare supplement, long-term care and other
35 limited benefit health insurance policies and contracts, must
36 provide benefits for newborn children hearing screening,
37 evaluation, treatment and intervention services under Title 22,
38 chapter 1687 and necessary audiologic diagnostic follow-up care
39 related to hearing. Newborn hearing screening benefits may not be
40 subject to a deductible or copayment. Other newborn children
41 hearing services benefits may be subject to the same deductibles
42 and copayments that are applicable to other health care services
43 benefits.

46 **Sec. 7. 24-A MRSA §4234-F** is enacted to read:

48 **§4234-F. Newborn hearing services**

2 Individual and group health maintenance organization
3 contracts must provide benefits for newborn children hearing
4 screening, evaluation, treatment and intervention services under
5 Title 22, chapter 1687 and necessary audiologic diagnostic
6 follow-up care related to hearing. Newborn hearing screening
7 benefits may not be subject to a deductible or copayment. Other
8 newborn hearing services benefits may be subject to the same
9 deductibles and copayments that are applicable to other health
10 care services benefits.

11 **Sec. 8. Effective date.** Sections 4, 5, 6 and 7 of this Act take
12 effect January 1, 2000.

13

SUMMARY

14

15 This bill establishes the Newborn Hearing Program to provide
16 hearing screening, evaluation, treatment and intervention to
17 newborn children and to children within 3 months of the date of
18 their birth. The program is within the Department of Human
19 Services and is overseen by the Newborn Hearing Screening
20 Advisory Board. The bill requires insurance policies and
21 contracts and health maintenance organization contracts to
22 provide coverage for newborn children hearing screening.
23
24