

Article 2. Newborn and Infant Hearing Screening, Tracking, and Intervention Program.

Sec. 47.20.300. Department to implement program.

The department shall plan, develop, and implement a hearing screening, tracking, and intervention program to facilitate compliance with the requirements of AS 47.20.310 — 47.20.390.

Sec. 47.20.310. Screening requirements.

(a) Subject to (b) of this section, the physician in attendance at or immediately after the birth of a child in a hospital in this state, or, if a physician is not in attendance at or immediately after the birth, the person attending the newborn child in a hospital in this state, shall, unless medically contraindicated, cause the child to be screened to determine whether the child has a potential hearing impairment using the methods determined by the department under (e) of this section. Unless medically contraindicated, the screening shall occur before the newborn is released from the hospital or before the infant is 30 days old, whichever is earlier. Each birthing center that provides maternity and newborn care services shall provide that each newborn in the center's care is referred for an appointment to a licensed audiologist or to a hospital or other newborn hearing screening provider before discharge. Unless medically contraindicated, the screening shall occur before the infant is 30 days old.

(b) Notwithstanding (a) of this section, the physician or other person at or immediately after the birth of a child in a hospital or birthing center that averages less than 20 births a year is not required to screen the child as described in (a) of this section but shall, before the newborn is released from the hospital or birthing center, refer the child for screening at another facility or with another provider. Unless medically contraindicated, the screening shall occur before the child is 30 days old.

(c) If it is determined by screening that a newborn child may have a hearing impairment, the physician or other person who is required under (a) of this section to cause the child to be screened shall

(1) refer the child for confirmatory diagnostic evaluation;

(2) make reasonable efforts to promptly notify the child's parent that the child may have a hearing impairment and explain to the parent the potential effect of the impairment on the development of the child's speech and language skills and psychosocial and cognitive development; and

(3) notify the department of the hearing screening results on a form approved by the department.

(d) When the Bureau of Vital Statistics receives a certificate of live birth under AS 18.50.160 for a newborn who was delivered at a place other than a hospital, the bureau shall notify the department employees who administer AS 47.20.310 — 47.20.390. The department employees shall notify the child's parents of the merits of having a hearing screening performed, and the department shall provide information to the parents to assist the parents in accomplishing the hearing screening within 30 days after the child's birth.

(e) The hearing screening required under this section shall use protocols established by the department. At a minimum, the protocols must include the use of at least one of the following physiologic technologies: automated or diagnostic auditory brainstem response (ABR) or otoacoustic emissions

(OAE). The department shall consider updating the protocols as information is provided to the department that new physiologic technologies or improvements to existing physiologic technologies will substantially enhance newborn and infant hearing assessment.

(f) Notwithstanding (a) of this section, a physician or other person required to cause a newborn hearing screening under this section is exempt from this requirement if the parent of the newborn child objects to the screening procedure on the grounds that the procedure conflicts with the religious or other tenets and practices of the parent. The parent shall sign a statement that the parent knowingly refuses the services, and the physician or other person shall have a copy of the signed statement retained in the hospital records of the birth and sent to the department for tracking under AS 47.20.320.

(g) The physician or other person required to cause a newborn hearing screening under this section shall report the results of newborn hearing screening as required by the department under AS 47.20.320.

Sec. 47.20.320. Reporting and tracking program.

(a) The department shall develop and implement a reporting and tracking system for newborns and infants screened for hearing loss in order to provide the department with information and data to effectively plan, establish, monitor, and evaluate the newborn and infant hearing screening, tracking, and intervention program. Evaluation of the program must include evaluation of the initial hearing screening, follow-up components, and the use and availability of the system of services for newborns and infants who are deaf or hard of hearing and their families.

(b) A physician or other person attending the birth in the state, or a hospital on behalf of a physician or other person attending the birth, shall report information related to hearing screening required under (a) of this section as specified by the department. A person who provides audiological confirmatory evaluation and diagnostic services for newborns and infants whose hearing was screened under AS 47.20.310 shall report information as specified by the department in regulation.

(c) The information received under (b) of this section shall be compiled and maintained by the department in the tracking system. The information shall be kept confidential in accordance with the applicable provisions of 20 U.S.C. 1439 (Individuals with Disabilities Education Act), as amended by P.L. 105-17. Data collected by the department that was obtained from the medical records of the newborn or infant shall be for the confidential use of the department and are not public records subject to disclosure under AS 40.25.110. Aggregate statistical data without identifying information compiled from the information received is public information.

(d) A hospital or other health facility, clinical laboratory, audiologist, physician, registered or advanced practice registered nurse, certified direct-entry midwife, officer or employee of a health facility or clinical laboratory, or an employee of an audiologist, physician, or registered or advanced practice registered nurse is not criminally or civilly liable for furnishing information in good faith to the department or its designee under this section. The furnishing of information in accordance with this section is not a violation of AS 08 or AS 18 or regulations adopted under AS 08 or AS 18 for licensees

under those statutes.

Sec. 47.20.330. Intervention program.

(a) The department shall establish guidelines for the provision of follow-up care for newborn and infant children in the state who have been identified as having or being at risk of developing a hearing loss. The services recommended must include appropriate follow-up care for newborns and infants with abnormal or inconclusive screening results, such as diagnostic evaluation, referral, and coordination of early intervention service programs if the newborn or infant is found to have a hearing loss.

(b) The parents of all newborns and infants diagnosed with a hearing loss, as reported to the department, shall be provided by the department with written information on the availability of follow-up care through community resources and government agencies, including those provided in accordance with 20 U.S.C. 1400 — 1482 (Individuals with Disabilities Education Act), as amended. Information provided by the department must include listings of local and statewide nonprofit deaf and hard of hearing consumer-based organizations, parent support organizations affiliated with deafness, counseling and educational services, and programs offered through the department and the Department of Education and Early Development.

Sec. 47.20.340. Outreach campaign.

The department shall conduct a community outreach and awareness campaign to inform medical providers, pregnant women, and families of newborns and infants of the newborn and infant hearing screening, tracking, and intervention program and the value of early hearing screening, tracking, and intervention.

Sec. 47.20.350. Report.

The department shall prepare an annual report for the governor about the newborn and infant hearing screening, tracking, and intervention program administered under AS 47.20.310 — 47.20.390. The report must include recommendations on improving the early screening, tracking, and intervention program, including strategies to increase the rate of early screening and the use of appropriate early intervention techniques. The department shall notify the legislature that the report is available.

Sec. 47.20.360. Performance evaluation.

(a) The department shall collect and compile performance data on the early hearing screening, tracking, and intervention program established under AS 47.20.300 — 47.20.390 to ensure that the program is in compliance with AS 47.20.300 — 47.20.390 and the regulations adopted under AS 47.20.300 — 47.20.390. The performance evaluation must include

(1) a comparison of the number of infants born in the state to the number of infants screened;

(2) the referral rate for confirmatory diagnostic evaluation;

(3) the follow-up rate for intervention; and

(4) the number of false screening results.

(b) In conducting a performance evaluation, the department shall establish hearing screening performance standards that must include a false positive rate and a false negative rate for screening results of less than or equal to three percent.

Sec. 47.20.390. Definitions.

In AS 47.20.300 — 47.20.390,

(1) “commissioner” means the commissioner of health and social services;

(2) “department” means the Department of Health and Social Services;

(3) “follow-up care” means all of the following:

(A) services necessary to diagnose and confirm a hearing loss;

(B) ongoing audiological services to monitor hearing;

(C) communication services, including aural rehabilitation, speech, language, social, and psychological services;

(D) support services for the infant and family; and

(E) early intervention services described in 20 U.S.C. 1431 — 1445 (Individuals with Disabilities Education Act), as amended;

(4) “hearing loss” means a hearing loss of 40 decibels or greater in the frequency region important for speech recognition and comprehension in one or both ears, approximately 500 through 4000 Hz;

(5) “hearing screening” means automated auditory brain stem response, otoacoustic emissions, or other appropriate screening procedure approved by the department;

(6) “infant” means a child 30 days to 24 months old;

(7) “newborn” means a child less than 30 days old;

(8) “parent” means a natural parent, stepparent, adoptive parent, legal guardian, or other legal custodian of the child;

(9) “program” means the newborn and infant hearing, tracking, and intervention screening program established under AS 47.20.310 — 47.20.390.