

**Second Regular Session
Seventy-first General Assembly
STATE OF COLORADO**

PREAMENDED

This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading

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

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.**

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

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.

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;

26 (f) AN EFFECTIVE NEWBORN SCREENING PROGRAM IS DEPENDENT

1 UPON A STRONG SYSTEM OF EDUCATION AND COORDINATION AMONG
2 PRIMARY CARE PROVIDERS, HOSPITALS, SPECIALTY CARE PROVIDERS,
3 PATIENT AND FAMILY SUPPORT ORGANIZATIONS, PUBLIC HEALTH
4 LABORATORY STAFF, AND PUBLIC HEALTH PROFESSIONALS;

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

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

13 (i) HEARING LOSS OCCURS IN NEWBORN INFANTS MORE
14 FREQUENTLY THAN ANY OTHER HEALTH CONDITION FOR WHICH NEWBORN
15 INFANT SCREENING IS REQUIRED;

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

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

24 (l) CHILDREN WITH HEARING LOSS WHO DO NOT RECEIVE EARLY
25 INTERVENTION AND TREATMENT FREQUENTLY REQUIRE SPECIAL
26 EDUCATIONAL SERVICES, WHICH, FOR THE VAST MAJORITY OF CHILDREN
27 IN THE STATE WITH HEARING NEEDS, ARE PUBLICLY FUNDED; AND

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

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

8 25-4-1003. Powers and duties of state board and executive
9 director - newborn screening programs - genetic counseling and
10 education programs - rules. (2) The executive director of the
11 department of public health and environment shall comply with the
12 following provisions:

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

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

27 25-4-1004. Newborn screening - advisory committee.

1 (1) ~~(b) On or after April 1, 1989, all~~ Infants born in the state of Colorado
2 shall be tested for the following conditions: Phenylketonuria,
3 hypothyroidism, abnormal hemoglobins, galactosemia, cystic fibrosis,
4 biotinidase deficiency, and such other conditions as the STATE board of
5 health may determine meet the criteria set forth in ~~paragraph (c) of this~~
6 ~~subsection (1). Appropriate specimens for such testing shall be forwarded~~
7 ~~by the hospital in which the child is born to the laboratory operated or~~
8 ~~designated by the department of public health and environment for such~~
9 ~~purposes~~ SUBSECTION (1)(c) OF THIS SECTION. THE BIRTHING FACILITY
10 WHERE THE INFANT IS BORN SHALL FORWARD ALL APPROPRIATE
11 SPECIMENS TO THE LABORATORY OPERATED OR DESIGNATED BY THE
12 DEPARTMENT. The physician, nurse, midwife, or other health professional
13 attending a birth outside a ~~hospital shall be~~ BIRTHING FACILITY IS
14 responsible for ~~the collection~~ COLLECTING and forwarding of ~~such~~ THE
15 specimens. The LABORATORY SHALL FORWARD THE results of the testing
16 ~~shall be forwarded~~ directly to the physician, PRIMARY CARE PROVIDER, or
17 other ~~primary~~ health care provider AS NEEDED for the provision of such
18 information to the parent, ~~or~~ parents, OR GUARDIANS of the child. The
19 results of any testing or follow-up testing pursuant to section 25-4-1004.5
20 may be sent to the immunization tracking system authorized by section
21 25-4-2403 and accessed by the physician or other primary health care
22 provider. The state board of ~~health~~ may discontinue testing for any
23 condition listed in this ~~paragraph (b)~~ SUBSECTION (1)(b) if, upon
24 consideration of criteria set forth in ~~paragraph (c) of this subsection (1)~~
25 SUBSECTION (1)(c) OF THIS SECTION, the STATE board finds that the public
26 health is better served by not testing infants for that condition.

27 (c) The STATE board of ~~health~~ shall use the following criteria to

1 determine whether ~~or not~~ to test infants for conditions ~~which~~ THAT are not
2 specifically enumerated in this subsection (1):

3 (1.5) ON OR BEFORE SEPTEMBER 1, 2018, AND ON OR BEFORE
4 SEPTEMBER 1 EACH YEAR THEREAFTER, THE STATE BOARD SHALL ADD
5 NEW CONDITIONS FOR WHICH INFANTS MUST BE TESTED AS DEEMED
6 APPROPRIATE BY THE DEPARTMENT, BASED ON THE RECOMMENDED
7 UNIFORM SCREENING PANEL AS RECOMMENDED BY THE SECRETARY OF THE
8 UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES OR ITS
9 SUCCESSOR AGENCY.

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

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

24 **25-4-1004.5. Follow-up testing and treatment - second**
25 **screening - fee - rules.** (1) ~~The general assembly finds that:~~

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

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

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

8 (d) ~~For over twenty-five years the follow-up testing and treatment~~
9 ~~services were provided by a federal grant that was discontinued June 30,~~
10 ~~1993. Since that time, follow-up testing and treatment services have been~~
11 ~~limited. If alternative sources of funding are not provided, those services~~
12 ~~will be eliminated.~~

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

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

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

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

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

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

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

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

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

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

1 **25-4-1004.7. Newborn hearing screening - advisory committee**

2 **- report - rules.** (1) ~~(a) The general assembly finds, determines, and~~
3 ~~declares:~~

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

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

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

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

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

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

26 (b) For these reasons the general assembly hereby determines that
27 it would be beneficial and in the best interests of the development of the

1 ~~children of the state of Colorado that newborn infants' hearing be~~
2 ~~screened.~~

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

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

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

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

21 (II) The advisory committee on hearing in newborn infants ~~shall~~
22 MUST consist of at least ~~seven~~ NINE members. ~~who shall be appointed by~~
23 The executive director of the department ~~of public health and~~
24 ~~environment~~ SHALL APPOINT MEMBERS TO THE ADVISORY COMMITTEE.
25 Members appointed to the committee ~~shall~~ MUST have training,
26 experience, or interest in the area of hearing ~~conditions~~ LOSS in children
27 AND SHOULD INCLUDE REPRESENTATIVES FROM RURAL AND URBAN AREAS

1 OF THE STATE, A PARENT WHO HAS A CHILD WITH HEARING LOSS, A
2 REPRESENTATIVE OF A PATIENT AND FAMILY SUPPORT ORGANIZATION, A
3 REPRESENTATIVE OF A HOSPITAL, A REPRESENTATIVE FROM AN
4 ORGANIZATION REPRESENTING CULTURALLY DEAF PERSONS, AN
5 AMERICAN SIGN LANGUAGE EXPERT WHO HAS EXPERIENCE IN EVALUATION
6 AND INTERVENTION OF INFANTS AND YOUNG CHILDREN, AND PHYSICIANS
7 AND AUDIOLOGISTS WITH SPECIFIC EXPERTISE IN HEARING LOSS IN
8 INFANTS.

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

- 21 (I) ~~The number of infants born in the hospital;~~
22 (II) ~~The number of infants screened;~~
23 (III) ~~The number of infants who passed the screening, if~~
24 ~~administered; and~~
25 (IV) ~~The number of infants who did not pass the screening, if~~
26 ~~administered.~~
27 (b) ~~The advisory committee on hearing in newborn infants shall~~

1 ~~determine which hospitals or other health care institutions in the state of~~
2 ~~Colorado are administering hearing screening to newborn infants on a~~
3 ~~voluntary basis and the number of infants screened.~~

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

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

9 (5) A physician, nurse, midwife, or other health professional
10 attending a birth outside a hospital or institution shall ENSURE THAT THE
11 HEARING SCREENING IS PERFORMED WITHIN THIRTY DAYS OF THE BIRTH
12 AND SHALL provide information, as established by RULE OF the
13 department, to parents regarding places where the parents may have their
14 infants' hearing screened and the importance of such THE screening. THE
15 PHYSICIAN, NURSE, MIDWIFE, OR OTHER HEALTH PROFESSIONAL SHALL
16 PROVIDE A REPORT OF ANY SCREENING TO THE PARENT OR GUARDIAN OF
17 THE INFANT, THE PRIMARY CARE PROVIDER OF THE INFANT, AND THE
18 DEPARTMENT.

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

26 (8) (a) THE STATE BOARD OF HEALTH SHALL PROMULGATE RULES
27 THAT REQUIRE EACH OF THE FOLLOWING WITH INFORMATION PERTINENT

1 TO THIS SECTION TO REPORT THE RESULTS OF INDIVIDUAL SCREENING TO
2 THE DEPARTMENT:

3 (I) A BIRTHING FACILITY; OR

4 (II) ANOTHER FACILITY OR PROVIDER.

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

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

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

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

27 (d) THE INFORMATION GATHERED BY THE DEPARTMENT, OTHER

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

13 (10) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT MAY ASSESS
14 A FEE THAT IS SUFFICIENT TO COVER THE ONGOING DIRECT AND INDIRECT
15 COSTS OF ALL INITIAL NEWBORN HEARING SCREENING AND FOLLOW-UP
16 SERVICES AND TO ACCOMPLISH THE OTHER PURPOSES OF THIS SECTION,
17 WHICH FEE SHALL BE DEPOSITED INTO THE NEWBORN HEARING SCREENING
18 CASH FUND CREATED IN SECTION 25-4-1006(3). BIRTHING FACILITIES MAY
19 ASSESS A REASONABLE FEE TO BE CHARGED THE PARENT OR GUARDIAN OF
20 THE NEWBORN TO COVER THE COSTS OF PROVIDING SERVICES NECESSARY
21 TO IMPLEMENT THE PURPOSES OF THIS SECTION.

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

24 **25-4-1006. Cash funds.** (1) All ~~moneys~~ MONEY received from
25 fees collected pursuant to this part 10, EXCEPT FOR THE MONEY RECEIVED
26 PURSUANT TO SECTION 25-4-1004.7, shall be transmitted to the state
27 treasurer, who shall credit ~~the same~~ IT to the newborn screening and

1 genetic counseling cash funds, which funds are hereby created. Such
2 ~~moneys~~ MONEY shall be utilized for expenditures authorized or
3 contemplated by and not inconsistent with the provisions of this part 10
4 relating to newborn screening, follow-up care, and genetic counseling and
5 education programs and functions. All ~~moneys~~ MONEY credited to the
6 newborn screening and genetic counseling cash funds shall be used as
7 provided in this part 10 and shall not be deposited in or transferred to the
8 general fund of this state or any other fund.

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

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

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

26 **25-4-1002.5. Definitions.** AS USED IN THIS PART 10, UNLESS THE
27 CONTEXT OTHERWISE REQUIRES:

1 (1) "BIRTHING FACILITY" MEANS A GENERAL HOSPITAL OR
2 BIRTHING CENTER LICENSED OR CERTIFIED PURSUANT TO SECTION
3 25-1.5-103.

4 (2) "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC HEALTH
5 AND ENVIRONMENT.

6 (3) "STATE BOARD" MEANS THE STATE BOARD OF HEALTH IN THE
7 DEPARTMENT.

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

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