Committee on Public Health Care & Human Services.

After consideration on the merits, the Committee recommends the following:

HB18-1006 be amended as follows, and as so amended, be referred to the Committee on Finance with favorable recommendation:

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

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

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

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

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

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

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

(e) NEWBORN SCREENING IS A PUBLIC HEALTH FUNCTION THAT IDENTIFIES NEWBORNS AT RISK OF CERTAIN CONDITIONS OR HEARING LOSS, AS WELL AS NEWBORNS WHO DO NOT RECEIVE SCREENING, AND APPROPRIATELY CONNECTS THEM TO CARE;
AN EFFECTIVE NEWBORN SCREENING PROGRAM IS DEPENDENT UPON A STRONG SYSTEM OF EDUCATION AND COORDINATION AMONG PRIMARY CARE PROVIDERS, HOSPITALS, SPECIALTY CARE PROVIDERS, PATIENT AND FAMILY SUPPORT ORGANIZATIONS, PUBLIC HEALTH LABORATORY STAFF, AND PUBLIC HEALTH PROFESSIONALS;

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

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

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

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

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

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

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

Page 3, strike lines 1 through 25.

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

Page 11, line 15, strike "seven" and substitute "SEVEN NINE".

Page 11, line 23, after "HOSPITAL," insert "A REPRESENTATIVE FROM AN
Page 13, strike lines 15 through 18 and substitute:

"(8) (a) The state board of health shall promulgate rules that require each of the following with information pertinent to this section to report the results of individual screening to the department:

(I) A birthing facility; or

(II) Another facility or provider.

(b) The rules must include a requirement that the birthing facility include the results of the hearing screening in the electronic medical record of the newborn. The information system required in subsection (7) of this section must allow the results of outpatient rescreenings to be reported to the department and to the parent or guardian of the newborn.

(9) (a) The state board of health shall promulgate rules to establish and maintain appropriate follow-up services for newborns at risk of hearing loss as well as newborns who fail to receive screening. The follow-up services must include identification of newborns at risk for hearing loss, coordination among medical and audiology providers and families, connecting newborns to timely intervention, appropriate referrals to specialists for follow-up and diagnostic testing, and additional duties as determined by the department."

Renumber succeeding subsection accordingly.

Page 14, line 7, after the period add "The information gathered in accordance with this subsection (9)(d) does not restrict the department from performing follow-up services with newborns, their parents or guardians, and health care providers.".