

SENATE BILL NO. 68

IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FOURTH LEGISLATURE - FIRST SESSION

BY SENATORS DAVIS, Ellis

Introduced: 1/21/05

Referred: Health, Education and Social Services, Finance

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to newborn hearing screening."**

2 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

3 * **Section 1.** AS 47.20 is amended by adding a new section to read:

4 **Sec. 47.20.095. Newborn hearing screening.** (a) The physician in
5 attendance at or immediately after the birth of a child in a hospital in this state, or, if a
6 physician is not in attendance at or immediately after the birth, the person attending
7 the newborn child in a hospital in this state, shall, unless medically contraindicated,
8 cause the child to be tested to determine whether the child has a potential hearing
9 impairment using the methods determined by the department under (c) of this section.
10 Unless medically contraindicated, the screening shall occur before the newborn is
11 released from the hospital or before the infant is 30 days old, whichever is earlier.
12 Each birthing center that provides maternity and newborn care services shall provide
13 that each newborn in the center's care is referred for an appointment to a licensed
14 audiologist or to a hospital or other newborn hearing screening provider before
15 discharge. Unless medically contraindicated, the screening shall occur before the

1 infant is 30 days old.

2 (b) If it is determined by testing that a newborn child may have a hearing
3 impairment, the physician or other person who is required under (a) of this section to
4 cause the child to be tested shall

5 (1) refer the child for confirmatory testing; and

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

9 (c) The hearing testing required under this section shall use protocols
10 established by the department. At a minimum, the protocols must include the use of at
11 least one of the following physiologic technologies: automated or diagnostic auditory
12 brainstem response (ABR) or otoacoustic emissions (OAE). The department shall
13 consider updating the protocols as information is provided to the department that new
14 physiologic technologies or improvements to existing physiologic technologies will
15 substantially enhance newborn and infant hearing assessment.