

**HB**

**173**



**Amendment**

By Representative Joule

Page 5, subsection (g), lines 14-18

**DELETE**

## SPONSOR STATEMENT

**"An Act establishing a screening, tracking, and intervention program related to the hearing ability of newborns and infants; providing an exemption to licensure as an audiologist for certain persons performing hearing screening test; relating to insurance coverage for newborn and infant hearing screening; and providing for an effective date."**

Recent discoveries that a baby's brain develops earlier than previously understood has prompted many state legislators and health care providers to reexamine policies related to newborn and infant hearing screening. In recent years, thirty-two states have passed legislation that provides universal newborn hearing screening. An additional three states have legislation pending this session and another three states routinely screen 85% of their newborns.

Each year in Alaska approximately 10,000 babies are born, around 30 to 40 of them are likely to have some type of congenital hearing loss. Hearing loss is more common than any other birth defect for which newborns are regularly screened in the state, however hearing screening is not required. While many hospitals and clinics screen high-risk or premature infants for hearing loss, about 50% of newborns with hearing loss are not identified. Most newborns with congenital hearing loss that are not screened at birth will not be identified until 18 months to three years of age, after certain critical periods for language and cognitive development have passed. When left undetected hearing loss can result in lifelong delays in language, cognitive, socio-emotional and academic development.

The proposed legislation would require a newborn to be tested for any potential hearing impairment before the child is released from the hospital or before the infant is three months old, whichever is earlier unless medically contradicted. If a hospital or birthing center has less than 50 births a year, or if a health care provider assists with a birth outside a hospital or birthing center, they are not required to screen the child but must refer the child to screening at another facility.

Under the proposed legislation screening would only be the first step in the process. Newborns who do not pass the screening would be referred for further diagnostic testing and on-going follow-up care. If hearing loss is confirmed families will be connected with on-going audiological and early intervention services, parental and family support services, and any other needed services. Throughout the process parents will be notified of the importance of early screening and the available resources.

The bill also requires the establishment of a reporting and tracking system regarding the newborn screening in order to provide the department with information to effectively plan, establish, monitor, and evaluate the program.

Of note is that in April 2000, The Department of Health and Social Services, Section of Maternal, Child and Family Health was awarded a four year federal grant for \$111,500 a year. The grant is for planning, developing and supporting an early hearing detection and intervention screening program. Additionally, the National Center for Hearing Assessment and Management has developed a program to loan hearing screening equipment to hospitals and clinics.



*Governor's House  
716 Calhoun Avenue  
Juneau, Alaska 99801*

March 21, 2001

Representative Reggie Joule  
Room 405  
State Capitol  
Juneau, Alaska 99801-1182

*Reggie*  
Dear Representative Joule,

I was delighted to learn about your efforts to institute newborn hearing screening in Alaska as well as to provide support for families with children diagnosed with a hearing problem.

This has been an interest of mine since the governors' spouses were given a briefing on the subject by the National Center for Hearing a couple of years ago. It was easy to conclude that the screening procedure is relatively easy and inexpensive particularly in comparison with the costs of failing to make an early diagnosis. I have resource materials from that meeting that I would be happy to share with you.

Please let me know if you would like this information or if I can otherwise be of assistance. Good luck with this very worthwhile legislative initiative.

Sincerely yours,

*Susan*

Susan M. Knowles  
First Lady

Cc: Commissioner Karen Perdue

Support Material

# LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES  
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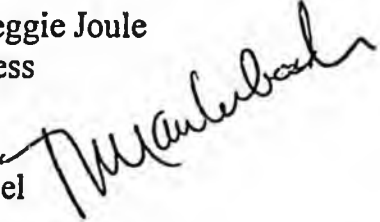
State Capitol  
Juneau, Alaska 99801-1182  
Deliveries to: 129 6th St., Rm. 329

## MEMORANDUM

February 7, 2001

**SUBJECT:** Hearing screening, tracking, and intervention program for infants  
(Work Order No. 22-LS0003\P)

**TO:** Representative Reggie Joule  
Attn: Christine Hess

**FROM:** Terri Lauterbach   
Legislative Counsel

Following is a sectional summary of 22-LS0003\P. Since you have asked no specific questions about the bill, this memo is brief. Please let me know if you have questions of a legal nature about the bill that require further explanation.

**Section 1.** Legislative findings.

**Section 2.** Legislative intent that the new program be 90 percent operational by January 1, 2003.

**Section 3.** Adds an exemption from the requirement that a person be licensed as a audiologist in order to perform the hearing screening required under this bill.

**Section 4.** Requires the state registrar to send parental addresses to the employees who implement the hearing screening program when the registrar gets birth information for a birth outside a hospital.

**Section 5.** Requires insurance policies to cover hearing screening of infants if the policy covers pregnancy, childbirth, and dependents.

**Section 6.** Establishes the Newborn and Infant Hearing Screening, Tracking, and Intervention Program.

**Section 7.** Authorizes development of regulations before the rest of the bill takes effect.

**Section 8.** Technical changes to be made by the revisor of statutes.

**Section 9.** Immediate effective date for getting the new program started.

**Section 10.** January 1, 2002, effective date for most of the bill.

TML:glc  
01-104.glc

APR-07-00 FRI 11:01 AM

TABLES 1.20A, 1.20B, AND 1.21

10:28 Friday, April 7, 2000 1

RESIDENT BIRTHS BY CENSUS AREA AND NRC OF OCCURRENCE, MOTHER'S RACE  
AND BY BIRTH ATTENDANT TYPE, ALASKA

1998

| CENSUS AREA OF OCCURRENCE | ATTENDANT TYPE      |                           |                    |         |                | TOTAL |
|---------------------------|---------------------|---------------------------|--------------------|---------|----------------|-------|
|                           | MEDICAL DOCTOR (MD) | DOCTOR OF OSTEOPATHY (DO) | CERT NURSE MIDWIFE | MIDWIFE | OTHER/ UNKNOWN |       |
| ALEUTIANS WEST            | .                   | .                         | .                  | .       | 1              | 1     |
| ANCHORAGE                 | 3,972               | 243                       | 907                | 47      | 50             | 5,219 |
| BETHEL                    | 306                 | .                         | 102                | .       | 6              | 414   |
| DILLINGHAM                | 47                  | 20                        | 1                  | .       | 1              | 69    |
| FAIRBANKS NSB             | 1,366               | 29                        | 172                | 48      | 15             | 1,630 |
| JUNEAU BOROUGH            | 363                 | .                         | 10                 | 32      | 2              | 407   |
| KENAI PENINSULA           | 349                 | 8                         | 176                | 15      | 9              | 557   |
| KETCHIKAN                 | 260                 | .                         | 37                 | .       | 1              | 298   |
| KODIAK ISLAND             | 155                 | 78                        | .                  | 6       | .              | 239   |
| MATANUSKA-SUSITNA         | 277                 | 89                        | 8                  | 87      | 4              | 465   |
| NOME                      | 91                  | 16                        | .                  | 8       | 5              | 120   |
| NORTH SLOPE               | 42                  | 4                         | .                  | .       | 2              | 48    |
| NORTHWEST ARCTIC          | 92                  | 8                         | 11                 | .       | 3              | 114   |
| PRINCE OF WALES           | .                   | .                         | .                  | .       | 4              | 4     |
| SITKA BOROUGH             | 124                 | 1                         | .                  | .       | 2              | 127   |
| SKGWAY-HOONAH-ANG         | .                   | .                         | .                  | 1       | .              | 1     |
| SE FAIRBANKS              | .                   | .                         | 1                  | .       | 1              | 2     |
| VALDEZ-CORDOVA            | 45                  | .                         | 1                  | 2       | 1              | 49    |
| WADE HAMPTON              | 3                   | .                         | .                  | .       | 8              | 11    |
| WRANGELL-PETERSBG         | 23                  | 8                         | .                  | .       | 1              | 32    |
| YUKON-KOYUKUK             | .                   | .                         | .                  | .       | 3              | 3     |
| UNKNOWN                   | 38                  | 2                         | 4                  | 1       | 62             | 110   |
| TOTAL                     | 7,553               | 506                       | 1,430              | 250     | 181            | 9,920 |

APR-07-00 FRI 11:01 AM

TABLES 1.20A, 1.20B, AND 1.21

10:28 Friday, April 7, 2000 2

RESIDENT BIRTHS BY CENSUS AREA AND NRC OF OCCURRENCE, MOTHER'S RACE  
AND BY BIRTH ATTENDANT TYPE, ALASKA

1998

| NRC OF OCCURRENCE    | ATTENDANT TYPE            |                                 |                       |         |                   | TOTAL |
|----------------------|---------------------------|---------------------------------|-----------------------|---------|-------------------|-------|
|                      | MEDICAL<br>DOCTOR<br>(MD) | DOCTOR OF<br>OSTEOPATHY<br>(DO) | CERT NURSE<br>MIDWIFE | MIDWIFE | OTHER/<br>UNKNOWN |       |
| AHTNA INC.           | .                         | .                               | 1                     | 1       | .                 | 2     |
| ALEUT CORP.          | .                         | .                               | .                     | .       | 1                 | 1     |
| ARCTIC SLOPE CORP.   | 42                        | 4                               | .                     | .       | 2                 | 48    |
| BERING STRAITS CORP. | 91                        | 16                              | .                     | 8       | 5                 | 120   |
| BRISTOL BAY CORP.    | 47                        | 20                              | 1                     | .       | 1                 | 69    |
| CALISTA CORP.        | 309                       | .                               | 102                   | .       | 14                | 425   |
| CHUGACH NATIVES INC. | 45                        | .                               | .                     | 1       | 1                 | 47    |
| COOK INLET REG CORP. | 4,598                     | 340                             | 1,091                 | 149     | 63                | 6,241 |
| DOYON LTD.           | 1,366                     | 29                              | 173                   | 48      | 19                | 1,635 |
| KONIAG INC.          | 155                       | 78                              | .                     | 6       | .                 | 239   |
| NANA REGIONAL CORP.  | 92                        | 8                               | 11                    | .       | 3                 | 114   |
| SEALASKA CORP.       | 770                       | 9                               | 47                    | 33      | 10                | 869   |
| UNKNOWN              | 38                        | 2                               | 4                     | 4       | 62                | 110   |
| TOTAL                | 7,553                     | 506                             | 1,430                 | 250     | 181               | 9,920 |

SELECTED VITAL STATISTICS FOR ALASKA: 1999 AND 1995-1999  
 REPORTED BY MOTHER'S RACE

|                               | ALL RACES      |           |            | WHITE          |           |            | NATIVE         |           |            |
|-------------------------------|----------------|-----------|------------|----------------|-----------|------------|----------------|-----------|------------|
|                               | 1999<br>NUMBER | 1999<br>% | 95-99<br>% | 1999<br>NUMBER | 1999<br>% | 95-99<br>% | 1999<br>NUMBER | 1999<br>% | 95-99<br>% |
| <b>BIRTHS</b>                 |                |           |            |                |           |            |                |           |            |
| TOTAL                         | 9,975          | 100.0     | 100.0      | 6,583          | 66.0      | 66.8       | 2,461          | 24.7      | 23.9       |
| TO RESIDENTS                  | 9,959          | 100.0     | 100.0      | 6,573          | 66.0      | 66.7       | 2,456          | 24.7      | 23.9       |
| <b>POPULATION</b>             |                |           |            |                |           |            |                |           |            |
| MALES                         | 323,686        | 52.0      | 52.1       | 240,936        | 52.5      | 52.6       | 52,419         | 50.0      | 50.0       |
| FEMALES                       | 298,314        | 48.0      | 47.9       | 217,726        | 47.5      | 47.4       | 52,326         | 50.0      | 50.0       |
| TOTAL                         | 622,000        | 100.0     | 100.0      | 458,662        | 100.0     | 100.0      | 104,745        | 100.0     | 100.0      |
| <b>BIRTH RATES</b>            |                |           |            |                |           |            |                |           |            |
| CRUDE BIRTH RATE*             | 9,959          | 16.0      | 16.4       | 6,573          | 14.3      | 14.7       | 2,456          | 23.4      | 23.6       |
| TEEN BIRTH RATE*              | 1,122          | 47.8      | 50.6       | 570            | 35.0      | 38.2       | 433            | 85.5      | 88.3       |
| FERTILITY RATE*               | .              | 72.5      | 72.0       | .              | 65.5      | 64.8       | .              | 106.0     | 106.2      |
| <b>FACILITY</b>               |                |           |            |                |           |            |                |           |            |
| HOSPITAL                      | 9,317          | 93.6      | 94.5       | 6,024          | 91.6      | 93.0       | 2,404          | 97.9      | 97.7       |
| BIRTHING CENTER               | 299            | 3.0       | 2.0        | 280            | 4.3       | 2.9        | 8              | 0.3       | 0.2        |
| HOME                          | 183            | 1.8       | 1.8        | 170            | 2.6       | 2.6        | 5              | 0.2       | 0.3        |
| CLINIC                        | 34             | 0.3       | 0.4        | 1              | 0.0       | 0.1        | 32             | 1.3       | 1.3        |
| OUTSIDE ALASKA                | 124            | 1.2       | 1.2        | 96             | 1.5       | 1.4        | 7              | 0.3       | 0.3        |
| <b>MOTHER CHARACTERISTICS</b> |                |           |            |                |           |            |                |           |            |
| <b>AGE GROUP</b>              |                |           |            |                |           |            |                |           |            |
| <15                           | 17             | 0.2       | 0.2        | 5              | 0.1       | 0.1        | 9              | 0.4       | 0.4        |
| 15-19                         | 1,122          | 11.3      | 11.1       | 570            | 8.7       | 8.8        | 433            | 17.6      | 16.9       |
| 20-24                         | 2,711          | 27.2      | 26.8       | 1,696          | 25.8      | 25.4       | 735            | 29.9      | 30.2       |
| 25-29                         | 2,770          | 27.8      | 27.4       | 1,907          | 29.0      | 28.7       | 626            | 25.5      | 24.2       |
| 30-34                         | 1,962          | 19.7      | 21.2       | 1,409          | 21.4      | 22.4       | 389            | 15.8      | 18.1       |
| 35-39                         | 1,096          | 11.0      | 10.8       | 789            | 12.0      | 11.6       | 205            | 8.3       | 8.5        |
| 40-44                         | 257            | 2.6       | 2.5        | 175            | 2.7       | 2.8        | 57             | 2.3       | 1.7        |
| 45+                           | 20             | 0.2       | 0.1        | 18             | 0.3       | 0.2        | 2              | 0.1       | 0.1        |
| REPORTED DRINKING             | 348            | 3.5       | 3.9        | 150            | 2.3       | 2.3        | 186            | 7.6       | 9.5        |
| REPORTED SMOKING              | 1,774          | 17.8      | 19.0       | 893            | 13.6      | 14.8       | 824            | 33.6      | 35.5       |
| UNWED                         | 3,299          | 33.1      | 31.1       | 1,537          | 23.4      | 22.0       | 1,435          | 58.4      | 56.1       |
| <b>EDUCATION</b>              |                |           |            |                |           |            |                |           |            |
| <12 YEARS                     | 1,331          | 13.4      | 13.5       | 642            | 9.8       | 9.6        | 599            | 24.4      | 25.1       |
| 12 YEARS                      | 4,194          | 42.1      | 41.7       | 2,459          | 37.4      | 37.0       | 1,325          | 53.9      | 54.8       |
| 12+ YEARS                     | 4,186          | 42.0      | 42.7       | 3,369          | 51.3      | 51.9       | 429            | 17.5      | 17.0       |
| <b>PRENATAL CARE</b>          |                |           |            |                |           |            |                |           |            |
| 1ST TRIMESTER                 | 7,810          | 78.4      | 80.3       | 5,348          | 81.4      | 82.8       | 1,754          | 71.4      | 74.4       |
| 3RD TRIMESTER                 | 425            | 4.3       | 3.5        | 229            | 3.5       | 2.8        | 162            | 6.6       | 5.4        |
| <b>KESSNER INDEX</b>          |                |           |            |                |           |            |                |           |            |
| ADEQUATE                      | 6,632          | 66.6      | 69.5       | 4,836          | 73.6      | 75.3       | 1,174          | 47.8      | 53.5       |
| INTERMEDIATE                  | 2,648          | 26.6      | 24.9       | 1,368          | 20.8      | 20.2       | 1,045          | 42.5      | 38.2       |
| INADEQUATE                    | 425            | 4.3       | 3.5        | 229            | 3.5       | 2.8        | 162            | 6.6       | 5.4        |
| NO CARE                       | .              | 0.0       | 0.1        | .              | 0.0       | 0.1        | .              | 0.0       | 0.1        |
| <b>KOTELCHUCK INDEX</b>       |                |           |            |                |           |            |                |           |            |
| ADEQUATE+                     | 2,700          | 27.1      | 27.2       | 1,939          | 29.5      | 28.7       | 473            | 19.3      | 22.0       |
| ADEQUATE                      | 3,987          | 40.0      | 41.8       | 2,953          | 44.9      | 46.0       | 686            | 27.9      | 30.6       |
| INTERMEDIATE                  | 1,550          | 15.6      | 15.4       | 824            | 12.5      | 13.2       | 606            | 24.7      | 22.3       |
| INADEQUATE                    | 1,462          | 14.7      | 13.5       | 713            | 10.8      | 10.3       | 614            | 25.0      | 22.1       |
| NO CARE                       | .              | 0.0       | 0.1        | .              | 0.0       | 0.1        | .              | 0.0       | 0.1        |
| C-SECTION BIRTHS              | 1,482          | 14.9      | 15.6       | 1,108          | 16.9      | 17.7       | 225            | 9.2       | 8.7        |
| PRE-TERM BIRTHS               | 1,071          | 10.8      | 10.0       | 633            | 9.6       | 8.6        | 306            | 12.5      | 13.1       |
| LOW BIRTHWEIGHT               | 572            | 5.7       | 5.6        | 343            | 5.2       | 5.2        | 146            | 5.9       | 5.6        |

(Continued)

\* Rate per 1,000

\*\* For less than 20 occurrences we recommend using the five-year rate.

\*\*\* The above table represents preliminary 1999 statistics and may be subject to change.

**SELECTED VITAL STATISTICS FOR ALASKA: 1999 AND 1995-1999  
REPORTED BY MOTHER'S RACE**

|                               | BLACK          |           |            | ASIAN/PI       |           |            |
|-------------------------------|----------------|-----------|------------|----------------|-----------|------------|
|                               | 1999<br>NUMBER | 1999<br>% | 95-99<br>% | 1999<br>NUMBER | 1999<br>% | 95-99<br>% |
| <b>BIRTHS</b>                 |                |           |            |                |           |            |
| TOTAL                         | 428            | 4.3       | 4.3        | 451            | 4.5       | 4.8        |
| TO RESIDENTS                  | 427            | 4.3       | 4.3        | 451            | 4.5       | 4.8        |
| <b>POPULATION</b>             |                |           |            |                |           |            |
| MALES                         | 15,498         | 56.1      | 56.0       | 14,833         | 47.9      | 47.9       |
| FEMALES                       | 12,119         | 43.9      | 44.0       | 16,143         | 52.1      | 52.1       |
| TOTAL                         | 27,617         | 100.0     | 100.0      | 30,976         | 100.0     | 100.0      |
| <b>BIRTH RATES</b>            |                |           |            |                |           |            |
| CRUDE BIRTH RATE*             | 427            | 15.5      | 15.9       | 451            | 14.6      | 17.1       |
| TEEN BIRTH RATE*              | 70             | 64.8      | 68.5       | 48             | 46.2      | 51.7       |
| FERTILITY RATE*               | .              | 65.0      | 66.1       | .              | 61.8      | 70.6       |
| <b>FACILITY</b>               |                |           |            |                |           |            |
| HOSPITAL                      | 415            | 97.2      | 98.6       | 433            | 96.0      | 96.6       |
| BIRTHING CENTER               | 4              | 0.9       | 0.5        | 6              | 1.3       | 1.0        |
| HOME                          | 3              | 0.7       | 0.4        | 4              | 0.9       | 0.7        |
| CLINIC                        | .              | 0.0       | 0.0        | 1              | 0.2       | 0.2        |
| OUTSIDE ALASKA                | 5              | 1.2       | 0.5        | 7              | 1.6       | 1.6        |
| <b>MOTHER CHARACTERISTICS</b> |                |           |            |                |           |            |
| <b>AGE GROUP</b>              |                |           |            |                |           |            |
| <15                           | 1              | 0.2       | 0.3        | 2              | 0.4       | 0.2        |
| 15-19                         | 70             | 16.4      | 15.7       | 48             | 10.6      | 9.9        |
| 20-24                         | 164            | 38.4      | 35.5       | 105            | 23.3      | 22.1       |
| 25-29                         | 110            | 25.8      | 24.4       | 116            | 25.7      | 27.7       |
| 30-34                         | 42             | 9.8       | 15.2       | 106            | 23.5      | 24.8       |
| 35-39                         | 32             | 7.5       | 7.5        | 63             | 14.0      | 12.9       |
| 40-44                         | 8              | 1.9       | 1.4        | 11             | 2.4       | 2.4        |
| 45+                           | .              | 0.0       | 0.0        | .              | 0.0       | 0.1        |
| REPORTED DRINKING             | 6              | 1.4       | 1.5        | 5              | 1.1       | 0.9        |
| REPORTED SMOKING              | 35             | 8.2       | 8.1        | 18             | 4.0       | 5.8        |
| UNWED                         | 195            | 45.7      | 41.6       | 121            | 26.8      | 24.6       |
| <b>EDUCATION</b>              |                |           |            |                |           |            |
| <12 YEARS                     | 36             | 8.4       | 10.7       | 51             | 11.3      | 12.7       |
| 12 YEARS                      | 203            | 47.5      | 44.9       | 193            | 42.8      | 40.7       |
| 12+ YEARS                     | 184            | 43.1      | 43.6       | 199            | 44.1      | 44.4       |
| <b>PRENATAL CARE</b>          |                |           |            |                |           |            |
| 1ST TRIMESTER                 | 355            | 83.1      | 82.6       | 327            | 72.5      | 75.5       |
| 3RD TRIMESTER                 | 11             | 2.6       | 3.4        | 23             | 5.1       | 3.7        |
| <b>KESSNER INDEX</b>          |                |           |            |                |           |            |
| ADEQUATE                      | 330            | 77.3      | 76.4       | 270            | 59.9      | 63.6       |
| INTERMEDIATE                  | 77             | 18.0      | 18.4       | 148            | 32.8      | 30.2       |
| INADEQUATE                    | 11             | 2.6       | 3.4        | 23             | 5.1       | 3.7        |
| NO CARE                       | .              | 0.0       | 0.0        | .              | 0.0       | 0.0        |
| <b>KOTELCHUCK INDEX</b>       |                |           |            |                |           |            |
| ADEQUATE+                     | 171            | 40.0      | 35.8       | 105            | 23.3      | 23.5       |
| ADEQUATE                      | 170            | 39.8      | 42.0       | 166            | 36.8      | 39.9       |
| INTERMEDIATE                  | 42             | 9.8       | 9.6        | 73             | 16.2      | 17.4       |
| INADEQUATE                    | 35             | 8.2       | 10.3       | 97             | 21.5      | 16.5       |
| NO CARE                       | .              | 0.0       | 0.0        | .              | 0.0       | 0.0        |
| C-SECTION BIRTHS              | 70             | 16.4      | 19.3       | 67             | 14.9      | 17.6       |
| PRE-TERM BIRTHS               | 61             | 14.3      | 13.6       | 66             | 14.6      | 10.0       |
| LOW BIRTHWEIGHT               | 44             | 10.3      | 11.3       | 34             | 7.5       | 6.6        |

\* Rate per 1,000

\*\* For less than 20 occurrences we recommend using the five-year rate.

\*\*\* The above table represents preliminary 1999 statistics and may be subject to change.

**SELECTED VITAL STATISTICS FOR ALASKA: 1998 AND 1994-1998  
REPORTED BY MOTHER'S RACE**

|                               | ALL RACES      |           |            | WHITE          |           |            | NATIVE         |           |            |
|-------------------------------|----------------|-----------|------------|----------------|-----------|------------|----------------|-----------|------------|
|                               | 1998<br>NUMBER | 1998<br>% | 94-98<br>% | 1998<br>NUMBER | 1998<br>% | 94-98<br>% | 1998<br>NUMBER | 1998<br>% | 94-98<br>% |
| <b>BIRTHS</b>                 |                |           |            |                |           |            |                |           |            |
| TOTAL                         | 9,944          | 100.0     | 100.0      | 6,634          | 66.7      | 67.3       | 2,413          | 24.3      | 23.3       |
| TO RESIDENTS                  | 9,922          | 100.0     | 100.0      | 6,615          | 66.7      | 67.3       | 2,412          | 24.3      | 23.3       |
| <b>POPULATION</b>             |                |           |            |                |           |            |                |           |            |
| MALES                         | 321,184        | 52.0      | 52.2       | 239,737        | 52.5      | 52.7       | 51,702         | 50.0      | 50.0       |
| FEMALES                       | 295,898        | 48.0      | 47.8       | 216,534        | 47.5      | 47.3       | 51,659         | 50.0      | 50.0       |
| TOTAL                         | 617,082        | 100.0     | 100.0      | 456,271        | 100.0     | 100.0      | 103,361        | 100.0     | 100.0      |
| <b>BIRTH RATES</b>            |                |           |            |                |           |            |                |           |            |
| CRUDE BIRTH RATE*             | 9,922          | 16.1      | 16.8       | 6,615          | 14.5      | 15.1       | 2,412          | 23.3      | 23.8       |
| TEEN BIRTH RATE*              | 1,103          | 48.4      | 53.3       | 588            | 38.9      | 41.1       | 415            | 86.0      | 90.9       |
| FERTILITY RATE*               | .              | 71.6      | 72.5       | .              | 64.9      | 65.3       | .              | 105.2     | 106.7      |
| <b>FACILITY</b>               |                |           |            |                |           |            |                |           |            |
| HOSPITAL                      | 9,397          | 94.7      | 94.9       | 6,166          | 93.2      | 93.6       | 2,359          | 97.8      | 97.7       |
| BIRTHING CENTER               | 234            | 2.4       | 1.4        | 222            | 3.4       | 2.0        | 6              | 0.2       | 0.1        |
| HOME                          | 149            | 1.5       | 1.9        | 135            | 2.0       | 2.6        | 10             | 0.4       | 0.4        |
| CLINIC                        | 32             | 0.3       | 0.5        | 5              | 0.1       | 0.3        | 26             | 1.1       | 1.3        |
| OUTSIDE ALASKA                | 108            | 1.1       | 1.2        | 86             | 1.3       | 1.4        | 10             | 0.4       | 0.4        |
| <b>MOTHER CHARACTERISTICS</b> |                |           |            |                |           |            |                |           |            |
| <b>AGE GROUP</b>              |                |           |            |                |           |            |                |           |            |
| <15                           | 11             | 0.1       | 0.2        | 2              | 0.0       | 0.1        | 9              | 0.4       | 0.4        |
| 15-19                         | 1,103          | 11.1      | 11.1       | 588            | 8.9       | 9.0        | 415            | 17.2      | 16.7       |
| 20-24                         | 2,655          | 26.8      | 26.8       | 1,648          | 24.9      | 25.6       | 752            | 31.2      | 30.1       |
| 25-29                         | 2,746          | 27.7      | 27.2       | 1,943          | 29.4      | 28.3       | 575            | 23.8      | 24.1       |
| 30-34                         | 2,078          | 20.9      | 21.7       | 1,464          | 22.1      | 22.8       | 417            | 17.3      | 18.7       |
| 35-39                         | 1,055          | 10.6      | 10.6       | 762            | 11.5      | 11.5       | 200            | 8.3       | 8.3        |
| 40-44                         | 259            | 2.6       | 2.3        | 194            | 2.9       | 2.6        | 43             | 1.8       | 1.6        |
| 45+                           | 15             | 0.2       | 0.1        | 14             | 0.2       | 0.1        | 1              | 0.0       | 0.1        |
| REPORTED DRINKING             | 360            | 3.6       | 4.5        | 134            | 2.0       | 2.6        | 217            | 9.0       | 11.5       |
| REPORTED SMOKING              | 1,817          | 18.3      | 19.8       | 933            | 14.1      | 15.7       | 834            | 34.6      | 36.6       |
| UNWED                         | 3,084          | 31.1      | 30.3       | 1,440          | 21.8      | 21.5       | 1,373          | 56.9      | 55.2       |
| <b>EDUCATION</b>              |                |           |            |                |           |            |                |           |            |
| <12 YEARS                     | 1,288          | 13.0      | 13.7       | 585            | 8.8       | 9.9        | 603            | 25.0      | 25.4       |
| 12 YEARS                      | 4,148          | 41.8      | 41.1       | 2,453          | 37.1      | 36.5       | 1,337          | 55.4      | 54.4       |
| 12+ YEARS                     | 4,245          | 42.8      | 43.2       | 3,467          | 52.4      | 52.1       | 367            | 15.2      | 17.2       |
| <b>PRENATAL CARE</b>          |                |           |            |                |           |            |                |           |            |
| 1ST TRIMESTER                 | 7,986          | 80.5      | 81.4       | 5,480          | 82.8      | 83.7       | 1,807          | 74.9      | 75.9       |
| 3RD TRIMESTER                 | 380            | 3.8       | 3.1        | 214            | 3.2       | 2.5        | 129            | 5.3       | 4.7        |
| <b>KESSNER INDEX</b>          |                |           |            |                |           |            |                |           |            |
| ADEQUATE                      | 6,815          | 68.7      | 71.2       | 4,979          | 75.3      | 76.4       | 1,213          | 50.3      | 56.4       |
| INTERMEDIATE                  | 2,484          | 25.0      | 23.8       | 1,316          | 19.9      | 19.7       | 960            | 39.8      | 36.0       |
| INADEQUATE                    | 380            | 3.8       | 3.1        | 214            | 3.2       | 2.5        | 129            | 5.3       | 4.7        |
| NO CARE                       | 1              | 0.0       | 0.1        | .              | 0.0       | 0.1        | 1              | 0.0       | 0.2        |
| <b>APNCU INDEX</b>            |                |           |            |                |           |            |                |           |            |
| ADEQUATE+                     | 2,706          | 27.3      | 27.3       | 2,005          | 30.3      | 28.1       | 419            | 17.4      | 24.4       |
| ADEQUATE                      | 3,919          | 39.5      | 43.1       | 2,841          | 42.9      | 47.2       | 747            | 31.0      | 31.3       |
| INTERMEDIATE                  | 1,632          | 16.4      | 15.0       | 929            | 14.0      | 13.2       | 576            | 23.9      | 20.8       |
| INADEQUATE                    | 1,412          | 14.2      | 12.6       | 729            | 11.0      | 9.9        | 555            | 23.0      | 20.5       |
| NO CARE                       | 1              | 0.0       | 0.1        | .              | 0.0       | 0.1        | 1              | 0.0       | 0.2        |
| C-SECTION BIRTHS              | 1,468          | 14.8      | 16.0       | 1,095          | 16.6      | 18.1       | 215            | 8.9       | 8.7        |
| PRE-TERM BIRTHS               | 1,001          | 10.1      | 9.6        | 577            | 8.7       | 8.2        | 335            | 13.9      | 13.1       |
| LOW BIRTHWEIGHT               | 589            | 5.9       | 5.6        | 366            | 5.5       | 5.2        | 145            | 6.0       | 5.6        |

\* Rate per 1,000

\*\* For less than 20 occurrences we recommend using the five-year rate.

(Continued)

**SELECTED VITAL STATISTICS FOR ALASKA: 1998 AND 1994-1998  
REPORTED BY MOTHER'S RACE**

|                               | BLACK          |           |            | ASIAN/PI       |           |            |
|-------------------------------|----------------|-----------|------------|----------------|-----------|------------|
|                               | 1998<br>NUMBER | 1998<br>% | 94-98<br>% | 1998<br>NUMBER | 1998<br>% | 94-98<br>% |
| <b>BIRTHS</b>                 |                |           |            |                |           |            |
| TOTAL                         | 395            | 4.0       | 4.4        | 482            | 4.8       | 4.8        |
| TO RESIDENTS                  | 395            | 4.0       | 4.4        | 480            | 4.8       | 4.8        |
| <b>POPULATION</b>             |                |           |            |                |           |            |
| MALES                         | 15,401         | 56.1      | 55.9       | 14,344         | 47.8      | 47.9       |
| FEMALES                       | 12,059         | 43.9      | 44.1       | 15,646         | 52.2      | 52.1       |
| TOTAL                         | 27,460         | 100.0     | 100.0      | 29,990         | 100.0     | 100.0      |
| <b>BIRTH RATES</b>            |                |           |            |                |           |            |
| CRUDE BIRTH RATE*             | 395            | 14.4      | 16.4       | 480            | 16.0      | 18.1       |
| TEEN BIRTH RATE*              | 53             | 50.4      | 73.7       | 46             | 47.5      | 52.2       |
| FERTILITY RATE*               | .              | 60.1      | 68.2       | .              | 66.7      | 73.2       |
| <b>FACILITY</b>               |                |           |            |                |           |            |
| HOSPITAL                      | 392            | 99.2      | 98.7       | 469            | 97.7      | 96.6       |
| BIRTHING CENTER               | 1              | 0.3       | 0.3        | 4              | 0.8       | 0.7        |
| HOME                          | 1              | 0.3       | 0.4        | 3              | 0.6       | 0.7        |
| CLINIC                        | .              | 0.0       | 0.1        | 1              | 0.2       | 0.4        |
| OUTSIDE ALASKA                | 1              | 0.3       | 0.4        | 3              | 0.6       | 1.6        |
| <b>MOTHER CHARACTERISTICS</b> |                |           |            |                |           |            |
| <b>AGE GROUP</b>              |                |           |            |                |           |            |
| <15                           | .              | 0.0       | 0.3        | .              | 0.0       | 0.1        |
| 15-19                         | 53             | 13.4      | 15.7       | 46             | 9.6       | 9.4        |
| 20-24                         | 142            | 35.9      | 34.3       | 111            | 23.1      | 21.6       |
| 25-29                         | 88             | 22.3      | 24.7       | 135            | 28.1      | 29.5       |
| 30-34                         | 72             | 18.2      | 16.7       | 118            | 24.6      | 24.6       |
| 35-39                         | 32             | 8.1       | 7.3        | 61             | 12.7      | 12.2       |
| 40-44                         | 8              | 2.0       | 1.0        | 9              | 1.9       | 2.5        |
| 45+                           | .              | 0.0       | 0.0        | .              | 0.0       | 0.1        |
| REPORTED DRINKING             | 4              | 1.0       | 1.4        | 5              | 1.0       | 0.9        |
| REPORTED SMOKING              | 27             | 6.8       | 8.4        | 23             | 4.8       | 6.2        |
| UNWED                         | 157            | 39.7      | 40.3       | 109            | 22.7      | 23.2       |
| <b>EDUCATION</b>              |                |           |            |                |           |            |
| <12 YEARS                     | 46             | 11.6      | 11.4       | 54             | 11.3      | 12.9       |
| 12 YEARS                      | 159            | 40.3      | 43.6       | 198            | 41.3      | 40.1       |
| 12+ YEARS                     | 188            | 47.6      | 44.1       | 219            | 45.6      | 44.8       |
| <b>PRENATAL CARE</b>          |                |           |            |                |           |            |
| 1ST TRIMESTER                 | 321            | 81.3      | 83.0       | 371            | 77.3      | 77.6       |
| 3RD TRIMESTER                 | 19             | 4.8       | 3.4        | 17             | 3.5       | 3.2        |
| <b>KESSNER INDEX</b>          |                |           |            |                |           |            |
| ADEQUATE                      | 296            | 74.9      | 76.8       | 321            | 66.9      | 66.2       |
| INTERMEDIATE                  | 74             | 18.7      | 18.0       | 131            | 27.3      | 28.4       |
| INADEQUATE                    | 19             | 4.8       | 3.4        | 17             | 3.5       | 3.2        |
| NO CARE                       | .              | 0.0       | 0.1        | .              | 0.0       | 0.1        |
| <b>APNCU INDEX</b>            |                |           |            |                |           |            |
| ADEQUATE+                     | 146            | 37.0      | 34.8       | 134            | 27.9      | 23.1       |
| ADEQUATE                      | 148            | 37.5      | 43.3       | 179            | 37.3      | 43.0       |
| INTERMEDIATE                  | 43             | 10.9      | 9.3        | 83             | 17.3      | 16.9       |
| INADEQUATE                    | 52             | 13.2      | 10.8       | 73             | 15.2      | 14.6       |
| NO CARE                       | .              | 0.0       | 0.1        | .              | 0.0       | 0.1        |
| C-SECTION BIRTHS              | 72             | 18.2      | 19.7       | 83             | 17.3      | 18.3       |
| PRE-TERM BIRTHS               | 44             | 11.1      | 13.8       | 45             | 9.4       | 9.0        |
| LOW BIRTHWEIGHT               | 41             | 10.4      | 11.4       | 35             | 7.3       | 6.5        |

\* Rate per 1,000

\*\* For less than 20 occurrences we recommend using the five-year rate.



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## Facts on Newborn Hearing Loss & Screening

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1) Everyday in the United States, approximately 33 babies (1 to 3 infants per 1,000) are born with significant hearing loss.

2) Hearing loss is the most common congenital disorder in newborns; 20 times more prevalent than phenylketonuria (PKU), a condition for which all newborns are currently screened.

3) The average age that children with hearing loss are identified in the U.S. is 12 to 25 months of age. When hearing loss is detected late, critical time for stimulating the auditory pathways to hearing centers of the brain is lost. Speech and language development is delayed, affecting social and emotional growth and academic achievement.

4) Less than 20% of the babies born in the U.S. are born in hospitals with universal newborn hearing screening programs.

5) It is estimated that another 3 infants per 1,000 are born with moderate hearing loss (a total of 6 infants per 1,000, or over 60 babies born a day) could be identified with wide-use of universal newborn screening and intervention programs.

### National Recommendations on Newborn Hearing Screening

6) A majority of hospitals only test infants considered "at risk for hearing loss," who have conditions such as low birth weight, a family history of hearing problems or other specific medical conditions. However, research indicates that testing only those babies considered "at risk" results in the identification of only 40-50% of children with hearing loss.

6) The U.S. Public Health Service's Healthy People 2000 Initiative and 2010 health objectives recommend screening infants for hearing loss by 1 month of age, having diagnostic follow-up by 3 months, and enrolling infants in appropriate intervention services by 6 months of age.

7) The Joint Committee on Infant Hearing recommends that all newborns be screened for hearing loss. They also recommended that all infants with hearing loss be identified before 3 months of age and receive intervention by 6 months of age.

8) A National Institutes of Health (NIH) Consensus Panel in 1993 recommended hearing screening of all newborns. The consensus report

concluded that the best opportunity for achieving this goal is provided by the development of hearing screening programs for newborns in hospital nurseries or in birthing centers, prior to discharge.

### **Methods and Costs for Newborn Hearing Screening**

9) Advances in technology contain current costs for hospital-based newborn hearing screening typically range between \$25 and \$40.

10) Two types of electrophysiologic procedures are used to screen newborns singly or in combination: ABR (auditory brainstem response testing) and OAE (otoacoustic emissions testing).

Auditory brainstem responses (ABR) are measured by placing electrodes on the baby's head. Sound is then introduced to the baby's ears through tiny earphones while the child sleeps. The electrodes measure if the brain is detecting the sounds. This test is also painless and takes only about 5 minutes.

Otoacoustic emissions (OAE) are faint sounds produced by most normal inner ears. The sounds cannot be heard by people, but can be detected by very sensitive microphones that are placed in the ear canal. During testing, a tiny flexible plug is inserted into the baby's ear and sound is then projected into the ear through a plug. A microphone inside the plug records the otoacoustic emissions that the normal ear produces in response to the incoming sound. The emissions are not detected in an infant who cannot hear. Testing is painless and can be done even while the baby sleeps.

### **The Benefits Of Early Detection**

11) Infants identified with hearing loss can be fit with amplification by an audiologist as young as 4 weeks of age. With appropriate early intervention, language, cognitive, and social development for these infants is very likely to develop on par with hearing peers.

12) Recent research concluded that children born with a hearing loss who are identified and given appropriate intervention before six months of age had significantly better language skills than those identified after six months of age. Studies have also indicated that detection of hearing loss during infancy followed with appropriate intervention minimizes the need for rehabilitation during the school years.

For more information on this subject contact Mona Thomas (media inquiries), Jim Potter (federal action) or Charlie Diggs, PhD (state action) at 301-897-5700.

Check out ASHA's [Model Universal Newborn Hearing Bill](#) on ASHA's Web site.

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**Universal Newborn Hearing Screening:  
Summary Statistics of UNHS In The United States**

Status of Newborn Hearing Screening by State (May 2000)

| STATE | # of UNHS Hospitals | Total # of annual births | # babies born in UNHS hospitals | # of babies screened in non-UNHS hospitals | # babies screened in HRR hospitals | % of babies screened for hearing loss |
|-------|---------------------|--------------------------|---------------------------------|--|------------------------------------|---------------------------------------|
| AL    | 33                  | 62,074                   | 35,601                          | 200  |                                    | 57.7%                                 |
| AK    | 4                   | 9,926                    | 4,000                           |  | 129                                | 41.6%                                 |
| AR    | 25                  | 36,865                   | 24,533                          |  |                                    | 66.5%                                 |
| AZ    | 49                  | 78,243                   | 76,043                          |  |                                    | 97.2%                                 |
| CA    | 28                  | 521,661                  | 50,000                          |  | 9,912                              | 11.5%                                 |
| CO    | 56                  | 59,577                   | 58,977                          |  |                                    | 99.0%                                 |
| CT    | 30                  | 43,820                   | 43,382                          |  |                                    | 99.0%                                 |
| DE    | 6                   | 10,578                   | 9,732                           |  |                                    | 92.0%                                 |
| FL    | 30                  | 195,637                  | 44,000                          |  | 7,825                              | 26.5%                                 |
| GA    | 30                  | 122,368                  | 40,474                          |  | 4,837                              | 37.0%                                 |
| HI    | 15                  | 17,583                   | 17,407                          |  |                                    | 99.0%                                 |
| ID    | 11                  | 19,391                   | 15,505                          |  |                                    | 80.0%                                 |
| IA    | 65                  | 37,282                   | 30,000                          |  |                                    | 80.5%                                 |
| IL    | 93                  | 182,588                  | 116,123                         |  | 7,288                              | 67.6%                                 |
| IN    | 98                  | 85,122                   | 79,929                          |  |                                    | 93.9%                                 |
| KS    | 32                  | 38,422                   | 25,204                          | 2,305                                      |                                    | 71.6%                                 |
| KY    | 23                  | 54,329                   | 27,165                          | 2,037                                      | 815                                | 55.3%                                 |
| LA    | 32                  | 66,888                   | 33,018                          | 2,641                                      | 2,641                              | 57.3%                                 |
| MA    | 55                  | 81,411                   | 80,000                          |  |                                    | 98.3%                                 |
| ME    | 11                  | 13,733                   | 6,244                           |  | 165                                | 46.7%                                 |
| MD    | 18                  | 71,972                   | 32,100                          | 11,961                                     | 3,987                              | 66.8%                                 |
| MI    | 63                  | 133,666                  | 86,720                          |  | 2,887                              | 67.0%                                 |
| MN    | 23                  | 65,202                   | 29,341                          |  | 326                                | 45.5%                                 |
| MO    | 10                  | 75,358                   | 10,812                          |  | 122                                | 14.5%                                 |
| MS    | 51                  | 42,939                   | 41,262                          |  | 0                                  | 96.1%                                 |
| MT    | 8                   | 10,795                   | 6,980                           |  | 0                                  | 64.7%                                 |
| NC    | 60                  | 111,688                  | 89,350                          |  |                                    | 80.0%                                 |
| NE    | 5                   | 23,534                   | 5,896                           | 838  | 1,263                              | 34.0%                                 |
| NH    | 3                   | 14,429                   | 3,617                           |  |                                    | 25.1%                                 |
| NJ    | 37                  | 114,550                  | 60,148                          |  | 5,191                              | 57.0%                                 |
| NM    | 30                  | 27,318                   | 25,023                          |  |                                    | 91.6%                                 |
| NY    | 10                  | 258,207                  | 26,490                          | 10,122                                     | 4,906                              | 16.1%                                 |
| ND    | 3                   | 7,932                    | 3,515                           | 200  | 87                                 | 47.9%                                 |
| NV    | 2                   | 28,699                   | 3,950                           | 326  | 303                                | 16.0%                                 |
| OH    | 1                   | 152,794                  | 20,000                          |  | 13,249                             | 21.8%                                 |
| OK    | 46                  | 49,461                   | 35,820                          | 2,138                                      |                                    | 76.7%                                 |
| OR    | 6                   | 45,273                   | 13,000                          | 1,752                                      | 723                                | 34.2%                                 |
| PA    | 5                   | 145,899                  | 41,000                          |  | 1,650                              | 29.2%                                 |
| RI    | 10                  | 12,599                   | 12,473                          |  |                                    | 99.0%                                 |
| SC    | 14                  | 53,877                   | 19,000                          |  | 3,133                              | 41.1%                                 |

|              |              |                  |                  |               |               |              |
|--------------|--------------|------------------|------------------|---------------|---------------|--------------|
| SD           | 7            | 10,288           | 5,329            |               | 245           | 54.2%        |
| TN           | 42           | 77,334           | 49,984           |               | 5402          | 62.0%        |
| TX           | 50           | 342,283          | 100,000          |               | 8,700         | 31.8%        |
| UT           | 43           | 45,165           | 44,417           |               |               | 98.3%        |
| VA           | 39           | 94,351           | 68,404           |               | 660           | 73.2%        |
| VT           | 3            | 6,582            | 845              |               | 217           | 16.1%        |
| WA           | 9            | 79,663           | 13,543           |               | 200           | 17.3%        |
| WI           | 15           | 67,450           | 19,124           |               | 500           | 29.1%        |
| WY           | 24           | 6,252            | 6,189            |               |               | 99.0%        |
| WV           | 36           | 20,747           | 19,747           |               |               | 95.2%        |
| DC           | 2            | 7,686            | 3,000            |               |               | 39.0%        |
| VI           | 4            | 1,800            | 800              |               |               | 44.4%        |
| PR           | 2            | 60,412           | 2,000            |               | 200           | 3.6%         |
| GU           | 2            | 4,318            | 4,275            |               |               | 99.0%        |
| AS           | 0            | 1,688            | 0                |               |               | 0.0%         |
| MP           | 0            | 1,462            | 0                |               |               | 0.0%         |
| <b>TOTAL</b> | <b>1,387</b> | <b>4,008,083</b> | <b>1,720,863</b> | <b>34,520</b> | <b>82,560</b> | <b>45.9%</b> |

Last Updated on 7/19/00  
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|-------|------------|----------|------------|--------------|----------|-------------|---------|
| Intro | Prevalence | Accuracy | Efficiency | Consequences | Benefits | <b>Cost</b> | Summary |
|-------|------------|----------|------------|--------------|----------|-------------|---------|

## COST EFFICIENCY OF NEWBORN HEARING SCREENING

Although everyone talks about the importance of doing cost analyses related to early hearing detection and intervention, terms are frequently misused. It is important to define what we mean by some of the most frequently used terms. As shown in slide #61, three distinctions are important. First, it is important to determine how much early hearing detection and intervention programs cost completely independent of the effects of such programs. Methodologies for estimating costs are well developed and relatively straight forward to apply.

Cost effectiveness is a second type of cost analysis. By definition, the cost effectiveness of a program can only be determined if one program is being compared to another. It is inappropriate to say that program A is cost effective. Instead, we must evaluate whether program A is more cost effective than program B. In other words, if we examine both the costs and effects of two different programs, which program yields the most effects for every unit of cost? In a cost-effectiveness comparison of two programs, the costs of each program are analyzed in the same way as the first type of cost analysis described above. However, the effects of each program are also calculated according to variables like the number of children per thousand identified, the age at which those children are fitted with amplification, scores on various measures of developmental functioning, etc. The results of a cost-effectiveness analysis might conclude that the cost of identifying a child with hearing loss in program A is \$7,294, while the cost of identifying a child with hearing loss in program B is \$8,492. In this hypothetical example, program A would be more cost effective than program B.

A cost-benefit study can be either comparative or applied to a single program. Costs are computed in exactly the same way as in the first two types of cost analyses. However, in this case, the benefits associated with newborn hearing detection and intervention must be translated into monetary values. A program is said to be cost beneficial if the amount of money spent on the program is less than the monetary worth of the benefits resulting from that program. As you can imagine, good cost-benefit studies are very, very difficult to do, because of the difficulty of assigning monetary value to outcomes such as a year and a half worth of reading gain or the monetary value to a parent of being able to communicate more effectively with their child.

A number of different kinds of cost studies related to early hearing detection and intervention have been reported in the literature. Most of these are either sample cost estimates or cost-effectiveness analyses, and most suffer from serious weaknesses. For example, in most studies the estimates of costs are based on hypothetical assumptions or unverified self-reports. Such cost estimates are often incomplete in that they ignore costs, such as fringe benefits, indirect costs, and costs to parents. Other studies only include a part of the detection and intervention process (e.g., costs for follow up and tracking may be excluded), and standard economic analysis concepts, such as discounting, sensitivity analysis, and robustness estimates, are frequently not used.

The only area where we have some credible data is related to the costs of newborn hearing screening. One of the first such studies was done with the Rhode Island Hearing Assessment Program, in which a complete cost analysis was done using actual expenditures, instead of self-report data, for the entire screening and tracking process, but diagnosis and intervention costs were explicitly not included. As shown in slide #63, the cost of a two-stage screening, including scheduling and tracking the babies into a diagnostic evaluation, but not including the cost of the diagnosis itself, was approximately \$26 per baby. This did not include the cost of parents' time for participating in the screening activities.

A similar study was done at Logan Regional Hospital as reported by Weirather and her colleagues and shown in slide #64. Because of the way this program was organized, the cost per baby was substantially cheaper (\$7.42 per baby), even though the analysis included all of the same activities and was just as complete as the RIHAP study.

Recently, CDC, under the direction of Scott Grosse, did a multi-center study in which the costs of newborn hearing screening were estimated in six different centers in six states (slide #65). Three of those centers were AABR-based sites and three were otoacoustic-emission-based sites. Cost estimates were based on self-report questionnaires, and site visits were made to four of the six sites to gather confirmatory data wherever possible. Although the actual time devoted to various activities was not tracked, as was the case in

the studies done in Rhode Island and Utah, the analysis did use standardized techniques for including the costs of fringe benefits, equipment, supplies, and overhead. As shown in slide #66, the cost per baby ranged from about \$18 to \$26, with TEOAE sites being less expensive.

A final study of costs of screening was reported by John Stevens and his colleagues (slide #67) for ten different hearing screening programs in Great Britain. Five of these programs did targeted screening with high-risk infants, three were universal newborn hearing screening programs, and two were home-visitor programs. Results ranged from an average of about \$8 per baby born for the high-risk programs to \$22 per baby for the universal newborn hearing screening programs to \$32 per baby for the home-visitor programs. Although not as much detail about the procedures used in the cost analysis were included in this report, the results are quite similar to what has been found by studies done in the U.S. It is also important to note that in the ten programs evaluated by Stevens, there was reasonable consistency within the various types of programs, which makes the results more believable.

It is possible to do some very rough estimates of some of the more obvious monetary benefits associated with newborn hearing detection and intervention programs by using information from other sources about the prevalence and costs of screening for various diseases among newborns. As shown in slide #68, the prevalence of permanent congenital hearing loss at 3 per thousand is substantially higher than the prevalence of PKU, hyperthyroidism, or sickle cell anemia, which are required for screening in every state. All three of those diseases are screened for using the same blood test, which for purposes of this comparison was estimated to cost \$25 per test. Because the prevalence of those other diseases is so low, the cost for identifying a child with any one of those diseases is approximately \$41,000 per child, compared to a cost of \$8,683 to identify a child with permanent congenital hearing loss (PCHL).

Is it worth to spend almost \$9,000 to identify a child with PCHL during the first few months of life? Based on data presented about the benefits of early identification, it appears that children identified early will have better cognitive skills, social skills, and language skills, which are all the types of things that contribute to the child being capable of being educated in a regular mainstream classroom or a self-contained classroom, instead of a residential program. In other words, the data we have suggests that if children are identified early, they will be capable of being appropriately educated in a less restrictive and less expensive environment. (Note that these data should not be used to suggest that states could save money by inappropriately moving children from more restrictive to less restrictive environments. All educational systems must be available for the child, and the most appropriate setting should be determined based on the capabilities of the child and the preferences of the parent and child.) As shown in slide #70, the U.S. Department of Education estimates that for hearing-impaired children, the annual costs of education in a regular mainstream classroom in 1990 was \$3,383, while the annual costs for a hearing-impaired child in a self-contained classroom or residential placement was \$9,889 and \$35,780, respectively. Thus, over the educational lifetime of a child, substantial amounts of money would be saved if, as a result of early identification and intervention, the most appropriate educational setting for the child is a regular mainstream classroom instead of a self-contained classroom or a self-contained classroom instead of a residential program. In fact, if only 2% of the children identified with a hearing loss were educated in a self-contained classroom instead of a residential program, it would more than pay for the cost of the newborn hearing screening program in which all of the children were identified. Although there have not been empirical studies of the number of children who would be more appropriately educated in less restrictive environments as a result of newborn hearing screening programs, based on the data about the benefits of early intervention and the costs of early identification programs, it is very plausible to expect many early identified children to be educated in less restrictive environments. As a result, at least this much money, and probably much more, would be saved.

#63

# Actual Costs of Operating a Universal Newborn Hearing Screening Program

---

|  | <b>Cost</b>      |
|--|------------------|
| <b>Personnel</b>                           | <b>\$ 60,654</b> |
| Screening Technicians (avg. 103 hrs./week) |                  |
| Clerical (avg. 60 hrs./week)               |                  |
| Audiologist (avg. 18 hrs./week)            |                  |
| Coordinator (avg. 20 hrs./week)            |                  |
| <br>                                       |                  |
| Fringe Benefits (28% of Salaries)          | 16,983           |
| Supplies, Telephone, Postage               | 12,006           |
| Equipment                                  | 5,575            |
| Hospital Overhead (24% of Salaries)        | <u>14,557</u>    |
| <b>TOTAL COSTS</b>                         | <b>\$110,775</b> |

---

**Cost Per Infant Screened = \$110,775    4,253 = \$26.05**

Maxon, A. B., White, K. R., Behrens, T. R., & Vohr, B. R. (1995) Referral rates and cost efficiency in a universal newborn hearing screening program using transient evoked otoacoustic emissions (TEOAE). Journal of the American Academy of Audiology, 6, 271-277.



#61

## VI. Cost Efficiency of Newborn Hearing Screening

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- ☐ What does early detection and intervention cost?
- ☐ Is protocol A more cost-effective than protocol B?
- ☐ Is early hearing detection and intervention cost-beneficial?

# Stevens et al. (1997) Hearing Screening Cost Analysis

- ) Staff at 10 screening programs completed questionnaires regarding costs.
- ) Fringe benefits and overhead were added using standard multipliers.
- ) Included were 5 high-risk screening programs  
                   3 universal screening programs  
                   9 home visitor or surveillance programs

## Results Per 1000 Births

| <u>Type of Program</u> | <u>Mean Cost</u> | <u>Range</u>           |
|------------------------|------------------|------------------------|
| High Risk              | \$ 8,184         | (\$6,894 to \$9,645)   |
| Universal              | \$22,480         | (\$21,250 to \$23,940) |
| Home Visitor           | \$32,120         | (\$18,590 to \$36,190) |

Stevens, J.C., Hall, D.M.B., Davis, A., Davies, C.M., & Dixon, S. (1997). The costs of early hearing screening in England and Wales. Unpublished manuscript, Royal Hallamshire Hospital, Sheffield, England.

#66

## Results of CDC Cost Study

| Cost category                 | 3 Hospitals<br>using TEOAE | 3 Hospitals<br>using AABR  |
|-------------------------------|----------------------------|----------------------------|
| Staff time                    | \$13.04                    | \$10.73                    |
| Equipment                     | 0.91                       | 2.63                       |
| Supplies                      | 0.51                       | 9.33                       |
| Overhead                      | 3.49                       | 3.34                       |
| <b>Total Cost (Range)</b>     | <b>\$17.96</b> (\$15-\$22) | <b>\$26.03</b> (\$22-\$30) |
| Initial refer rate            | 8%                         | 2%                         |
| Screening minutes per child   | 31.4                       | 42.9                       |
| Audiologist minutes per child | 17.0                       | 5.4                        |

#65

## **CDC Cost Study (1997)**

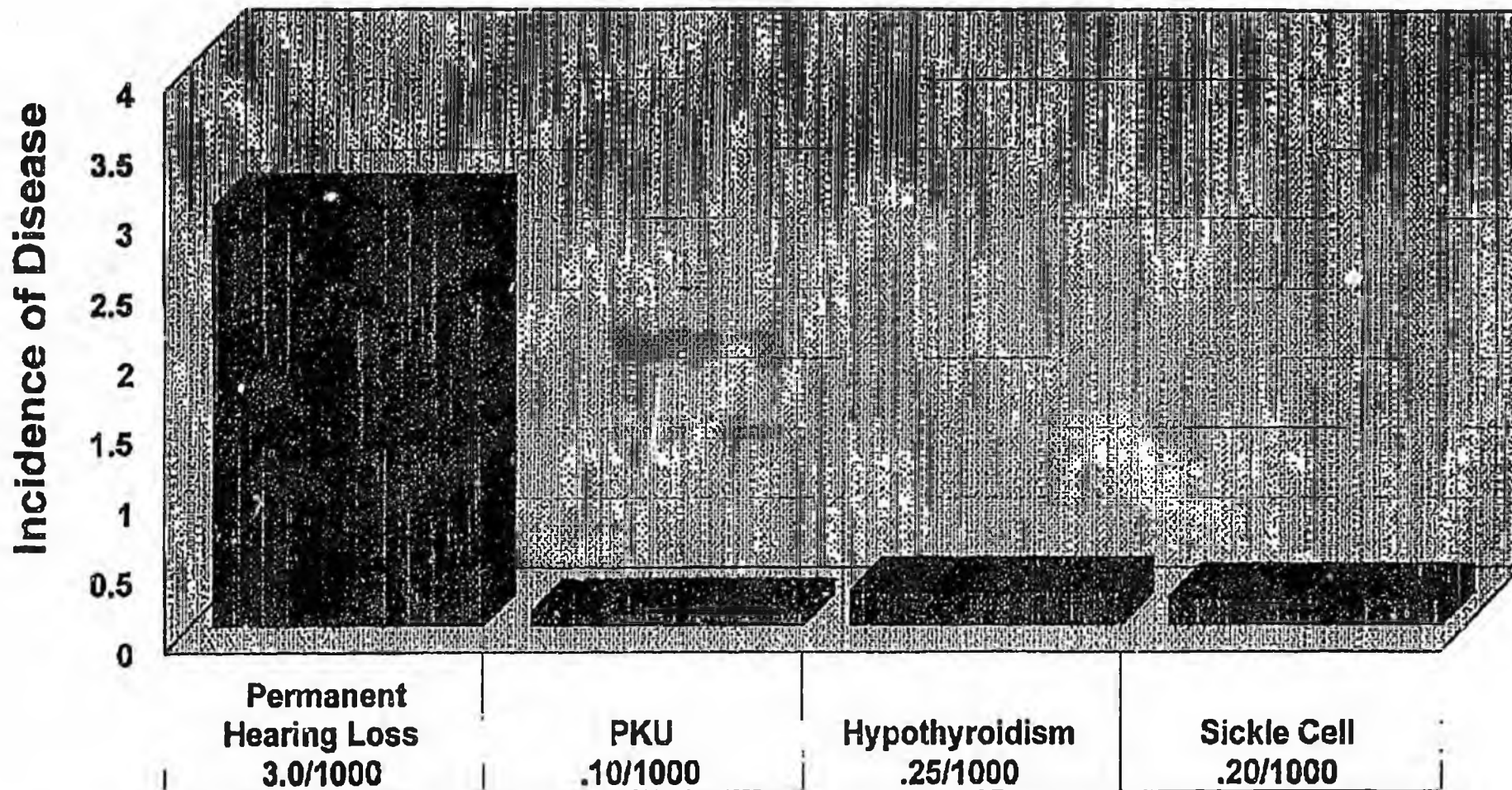
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- ☐ Multi-center pilot UNHS cost study using 6 hospitals (one each in CO, GA, LA, TN, UT, and VA).**
- ☐ Cost estimates based on self-report questionnaires with site visits to 4 of 6 sites.**
- ☐ Standardized estimates used for equipment and overhead costs.**

Grosse, S. (September, 1997). The costs and benefits of universal newborn hearing screening Paper presented to the Joint Committee on Infant Hearing, Alexandria, VA.

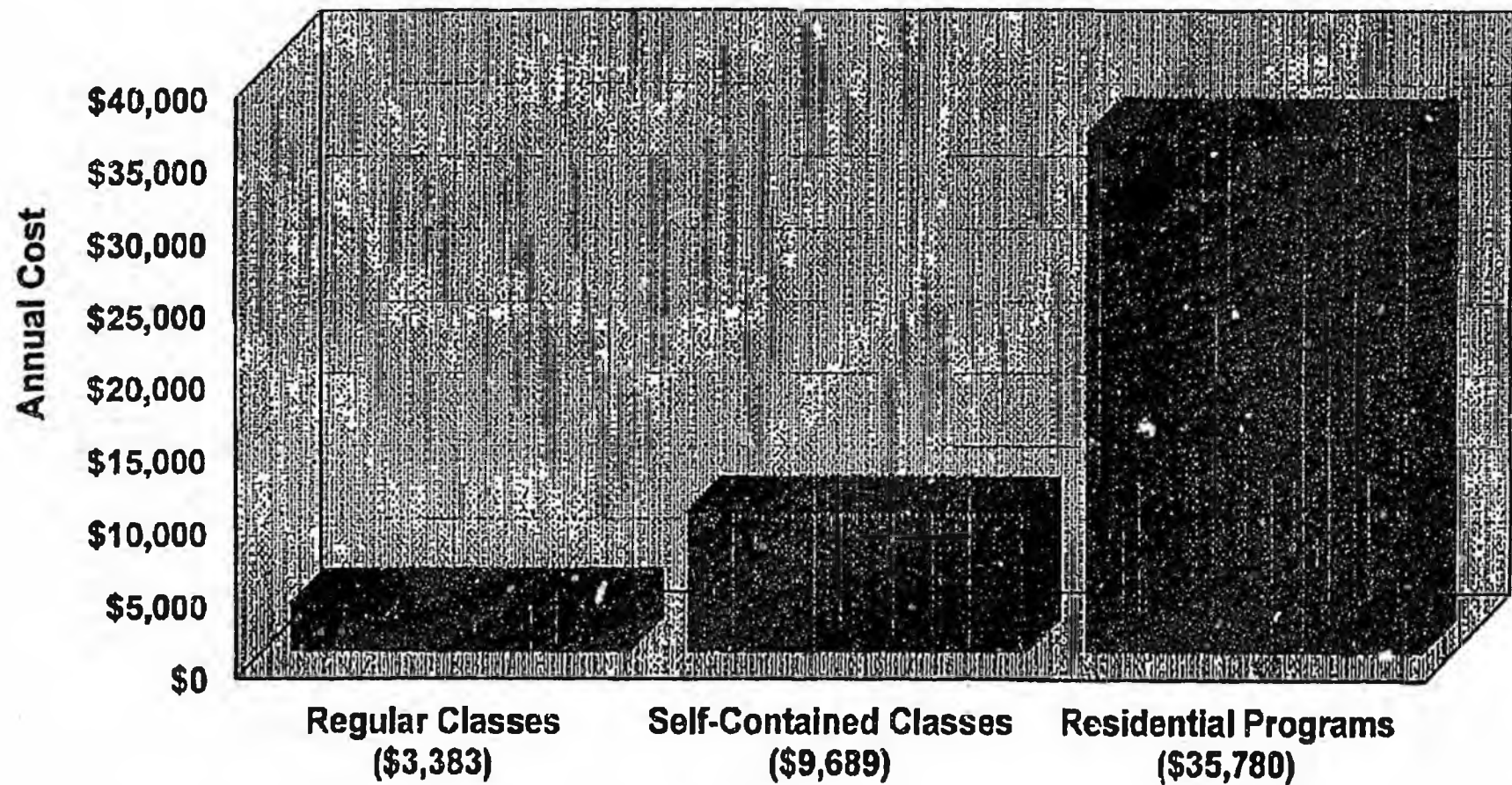
#68

## Prevalence of Various "Screenable" Diseases Among Newborns



Johnson, J.L., Mauk, G.W., Takekawa, K.M., Simon, P.R., Sia, C.C.J., & Blackwell, P.M. (1993). Implementing a statewide system of services for infants and toddlers with hearing disabilities. *Seminars in Hearing*, 14(1), 105-119.

# Cost of Educating Children with Hearing Loss in Various Settings



Johnson, J.L., Mauk, G.W., Takekawa, K.M., Simon, P.R., Sla, C.C.J., & Blackwell, P.M. (1993). Implementing a statewide system of services for infants and toddlers with hearing disabilities. Seminars in Hearing 14(1), 105-119.

***Christian Science  
Committee on Publication  
for the State of Alaska***

***Richard L. Block***

April 20, 2001

Representative Fred Dyson, Chairperson  
Health, Education, Social Service Committee  
House of Representatives  
State Capitol  
Juneau, Alaska 99801-1182

Re: House Bill 173

Dear Representative Dyson,

HB 173 has come to my attention which creates a requirement that all newly born children receive a hearing test and that certain administrative procedures be established for tracking those believed to have a hearing loss.

As Christian Science Committee on Publication for the State of Alaska, I speak for a number of people who have successfully relied exclusively on prayer for healing and who find that mandatory imposition of medical examinations is an intrusion on their right to rely exclusively on prayer for their spiritual and physical protection and care.

Many of those on behalf of whom I speak, are parents who have given birth to and raised children with total reliance on their faith in God and with completely healthy outcomes.

We recognize the urgent interest of the state in providing medical protection and early medical treatment to those children who are raised in families where medical treatment is the only or preferred health care resource relied upon. Mandatory screening may be appropriate. On the other hand, for those parents who have been successfully relying upon prayer and their proven faith in God, mandatory medical screening is an imposition on their religious choice and an intrusion into their faith.

We respectfully request that the bill be modified to reflect the continuing protection that this Legislature has provided over the years to those who choose to rely exclusively on prayer for healing by adding the following amendment to the bill.

Add sec. 47.20.360 to read as follows:

"AS 47.20.300-AS 47.20.390 shall not apply to a physician or other person attending the birth of a child, or to the child or to the parents of the child born to parents who object to the screening on the grounds that such screening conflicts with the parents' religious beliefs."

For your information, this language is parallel to the language contained in the federal law regarding screening of newborns for hearing loss where an accommodation has been granted by Congress to those who object because of their religious beliefs.

We are most grateful for the continuing consideration given by the Legislature to those who rely on faith in God for healing.

Yours cordially,

Richard L. Block

360 W. Benson Blvd., Suite 301, Anchorage, Alaska 99503  
(t) 907 562 5183 (A.k.t.f.) 877 330 5183 (f) 907 562 5187 (e) ahcompub@stnbad.net







# ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the House AFS

Committee on HB 173 *Establishing a screening* Committee Name 4-11-01 Dated

Bill / Subject *program related to hearing ability of newborns & infants*

Quota International of Fairbanks is a service organization made up of professionals in the Fairbanks and North Pole communities. One of our primary areas of focus, among others, is those people with hearing deficits. We spend many countless volunteer hours promoting hearing health, fund raising to assist in the purchasing of hearing devices and teaching aids for the hearing impaired, administering scholarships to high school students pursuing a career in audiology or speech and language pathology. We have also donated the Algo IIe to Fairbanks Memorial Hospital. This instrument allows for early hearing detection in newborns before their release from the hospital. It is our goal as an organization to do what we can to assure that a hearing loss, congenital or other, does not go undetected and does not impair citizens from living their lives to the fullest extent possible.

We submit the following resolution in support of HB 173 "an act to establish a screening, tracking, and intervention program related to the hearing ability of newborns and infants; providing an exemption to licensure as an audiologist for certain persons performing hearing screening tests; relating to insurance coverage for newborn and infant hearing screening; and providing for an effective date."

SIGNED:

Mary H. Weymiller, Secretary  
Testifier

Quota International of Fairbanks  
Representing

P.O. Box 74850 Fairbanks Ak 99707  
Address / Phone Number 907-479-4395



Quota International of Fairbanks  
PO Box 74850 Fairbanks AK 99707

*Resolution in support of HB 173, establishing a screening, tracking,  
and  
intervention program related to the hearing ability of newborns and  
infants*

Whereas thirty to forty babies born annually in Alaska are likely to have some type of congenital hearing loss; and

Whereas approximately 50% of newborns with hearing loss are not identified and will not be identified until 18 mos. to 3 years of age; and

Whereas undetected hearing loss can result in lifelong delays in language, cognitive, socio-emotional and academic development; and

Whereas over the educational lifetime of a child, substantial amounts of money would be saved if, as a result of early identification and intervention, the most appropriate educational setting for the child is a regular mainstream classroom instead of a self-contained classroom or a self-contained program; and

Whereas the prevalence of congenital hearing loss at 3 per 1000 births nation wide is substantially higher than the prevalence of phenylketonuria (PKU), hyperthyroidism, or sickle cell anemia, which are required for screening in every state;

Now therefore be it resolved that Quota International of Fairbanks, a service organization focused on the speech and hearing impaired, wholeheartedly supports HB 173 "an act to establish a screening, tracking, and intervention program related to the hearing ability of newborns and infants....."

Adopted this 3<sup>rd</sup> day of April 2001.

  
Becki Phipps, President

# FISCAL NOTE

**STATE OF ALASKA**  
**2001 LEGISLATIVE SESSION**

Fiscal Note Number: \_\_\_\_\_  
Bill Version: HB 173  
( ) Publish Date: \_\_\_\_\_

Revision Date/Time (Note if correction): 4/12/2001 Dept. Affected: Health & Social Services  
Title: Hearing Screening for Newborns BRU: State Health Services  
Component: Maternal, Child, & Family Hlth  
Sponsor: Rep. Joule  
Requester: House (HES) Component Number: 290

**Expenditures/Revenues** (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

| OPERATING EXPENDITURES | FY 2002     | FY 2003     | FY 2004     | FY 2005     | FY 2006     | FY 2007     |
|------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Personal Services      |             |             |             | 65.0        | 65.0        | 65.0        |
| Travel                 |             |             |             | 5.7         | 5.7         | 5.7         |
| Contractual            | 90.0        | 15.0        | 15.0        | 15.0        | 15.0        | 15.0        |
| Supplies               |             |             |             |             |             |             |
| Equipment              |             |             |             |             |             |             |
| Land & Structures      |             |             |             |             |             |             |
| Grants & Claims        |             |             |             |             |             |             |
| Miscellaneous          |             |             |             |             |             |             |
| <b>TOTAL OPERATING</b> | <b>90.0</b> | <b>15.0</b> | <b>15.0</b> | <b>85.7</b> | <b>85.7</b> | <b>85.7</b> |

|                             |  |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|--|
| <b>CAPITAL EXPENDITURES</b> |  |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|--|

|                               |  |  |  |  |  |  |
|-------------------------------|--|--|--|--|--|--|
| <b>CHANGE IN REVENUES ( )</b> |  |  |  |  |  |  |
|-------------------------------|--|--|--|--|--|--|

**FUND SOURCE** (Thousands of Dollars)

|                          |             |             |             |             |             |             |
|--------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 1002 Federal Receipts    |             |             |             |             |             |             |
| 1003 GF Match            |             |             |             |             |             |             |
| 1004 GF                  |             |             |             |             |             |             |
| 1005 GF/Program Receipts |             |             |             |             |             |             |
| 1037 GF/Mental Health    | 90.0        | 15.0        | 15.0        | 85.7        | 85.7        | 85.7        |
| Other (Specify Type)     |             |             |             |             |             |             |
| <b>TOTAL</b>             | <b>90.0</b> | <b>15.0</b> | <b>15.0</b> | <b>85.7</b> | <b>85.7</b> | <b>85.7</b> |

Estimate of any current year (FY2001) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2002 budget proposal:

**POSITIONS**

|           |  |  |  |   |   |   |
|-----------|--|--|--|---|---|---|
| Full-time |  |  |  |   |   |   |
| Part-time |  |  |  | 2 | 2 | 2 |
| Temporary |  |  |  |   |   |   |

**ANALYSIS:** (Attach a separate page if necessary)

**FY 2002 - Contractual: \$90.0**

\*Database development - \$80.0

A contract will be issued to develop a statewide early hearing detection and intervention tracking system which will be used by birth facilities and audiologists to track and provide required reporting on infants with hearing loss. This database will be located in all facilities throughout the state and will provide the state office with data to assure that all infants with hearing loss are receiving appropriate and timely services.

\*Outreach activities - \$10.0

A contract will be issued to develop, print and distribute educational materials (posters, brochures, resource directories). These materials will be distributed at hospitals, in OB offices, and other public venues. Other costs associated with the program will include interpreters for meetings and teleconferences.

Prepared by: Karen E. Pearson, MS, Director Phone 465-3090  
Division: Public Health Date/Time 3/16/01 9:18 AM  
Approved by: Elmer A. Lindstrom, Special Assistant Date 4/12/01 4:57 PM  
Agency: Department of Health & Social Services

For distribution information, call the Governor's Legislative Office

ANALYSIS: (continued)

**FY2003-FY2007**

\* Data Base Maintenance - \$10.0

Revisions, updates and ongoing maintenance for the data base

\* Outreach activities - \$5.0

Print and distribute educational materials (posters, brochures, resource directories).

**Increased GF Funding beginning FY2005: \$70.7**

Currently, MCFH is receiving a federal grant for four years which covers staffing for the program as described below. The federal grant allows MCFH to begin implementing a statewide UNHS program. When federal funding expires in FY2005, there will be a need for state funds to sustain program staffing and other needed activities. Specifically, funds will be required to continue supporting:

\*A half-time Universal Newborn Hearing Screening Coordinator (Health Program Manager II - Range 19) who will oversee reporting and tracking activities, outreach and education efforts and provide technical assistance at Universal Newborn Hearing Screening facilities around the state.

\* A part-time Administrative Clerk III - Range 10 who will provide administrative support for the activities required for implementation of a statewide UNHS system.

\*Program Coordinator travel.

# LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES  
LEGISLATIVE AFFAIRS AGENCY  
STATE OF ALASKA

(907) 465-3867 or 465-2450  
FAX (907) 465-2029  
Mail Stop 3101

State Capitol  
Juneau, Alaska 99801-1182  
Deliveries to: 129 6th St., Rm. 329


## MEMORANDUM

April 11, 2001

**SUBJECT:** Hearing screening requirements (CSHB 173( ), Version "B")

**TO:** Representative Fred Dyson  
Attn: Randy

**FROM:** Terri Lauterbach  
Legislative Counsel



Enclosed is the blank CS you requested.

As you requested, the draft includes a requirement that hearing screening documentation be submitted to a child care facility or school before the child may attend. I provided exceptions to this screening requirement that are similar to the exceptions related to current immunization requirements.

Section 2 of the bill amends a statute (AS 14.30.127) that currently requires children to be screened after they start school. I have amended AS 14.30.127(b) so that the provisions relating to the Department of Health and Social Services in that section are clearly confined to the hearing screening that takes place under AS 14.30.127. I did this because it is my understanding that you did not want involvement of DHSS with the hearing screening requirement established in sec. 4 of your draft, particularly as to the follow-up actions mentioned in AS 14.30.127(b)(3).

For your information, I have enclosed a copy of 4 AAC 06.055 and 4 AAC 62.450, relating to immunizations, and a copy of AS 14.20.127. If I can be of further assistance, just let me know.

TML:jhb  
01-025.jhb

Enclosure



During Session:  
Alaska State Capitol  
Juneau, Alaska 99801-1182  
(907) 465-4833  
Fax (907) 465-4586  
1-800-782-4833

Representative\_Reggie\_Joule@legis.state.ak.us



During Interim:  
P.O. Box 673  
Kotzebue, Alaska 99752  
(907) 442-3880  
Fax (907) 442-3022

Alaska State Legislature  
REPRESENTATIVE REGGIE JOULE

RANDY WESS  
AND LETS TALK ABOUT THIS  
PLEASE FIND OUT WHAT  
THE SENATE IS GOING  
TO DO ON IT.  
THANKS

To: Representative Dyson, Chair, Health Education and Social Services

From: Representative Joule, Committee Member, Health, Education and Social Services

Date: March 12, 2001

Subject: Bill Calendaring

We would like to request a hearing for House Bill 173, "An act relating to establishing a screening, tracking, and intervention program related to the hearing ability of newborns and infants; providing an exemption to licensure as an audiologist for certain persons performing hearing screening tests; relating to insurance coverage for newborn and infant hearing screening; and providing for an effective date." This bill has already been discussed with all of the committee members and has all the required back up information. Therefore, we request a hearing for HB 173 in front of the H.E.S.S. committee at the earliest possible date. Thank you for your consideration of this matter.

22-LS0003\B  
Lauterbach  
4/11/01

CS FOR HOUSE BILL NO. 173( )

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SECOND LEGISLATURE - FIRST SESSION

BY

Offered:

Referred:

Sponsor(s): REPRESENTATIVES JOULE, Cissna, Crawford, Croft, Davies, Harris, Hayes, Kapsner, Lancaster, Wilson, Guess, Scalzi, Kerttula

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to newborn and infant hearing screening; and providing for an effective  
2 date."

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

4 \* Section 1. AS 08.65.140(c) is amended to read:

5 (c) A certified direct-entry midwife shall comply with the requirements of  
6 AS 18.15.150 concerning taking of blood samples, AS 18.15.200 concerning  
7 screening of phenylketonuria (PKU), AS 18.50.160 concerning birth registration,  
8 AS 18.50.230 concerning registration of deaths, AS 18.50.240 concerning fetal death  
9 registration, AS 47.20.320(a) concerning referrals for hearing screening, and  
10 regulations adopted by the Department of Health and Social Services concerning  
11 prophylactic treatment of the eyes of newborn infants.

12 \* Sec. 2. AS 14.30.12 / (b) is amended to read:

13 (b) With respect to screening performed under this section, the [THE]  
14 Department of Health and Social Services shall

- 1 (1) set standards for the performance of vision and hearing screening;
- 2 (2) train and certify public health nurses and school district employees
- 3 to conduct hearing and vision screening tests;
- 4 (3) assist with referral and follow-up of children needing professional
- 5 examination or treatment; and
- 6 (4) assist with maintenance and repair of screening equipment.

7 \* Sec. 3. AS 21.42 is amended by adding a new section to read:

8 **Sec. 21.42.349. Coverage for newborn and infant hearing screening.** (a)

9 Except for a fraternal benefit society, a health care insurer that offers, issues for

10 delivery, delivers, or renews in this state a health care insurance plan shall provide

11 coverage for newborn and infant hearing screening under the schedule described in (b)

12 of this section if the plan covers services provided to women during pregnancy and

13 childbirth and the dependents of a covered individual.

14 (b) The minimum coverage required under (a) of this section includes

- 15 (1) a newborn or infant hearing screening test to be performed within
- 16 30 days after the child's birth; and
- 17 (2) if the initial test under (1) of this subsection determines that the
- 18 child may have a hearing impairment, a confirmatory hearing diagnostic test.

19 (c) The coverage required by this section may be subject to standard policy

20 provisions that are applicable to other benefits, such as deductible or copayment

21 provisions.

22 \* Sec. 4. AS 47.20 is amended by adding new sections to read:

23 **Article 2. Newborn Hearing Screening Requirements.**

24 **Sec. 47.20.300. Hospital screening requirements.** Except as provided in

25 AS 47.20.320, the physician in attendance at or immediately after the birth of a child

26 in a hospital in this state, or, if a physician is not in attendance at or immediately after

27 the birth, the person attending the newborn child in a hospital in this state, shall, unless

28 medically contraindicated, cause the child to be tested to determine whether the child

29 has a potential hearing impairment. Unless medically contraindicated, the screening

30 shall occur before the newborn is released from the hospital or before the infant is 30

31 days old, whichever is earlier.

1           **Sec. 47.20.310. Birthing center screening requirements.** Except as  
2 provided in AS 47.20.320, each birthing center that provides maternity and newborn  
3 care services shall provide that each newborn in the center's care is referred for an  
4 appointment to a licensed audiologist or to a hospital or other newborn hearing  
5 screening provider before discharge. Unless medically contraindicated, the screening  
6 shall occur before the infant is 30 days old.

7           **Sec. 47.20.320. Exceptions.** (a) Notwithstanding AS 47.20.300 - 47.20.310,  
8 the physician or other person at or immediately after the birth of a child in a hospital  
9 or birthing center that averages less than 50 births a year is not required to screen the  
10 child as described in AS 47.20.300 - 47.20.310 but shall, before the newborn is  
11 released from the hospital or birthing center, refer the child for screening at another  
12 facility or with another provider. Unless medically contraindicated, the screening  
13 shall occur before the child is 30 days old.

14           (b) Notwithstanding AS 47.20.300 - 47.20.310, a physician or other person  
15 required to cause a newborn hearing screening test under AS 47.20.300 - 47.20.310 is  
16 exempt from this requirement if the parent of the newborn child objects to the testing  
17 procedure on the grounds that the procedure conflicts with the religious tenets and  
18 practices of the parent. The parent shall sign a statement that the parent knowingly  
19 refuses the services, and the physician or other person shall have a copy of the signed  
20 statement retained in the medical records of the birth.

21           **Sec. 47.20.330. Referral required.** If it is determined by testing that a  
22 newborn child may have a hearing impairment, the physician or other person who is  
23 required under AS 47.20.300 - 47.20.310 to cause the child to be tested shall

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

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

28           **Sec. 47.20.340. Testing technology.** The hearing testing required under  
29 AS 47.20.300 - 47.20.340 shall use at least one of the following physiologic  
30 technologies: automated or diagnostic auditory brainstem response (ABR) or  
31 otoacoustic emissions (OAE).

1           **Sec. 47.20.350. Screening required before school or child care.** (a) Except  
2 as provided in (b) of this section, a licensed child care facility or a public or nonpublic  
3 school offering pre-elementary education through the 12th grade or any combination  
4 of these grades may not accept a child for attendance until there is presented to the  
5 facility or school either

6                   (1) a copy of a medical record indicating that the child has received  
7 hearing screening using a test specified under AS 47.20.340; or

8                   (2) a signed statement by the child's parent or guardian affirming that  
9 hearing screening conflicts with the tenets and practices of the church or religious  
10 denomination of which the parent or guardian is a member.

11           (b) A licensed child care facility or school in a community where regular  
12 hearing screening services are not available on at least a weekly basis may  
13 provisionally admit a child who does not have the medical record or signed statement  
14 required under (a) of this section, but this provisional admission may not extend  
15 beyond 60 calendar days after the child's first date of attendance at the facility or  
16 school.

17 \* **Sec. 5.** This Act takes effect immediately under AS 01.10.070(c).

**Sec. 14.30.127. Vision and hearing screening examinations.**

(a) A vision and hearing screening examination shall be given to each child attending school in the state. The examination shall be made when the child enters school or as soon thereafter as is practicable, and at regular intervals specified by regulation by the governing body of the district.

(b) The Department of Health and Social Services shall

- (1) set standards for the performance of vision and hearing screening;
- (2) train and certify public health nurses and school district employees to conduct hearing and vision screening tests;
- (3) assist with referral and follow-up of children needing professional examination or treatment; and
- (4) assist with maintenance and repair of screening equipment.

4 AAC 06.055

IMMUNIZATIONS REQUIRED.

(a) Before entry in a state public school district or nonpublic school offering pre-elementary education through the 12th grade, or any combination of these grades, a child shall be immunized against

(1) diphtheria, tetanus, polio, pertussis, measles, and rubella, except that pertussis is not required in children over six and rubella is not required in children 12 years or older; and

(2) beginning July 1, 2001, mumps, hepatitis A, and hepatitis B.

(b) This section does not apply if the child

(1) has a valid immunization certificate consisting of

(A) a statement by a physician listing the date that each required immunization was given; or

(B) a copy of a clinic or health center record listing the date that each required immunization was given;

(2) has a statement signed by a doctor of medicine (M.D.), doctor of osteopathy (D.O.), physician assistant, or advanced nurse practitioner licensed to practice in this state, stating that immunizations would, in that individual's professional opinion, be injurious to the health of the child or members of the child's family or household; or

(3) has an affidavit signed by his parent or guardian affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the applicant is a member.

(c) A student registering in a school in a community where regular medical services are not available on at least a weekly basis and who does not have the required immunizations, may be provisionally admitted to a pre-elementary, elementary or secondary program for a reasonable period of time for the prevailing circumstances but not exceeding 90 days after enrollment. No children will be provisionally admitted except in exceptional circumstances. Where exceptions are granted, they shall be reported to and discussed with the communicable disease section of the division of public health, Department of Health and Social Services, who will then be responsible for determining that the required immunizations are completed during the provisional period.

(d) If a parent or guardian is unable to pay the cost of immunization, or immunization is not available in the district or community, immunization shall be provided by state or federal public health services.

(e) Immunizations shall be recorded on each pupil's permanent health record form.

(f) School districts shall initiate action to exclude from school any child to whom this section applies but who has not been immunized as required by this section.

History -

Eff. 1/13/73, Register 44; am 8/28/77, Register 63; am 12/30/2000, Register 156

Authority -

AS 14.07.020

AS 14.30.125

4 AAC 62.450

HEALTH IN CHILD CARE FACILITIES.

(a) At or before admission of a child, a child care facility shall obtain from the child's parent

- (1) a valid immunization certificate; or
- (2) evidence that the child is exempt from immunization.

(b) A valid immunization certificate is a copy of the child's original immunization record showing that, in a manner consistent with the timetable prescribed by the Department of Health and Social Services childhood immunization schedule, the child has received, or has begun and is continuing to receive, immunizations for the child's age against

- (1) diphtheria, tetanus, polio, measles, and rubella;
- (2) if the child is less than seven years of age, pertussis; and
- (3) beginning July 1, 2001, mumps, hepatitis A, hepatitis B, chicken pox, and Haemophilus influenzae type B. The immunization record is limited to either or both a statement by a physician, listing the date that each required immunization was given, or a clinic or health center record, listing the date that each required immunization was given.

(c) Evidence of exemption from immunization must include one of the following:

- (1) a statement signed by a doctor of medicine (M.D.), doctor of osteopathy (D.O.), physician assistant, or advanced nurse practitioner licensed in this state, stating that immunizations would, in that individual's professional opinion, be injurious to the health of the child or members of the child's family or household;

- (2) an affidavit signed by the child's parent or guardian, affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the parent or guardian is a member; or

- (3) entry for a one day exemption that the child is attending the child care facility for the first time.

(d) A child care facility in a community where regular medical services are not available on at least a weekly basis may provisionally admit a child who does not have the immunization certificate required under (a) of this section until the certificate can be obtained, but for no longer than 60 days.

(e) A satisfactory immunization audit report from the Department of Health and Social Services division of public health during the previous licensure period will be accepted as evidence that the child care facility satisfied the requirements of (a) - (d) of this section.

(f) A child care facility may admit a mildly ill child or allow the child to remain in attendance if the child's needs do not compromise the care of other children.

(g) A child care facility that cares for a mildly ill child shall arrange a plan of care with the parent and provide a place where, under supervision, the child may rest or play quietly, apart from other children, where warranted.

(h) A child care facility may not admit a child who shows definite signs of a serious illness or of a highly communicable disease or allow the child to remain in attendance unless a medical provider approves the child's attendance.

(i) A child care facility shall provide an opportunity for supervised rest or sleep periods for each child under the age of five who is in care more than five hours, and for any other child, if desired by the child. For a child who is unable to sleep, the child care facility shall provide time and space for quiet play.

History -

Eff. 1/1/96, Register 136; am 3/1/98, Register 145; 12/30/2000, Register 156

Authority -

AS 14.07.060

AS 14.37.020

Editor's Notes -

Alaska's childhood immunization schedule prescribed by the Department of Health and Social Services Division of Public Health may be obtained from the Division of Public Health, P.O. Box 110610, 350 Main Street, Room 503, Juneau, Alaska 99811-0610 or any other office of that division in the state.

CHAIR NOTES  
APRIL 17, 2001

TODAY'S BILLS

40 HB 197 Healthy Care Services Directives —

*Thursday*

*Joint Act  
Medical  
Agency Action*

~~HJR 24~~ Replaced by ~~SJR 21~~ *for Dead*

SJR 21 Extended Federal TANF Grants *MASS*

HB 173 Screening Newborns for hearing ability

HB 174 Mental Health Information and Records

~~HB 209~~ Canceled

HB 124 Nurses Home/Assisted Living Facility  
Employee/Visitor

ANNOUNCEMENTS

APR 25 JOINT MEETING OF HESS AND SPECIAL COMMITTEE ON EDUCATION @ 8:00 AM, ROOM 519  
GOV. APPOINTMENTS

POSSIBLE MEETINGS ON SATURDAY, APRIL 21 & 28

TELECONFERENCE: KAREN

House Recorder: Lana

22-LS0003VB  
Lauterbach  
4/11/01

CS FOR HOUSE BILL NO. 173( )

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SECOND LEGISLATURE - FIRST SESSION

BY

Offered:  
Referred:

Sponsor(s): REPRESENTATIVES JOULE, Cissna, Crawford, Croft, Davies, Harris, Hayes, Kapsner, Lancaster, Wilson, Guess, Scalzi, Kerttula

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to newborn and infant hearing screening; and providing for an effective  
2 date."

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

4 \* Section 1. AS 08.65.140(c) is amended to read:

5 (c) A certified direct-entry midwife shall comply with the requirements of  
6 AS 18.15.150 concerning taking of blood samples, AS 18.15.200 concerning  
7 screening of phenylketonuria (PKU), AS 18.50.160 concerning birth registration,  
8 AS 18.50.230 concerning registration of deaths, AS 18.50.240 concerning fetal death  
9 registration, AS 47.20.320(a) concerning referrals for hearing screening, and  
10 regulations adopted by the Department of Health and Social Services concerning  
11 prophylactic treatment of the eyes of newborn infants.

12 \* Sec. 2. AS 14.30.127(b) is amended to read:

13 (b) With respect to screening performed under this section. the [THE]  
14 Department of Health and Social Services shall

- 1 (1) set standards for the performance of vision and hearing screening;
- 2 (2) train and certify public health nurses and school district employees
- 3 to conduct hearing and vision screening tests;
- 4 (3) assist with referral and follow-up of children needing professional
- 5 examination or treatment; and
- 6 (4) assist with maintenance and repair of screening equipment.

7 \* Sec. 3. AS 21.42 is amended by adding a new section to read:

8 **Sec. 21.42.349. Coverage for newborn and infant hearing screening.** (a)

9 Except for a fraternal benefit society, a health care insurer that offers, issues for  
10 delivery, delivers, or renews in this state a health care insurance plan shall provide  
11 coverage for newborn and infant hearing screening under the schedule described in (b)  
12 of this section if the plan covers services provided to women during pregnancy and  
13 childbirth and the dependents of a covered individual.

14 (b) The minimum coverage required under (a) of this section includes

- 15 (1) a newborn or infant hearing screening test to be performed within
- 16 30 days after the child's birth; and
- 17 (2) if the initial test under (1) of this subsection determines that the
- 18 child may have a hearing impairment, a confirmatory hearing diagnostic test.

19 (c) The coverage required by this section may be subject to standard policy  
20 provisions that are applicable to other benefits, such as deductible or copayment  
21 provisions.

22 \* Sec. 4. AS 47.20 is amended by adding new sections to read:

23 **Article 2. Newborn Hearing Screening Requirements.**

24 **Sec. 47.20.300. Hospital screening requirements.** Except as provided in  
25 AS 47.20.320, the physician in attendance at or immediately after the birth of a child  
26 in a hospital in this state, or, if a physician is not in attendance at or immediately after  
27 the birth, the person attending the newborn child in a hospital in this state, shall, unless  
28 medically contraindicated, cause the child to be tested to determine whether the child  
29 has a potential hearing impairment. Unless medically contraindicated, the screening  
30 shall occur before the newborn is released from the hospital or before the infant is 30  
31 days old, whichever is earlier.

1           **Sec. 47.20.310. Birthing center screening requirements.** Except as  
2 provided in AS 47.20.320, each birthing center that provides maternity and newborn  
3 care services shall provide that each newborn in the center's care is referred for an  
4 appointment to a licensed audiologist or to a hospital or other newborn hearing  
5 screening provider before discharge. Unless medically contraindicated, the screening  
6 shall occur before the infant is 30 days old.

7           **Sec. 47.20.320. Exceptions.** (a) Notwithstanding AS 47.20.300 - 47.20.310,  
8 the physician or other person at or immediately after the birth of a child in a hospital  
9 or birthing center that averages less than 50 births a year is not required to screen the  
10 child as described in AS 47.20.300 - 47.20.310 but shall, before the newborn is  
11 released from the hospital or birthing center, refer the child for screening at another  
12 facility or with another provider. Unless medically contraindicated, the screening  
13 shall occur before the child is 30 days old.

14           (b) Notwithstanding AS 47.20.300 - 47.20.310, a physician or other person  
15 required to cause a newborn hearing screening test under AS 47.20.300 - 47.20.310 is  
16 exempt from this requirement if the parent of the newborn child objects to the testing  
17 procedure on the grounds that the procedure conflicts with the religious tenets and  
18 practices of the parent. The parent shall sign a statement that the parent knowingly  
19 refuses the services, and the physician or other person shall have a copy of the signed  
20 statement retained in the medical records of the birth.

21           **Sec. 47.20.330. Referral required.** If it is determined by testing that a  
22 newborn child may have a hearing impairment, the physician or other person who is  
23 required under AS 47.20.300 - 47.20.310 to cause the child to be tested shall

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

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

28           **Sec. 47.20.340. Testing technology.** The hearing testing required under  
29 AS 47.20.300 - 47.20.340 shall use at least one of the following physiologic  
30 technologies: automated or diagnostic auditory brainstem response (ABR) or  
31 otoacoustic emissions (OAE).

1           **Sec. 47.20.350. Screening required before school or child care.** (a) Except  
2 as provided in (b) of this section, a licensed child care facility or a public or nonpublic  
3 school offering pre-elementary education through the 12th grade or any combination  
4 of these grades may not accept a child for attendance until there is presented to the  
5 facility or school either

6                   (1) a copy of a medical record indicating that the child has received  
7 hearing screening using a test specified under AS 47.20.340; or

8                   (2) a signed statement by the child's parent or guardian affirming that  
9 hearing screening conflicts with the tenets and practices of the church or religious  
10 denomination of which the parent or guardian is a member.

11           (b) A licensed child care facility or school in a community where regular  
12 hearing screening services are not available on at least a weekly basis may  
13 provisionally admit a child who does not have the medical record or signed statement  
14 required under (a) of this section, but this provisional admission may not extend  
15 beyond 60 calendar days after the child's first date of attendance at the facility or  
16 school.

17 \* **Sec. 5.** This Act takes effect immediately under AS 01.10.070(c).

**Sec. 14.30.127. Vision and hearing screening examinations.**

(a) A vision and hearing screening examination shall be given to each child attending school in the state. The examination shall be made when the child enters school or as soon thereafter as is practicable, and at regular intervals specified by regulation by the governing body of the district.

(b) The Department of Health and Social Services shall

(1) set standards for the performance of vision and hearing screening;

(2) train and certify public health nurses and school district employees to conduct hearing and vision screening tests;

(3) assist with referral and follow-up of children needing professional examination or treatment; and

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4 AAC 06.055

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(a) Before entry in a state public school district or nonpublic school offering pre-elementary education through the 12th grade, or any combination of these grades, a child shall be immunized against

(1) diphtheria, tetanus, polio, pertussis, measles, and rubella, except that pertussis is not required in children over six and rubella is not required in children 12 years or older; and

(2) beginning July 1, 2001, mumps, hepatitis A, and hepatitis B.

(b) This section does not apply if the child

(1) has a valid immunization certificate consisting of

(A) a statement by a physician listing the date that each required immunization was given; or

(B) a copy of a clinic or health center record listing the date that each required immunization was given;

(2) has a statement signed by a doctor of medicine (M.D.), doctor of osteopathy (D.O.), physician assistant, or advanced nurse practitioner licensed to practice in this state, stating that immunizations would, in that individual's professional opinion, be injurious to the health of the child or members of the child's family or household; or

(3) has an affidavit signed by his parent or guardian affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the applicant is a member.

(c) A student registering in a school in a community where regular medical services are not available on at least a weekly basis and who does not have the required immunizations, may be provisionally admitted to a pre-elementary, elementary or secondary program for a reasonable period of time for the prevailing circumstances but not exceeding 90 days after enrollment. No children will be provisionally admitted except in exceptional circumstances. Where exceptions are granted, they shall be reported to and discussed with the communicable disease section of the division of public health, Department of Health and Social Services, who will then be responsible for determining that the required immunizations are completed during the provisional period.

(d) If a parent or guardian is unable to pay the cost of immunization, or immunization is not available in the district or community, immunization shall be provided by state or federal public health services.

(e) Immunizations shall be recorded on each pupil's permanent health record form.

(f) School districts shall initiate action to exclude from school any child to whom this section applies but who has not been immunized as required by this section.

History -

Eff. 1/13/73, Register 44; am 8/28/77, Register 63; am 12/30/2000, Register 156

Authority -

AS 14.07.020

AS 14.30.125

4 AAC 62.450

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(a) At or before admission of a child, a child care facility shall obtain from the child's parent

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- (2) evidence that the child is exempt from immunization.

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- (1) diphtheria, tetanus, polio, measles, and rubella;
- (2) if the child is less than seven years of age, pertussis; and
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- (3) entry for a one day exemption that the child is attending the child care facility for the first time.

(d) A child care facility in a community where regular medical services are not available on at least a weekly basis may provisionally admit a child who does not have the immunization certificate required under (a) of this section until the certificate can be obtained, but for no longer than 60 days.

(e) A satisfactory immunization audit report from the Department of Health and Social Services division of public health during the previous licensure period will be accepted as evidence that the child care facility satisfied the requirements of (a) - (d) of this section.

(f) A child care facility may admit a mildly ill child or allow the child to remain in attendance if the child's needs do not compromise the care of other children.

(g) A child care facility that cares for a mildly ill child shall arrange a plan of care with the parent and provide a place where, under supervision, the child may rest or play quietly, apart from other children, where warranted.

(h) A child care facility may not admit a child who shows definite signs of a serious illness or of a highly communicable disease or allow the child to remain in attendance unless a medical provider approves the child's attendance.

(i) A child care facility shall provide an opportunity for supervised rest or sleep periods for each child under the age of five who is in care more than five hours, and for any other child, if desired by the child. For a child who is unable to sleep, the child care facility shall provide time and space for quiet play.

History -

Eff. 1/1/96, Register 136; am 3/1/98, Register 145; 12/30/2000, Register 156

Authority -

AS 14.07.060

AS 14.37.020

Editor's Notes -

Alaska's childhood immunization schedule prescribed by the Department of Health and Social Services Division of Public Health may be obtained from the Division of Public Health, P.O. Box 110610, 350 Main Street, Room 503, Juneau, Alaska 99811-0610 or any other office of that division in the state.



TONY KNOWLES, GOVERNOR  
State of Alaska

**GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION**

P.O. Box 240249 • Anchorage, Alaska 99524-0249 • Phone: 907-269-8990 • Fax: 907-269-8995

April 9<sup>th</sup>, 2001

Dear Representative Joule,

Each year, over 10,000 babies are born in Alaska, 30 to 40 of whom are likely to have some type of congenital hearing loss. Hearing loss is more prevalent than any other congenital abnormality for which newborns are routinely screened. If left undetected and without intervention, hearing loss has serious adverse implications for the cognitive, language and socio-emotional development of the children who experience it.

The Governor's Council on Disabilities and Special Education applauds your deep concern about the impact of hearing loss. We also applaud your drafting of **House Bill 173** "An Act relating to establishing a screening, tracking, and intervention program related to the hearing ability of newborns and infants; providing an exemption to licensure as an audiologist for certain persons performing hearing screening tests; relating to insurance coverage for newborn and infant hearing screening; and providing for an effective date." We are especially pleased with the bill's requirement that the Department of Health and Social Services develop and implement a program by January 1, 2003 in which 90% of all newborns and infants in the state are screened for hearing loss by three months of age. We also applaud the bill's call for the development of protocols and systems for ensuring timely reporting, tracking and early intervention.

The Governor's Council on Disabilities and Special Education fully supports the Universal Newborn Hearing Screening Bill. The Council recognizes and commends you for your vigilance and dedication to ensuring that no child born in Alaska is denied the opportunity to grow and learn in this great state.

The Governor's Council on Disabilities and Special Education has issued letters urging your fellow House H.E.S. committee members to show support and dedication to Alaska's youth by passing this legislation. We do not believe that any child should be denied the opportunity for a meaningful and productive life in Alaska, and we are urging them to vote in favor of **House Bill 173**.

Sincerely,

A handwritten signature in cursive script that reads "Marie Simmons".

Marie Simmons



Quota International of Fairbanks  
PO Box 74850 Fairbanks AK 99707

*Resolution in support of HB 173, establishing a screening, tracking,  
and  
intervention program related to the hearing ability of newborns and  
infants*

Whereas thirty to forty babies born annually in Alaska are likely to have some type of congenital hearing loss; and

Whereas approximately 50% of newborns with hearing loss are not identified and will not be identified until 18 mos. to 3 years of age; and

Whereas undetected hearing loss can result in lifelong delays in language, cognitive, socio-emotional and academic development; and

Whereas over the educational lifetime of a child, substantial amounts of money would be saved if, as a result of early identification and intervention, the most appropriate educational setting for the child is a regular mainstream classroom instead of a self-contained classroom or a self-contained program; and

Whereas the prevalence of congenital hearing loss at 3 per 1000 births nation wide is substantially higher than the prevalence of phenylketonuria (PKU), hyperthyroidism, or sickle cell anemia, which are required for screening in every state;

Now therefore be it resolved that Quota International of Fairbanks, a service organization focused on the speech and hearing impaired, wholeheartedly supports HB 173 "an act to establish a screening, tracking, and intervention program related to the hearing ability of newborns and infants...."

Adopted this 3<sup>rd</sup> day of April 2001.

*Beebe Phinn*  
Beebe Phinn, President

Providence Alaska  
Medical Center3200 PROVIDENCE DRIVE  
P.O. BOX 196604  
ANCHORAGE, ALASKA  
99519-6604

Tel 907 562-2211



02 April 2001

Re: **LETTER OF SUPPORT**  
**Infant Hearing Screening Bill No. 173**

Dear Sirs:

Please regard this letter as a strong letter of support for House Bill No. 173 regarding infant hearing screening.

As Chairman of the Department of Pediatrics at Providence Alaska Medical Center and Medical Director of the Children's Hospital at Providence, I am a strong supporter of infant hearing screening to detect congenital deafness for which we have recognized successful intervention strategies. Congenital deafness may be diagnosed in the Newborn Nursery utilizing modern technology and reliable hearing screening.

House Bill No. 173 regarding infant hearing and screening will protect our Alaskan children from a late diagnosis of congenital deafness. Without early diagnosis, there is a significant risk for preventable delays in language, cognitive, social, emotional and academic development.

At Providence Hospital for the past year, we have had a successful screening pilot program in place and it has demonstrated to me and to the medical staff that such a program is feasible to be implemented and successful on a universal basis. In addition to this, there is national data documenting the success of infant screening programs both in the reliability of early detection and the success of early intervention strategies.

I support House Bill No. 173.

Sincerely yours,

W. Jon Lyon, M.D.  
Chairman, Department of Pediatrics,  
Providence Alaska Medical Center and  
Medical Director, the Children's Hospital  
at Providence  
WJL:plw



# ALASKA NURSES ASSOCIATION

237 E. 3rd Avenue #3  
(907) 274-0827

Anchorage, AK 99501  
FAX: (907) 272-0292

April 9, 2001

Representative Reggie Joule  
P.O. Box 673  
Kotzebue AK 99752

Dear Representative Joule,

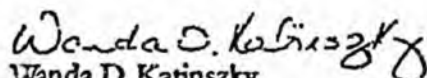
On behalf of the members of the Alaska Nurses Association I would like to extend our support for House Bill 173, Screening Newborns for Hearing Ability. This legislation addresses a great need that is integral to children receiving a healthy start in life. Newborns and infants with undetected significant hearing loss have difficulty developing language and speech needed for academic and vocational achievement compared to other children of the same chronological age.

Hearing loss in newborn infants occurs more frequently than any other health condition for which newborn screening is already required throughout the United States. Some 30,000 children are born profoundly deaf, or have moderate or severe hearing loss each year.

At the present time, less than 20% of all newborns are screened for hearing loss prior to release from the hospital. The United States lags behind similar efforts in Europe and Israel in identifying newborns with hearing loss. Research indicates that children with hearing loss who are identified in the first six months of life, and who receive intervention services, develop language within the normal range.

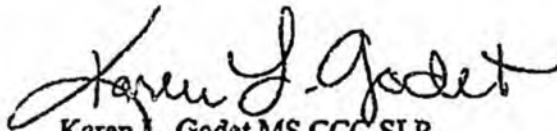
In passing this legislation Alaska would join 35 other states that perform this diagnostic procedure for newborns. We urge you to provide this critical screening for all of Alaska's newborns to ensure a healthy beginning so they may reach their full potential.

Sincerely,

  
Wanda D. Katinsky  
President

**Please support HB 173.**

As a therapist working with young children who experience disabilities I am well aware of the importance of early detection and intervention. In the case of hearing impairments it is imperative that they are detected early in order to provide intervention for the family to ensure that the child can develop communication skills. It is more and more evident that there are critical periods of brain development that are crucial for language learning. No child should miss this window of development for communication growth.



Karen L. Godet MS CCC-SLP  
Speech Pathologist for the Anchorage School District

DATE: 4/9/01

TO: Rep. Joubert  
House H.E.S. Committee  
(907) 465-4586

FROM: Linda Erb

PAGES TO FOLLOW..... 1

COMMENTS:

---

**ALASKA NATIVE MEDICAL CENTER**

**AUDIOLOGY DEPARTMENT**

**4315 DIPLOMACY DRIVE**

**ANCHORAGE AK 99508**

**(907) 729-1409**

**FAX: (907) 729-1412**

---

I am writing to urge support of House Bill 173 ("An Act relating to establishing a screening, tracking and intervention program related to the hearing ability of newborns and infants"). The intent of this bill is to ensure that all newborns are provided with hearing screening within 30 days of birth. The bill also makes provisions for all newborns who fail hearing screening to be referred for audiological follow-up, and where hearing loss is determined to exist, to appropriate early intervention/education services.

Serious congenital hearing loss is estimated to occur in 3 to 4 per 1000 live births.



# ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the House A.F.S.

Committee on HB 173 <sup>Committee Name</sup> Establishing a screening  
~~tracking & intervention~~ <sup>Dated</sup> 4-11-01

Bill / Subject program related to hearing ability of newborns + infants

Quota International of Fairbanks is a service organization made up of professionals in the Fairbanks and North Pole communities. One of our primary areas of focus, among others, is those people with hearing deficits. We spend many countless volunteer hours promoting hearing health, fund raising to assist in the purchasing of hearing devices and teaching aids for the hearing impaired, administering scholarships to high school students pursuing a career in audiology or speech and language pathology. We have also donated the Algo IIe to Fairbanks Memorial Hospital. This instrument allows for early hearing detection in newborns before their release from the hospital. It is our goal as an organization to do what we can to assure that a hearing loss, congenital or other, does not go undetected and does not impair citizens from living their lives to the fullest extent possible.

We submit the following resolution in support of HB 173 "an act to establish a screening , tracking, and intervention program related to the hearing ability of newborns and infants; providing an exemption to licensure as an audiologist for certain persons performing hearing screening tests; relating to insurance coverage for newborn and infant hearing screening; and providing for an effective date."

SIGNED: Mary H. Weymiller, Secretary  
Testifier

Quota International of Fairbanks  
Representing

P.O. Box 74850 Fairbanks, Ak. 99707  
Address / Phone Number 907-479-4395



Quota International of Fairbanks  
PO Box 74850 Fairbanks AK 99707

***Resolution in support of HB 173, establishing a screening, tracking,  
and  
intervention program related to the hearing ability of newborns and  
infants***

Whereas thirty to forty babies born annually in Alaska are likely to have some type of congenital hearing loss; and

Whereas approximately 50% of newborns with hearing loss are not identified and will not be identified until 18 mos. to 3 years of age; and

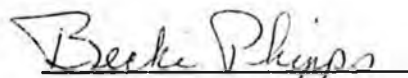
Whereas undetected hearing loss can result in lifelong delays in language, cognitive, socio-emotional and academic development; and

Whereas over the educational lifetime of a child, substantial amounts of money would be saved if, as a result of early identification and intervention, the most appropriate educational setting for the child is a regular mainstream classroom instead of a self-contained classroom or a self-contained program; and

Whereas the prevalence of congenital hearing loss at 3 per 1000 births nation wide is substantially higher than the prevalence of phenylketonuria (PKU), hyperthyroidism, or sickle cell anemia, which are required for screening in every state;

Now therefore be it resolved that Quota International of Fairbanks, a service organization focused on the speech and hearing impaired, wholeheartedly supports HB 173 "an act to establish a screening, tracking, and intervention program related to the hearing ability of newborns and infants....."

Adopted this 3<sup>rd</sup> day of April 2001.

  
Becki Phipps, President

22-LS0003VB  
Lauterbach  
4/11/01

**CS FOR HOUSE BILL NO. 173( )**

**IN THE LEGISLATURE OF THE STATE OF ALASKA  
TWENTY-SECOND LEGISLATURE - FIRST SESSION**

**BY**

**Offered:  
Referred:**

**Sponsor(s): REPRESENTATIVES JOULE, Cissna, Crawford, Croft, Davies, Harris, Hayes, Kapsner, Lancaster, Wilson, Guess, Scalzi, Kerdtula**

**A BILL**

**FOR AN ACT ENTITLED**

1 "An Act relating to newborn and infant hearing screening; and providing for an effective  
2 date."

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

4 \* Section 1. AS 08.65.140(c) is amended to read:

5 (c) A certified direct-entry midwife shall comply with the requirements of  
6 AS 18.15.150 concerning taking of blood samples, AS 18.15.200 concerning  
7 screening of phenylketonuria (PKU), AS 18.50.160 concerning birth registration,  
8 AS 18.50.230 concerning registration of deaths, AS 18.50.240 concerning fetal death  
9 registration, AS 47.20.320(a) concerning referrals for hearing screening, and  
10 regulations adopted by the Department of Health and Social Services concerning  
11 prophylactic treatment of the eyes of newborn infants.

12 \* Sec. 2. AS 14.30.127(b) is amended to read:

13 (b) With respect to screening performed under this section, the [THE]  
14 Department of Health and Social Services shall

- 1 (1) set standards for the performance of vision and hearing screening;
- 2 (2) train and certify public health nurses and school district employees
- 3 to conduct hearing and vision screening tests;
- 4 (3) assist with referral and follow-up of children needing professional
- 5 examination or treatment; and
- 6 (4) assist with maintenance and repair of screening equipment.

7 \* Sec. 3. AS 21.42 is amended by adding a new section to read:

8 **Sec. 21.42.349. Coverage for newborn and infant hearing screening.** (a)

9 Except for a fraternal benefit society, a health care insurer that offers, issues for

10 delivery, delivers, or renews in this state a health care insurance plan shall provide

11 coverage for newborn and infant hearing screening under the schedule described in (b)

12 of this section if the plan covers services provided to women during pregnancy and

13 childbirth and the dependents of a covered individual.

14 (b) The minimum coverage required under (a) of this section includes

- 15 (1) a newborn or infant hearing screening test to be performed within
- 16 30 days after the child's birth; and
- 17 (2) if the initial test under (1) of this subsection determines that the
- 18 child may have a hearing impairment, a confirmatory hearing diagnostic test.

19 (c) The coverage required by this section may be subject to standard policy

20 provisions that are applicable to other benefits, such as deductible or copayment

21 provisions.

22 \* Sec. 4. AS 47.20 is amended by adding new sections to read:

23 **Article 2. Newborn Hearing Screening Requirements.**

24 **Sec. 47.20.300. Hospital screening requirements.** Except as provided in

25 AS 47.20.320, the physician in attendance at or immediately after the birth of a child

26 in a hospital in this state, or, if a physician is not in attendance at or immediately after

27 the birth, the person attending the newborn child in a hospital in this state, shall, unless

28 medically contraindicated, cause the child to be tested to determine whether the child

29 has a potential hearing impairment. Unless medically contraindicated, the screening

30 shall occur before the newborn is released from the hospital or before the infant is 30

31 days old, whichever is earlier.

1           **Sec. 47.20.310. Birthing center screening requirements.** Except as  
2 provided in AS 47.20.320, each birthing center that provides maternity and newborn  
3 care services shall provide that each newborn in the center's care is referred for an  
4 appointment to a licensed audiologist or to a hospital or other newborn hearing  
5 screening provider before discharge. Unless medically contraindicated, the screening  
6 shall occur before the infant is 30 days old.

7           **Sec. 47.20.320. Exceptions.** (a) Notwithstanding AS 47.20.300 - 47.20.310,  
8 the physician or other person at or immediately after the birth of a child in a hospital  
9 or birthing center that averages less than 50 births a year is not required to screen the  
10 child as described in AS 47.20.300 - 47.20.310 but shall, before the newborn is  
11 released from the hospital or birthing center, refer the child for screening at another  
12 facility or with another provider. Unless medically contraindicated, the screening  
13 shall occur before the child is 30 days old.

14           (b) Notwithstanding AS 47.20.300 - 47.20.310, a physician or other person  
15 required to cause a newborn hearing screening test under AS 47.20.300 - 47.20.310 is  
16 exempt from this requirement if the parent of the newborn child objects to the testing  
17 procedure on the grounds that the procedure conflicts with the religious tenets and  
18 practices of the parent. The parent shall sign a statement that the parent knowingly  
19 refuses the services, and the physician or other person shall have a copy of the signed  
20 statement retained in the medical records of the birth.

21           **Sec. 47.20.330. Referral required.** If it is determined by testing that a  
22 newborn child may have a hearing impairment, the physician or other person who is  
23 required under AS 47.20.300 - 47.20.310 to cause the child to be tested shall

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

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

28           **Sec. 47.20.340. Testing technology.** The hearing testing required under  
29 AS 47.20.300 - 47.20.340 shall use at least one of the following physiologic  
30 technologies: automated or diagnostic auditory brainstem response (ABR) or  
31 otoacoustic emissions (OAE).

1           **Sec. 47.20.350. Screening required before school or child care.** (a) Except  
2 as provided in (b) of this section, a licensed child care facility or a public or nonpublic  
3 school offering pre-elementary education through the 12th grade or any combination  
4 of these grades may not accept a child for attendance until there is presented to the  
5 facility or school either

6                   (1) a copy of a medical record indicating that the child has received  
7 hearing screening using a test specified under AS 47.20.340; or

8                   (2) a signed statement by the child's parent or guardian affirming that  
9 hearing screening conflicts with the tenets and practices of the church or religious  
10 denomination of which the parent or guardian is a member.

11           (b) A licensed child care facility or school in a community where regular  
12 hearing screening services are not available on at least a weekly basis may  
13 provisionally admit a child who does not have the medical record or signed statement  
14 required under (a) of this section, but this provisional admission may not extend  
15 beyond 60 calendar days after the child's first date of attendance at the facility or  
16 school.

17 \* **Sec. 5.** This Act takes effect immediately under AS 01.10.070(c).

**Sec. 14.30.127. Vision and hearing screening examinations.**

(a) A vision and hearing screening examination shall be given to each child attending school in the state. The examination shall be made when the child enters school or as soon thereafter as is practicable, and at regular intervals specified by regulation by the governing body of the district.

(b) The Department of Health and Social Services shall

(1) set standards for the performance of vision and hearing screening;

(2) train and certify public health nurses and school district employees to conduct hearing and vision screening tests;

(3) assist with referral and follow-up of children needing professional examination or treatment; and

(4) assist with maintenance and repair of screening equipment.

# LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES  
LEGISLATIVE AFFAIRS AGENCY  
STATE OF ALASKA

(907) 465-3867 or 465-2450  
FAX (907) 465-2029  
Mail Stop 3101

State Capitol  
Juneau, Alaska 99801-1182  
Deliveries to: 129 6th St., Rm. 329


## MEMORANDUM

April 11, 2001

**SUBJECT:** Hearing screening requirements (CSHB 173( ), Version "B")

**TO:** Representative Fred Dyson  
Attn: Randy

**FROM:** Terri Lauterbach  
Legislative Counsel



Enclosed is the blank CS you requested.

As you requested, the draft includes a requirement that hearing screening documentation be submitted to a child care facility or school before the child may attend. I provided exceptions to this screening requirement that are similar to the exceptions related to current immunization requirements.

Section 2 of the bill amends a statute (AS 14.30.127) that currently requires children to be screened after they start school. I have amended AS 14.30.127(b) so that the provisions relating to the Department of Health and Social Services in that section are clearly confined to the hearing screening that takes place under AS 14.30.127. I did this because it is my understanding that you did not want involvement of DHSS with the hearing screening requirement established in sec. 4 of your draft, particularly as to the follow-up actions mentioned in AS 14.30.127(b)(3).

For your information, I have enclosed a copy of 4 AAC 06.055 and 4 AAC 62.450, relating to immunizations, and a copy of AS 14.20.127. If I can be of further assistance, just let me know.

TML:jhb  
01-025.jhb

Enclosure

4 AAC 06.055

IMMUNIZATIONS REQUIRED.

(a) Before entry in a state public school district or nonpublic school offering pre-elementary education through the 12th grade, or any combination of these grades, a child shall be immunized against

(1) diphtheria, tetanus, polio, pertussis, measles, and rubella, except that pertussis is not required in children over six and rubella is not required in children 12 years or older; and

(2) beginning July 1, 2001, mumps, hepatitis A, and hepatitis B.

(b) This section does not apply if the child

(1) has a valid immunization certificate consisting of

(A) a statement by a physician listing the date that each required immunization was given; or

(B) a copy of a clinic or health center record listing the date that each required immunization was given;

(2) has a statement signed by a doctor of medicine (M.D.), doctor of osteopathy (D.O.), physician assistant, or advanced nurse practitioner licensed to practice in this state, stating that immunizations would, in that individual's professional opinion, be injurious to the health of the child or members of the child's family or household; or

(3) has an affidavit signed by his parent or guardian affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the applicant is a member.

(c) A student registering in a school in a community where regular medical services are not available on at least a weekly basis and who does not have the required immunizations, may be provisionally admitted to a pre-elementary, elementary or secondary program for a reasonable period of time for the prevailing circumstances but not exceeding 90 days after enrollment. No children will be provisionally admitted except in exceptional circumstances. Where exceptions are granted, they shall be reported to and discussed with the communicable disease section of the division of public health, Department of Health and Social Services, who will then be responsible for determining that the required immunizations are completed during the provisional period.

(d) If a parent or guardian is unable to pay the cost of immunization, or immunization is not available in the district or community, immunization shall be provided by state or federal public health services.

(e) Immunizations shall be recorded on each pupil's permanent health record form.

(f) School districts shall initiate action to exclude from school any child to whom this section applies but who has not been immunized as required by this section.

History -

Eff. 1/13/73, Register 44; am 8/28/77, Register 63; am 12/30/2000, Register 156

Authority -

AS 14.07.020

AS 14.30.125

4 AAC 62.450

HEALTH IN CHILD CARE FACILITIES.

(a) At or before admission of a child, a child care facility shall obtain from the child's parent

- (1) a valid immunization certificate; or
- (2) evidence that the child is exempt from immunization.

(b) A valid immunization certificate is a copy of the child's original immunization record showing that, in a manner consistent with the timetable prescribed by the Department of Health and Social Services childhood immunization schedule, the child has received, or has begun and is continuing to receive, immunizations for the child's age against

- (1) diphtheria, tetanus, polio, measles, and rubella;
- (2) if the child is less than seven years of age, pertussis; and
- (3) beginning July 1, 2001, mumps, hepatitis A, hepatitis B, chicken pox, and Haemophilus influenzae type B. The immunization record is limited to either or both a statement by a physician, listing the date that each required immunization was given, or a clinic or health center record, listing the date that each required immunization was given.

(c) Evidence of exemption from immunization must include one of the following:

(1) a statement signed by a doctor of medicine (M.D.), doctor of osteopathy (D.O.), physician assistant, or advanced nurse practitioner licensed in this state, stating that immunizations would, in that individual's professional opinion, be injurious to the health of the child or members of the child's family or household;

(2) an affidavit signed by the child's parent or guardian, affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the parent or guardian is a member; or

(3) entry for a one day exemption that the child is attending the child care facility for the first time.

(d) A child care facility in a community where regular medical services are not available on at least a weekly basis may provisionally admit a child who does not have the immunization certificate required under (a) of this section until the certificate can be obtained, but for no longer than 60 days.

(e) A satisfactory immunization audit report from the Department of Health and Social Services division of public health during the previous licensure period will be accepted as evidence that the child care facility satisfied the requirements of (a) - (d) of this section.

(f) A child care facility may admit a mildly ill child or allow the child to remain in attendance if the child's needs do not compromise the care of other children.

(g) A child care facility that cares for a mildly ill child shall arrange a plan of care with the parent and provide a place where, under supervision, the child may rest or play quietly, apart from other children, where warranted.

(h) A child care facility may not admit a child who shows definite signs of a serious illness or of a highly communicable disease or allow the child to remain in attendance unless a medical provider approves the child's attendance.

(i) A child care facility shall provide an opportunity for supervised rest or sleep periods for each child under the age of five who is in care more than five hours, and for any other child, if desired by the child. For a child who is unable to sleep, the child care facility shall provide time and space for quiet play.

History -

Eff. 1/1/96, Register 136; am 3/1/98, Register 145; 12/30/2000, Register 156

Authority -

AS 14.07.060

AS 14.37.020

Editor's Notes -

Alaska's childhood immunization schedule prescribed by the Department of Health and Social Services Division of Public Health may be obtained from the Division of Public Health, P.O. Box 110610, 350 Main Street, Room 503, Juneau, Alaska 99811-0610 or any other office of that division in the state.

**Amendment**

By Representative Joule

Page 5, subsection (g), lines 14-18

**DELETE**

## SPONSOR STATEMENT

**"An Act establishing a screening, tracking, and intervention program related to the hearing ability of newborns and infants; providing an exemption to licensure as an audiologist for certain persons performing hearing screening test; relating to insurance coverage for newborn and infant hearing screening; and providing for an effective date."**

Recent discoveries that a baby's brain develops earlier than previously understood has prompted many state legislators and health care providers to reexamine policies related to newborn and infant hearing screening. In recent years, thirty-two states have passed legislation that provides universal newborn hearing screening. An additional three states have legislation pending this session and another three states routinely screen 85% of their newborns.

Each year in Alaska approximately 10,000 babies are born, around 30 to 40 of them are likely to have some type of congenital hearing loss. Hearing loss is more common than any other birth defect for which newborns are regularly screened in the state, however hearing screening is not required. While many hospitals and clinics screen high-risk or premature infants for hearing loss, about 50% of newborns with hearing loss are not identified. Most newborns with congenital hearing loss that are not screened at birth will not be identified until 18 months to three years of age, after certain critical periods for language and cognitive development have passed. When left undetected hearing loss can result in lifelong delays in language, cognitive, socio-emotional and academic development.

The proposed legislation would require a newborn to be tested for any potential hearing impairment before the child is released from the hospital or before the infant is three months old, whichever is earlier unless medically contradicted. If a hospital or birthing center has less than 50 births a year, or if a health care provider assists with a birth outside a hospital or birthing center, they are not required to screen the child but must refer the child to screening at another facility.

Under the proposed legislation screening would only be the first step in the process. Newborns who do not pass the screening would be referred for further diagnostic testing and on-going follow-up care. If hearing loss is confirmed families will be connected with on-going audiological and early intervention services, parental and family support services, and any other needed services. Throughout the process parents will be notified of the importance of early screening and the available resources.

The bill also requires the establishment of a reporting and tracking system regarding the newborn screening in order to provide the department with information to effectively plan, establish, monitor, and evaluate the program.

Of note is that in April 2000, The Department of Health and Social Services, Section of Maternal, Child and Family Health was awarded a four year federal grant for \$111,500 a year. The grant is for planning, developing and supporting an early hearing detection and intervention screening program. Additionally, the National Center for Hearing Assessment and Management has developed a program to loan hearing screening equipment to hospitals and clinics.



*Governor's House  
716 Calhoun Avenue  
Juneau, Alaska 99801*

March 21, 2001

Representative Reggie Joule  
Room 405  
State Capitol  
Juneau, Alaska 99801-1182

*Reggie*  
Dear Representative Joule,

I was delighted to learn about your efforts to institute newborn hearing screening in Alaska as well as to provide support for families with children diagnosed with a hearing problem.

This has been an interest of mine since the governors' spouses were given a briefing on the subject by the National Center for Hearing a couple of years ago. It was easy to conclude that the screening procedure is relatively easy and inexpensive particularly in comparison with the costs of failing to make an early diagnosis. I have resource materials from that meeting that I would be happy to share with you.

Please let me know if you would like this information or if I can otherwise be of assistance. Good luck with this very worthwhile legislative initiative.

Sincerely yours,

*Susan*

Susan M. Knowles  
First Lady

Cc: Commissioner Karen Perdue

Support Material

# LEGAL SERVICES

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## MEMORANDUM

February 7, 2001

**SUBJECT:** Hearing screening, tracking, and intervention program for infants  
(Work Order No. 22-LS0003\P)

**TO:** Representative Reggie Joule  
Attn: Christine Hess

**FROM:** Terri Lauterbach *TLauterbach*  
Legislative Counsel

Following is a sectional summary of 22-LS0003P. Since you have asked no specific questions about the bill, this memo is brief. Please let me know if you have questions of a legal nature about the bill that require further explanation.

Section 1. Legislative findings.

Section 2. Legislative intent that the new program be 90 percent operational by January 1, 2003.

Section 3. Adds an exemption from the requirement that a person be licensed as a audiologist in order to perform the hearing screening required under this bill.

Section 4. Requires the state registrar to send parental addresses to the employees who implement the hearing screening program when the registrar gets birth information for a birth outside a hospital.

Section 5. Requires insurance policies to cover hearing screening of infants if the policy covers pregnancy, childbirth, and dependents.

Section 6. Establishes the Newborn and Infant Hearing Screening, Tracking, and Intervention Program.

Section 7. Authorizes development of regulations before the rest of the bill takes effect.

Section 8. Technical changes to be made by the revisor of statutes.

Section 9. Immediate effective date for getting the new program started.

Section 10. January 1, 2002, effective date for most of the bill.

TML:glc  
01-104.glc

APR-07-00 FRI 11:01 AM

TABLES 1.20A, 1.20B, AND 1.21

10:28 Friday, April 7, 2000 1

RESIDENT BIRTHS BY CENSUS AREA AND NRC OF OCCURRENCE, MOTHER'S RACE  
AND BY BIRTH ATTENDANT TYPE, ALASKA

1998

| CENSUS AREA OF OCCURRENCE | ATTENDANT TYPE      |                           |                    |         |                | TOTAL |
|---------------------------|---------------------|---------------------------|--------------------|---------|----------------|-------|
|                           | MEDICAL DOCTOR (MD) | DOCTOR OF OSTEOPATHY (DO) | CERT NURSE MIDWIFE | MIDWIFE | OTHER/ UNKNOWN |       |
| ALEUTIANS WEST            | .                   | .                         | .                  | .       | 1              | 1     |
| ANCHORAGE                 | 3,972               | 243                       | 907                | 47      | 50             | 5,219 |
| BETHEL                    | 306                 | .                         | 102                | .       | 6              | 414   |
| DILLINGHAM                | 47                  | 20                        | 1                  | .       | 1              | 69    |
| FAIRBANKS NSB             | 1,366               | 29                        | 172                | 48      | 15             | 1,630 |
| JUNEAU BOROUGH            | 363                 | .                         | 10                 | 32      | 2              | 407   |
| KENAI PENINSULA           | 349                 | 8                         | 176                | 15      | 9              | 557   |
| KETCHIKAN                 | 260                 | .                         | 37                 | .       | 1              | 298   |
| KODIAK ISLAND             | 155                 | 78                        | .                  | 6       | .              | 239   |
| MATANUSKA-SUSITNA         | 277                 | 89                        | 8                  | 87      | 4              | 465   |
| NOME                      | 91                  | 16                        | .                  | 8       | 5              | 120   |
| NORTH SLOPE               | 42                  | 4                         | .                  | .       | 2              | 48    |
| NORTHWEST ARCTIC          | 92                  | 8                         | 11                 | .       | 3              | 114   |
| PRINCE OF WALES           | .                   | .                         | .                  | .       | 4              | 4     |
| SITKA BOROUGH             | 124                 | 1                         | .                  | .       | 2              | 127   |
| SKGWAY-HOONAH-ANG         | .                   | .                         | .                  | 1       | .              | 1     |
| SE FAIRBANKS              | .                   | .                         | 1                  | .       | 1              | 2     |
| VALDEZ-CORDOVA            | 45                  | .                         | 1                  | 2       | 1              | 49    |
| WADE HAMPTON              | 3                   | .                         | .                  | .       | 8              | 11    |
| WRANGELL-PETERSBG         | 23                  | 8                         | .                  | .       | 1              | 32    |
| YUKON-KOYUKUK             | .                   | .                         | .                  | .       | 3              | 3     |
| UNKNOWN                   | 38                  | 2                         | 4                  | 4       | 62             | 110   |
| TOTAL                     | 7,553               | 506                       | 1,430              | 250     | 181            | 9,920 |

APR-07-00 FRI 11:01 AM

TABLES 1.20A, 1.20B, AND 1.21

10:28 Friday, April 7, 2000 2

RESIDENT BIRTHS BY CENSUS AREA AND NRC OF OCCURRENCE, MOTHER'S RACE  
AND BY BIRTH ATTENDANT TYPE, ALASKA

1998

| NRC OF OCCURRENCE    | ATTENDANT TYPE            |                                 |                       |         |                   | TOTAL |
|----------------------|---------------------------|---------------------------------|-----------------------|---------|-------------------|-------|
|                      | MEDICAL<br>DOCTOR<br>(MD) | DOCTOR OF<br>OSTEOPATHY<br>(DO) | CERT NURSE<br>MIDWIFE | MIDWIFE | OTHER/<br>UNKNOWN |       |
| AHTNA INC.           | .                         | .                               | 1                     | 1       | .                 | 2     |
| ALEUT CORP.          | .                         | .                               | .                     | .       | 1                 | 1     |
| ARCTIC SLOPE CORP.   | 42                        | 4                               | .                     | .       | 2                 | 48    |
| BERING STRAITS CORP. | 91                        | 16                              | .                     | 8       | 5                 | 120   |
| BRISTOL BAY CORP.    | 47                        | 20                              | 1                     | .       | 1                 | 69    |
| CALISTA CORP.        | 309                       | .                               | 102                   | .       | 14                | 425   |
| CHUGACH NATIVES INC. | 45                        | .                               | .                     | 1       | 1                 | 47    |
| COOK INLET REG CORP. | 4,598                     | 340                             | 1,091                 | 149     | 63                | 6,241 |
| DOYON LTD.           | 1,366                     | 29                              | 173                   | 48      | 19                | 1,635 |
| KONIAG INC.          | 155                       | 78                              | .                     | 6       | .                 | 239   |
| NANA REGIONAL CORP.  | 92                        | 8                               | 11                    | .       | 3                 | 114   |
| SEALASKA CORP.       | 770                       | 9                               | 47                    | 33      | 10                | 869   |
| UNKNOWN              | 38                        | 2                               | 4                     | 4       | 62                | 110   |
| TOTAL                | 7,553                     | 506                             | 1,430                 | 250     | 181               | 9,920 |

**SELECTED VITAL STATISTICS FOR ALASKA: 1999 AND 1995-1999  
REPORTED BY MOTHER'S RACE**

|                               | ALL RACES      |           |            | WHITE          |           |            | NATIVE         |           |            |
|-------------------------------|----------------|-----------|------------|----------------|-----------|------------|----------------|-----------|------------|
|                               | 1999<br>NUMBER | 1999<br>% | 95-99<br>% | 1999<br>NUMBER | 1999<br>% | 95-99<br>% | 1999<br>NUMBER | 1999<br>% | 95-99<br>% |
| <b>BIRTHS</b>                 |                |           |            |                |           |            |                |           |            |
| TOTAL                         | 9,975          | 100.0     | 100.0      | 6,583          | 66.0      | 66.8       | 2,461          | 24.7      | 23.9       |
| TO RESIDENTS                  | 9,959          | 100.0     | 100.0      | 6,573          | 66.0      | 66.7       | 2,456          | 24.7      | 23.9       |
| <b>POPULATION</b>             |                |           |            |                |           |            |                |           |            |
| MALES                         | 323,686        | 52.0      | 52.1       | 240,936        | 52.5      | 52.6       | 52,419         | 50.0      | 50.0       |
| FEMALES                       | 298,314        | 48.0      | 47.9       | 217,726        | 47.5      | 47.4       | 52,326         | 50.0      | 50.0       |
| TOTAL                         | 622,000        | 100.0     | 100.0      | 458,662        | 100.0     | 100.0      | 104,745        | 100.0     | 100.0      |
| <b>BIRTH RATES</b>            |                |           |            |                |           |            |                |           |            |
| CRUDE BIRTH RATE*             | 9,959          | 16.0      | 16.4       | 6,573          | 14.3      | 14.7       | 2,456          | 23.4      | 23.6       |
| TEEN BIRTH RATE*              | 1,122          | 47.8      | 50.6       | 570            | 35.0      | 38.2       | 433            | 85.5      | 88.3       |
| FERTILITY RATE*               | .              | 72.5      | 72.0       | .              | 65.5      | 64.8       | .              | 106.0     | 106.2      |
| <b>FACILITY</b>               |                |           |            |                |           |            |                |           |            |
| HOSPITAL                      | 9,317          | 93.6      | 94.5       | 6,024          | 91.6      | 93.0       | 2,404          | 97.9      | 97.7       |
| BIRTHING CENTER               | 299            | 3.0       | 2.0        | 280            | 4.3       | 2.9        | 8              | 0.3       | 0.2        |
| HOME                          | 183            | 1.8       | 1.8        | 170            | 2.6       | 2.6        | 5              | 0.2       | 0.3        |
| CLINIC                        | 34             | 0.3       | 0.4        | 1              | 0.0       | 0.1        | 32             | 1.3       | 1.3        |
| OUTSIDE ALASKA                | 124            | 1.2       | 1.2        | 96             | 1.5       | 1.4        | 7              | 0.3       | 0.3        |
| <b>MOTHER CHARACTERISTICS</b> |                |           |            |                |           |            |                |           |            |
| <b>AGE GROUP</b>              |                |           |            |                |           |            |                |           |            |
| <15                           | 17             | 0.2       | 0.2        | 5              | 0.1       | 0.1        | 9              | 0.4       | 0.4        |
| 15-19                         | 1,122          | 11.3      | 11.1       | 570            | 8.7       | 8.8        | 433            | 17.6      | 16.9       |
| 20-24                         | 2,711          | 27.2      | 26.8       | 1,696          | 25.8      | 25.4       | 735            | 29.9      | 30.2       |
| 25-29                         | 2,770          | 27.8      | 27.4       | 1,907          | 29.0      | 28.7       | 626            | 25.5      | 24.2       |
| 30-34                         | 1,962          | 19.7      | 21.2       | 1,409          | 21.4      | 22.4       | 389            | 15.8      | 18.1       |
| 35-39                         | 1,096          | 11.0      | 10.8       | 789            | 12.0      | 11.6       | 205            | 8.3       | 8.5        |
| 40-44                         | 257            | 2.6       | 2.5        | 175            | 2.7       | 2.8        | 57             | 2.3       | 1.7        |
| 45+                           | 20             | 0.2       | 0.1        | 18             | 0.3       | 0.2        | 2              | 0.1       | 0.1        |
| REPORTED DRINKING             | 348            | 3.5       | 3.9        | 150            | 2.3       | 2.3        | 186            | 7.6       | 9.5        |
| REPORTED SMOKING              | 1,774          | 17.8      | 19.0       | 893            | 13.6      | 14.8       | 824            | 33.6      | 35.5       |
| UNWED                         | 3,299          | 33.1      | 31.1       | 1,537          | 23.4      | 22.0       | 1,435          | 58.4      | 56.1       |
| <b>EDUCATION</b>              |                |           |            |                |           |            |                |           |            |
| <12 YEARS                     | 1,331          | 13.4      | 13.5       | 642            | 9.8       | 9.6        | 599            | 24.4      | 25.1       |
| 12 YEARS                      | 4,194          | 42.1      | 41.7       | 2,459          | 37.4      | 37.0       | 1,325          | 53.9      | 54.8       |
| 12+ YEARS                     | 4,186          | 42.0      | 42.7       | 3,369          | 51.3      | 51.9       | 429            | 17.5      | 17.0       |
| <b>PRENATAL CARE</b>          |                |           |            |                |           |            |                |           |            |
| 1ST TRIMESTER                 | 7,810          | 78.4      | 80.3       | 5,348          | 81.4      | 82.8       | 1,754          | 71.4      | 74.4       |
| 3RD TRIMESTER                 | 425            | 4.3       | 3.5        | 229            | 3.5       | 2.8        | 162            | 6.6       | 5.4        |
| <b>KESSNER INDEX</b>          |                |           |            |                |           |            |                |           |            |
| ADEQUATE                      | 6,632          | 66.6      | 69.5       | 4,836          | 73.6      | 75.3       | 1,174          | 47.8      | 53.5       |
| INTERMEDIATE                  | 2,648          | 26.6      | 24.9       | 1,368          | 20.8      | 20.2       | 1,045          | 42.5      | 38.2       |
| INADEQUATE                    | 425            | 4.3       | 3.5        | 229            | 3.5       | 2.8        | 162            | 6.6       | 5.4        |
| NO CARE                       | .              | 0.0       | 0.1        | .              | 0.0       | 0.1        | .              | 0.0       | 0.1        |
| <b>KOTELCHUCK INDEX</b>       |                |           |            |                |           |            |                |           |            |
| ADEQUATE+                     | 2,700          | 27.1      | 27.2       | 1,939          | 29.5      | 28.7       | 473            | 19.3      | 22.0       |
| ADEQUATE                      | 3,987          | 40.0      | 41.8       | 2,953          | 44.9      | 46.0       | 686            | 27.9      | 30.6       |
| INTERMEDIATE                  | 1,550          | 15.6      | 15.4       | 824            | 12.5      | 13.2       | 606            | 24.7      | 22.3       |
| INADEQUATE                    | 1,462          | 14.7      | 13.5       | 713            | 10.8      | 10.3       | 614            | 25.0      | 22.1       |
| NO CARE                       | .              | 0.0       | 0.1        | .              | 0.0       | 0.1        | .              | 0.0       | 0.1        |
| C-SECTION BIRTHS              | 1,482          | 14.9      | 15.6       | 1,108          | 16.9      | 17.7       | 225            | 9.2       | 8.7        |
| PRE-TERM BIRTHS               | 1,071          | 10.8      | 10.0       | 633            | 9.6       | 8.6        | 306            | 12.5      | 13.1       |
| LOW BIRTHWEIGHT               | 572            | 5.7       | 5.6        | 343            | 5.2       | 5.2        | 146            | 5.9       | 5.6        |

(Continued)

\* Rate per 1,000

\*\* For less than 20 occurrences we recommend using the five-year rate.

\*\*\* The above table represents preliminary 1999 statistics and may be subject to change.

SELECTED VITAL STATISTICS FOR ALASKA: 1999 AND 1995-1999  
 REPORTED BY MOTHER'S RACE

|                               | BLACK          |           |            | ASIAN/PI       |           |            |
|-------------------------------|----------------|-----------|------------|----------------|-----------|------------|
|                               | 1999<br>NUMBER | 1999<br>% | 95-99<br>% | 1999<br>NUMBER | 1999<br>% | 95-99<br>% |
| <b>BIRTHS</b>                 |                |           |            |                |           |            |
| TOTAL                         | 428            | 4.3       | 4.3        | 451            | 4.5       | 4.8        |
| TO RESIDENTS                  | 427            | 4.3       | 4.3        | 451            | 4.5       | 4.8        |
| <b>POPULATION</b>             |                |           |            |                |           |            |
| MALES                         | 15,498         | 56.1      | 56.0       | 14,833         | 47.9      | 47.9       |
| FEMALES                       | 12,119         | 43.9      | 44.0       | 16,143         | 52.1      | 52.1       |
| TOTAL                         | 27,617         | 100.0     | 100.0      | 30,976         | 100.0     | 100.0      |
| <b>BIRTH RATES</b>            |                |           |            |                |           |            |
| CRUDE BIRTH RATE*             | 427            | 15.5      | 15.9       | 451            | 14.6      | 17.1       |
| TEEN BIRTH RATE*              | 70             | 64.8      | 68.5       | 48             | 46.2      | 51.7       |
| FERTILITY RATE*               | .              | 65.0      | 66.1       | .              | 61.8      | 70.6       |
| <b>FACILITY</b>               |                |           |            |                |           |            |
| HOSPITAL                      | 415            | 97.2      | 98.6       | 433            | 96.0      | 96.6       |
| BIRTHING CENTER               | 4              | 0.9       | 0.5        | 6              | 1.3       | 1.0        |
| HOME                          | 3              | 0.7       | 0.4        | 4              | 0.9       | 0.7        |
| CLINIC                        | .              | 0.0       | 0.0        | 1              | 0.2       | 0.2        |
| OUTSIDE ALASKA                | 5              | 1.2       | 0.5        | 7              | 1.6       | 1.6        |
| <b>MOTHER CHARACTERISTICS</b> |                |           |            |                |           |            |
| <b>AGE GROUP</b>              |                |           |            |                |           |            |
| <15                           | 1              | 0.2       | 0.3        | 2              | 0.4       | 0.2        |
| 15-19                         | 70             | 16.4      | 15.7       | 48             | 10.6      | 9.9        |
| 20-24                         | 164            | 38.4      | 35.5       | 105            | 23.3      | 22.1       |
| 25-29                         | 110            | 25.8      | 24.4       | 116            | 25.7      | 27.7       |
| 30-34                         | 42             | 9.8       | 15.2       | 106            | 23.5      | 24.8       |
| 35-39                         | 32             | 7.5       | 7.5        | 63             | 14.0      | 12.9       |
| 40-44                         | 8              | 1.9       | 1.4        | 11             | 2.4       | 2.4        |
| 45+                           | .              | 0.0       | 0.0        | .              | 0.0       | 0.1        |
| REPORTED DRINKING             | 6              | 1.4       | 1.5        | 5              | 1.1       | 0.9        |
| REPORTED SMOKING              | 35             | 8.2       | 8.1        | 18             | 4.0       | 5.8        |
| UNWED                         | 195            | 45.7      | 41.6       | 121            | 26.8      | 24.6       |
| <b>EDUCATION</b>              |                |           |            |                |           |            |
| <12 YEARS                     | 36             | 8.4       | 10.7       | 51             | 11.3      | 12.7       |
| 12 YEARS                      | 203            | 47.5      | 44.9       | 193            | 42.8      | 40.7       |
| 12+ YEARS                     | 184            | 43.1      | 43.6       | 199            | 44.1      | 44.4       |
| <b>PRENATAL CARE</b>          |                |           |            |                |           |            |
| 1ST TRIMESTER                 | 355            | 83.1      | 82.6       | 327            | 72.5      | 75.5       |
| 3RD TRIMESTER                 | 11             | 2.6       | 3.4        | 23             | 5.1       | 3.7        |
| <b>KESSNER INDEX</b>          |                |           |            |                |           |            |
| ADEQUATE                      | 330            | 77.3      | 76.4       | 270            | 59.9      | 63.6       |
| INTERMEDIATE                  | 77             | 18.0      | 18.4       | 148            | 32.8      | 30.2       |
| INADEQUATE                    | 11             | 2.6       | 3.4        | 23             | 5.1       | 3.7        |
| NO CARE                       | .              | 0.0       | 0.0        | .              | 0.0       | 0.0        |
| <b>KOTELCHUCK INDEX</b>       |                |           |            |                |           |            |
| ADEQUATE+                     | 171            | 40.0      | 35.8       | 105            | 23.3      | 23.5       |
| ADEQUATE                      | 170            | 39.8      | 42.0       | 166            | 36.8      | 39.9       |
| INTERMEDIATE                  | 42             | 9.8       | 9.6        | 73             | 16.2      | 17.4       |
| INADEQUATE                    | 35             | 8.2       | 10.8       | 97             | 21.5      | 16.5       |
| NO CARE                       | .              | 0.0       | 0.0        | .              | 0.0       | 0.0        |
| C-SECTION BIRTHS              | 70             | 16.4      | 19.3       | 67             | 14.9      | 17.6       |
| PRE-TERM BIRTHS               | 61             | 14.3      | 13.6       | 66             | 14.6      | 10.0       |
| LOW BIRTHWEIGHT               | 44             | 10.3      | 11.3       | 34             | 7.5       | 6.6        |

\* Rate per 1,000

\*\* For less than 20 occurrences we recommend using the five-year rate.

\*\*\* The above table represents preliminary 1999 statistics and may be subject to change.

**SELECTED VITAL STATISTICS FOR ALASKA: 1998 AND 1994-1998  
REPORTED BY MOTHER'S RACE**

|                               | ALL RACES      |           |            | WHITE          |           |            | NATIVE         |           |            |
|-------------------------------|----------------|-----------|------------|----------------|-----------|------------|----------------|-----------|------------|
|                               | 1998<br>NUMBER | 1998<br>% | 94-98<br>% | 1998<br>NUMBER | 1998<br>% | 94-98<br>% | 1998<br>NUMBER | 1998<br>% | 94-98<br>% |
| <b>BIRTHS</b>                 |                |           |            |                |           |            |                |           |            |
| TOTAL                         | 9,944          | 100.0     | 100.0      | 6,634          | 66.7      | 67.3       | 2,413          | 24.3      | 23.3       |
| TO RESIDENTS                  | 9,922          | 100.0     | 100.0      | 6,615          | 66.7      | 67.3       | 2,412          | 24.3      | 23.3       |
| <b>POPULATION</b>             |                |           |            |                |           |            |                |           |            |
| MALES                         | 321,184        | 52.0      | 52.2       | 239,737        | 52.5      | 52.7       | 51,702         | 50.0      | 50.0       |
| FEMALES                       | 295,898        | 48.0      | 47.8       | 216,534        | 47.5      | 47.3       | 51,659         | 50.0      | 50.0       |
| TOTAL                         | 617,082        | 100.0     | 100.0      | 456,271        | 100.0     | 100.0      | 103,361        | 100.0     | 100.0      |
| <b>BIRTH RATES</b>            |                |           |            |                |           |            |                |           |            |
| CRUDE BIRTH RATE*             | 9,922          | 16.1      | 16.8       | 6,615          | 14.5      | 15.1       | 2,412          | 23.3      | 23.8       |
| TEEN BIRTH RATE*              | 1,103          | 48.4      | 53.3       | 588            | 36.9      | 41.1       | 415            | 86.0      | 90.9       |
| FERTILITY RATE*               | .              | 71.6      | 72.5       | .              | 64.9      | 65.3       | .              | 105.2     | 106.7      |
| <b>FACILITY</b>               |                |           |            |                |           |            |                |           |            |
| HOSPITAL                      | 9,397          | 94.7      | 94.9       | 6,166          | 93.2      | 93.6       | 2,359          | 97.8      | 97.7       |
| BIRTHING CENTER               | 234            | 2.4       | 1.4        | 222            | 3.4       | 2.0        | 6              | 0.2       | 0.1        |
| HOME                          | 149            | 1.5       | 1.9        | 135            | 2.0       | 2.6        | 10             | 0.4       | 0.4        |
| CLINIC                        | 32             | 0.3       | 0.5        | 5              | 0.1       | 0.3        | 26             | 1.1       | 1.3        |
| OUTSIDE ALASKA                | 108            | 1.1       | 1.2        | 86             | 1.3       | 1.4        | 10             | 0.4       | 0.4        |
| <b>MOTHER CHARACTERISTICS</b> |                |           |            |                |           |            |                |           |            |
| <b>AGE GROUP</b>              |                |           |            |                |           |            |                |           |            |
| <15                           | 11             | 0.1       | 0.2        | 2              | 0.0       | 0.1        | 9              | 0.4       | 0.4        |
| 15-19                         | 1,103          | 11.1      | 11.1       | 568            | 8.9       | 9.0        | 415            | 17.2      | 16.7       |
| 20-24                         | 2,655          | 26.8      | 26.8       | 1,648          | 24.9      | 25.5       | 752            | 31.2      | 30.1       |
| 25-29                         | 2,746          | 27.7      | 27.2       | 1,943          | 29.4      | 28.3       | 575            | 23.8      | 24.1       |
| 30-34                         | 2,078          | 20.9      | 21.7       | 1,464          | 22.1      | 22.8       | 417            | 17.3      | 18.7       |
| 35-39                         | 1,055          | 10.6      | 10.6       | 762            | 11.5      | 11.5       | 200            | 8.3       | 8.3        |
| 40-44                         | 259            | 2.6       | 2.3        | 194            | 2.9       | 2.6        | 43             | 1.8       | 1.6        |
| 45+                           | 15             | 0.2       | 0.1        | 14             | 0.2       | 0.1        | 1              | 0.0       | 0.1        |
| REPORTED DRINKING             | 360            | 3.6       | 4.5        | 134            | 2.0       | 2.6        | 217            | 9.0       | 11.5       |
| REPORTED SMOKING              | 1,817          | 18.3      | 19.8       | 933            | 14.1      | 15.7       | 834            | 34.6      | 36.6       |
| UNWED                         | 3,084          | 31.1      | 30.3       | 1,440          | 21.8      | 21.5       | 1,373          | 56.9      | 55.2       |
| <b>EDUCATION</b>              |                |           |            |                |           |            |                |           |            |
| <12 YEARS                     | 1,288          | 13.0      | 13.7       | 585            | 8.8       | 9.9        | 603            | 25.0      | 25.4       |
| 12 YEARS                      | 4,148          | 41.8      | 41.1       | 2,453          | 37.1      | 36.5       | 1,337          | 55.4      | 54.4       |
| 12+ YEARS                     | 4,245          | 42.8      | 43.2       | 3,467          | 52.4      | 52.1       | 367            | 15.2      | 17.2       |
| <b>PRENATAL CARE</b>          |                |           |            |                |           |            |                |           |            |
| 1ST TRIMESTER                 | 7,986          | 80.5      | 81.4       | 5,480          | 82.8      | 83.7       | 1,807          | 74.9      | 75.9       |
| 3RD TRIMESTER                 | 380            | 3.8       | 3.1        | 214            | 3.2       | 2.5        | 129            | 5.3       | 4.7        |
| <b>KESSNER INDEX</b>          |                |           |            |                |           |            |                |           |            |
| ADEQUATE                      | 6,815          | 68.7      | 71.2       | 4,979          | 75.3      | 76.4       | 1,213          | 50.3      | 56.4       |
| INTERMEDIATE                  | 2,484          | 25.0      | 23.8       | 1,316          | 19.9      | 19.7       | 960            | 39.8      | 36.0       |
| INADEQUATE                    | 380            | 3.8       | 3.1        | 214            | 3.2       | 2.5        | 129            | 5.3       | 4.7        |
| NO CARE                       | 1              | 0.0       | 0.1        | .              | 0.0       | 0.1        | 1              | 0.0       | 0.2        |
| <b>APNCU INDEX</b>            |                |           |            |                |           |            |                |           |            |
| ADEQUATE+                     | 2,706          | 27.3      | 27.3       | 2,005          | 30.3      | 28.1       | 419            | 17.4      | 24.4       |
| ADEQUATE                      | 3,919          | 39.5      | 43.1       | 2,841          | 42.9      | 47.2       | 747            | 31.0      | 31.3       |
| INTERMEDIATE                  | 1,632          | 16.4      | 15.0       | 929            | 14.0      | 13.2       | 576            | 23.9      | 20.8       |
| INADEQUATE                    | 1,412          | 14.2      | 12.8       | 729            | 11.0      | 9.9        | 555            | 23.0      | 20.5       |
| NO CARE                       | 1              | 0.0       | 0.1        | .              | 0.0       | 0.1        | 1              | 0.0       | 0.2        |
| C-SECTION BIRTHS              | 1,468          | 14.8      | 16.0       | 1,095          | 16.6      | 18.1       | 215            | 8.9       | 8.7        |
| PRE-TERM BIRTHS               | 1,001          | 10.1      | 9.6        | 577            | 8.7       | 8.2        | 335            | 13.9      | 13.1       |
| LOW BIRTHWEIGHT               | 589            | 5.9       | 5.6        | 366            | 5.5       | 5.2        | 145            | 6.0       | 5.6        |

\* Rate per 1,000

\*\* For less than 20 occurrences we recommend using the five-year rate.

(Continued)

**SELECTED VITAL STATISTICS FOR ALASKA: 1998 AND 1994-1998  
REPORTED BY MOTHER'S RACE**

|                               | BLACK          |           |            | ASIAN/PI       |           |            |
|-------------------------------|----------------|-----------|------------|----------------|-----------|------------|
|                               | 1998<br>NUMBER | 1998<br>% | 94-98<br>% | 1998<br>NUMBER | 1998<br>% | 94-98<br>% |
| <b>BIRTHS</b>                 |                |           |            |                |           |            |
| TOTAL                         | 395            | 4.0       | 4.4        | 482            | 4.8       | 4.8        |
| TO RESIDENTS                  | 395            | 4.0       | 4.4        | 480            | 4.8       | 4.8        |
| <b>POPULATION</b>             |                |           |            |                |           |            |
| MALES                         | 15,401         | 56.1      | 55.9       | 14,344         | 47.8      | 47.9       |
| FEMALES                       | 12,059         | 43.9      | 44.1       | 15,646         | 52.2      | 52.1       |
| TOTAL                         | 27,460         | 100.0     | 100.0      | 29,990         | 100.0     | 100.0      |
| <b>BIRTH RATES</b>            |                |           |            |                |           |            |
| CRUDE BIRTH RATE*             | 395            | 14.4      | 16.4       | 480            | 16.0      | 18.1       |
| TEEN BIRTH RATE*              | 53             | 50.4      | 73.7       | 46             | 47.5      | 52.2       |
| FERTILITY RATE*               | .              | 60.1      | 68.2       | .              | 66.7      | 73.2       |
| <b>FACILITY</b>               |                |           |            |                |           |            |
| HOSPITAL                      | 392            | 99.2      | 98.7       | 469            | 97.7      | 96.6       |
| BIRTHING CENTER               | 1              | 0.3       | 0.3        | 4              | 0.8       | 0.7        |
| HOME                          | 1              | 0.3       | 0.4        | 3              | 0.6       | 0.7        |
| CLINIC                        | .              | 0.0       | 0.1        | 1              | 0.2       | 0.4        |
| OUTSIDE ALASKA                | 1              | 0.3       | 0.4        | 3              | 0.6       | 1.6        |
| <b>MOTHER CHARACTERISTICS</b> |                |           |            |                |           |            |
| <b>AGE GROUP</b>              |                |           |            |                |           |            |
| <15                           | .              | 0.0       | 0.3        | .              | 0.0       | 0.1        |
| 15-19                         | 53             | 13.4      | 15.7       | 46             | 9.6       | 9.4        |
| 20-24                         | 142            | 35.9      | 34.3       | 111            | 23.1      | 21.6       |
| 25-29                         | 88             | 22.3      | 24.7       | 135            | 28.1      | 29.5       |
| 30-34                         | 72             | 18.2      | 16.7       | 118            | 24.6      | 24.6       |
| 35-39                         | 32             | 8.1       | 7.3        | 61             | 12.7      | 12.2       |
| 40-44                         | 8              | 2.0       | 1.0        | 9              | 1.9       | 2.5        |
| 45+                           | .              | 0.0       | 0.0        | .              | 0.0       | 0.1        |
| REPORTED DRINKING             | 4              | 1.0       | 1.4        | 5              | 1.0       | 0.9        |
| REPORTED SMOKING              | 27             | 6.8       | 8.4        | 23             | 4.8       | 6.2        |
| UNWED                         | 157            | 39.7      | 40.3       | 109            | 22.7      | 23.2       |
| <b>EDUCATION</b>              |                |           |            |                |           |            |
| <12 YEARS                     | 46             | 11.6      | 11.4       | 54             | 11.3      | 12.9       |
| 12 YEARS                      | 159            | 40.3      | 43.6       | 198            | 41.3      | 40.1       |
| 12+ YEARS                     | 188            | 47.6      | 44.1       | 219            | 45.6      | 44.8       |
| <b>PRENATAL CARE</b>          |                |           |            |                |           |            |
| 1ST TRIMESTER                 | 321            | 81.3      | 83.0       | 371            | 77.3      | 77.6       |
| 3RD TRIMESTER                 | 19             | 4.8       | 3.4        | 17             | 3.5       | 3.2        |
| <b>KESSNER INDEX</b>          |                |           |            |                |           |            |
| ADEQUATE                      | 296            | 74.9      | 76.8       | 321            | 66.9      | 66.2       |
| INTERMEDIATE                  | 74             | 18.7      | 18.0       | 131            | 27.3      | 28.4       |
| INADEQUATE                    | 19             | 4.8       | 3.4        | 17             | 3.5       | 3.2        |
| NO CARE                       | .              | 0.0       | 0.1        | .              | 0.0       | 0.1        |
| <b>APNCU INDEX</b>            |                |           |            |                |           |            |
| ADEQUATE+                     | 146            | 37.0      | 34.8       | 134            | 27.9      | 23.1       |
| ADEQUATE                      | 148            | 37.5      | 43.3       | 179            | 37.3      | 43.0       |
| INTERMEDIATE                  | 43             | 10.9      | 9.3        | 83             | 17.3      | 16.9       |
| INADEQUATE                    | 52             | 13.2      | 10.8       | 73             | 15.2      | 14.6       |
| NO CARE                       | .              | 0.0       | 0.1        | .              | 0.0       | 0.1        |
| C-SECTION BIRTHS              | 72             | 18.2      | 19.7       | 83             | 17.3      | 18.3       |
| PRE-TERM BIRTHS               | 44             | 11.1      | 13.8       | 45             | 9.4       | 9.0        |
| LOW BIRTHWEIGHT               | 41             | 10.4      | 11.4       | 35             | 7.3       | 6.5        |

\* Rate per 1,000

\*\* For less than 20 occurrences we recommend using the five-year rate.