HB

108

Alaska House of Representatives

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During Session
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Majority Whip

Memorandum

To: Representative Peggy Wilson
Chair House Health, Education & Social Services Committee
From: Rep. Richard Foster
Date: April 23, 2003
Re: HB 108

I respectfully request the House Health, Education & Social Services Committee schedule House Bill 108, "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." as soon a practical.

The contact person in my office is Paul LaBolle, 465-3789.

Sponsor Statement
House Bill 108

Representative Richard Foster

With the discovery that a baby's brain develops more rapidly than previously believed, concern for identification of infant-hearing defects has achieved a new prominence.

Over thirty states have passed legislation that provides universal newborn hearing screening. Several other states screen a significant portion of newborns. Approximately 10,000 babies are born in Alaska each year. Out of that number, thirty to forty of these newborns are likely to have some type of congenital hearing loss

Even though many hospitals and clinics, within the state, screen high-risk or premature infants for hearing loss, about 50% of newborns with hearing loss are not identified.

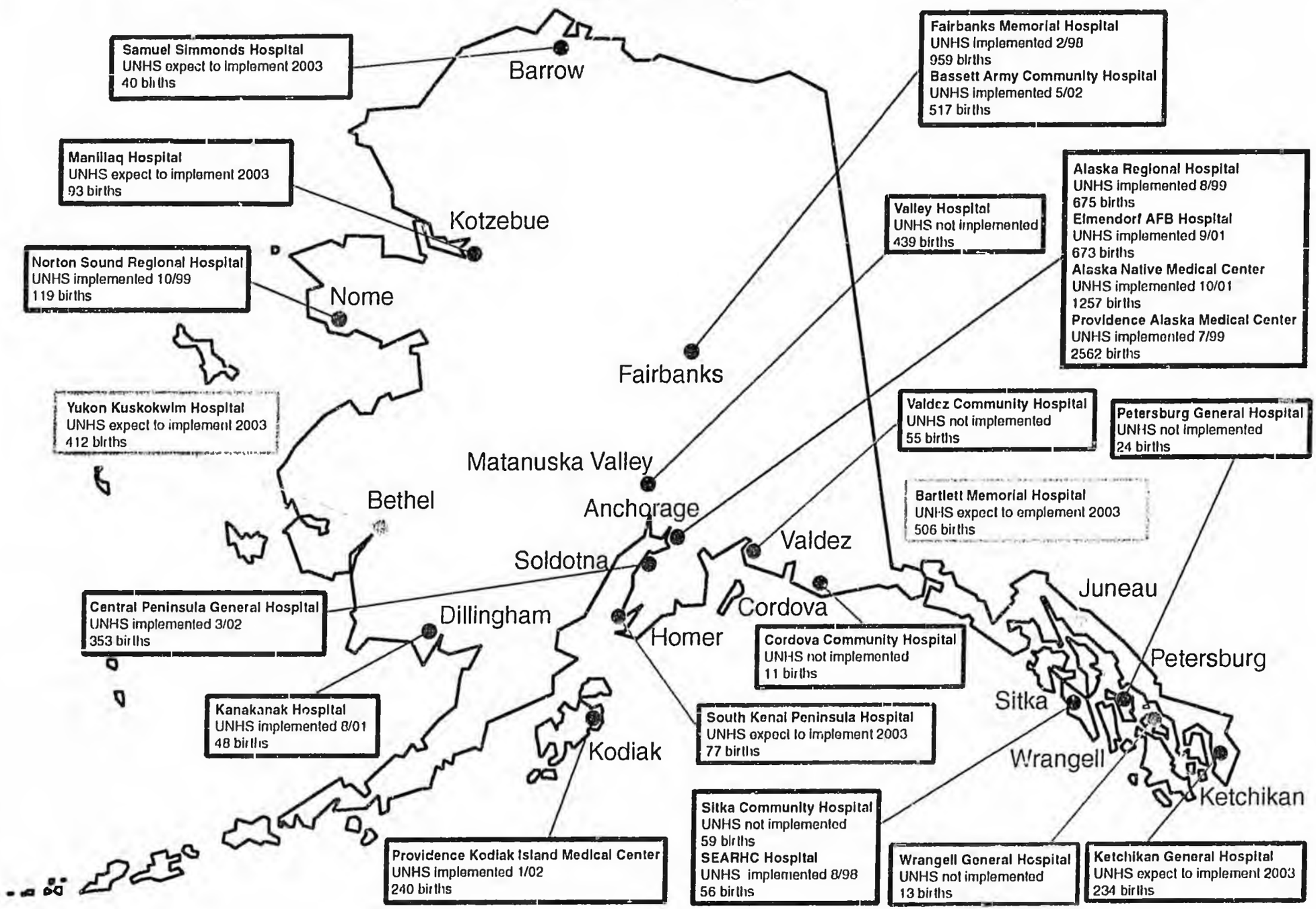
Most newborns with congenital hearing loss that are not identified at birth will not be identified until 18 months or three years of age. By this time certain critical periods for language and cognitive development have passed. When hearing loss is not detected it can results in lifelong delays in the development of language, and other cognitive skills.

Since hearing loss is more common that any other birth defect and since it has a significant impact on cognitive development, infant screening should be a priority within the state.

This bill would insure that newborns are screened, and that a reporting and tracking system is implemented. The department would have the responsibility to effectively plan, establish, monitor, and evaluate the program.

Locations of Newborn Hearing Screening Hospitals

2001 births



GOAL/ PURPOSE OF NEWBORN HEARING SCREENING & REPORTING:

GOAL:
A law requiring that all birthing facilities in Alaska implement newborn hearing screening and reporting programs. The requirement will assist with appropriately providing, and facilitating the deliverance of, early intervention services to children with hearing loss. In order to accomplish the goal, a statewide comprehensive and coordinated interdisciplinary program, such as the Early Hearing Detection & Intervention (EHDI) Program, must be available to ensure completion of early hearing impairment screening, identification, and follow-up of children from birth to thirty-six months of age.

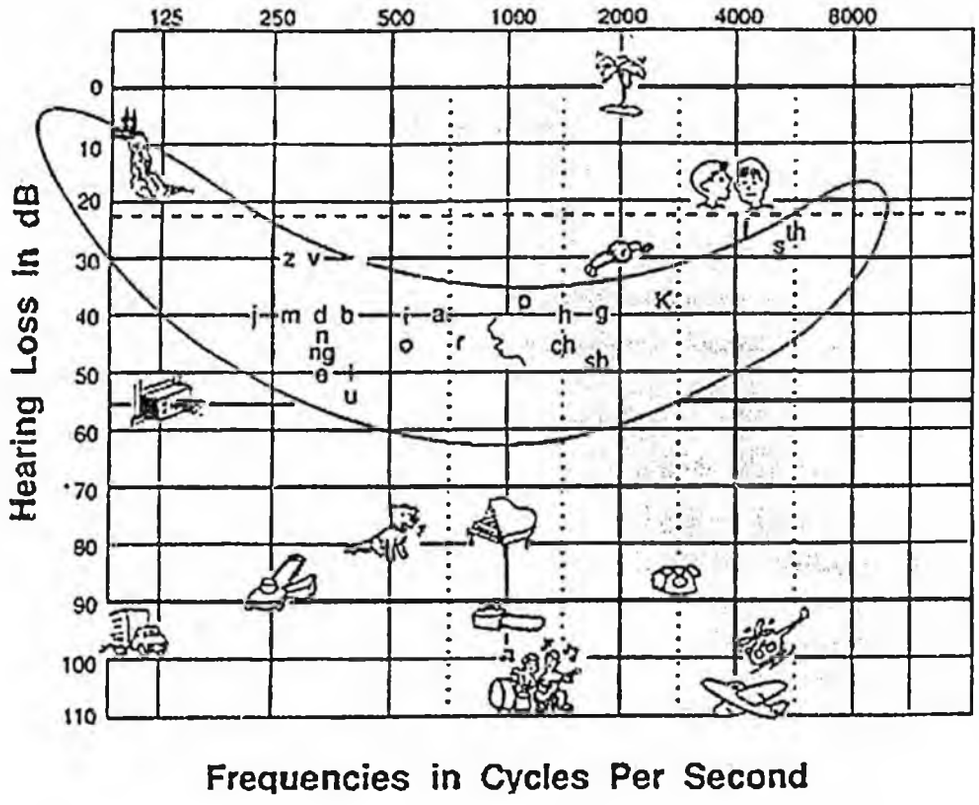
PURPOSE:
To provide early detection of hearing loss in newborn children at the birthing facility or as soon after birth as possible, to enable these children and their families/care-givers to obtain needed multi-disciplinary evaluation, treatment, and intervention services at the earliest opportunity; and to prevent or mitigate the developmental delays and academic failures associated with late identification or hearing loss.

To provide the State with the information necessary to effectively plan, establish, and evaluate a comprehensive system of appropriate services for newborns and infants who have a hearing loss or are deaf. In addition, the information reported to the State must contain pertinent information regarding children identified with hearing impairment for the purposes of tracking, monitoring, and assessing appropriate intervention strategies for optimal health and educational benefits for the child and the child's family including enrollment in early intervention services. (See attached sheet, REPORTING, for specifics regarding data elements for collection.)

REPORTING:

ITEMS RE: NEWBORN HEARING SCREENING FOR REPORTING TO EHDI PROGRAM

1. The number of newborns born in the hospital;
2. The number of newborns screened on birth admission;
3. The number of newborns who passed the birth admission screening;
4. The number of newborns who did not pass the birth admission screening;
5. The number of newborns recommended for follow-up rescreening, diagnostic audiologic evaluation, or monitoring;
6. The number of newborns and infants who pass and did not pass the follow-up rescreening or diagnostic audiologic evaluation; and
7. The number of infants referred for early intervention.


125
250
500
1000
2000
4000
8000
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Hearing Loss in dB
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Frequencies in Cycles Per Second

FACT SHEET:

Universal Newborn Hearing Screening (UNHS)/Early Hearing Detection & Intervention (EHDI)

1. Every day, 33 babies (or 12,000 each year) are born in the United States with permanent hearing loss, or 3 in every 1,000 births (1). In Alaska, approximately 10,000 babies are born each year and according to statistics 30-40 will likely have some type of congenital hearing loss.

2. The evidence for the benefits, practicability, and cost-efficiency of universal newborn hearing screening is so compelling that 37 states have passed legislative mandates requiring that newborns be screened for hearing loss (2).

3. Hearing impairment is the most common disability in newborns, with a higher incidence than cerebral palsy, Down Syndrome, and severe mental retardation (3).

4. Hearing impairment is approximately 30 times more prevalent than PKU and hypothyroidism, screened through the metabolic disorder screening programs, and mandated by law in all 50 states. (4).

5. The cost of identifying a newborn with hearing loss is less than $1/10^{th}$ the cost of identifying newborns with metabolic disorders such as PKU and hypothyroidism, for which screenings are required in every state (5). For most birthing hospitals, the cost for newborn hearing screening per child is between $20 - $60 and continues to decrease (6). Many birthing facilities in Alaska implementing newborn hearing screening voluntarily include it in the total labor and delivery package cost.

6. Children not detected at birth or soon after, will on average not be detected until 2-3 years of age, and the most critical period for speech and language development is from birth to three years of age (7).

7. When children are not identified and served early, special education for a child with hearing loss may cost an additional $420,000, and deafness has an estimated lifetime cost of approximately $ 1 million per individual (8). These savings in special education costs will pay for universal newborn hearing screening many times over.

8. If left undetected, hearing loss can impair a child's language, speech, psycho-social and cognitive development. Recent research has compared children with hearing loss who receive early intervention and amplification (i.e. hearing aids) before 6 months of age versus after 6 months of age. By the time they enter first grade, children identified earlier (prior to 6 months of age) are 1-2 years ahead of their later-identified peers in language, cognitive, and social skills (9, 10, 11).

9. If it remains undetected, even mild hearing loss or hearing loss in only one ear has substantial detrimental consequences. For example, research shows that children with hearing loss in one ear are ten times as likely to be held back at least one grade compared to a matched group of children with normal hearing (12).

10. The American Academy of Pediatrics, the National Institutes of Health, the American Academy of Audiology, the Joint Committee on Infant Hearing, and the National Association of the Deaf have recommended that all babies be screened for hearing loss before they leave the hospital (13).

11. To date, eleven hospitals in Alaska are voluntarily implementing newborn hearing screening programs, resulting in approximately 60% of all newborns born in the state receiving the screening, and more are planning to implement by the end of 2002 (14).

EHDI FACT SHEET REFERENCES

1. National Center on Hearing Assessment and Management. http://www.infanthearing.org/presentations/cdc/prevalence.html.

2. National Center on Hearing Assessment and Management. http://www.infanthearing.org/resources/fact.pdf.

3. National Center on Hearing Assessment and Management. http://www.infanthearing.org/presentations/cdc/prevalence.html

4. National Center on Hearing Assessment and Management. http://www.infanthearing.org

5. Wellness Web. http://www.wellweb.com/INDEX/QSICKLE.HTM#Head7

6. Grosse S. "Cost comparison of screening newborns for hearing impairment and biochemical disorders." Center for Disease Control and Prevention. Paper presented at the Newborn Screening and Genetics Conference, May 2001.

7. Harrison M., Roush J. "Age of suspicion, identification and intervention for infants and young children with hearing loss: a national study." *Ear and Hearing*. 1996; 17: 55-62.

8. Johnson JL, Mauk GW, Takekawa KM, Simon PR, Sia CCJ, Blackwell PM. "Implementing a statewide system of services for infants and toddlers with hearing disabilities." *Seminars in Hearing*. 1993; 14: 105-119.

9. Yoshinaga-Itano C., Apuzzo ML. "Identification of hearing loss after 18 months of age is not early enough." *Am Ann Deaf*. 1998; 143 (5): 380-387.

10. Yoshinaga-Itano C., Sedey AL, Coulter BA, Mehl AL. "Language of early and later-identified children with hearing loss." *Pediatrics*. 1998; 102: 116801171.

11. Centers for Disease Control and Prevention. National Center for Birth Defects and Developmental Disabilities, Early Hearing Detection & Intervention Program. What is EHDI? http://www.cdc.gov/ncbddd/ehdi.htm

12. National Center on Hearing Assessment and Management. http://www.infanthearing.org

13. National Center on Hearing Assessment and Management. http://www.infanthearing.org

14. Alaska Early Hearing Detection & Intervention Program Data.

State of Alaska
Department of Education
and Early Development

Updated 3/10/2003

FY2003 VI-B Child Count

Count as of: 10/25/02

	MR	HI	SI	VI	ED	OI	OHI	LD	DB	MD	AUT	TBI	DD	3-21 Total
Alaska Gateway	3	2	23	0	0	0	4	31	0	3	0	0	5	71
Aleutian Region	0	0	3	0	0	0	0	3	0	0	0	0	0	6
Aleutians East	0	0	14	0	3	1	4	26	0	0	0	0	5	53
Alyeska Central	0	0	1	0	1	0	2	19	0	0	1	0	0	24
Anchorage	326	92	1,357	18	374	26	0	3,899	3	201	120	29	744	7,189
Annette Island	3	0	20	0	0	0	4	21	0	4	0	0	2	54
Bering Strait	11	3	83	1	4	3	1	110	0	5	1	2	39	263
Bristol Bay	4	0	6	0	1	0	2	13	0	1	0	0	2	29
Chatham	4	0	6	0	1	0	2	7	0	4	0	0	0	24
Chugach	1	0	10	0	0	0	2	8	0	0	0	0	1	22
Copper River	6	0	45	0	3	0	16	47	0	0	1	1	4	123
Cordova	0	1	18	0	2	0	5	34	0	1	3	0	5	69
Craig	1	0	12	0	2	0	2	35	2	2	2	0	13	71
Delta/Greely	3	1	33	0	9	0	6	36	0	0	2	0	7	97
Denali	4	0	16	1	4	0	1	19	0	1	2	0	0	48
Dillingham	3	4	12	0	3	0	6	35	0	3	1	0	14	81
Fairbanks	92	15	708	2	93	11	234	799	4	41	38	6	142	2,185
Galena	8	0	33	0	3	0	6	44	1	7	3	0	1	106
Haines	1	0	11	0	3	1	3	11	1	2	1	0	1	35
Hoonah	2	0	5	0	2	0	2	6	0	2	1	0	0	20
Hydaburg	0	0	5	0	1	0	0	9	0	2	0	0	0	17
Iditarod	1	0	31	0	1	0	1	24	0	1	0	0	5	64
Juneau	28	7	152	1	25	3	64	350	1	23	29	4	49	736
Kake	0	0	3	0	1	0	0	6	0	2	0	0	0	12
Kashunamiut	5	0	9	0	0	0	5	7	0	3	0	0	4	33
Kenai Peninsula	39	7	292	4	90	10	68	653	0	35	20	6	75	1,299
Ketchikan	29	5	89	3	9	0	18	104	0	4	3	1	64	329
Klawock	2	0	6	0	0	0	0	11	0	4	1	0	2	26
Kodiak Island	13	4	69	0	7	0	84	190	0	10	5	0	31	413
Kuspuk	7	1	37	1	0	0	4	13	0	1	0	1	1	66
Lake & Peninsula	10	0	12	0	3	0	4	28	0	0	1	1	4	63
Lower Kuskokwim	24	4	95	4	22	0	28	287	1	27	3	0	17	512
Lower Yukon	12	1	71	1	5	1	5	114	0	11	0	0	3	224
Mat-Su	109	19	412	4	99	18	62	1,163	0	55	30	8	135	2,114
Mt. Edgecumbe	0	0	0	0	1	1	0	3	0	1	0	0	0	6
Nenana	1	0	15	0	2	0	1	20	0	0	1	0	0	40
Nome	13	0	21	0	0	0	3	28	0	1	0	1	6	73
North Slope	7	1	68	1	9	0	15	89	0	5	0	1	23	219
Northwest Arctic	33	1	56	1	1	1	3	121	0	2	0	0	2	221
Pelican	0	0	0	0	1	0	0	0	0	0	1	0	0	2
Petersburg	3	0	33	0	7	0	15	33	0	1	3	0	18	113
Pribilof	1	0	2	0	0	0	1	0	0	0	0	0	1	5
Saint Mary's	2	0	5	0	1	1	1	7	0	1	0	0	0	18
Sitka	2	1	80	1	13	1	30	92	0	2	4	0	34	260
Skagway	1	0	4	0	0	0	0	6	0	1	0	0	0	12
Southeast Island	1	0	9	0	1	0	3	12	0	0	0	0	7	33
Southwest Region	6	1	31	0	1	1	4	63	0	1	1	0	3	112
Tanana	0	0	1	0	1	0	1	4	0	0	0	0	0	7
Unalaska	0	0	25	0	0	0	2	20	0	0	2	0	1	50
Valdez	5	1	18	1	0	0	4	81	0	1	1	2	17	131
Wrangell	2	0	23	0	3	0	5	20	0	1	0	0	1	55
Yakutat	0	0	5	0	1	0	0	12	0	3	0	0	1	22
Yukon Flats	2	1	7	2	1	0	1	49	0	1	1	0	5	70
Yukon/Koyukuk	5	0	62	0	2	0	9	55	0	1	0	0	1	135
Yupiit	2	0	15	1	2	3	2	24	0	5	0	0	0	54
TOTALS	837	172	4,179	47	818	82	745	8,901	13	482	282	63	1,495	18,116

MR - Mental Retardation
HI - Hearing Impaired
SI - Speech/Language Impaired
DD - Developmentally Delayed
VI - Visual Impairments
ED - Emotional Disturbance
OI - Orthopedic Impairments
OHI - Other Health Impairments
LD - Specific Learning Disabilities
DB - Deaf-Blindness
MD - Multiple Disabilities
AUT - Autism
TBI - Traumatic Brain Injury

State of Alaska
Department of Education
and Early Development

Updated 3/21/2002

FY2002 VI-B Child Count

Count as of: 10/26/01

	MR	HI	SI	VI	ED	OI	OHI	LD	DB	MD	AUT	TBI	DD	3-21 Total
Alaska Gateway	1	2	18	0	2	0	4	42	0	4	1	0	4	78
Aleutian Region	0	0	3	0	1	0	0	3	0	0	0	0	1	8
Aleutians East	0	1	12	0	5	0	4	27	0	0	0	0	4	53
Anchorage	342	98	1,334	14	417	22	0	4,103	2	222	109	33	633	7,329
Annette Island	5	0	17	0	2	0	5	26	0	5	0	1	1	62
Bering Strait	9	0	93	1	6	3	1	106	0	6	1	2	26	254
Bristol Bay	5	0	2	0	2	1	0	12	0	0	0	0	1	23
Chatham	2	0	0	0	2	0	0	12	0	8	0	0	0	24
Chugach	1	0	10	0	0	0	1	6	0	0	0	0	1	19
Copper River	1	0	27	0	0	0	0	77	0	3	0	0	2	110
Cordova	0	1	13	0	3	0	9	31	0	1	3	0	5	66
Craig	2	2	13	0	2	0	2	42	0	2	2	0	11	78
Delta/Greely	4	0	12	0	5	0	6	36	0	1	1	0	13	78
Denali	0	0	16	1	3	0	2	16	0	1	1	0	0	40
Dillingham	1	2	11	1	4	0	5	39	0	5	1	0	21	90
Fairbanks	86	19	673	3	83	10	226	832	0	41	30	4	101	2,108
Galena	8	1	28	0	1	0	4	43	0	7	1	0	0	93
Haines	1	0	21	0	0	1	5	21	0	3	2	0	0	54
Hoonah	2	0	10	0	2	0	1	5	0	2	1	0	0	23
Hydaburg	0	0	1	0	1	0	0	10	0	3	0	0	0	15
Iditarod Area	1	0	41	2	1	0	2	25	0	1	0	0	0	73
Juneau	29	7	143	2	26	3	58	325	0	24	30	6	35	686
Kake	0	0	4	0	1	0	0	7	0	2	0	0	0	14
Kashunamiut	4	0	8	0	0	1	0	11	0	3	0	0	4	31
Kenai Peninsula	34	11	300	6	71	10	59	657	0	36	16	7	46	1,253
Ketchikan	25	4	100	2	15	0	19	104	0	5	3	1	60	338
Klawock	2	0	13	0	0	0	2	12	0	4	1	0	0	34
Kodiak Island	17	4	70	0	12	0	72	174	0	8	3	0	19	379
Kuspuk	7	1	32	1	0	0	5	12	0	1	0	1	2	62
Lake & Peninsula	10	0	13	0	4	1	3	24	0	0	1	1	4	61
Lower Kuskokwim	24	2	81	2	20	2	24	304	0	29	3	0	17	508
Lower Yukon	13	2	56	1	8	0	3	96	0	10	0	0	4	193
Mat-Su	100	24	485	4	114	17	52	1,221	0	53	24	11	49	2,154
Mt. Edgecumbe	0	0	0	0	1	1	0	5	0	4	0	0	0	11
Nenana	1	0	16	0	1	0	0	9	0	1	1	0	0	29
Nome	9	0	30	0	0	0	5	21	0	1	0	1	4	71
North Slope	7	1	55	0	10	0	11	98	0	6	0	1	10	199
Northwest Arctic	28	1	50	1	2	1	4	120	0	2	0	0	3	212
Pelican	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Petersburg	6	0	32	0	3	0	21	36	0	1	3	0	6	108
Pribilof	4	0	10	0	0	1	0	3	0	1	0	0	0	19
Saint Mary's	2	0	5	1	1	1	0	10	0	1	0	0	0	21
Sitka	1	1	93	0	15	0	26	96	4	5	5	1	26	273
Skagway	1	0	4	0	0	0	0	5	0	1	0	0	0	11
Southeast Island	0	0	10	0	3	0	1	18	0	1	0	0	5	38
Southwest Region	5	1	38	0	1	1	3	41	0	1	0	0	5	96
Tanana	0	0	2	0	1	0	1	4	0	0	0	0	0	8
Unalaska	1	0	22	0	0	0	2	17	0	0	1	0	1	44
Valdez	8	3	29	1	0	0	5	75	0	0	1	1	17	140
Wrangell	2	0	24	0	3	0	8	20	0	1	0	0	1	59
Yakutat	1	0	7	0	1	0	0	7	0	3	0	0	1	20
Yukon Flats	2	1	11	2	2	0	2	36	0	1	1	0	5	63
Yukon/Koyukuk	6	0	63	0	1	0	7	60	0	0	0	0	2	139
Yupiit	6	1	13	2	3	3	1	27	0	6	0	0	0	62
TOTALS	826	190	4,174	47	861	79	671	9,169	6	526	247	71	1,150	18,017

MR - Mental Retardation
HI - Hearing Impaired
SI - Speech/Language Impaired
VI - Visual Impairments
ED - Emotional Disturbance
OI - Orthopedic Impairments
OHI - Other Health Impairments
LD - Specific Learning Disabilities
DB - Deaf-Blindness
MD - Multiple Disabilities
AUT - Autism
TBI - Traumatic Brain Injury
DD - Developmentally

State of Alaska
Department of Education

Updated 3/19/01

FY2001 VI-B Child Count

Count as of: 12/1/00

	MR	HI	SI	VI	ED	OI	OHI	LD	DB	MD	AUT	TBI	DD	Ages 3-21 Total
Alaska Gateway	0	0	15	0	3	0	5	58	0	3	1	1	1	87
Aleutian Region	0	0	4	0	0	0	0	3	0	0	0	0	0	7
Aleutians East	0	1	9	0	3	0	5	28	0	0	0	0	0	46
Anchorage	322	117	1,306	15	401	29	324	4,174	2	245	110	33	253	7,331
Annette Island	4	0	23	0	2	1	1	26	0	6	0	0	1	64
Bering Strait	8	6	94	1	11	3	1	103	0	3	1	3	18	252
Bristol Bay	4	0	6	0	3	1	2	9	0	2	0	0	1	28
Chatham	5	0	3	0	2	0	1	6	0	4	0	0	1	22
Chugach	1	0	12	0	1	0	0	8	0	0	0	0	0	22
Copper River	7	0	28	0	1	0	8	36	0	0	1	0	12	93
Cordova	0	1	11	0	0	0	10	23	0	0	2	0	4	51
Craig	0	0	0	0	0	0	0	42	2	6	0	0	4	54
Delta/Greely	4	0	18	0	3	0	6	33	0	0	1	1	18	84
Denali	0	0	13	0	1	1	3	12	0	0	0	0	0	30
Dillingham	4	4	19	1	3	0	5	42	0	6	0	0	10	94
Fairbanks	96	22	640	3	101	6	220	914	0	36	27	7	74	2,146
Galena	6	0	25	0	7	0	3	36	0	4	2	0	0	83
Haines	1	0	17	1	0	1	5	22	0	1	0	0	2	50
Hoonah	4	0	7	0	3	0	2	8	0	2	1	0	0	27
Hydaburg	0	1	1	0	3	0	0	11	0	2	0	0	0	18
Iditarod Area	1	0	38	1	1	0	1	11	0	1	0	1	0	55
Juneau	29	3	132	2	21	4	56	310	2	26	24	3	31	643
Kake	0	0	5	0	1	0	0	7	0	1	0	0	1	15
Kashunamiut	3	0	8	0	0	1	1	12	0	3	0	0	5	33
Kenai Peninsula	39	13	266	4	66	8	50	667	0	32	11	5	49	1,210
Ketchikan	28	5	104	2	15	0	17	100	0	5	2	0	60	338
Klawock	2	0	12	0	0	0	2	14	0	0	1	0	0	31
Kodiak Island	15	3	71	1	9	0	66	186	0	5	3	0	16	375
Kuspuk	9	1	35	1	0	0	1	20	0	1	0	0	0	68
Lake & Peninsula	14	0	14	0	3	0	0	25	0	1	1	0	7	65
Lower Kuskokwim	24	7	67	2	23	1	19	312	0	29	3	1	11	499
Lower Yukon	12	3	47	1	3	1	3	104	0	9	0	0	1	184
Mat-Su	89	26	510	4	103	15	44	1,095	0	50	18	10	27	1,991
Mt. Edgecumbe	0	0	0	0	0	0	0	6	0	0	0	0	0	6
Nenana	3	2	31	0	6	0	8	53	0	4	0	1	1	109
Nome	9	1	24	0	2	0	2	19	0	4	1	0	9	71
North Slope	12	2	49	1	8	0	11	101	0	6	0	1	12	203
Northwest Arctic	25	3	46	1	1	2	7	135	0	3	0	0	8	231
Pelican	0	0	1	0	1	0	0	0	0	0	0	0	1	3
Petersburg	2	0	26	0	1	1	14	39	0	1	3	0	1	88
Pribilof	4	0	6	0	2	1	0	2	0	0	0	0	2	17
Saint Mary's	2	0	10	0	1	1	1	10	0	2	0	0	0	27
Sitka	1	3	75	2	12	0	20	97	0	5	7	1	18	241
Skagway	1	0	2	0	1	1	0	5	0	1	0	0	0	11
Southeast Island	0	0	9	0	0	0	0	15	0	2	0	0	0	26
Southwest Region	6	1	47	0	3	1	5	30	0	1	0	0	4	98
Tanana	0	0	2	0	1	0	2	5	0	0	0	0	0	10
Unalaska	0	0	14	0	0	0	0	18	0	0	0	0	4	36
Valdez	7	3	25	0	1	0	6	80	0	0	0	2	6	130
Wrangell	3	0	20	0	3	0	7	21	0	2	2	0	0	58
Yakutat	0	0	6	0	0	0	0	4	0	3	0	0	0	13
Yukon Flats	4	1	13	1	3	0	1	34	0	0	0	0	5	62
Yukon/Koyukuk	6	0	41	0	0	0	5	45	0	1	0	0	1	99
Yupiit	7	2	7	2	6	1	2	29	0	5	0	0	2	63
TOTALS	823	231	4,014	46	845	80	952	9,205	6	523	222	70	681	17,698

MR - Mental Retardation
HI - Hearing Impaired
SI - Speech/Language Impaired
VI - Visual Impairments
ED - Emotional Disturbance
OI - Orthopedic Impairments
OHI - Other Health Impairments
LD - Specific Learning Disabilities
DB - Deaf-Blindness
MD - Multiple Disabilities
AUT - Autism
DD - Developmentally Delayed
TBI - Traumatic Brain Injury

State of Alaska
Department of Education

Updated 3/21/00

FY2000 VI-B Child Count

Count as of: 12/1/99

	MR	HI	SI	VI	ED	OI	OHI	LD	DB	MD	AUT	TBI	3 to 5	3-21 Total
Alaska Gateway	0	0	25	0	1	0	3	39	0	20	1	0	7	96
Aleutian Region	0	0	4	0	1	0	1	8	0	0	0	0	0	14
Aleutians East	0	0	4	0	1	0	1	8	0	0	0	0	0	14
Anchorage	0	2	9	0	3	0	3	27	0	0	0	0	1	45
Annette Island	292	126	985	12	414	25	229	4,176	2	209	81	34	698	7,283
Bering Strait	7	0	16	0	1	0	0	25	0	0	0	0	18	67
Bristol Bay	7	7	89	1	12	2	1	139	0	4	1	2	28	293
Chatham	3	0	6	0	2	0	1	10	0	1	0	0	0	23
Chugach	3	0	5	0	1	0	1	3	0	3	0	0	0	16
Copper River	1	3	5	0	0	0	0	2	0	2	0	0	3	16
Cordova	11	0	27	0	1	0	6	40	0	0	0	0	14	99
Craig	0	1	4	0	1	1	8	21	0	1	1	0	10	48
Delta/Greely	3	2	10	0	2	0	1	24	0	1	1	0	9	53
Denali	3	0	10	0	6	0	3	47	0	2	1	1	22	95
Dillingham	0	0	8	1	1	0	2	11	0	0	0	0	4	27
Fairbanks	4	1	15	1	4	0	3	46	0	5	0	0	21	100
Galena	96	18	553	3	77	9	168	893	0	35	21	7	203	2,083
Haines	10	2	26	0	3	1	5	35	0	2	1	1	1	87
Hoonah	1	0	21	0	1	0	3	20	1	1	0	0	4	52
Hydaburg	3	0	7	0	3	0	2	13	0	2	1	0	0	31
Iditarod	0	1	1	0	4	0	0	13	0	2	0	0	0	21
Juneau	1	0	32	1	0	0	1	18	0	4	0	0	6	63
Kake	22	3	128	3	17	4	51	298	2	23	16	3	47	617
Kashunamiut	0	0	6	0	1	0	1	8	0	1	0	0	0	17
Kenai Peninsula	2	0	2	0	0	2	1	8	0	7	0	0	4	26
Ketchikan	44	12	230	4	63	7	26	670	0	29	8	9	100	1,202
Klawock	37	3	75	1	15	1	14	91	0	6	1	0	56	300
Kodiak	0	0	10	0	0	0	1	15	0	4	1	0	6	37
Kuspuk	13	4	55	1	14	0	57	176	0	6	3	3	29	361
Lake & Pen	9	1	30	1	1	0	1	24	0	1	0	0	6	74
Lower Kuskokwim	10	0	16	0	1	0	1	20	0	1	1	1	7	58
Lower Yukon	20	9	46	2	20	2	12	308	0	30	1	1	35	486
Mat-Su	14	3	47	1	5	1	2	116	0	9	0	0	9	207
Mount Edgecumbe	84	29	403	4	91	10	38	1,065	0	53	12	8	151	1,948
Nenana	0	0	0	0	0	0	0	5	0	0	0	0	0	5
Nome	0	0	3	0	0	0	0	12	0	0	0	0	0	15
North Slope	9	1	22	0	1	0	2	20	0	3	1	1	9	69
Northwest Arctic	15	2	55	0	6	0	11	93	0	9	0	1	8	200
Pelican	26	12	46	0	1	2	0	133	0	3	0	0	19	247
Petersburg	0	0	0	1	2	0	0	0	0	0	0	0	1	4
Pribilof	2	0	39	0	1	3	12	38	0	1	3	0	5	104
Saint Mary's	5	1	8	0	0	1	0	3	0	0	0	0	3	21
Sitka	2	0	5	0	1	0	1	6	0	2	0	0	2	19
Skagway	3	3	68	2	10	0	11	92	0	5	7	1	32	234
Southeast Island	1	0	1	0	1	1	0	5	0	1	0	0	1	11
Southwest Region	1	0	4	0	1	0	1	11	0	2	0	0	1	21
Tanana	5	1	44	0	2	0	3	33	0	1	0	0	9	98
Unalaska	0	1	3	0	0	0	1	5	0	0	0	1	1	12
Valdoz	0	0	14	0	0	0	0	21	0	0	0	0	4	39
Wrangell	7	3	25	0	1	0	2	78	0	1	0	1	9	127
Yakutat	3	0	12	0	2	0	10	25	0	1	2	0	10	65
Yukon Flats	0	0	3	1	0	0	1	11	0	2	0	0	2	20
Yukon/Koyukuk	3	0	24	1	3	1	4	28	0	4	0	0	7	74
Yuplit	7	0	32	1	1	0	3	51	0	0	0	0	6	101
	7	2	5	2	4	0	1	34	0	4	0	0	5	64
TOTALS	795	253	3,319	44	803	73	709	9,118	5	503	165	75	1,633	17,495

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LD - Specific Learning Disabilities
DB - Deaf-Blindness
MD - Multiple Disabilities
AUT - Autism
TBI - Traumatic Brain Injury

State of Alaska
Department of Education

Updated 7/9/99

FY99 Title 94-142 (VI-B) Child Count

Count as of: 12/1/98

	MR	HI	SI	VI	ED	OI	OHI	LD	DB	MD	AUT	TBI	3 to 5	3-21 Total
Alaska Gateway	2	0	28	0	1	0	4	49	0	8	1	0	9	102
Aleutian Region	0	0	4	0	1	0	0	8	0	0	0	0	0	13
Aleutians East	2	2	8	0	2	0	1	32	0	1	0	0	0	48
Anchorage	283	133	986	11	396	24	194	4,303	1	211	70	33	674	7,319
Annette Island	5	0	21	0	0	0	3	31	0	1	0	0	14	75
Bering Strait	3	6	72	2	14	2	1	148	0	5	1	2	26	282
Bristol Bay	4	0	3	0	3	1	1	17	0	0	0	0	2	31
Chatham	2	0	5	0	1	0	0	7	0	3	0	0	0	18
Chugach	2	2	9	0	0	0	1	3	0	1	0	0	0	18
Copper River	10	0	18	0	3	1	6	40	0	0	0	0	16	94
Cordova	0	1	16	0	2	1	6	18	0	1	1	0	11	57
Craig	2	3	17	1	2	0	1	18	0	1	1	0	10	56
Delta/Greely	5	0	11	0	7	0	2	48	0	2	0	1	33	109
Denali	1	0	6	1	3	0	7	12	0	0	0	0	3	33
Dillingham	4	1	12	0	4	0	3	48	0	2	0	0	22	96
Fairbanks	110	18	544	3	97	7	129	933	0	33	13	7	218	2,112
Galena	4	1	11	0	1	0	4	27	0	2	0	2	1	53
Haines	0	0	17	0	1	0	5	24	1	1	1	0	8	58
Hoonah	3	0	10	0	2	0	2	10	0	4	1	0	1	33
Hydaburg	0	1	1	0	3	0	0	13	0	2	0	0	0	20
Iditarod	1	0	33	1	3	1	1	20	0	3	0	0	7	70
Juneau	18	1	132	4	19	4	38	323	3	25	12	3	52	634
Kake	0	0	8	0	1	0	0	8	0	1	0	0	2	20
Kashunamiut	4	2	4	1	1	2	0	13	0	2	0	0	3	32
Kenai Peninsula	46	13	241	5	51	7	33	718	0	32	7	9	90	1,252
Ketchikan	34	1	75	1	14	0	13	64	0	7	1	0	86	296
Klawock	2	0	14	0	0	0	0	19	0	0	0	0	8	43
Kodiak	12	4	65	0	17	0	43	180	0	7	4	1	23	356
Kuspuk	9	1	28	2	2	1	2	34	0	1	0	0	5	85
Lake & Pen	11	0	18	0	2	0	0	30	0	5	1	1	15	83
Lower Kuskokwim	17	7	50	2	22	4	18	290	0	27	1	1	52	491
Lower Yukon	15	2	46	1	6	1	1	116	0	5	0	0	13	206
Mat-Su	86	29	386	5	90	8	36	977	0	54	8	6	182	1,867
Mount Edgecumbe	0	0	0	1	0	0	0	5	0	0	0	0	0	6
Nenana	0	0	5	0	0	0	0	8	0	0	0	0	1	14
Nome	9	1	24	0	3	1	3	40	0	4	0	2	10	97
North Slope	18	2	68	0	11	0	10	91	0	10	0	1	10	221
Northwest Arctic	18	2	35	0	1	2	6	172	0	2	0	1	22	261
Pelican	0	0	0	1	0	0	0	2	0	0	0	0	1	4
Petersburg	2	0	39	0	0	5	8	38	0	0	2	0	8	102
Pribilof	4	0	7	0	0	0	1	6	0	2	0	0	4	24
Saint Mary's	2	0	10	0	1	0	0	8	0	2	0	0	4	27
Sitka	1	2	45	2	10	0	11	95	0	7	4	1	33	211
Skagway	0	0	0	0	1	1	0	2	0	2	0	0	2	8
Southeast Island	0	0	6	0	1	0	1	15	0	2	0	0	1	26
Southwest Region	5	1	66	0	3	1	3	27	0	1	0	0	15	122
Tanana	0	1	1	0	1	0	1	7	0	0	0	0	0	11
Unalaska	1	0	13	0	0	0	2	23	0	0	0	0	9	48
Valdez	5	1	27	0	1	0	2	77	0	1	0	1	11	126
Wrangell	3	0	6	0	1	0	6	26	0	3	2	0	6	53
Yakutat	0	0	2	0	0	0	1	5	0	1	0	3	6	18
Yukon Flats	2	1	21	1	3	0	1	39	0	1	0	0	8	77
Yukon/Koyukuk	4	1	26	0	1	0	2	63	0	5	0	0	12	114
Yupiit	6	2	8	2	3	0	0	44	0	3	0	0	5	73
TOTALS	777	242	3,308	47	812	74	613	9,374	5	493	131	75	1,754	17,705

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LD - Specific Learning Disabilities
DB - Deaf-Blindness
MD - Multiple Disabilities
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TBI - Traumatic Brain Injury

State of Alaska
Department of Education

Updated 2/6/98

FY98 Title 94-142 (VI-B) Child Count

Count as of: 12/1/97

	MR	HI	SI	VI	ED	OI	OHI	LD	DB	MD	AUT	TBI	3 to 5	3-22 Total
Alaska Gateway	2	0	33	1	0	0	3	50	0	8	1	0	9	107
Aleutian Region	0	0	3	0	0	0	0	3	0	0	0	0	0	6
Aleutians East	3	1	8	0	2	0	0	42	0	3	0	0	0	59
Anchorage	266	133	995	12	384	21	160	4,295	1	191	54	26	719	7,257
Annette Island	7	0	18	0	1	1	1	33	0	1	0	0	19	81
Bering Strait	3	5	61	2	14	1	0	162	0	5	0	0	37	290
Bristol Bay	1	1	4	0	5	0	0	20	0	2	0	0	0	33
Chatham	3	0	4	0	1	0	1	12	0	6	0	0	1	28
Chugach	1	1	9	0	0	0	0	6	0	2	0	0	4	23
Copper River	9	0	22	0	3	0	5	44	0	0	0	0	9	92
Cordova	0	0	18	0	2	1	4	17	0	1	1	0	11	55
Craig	1	3	17	1	3	0	0	19	0	1	1	0	8	54
Delta/Greely	5	0	20	0	5	0	2	58	0	2	0	1	34	127
Denali	0	0	11	1	1	0	4	11	0	1	0	0	4	33
Dillingham	4	1	7	2	6	0	7	58	0	2	0	0	21	108
Fairbanks	113	21	547	3	113	6	81	980	0	36	8	9	212	2,129
Galena	0	1	8	0	2	0	2	9	0	2	0	0	0	24
Haines	0	0	19	0	2	3	3	30	0	1	1	0	12	71
Hoonah	5	0	8	0	2	0	3	11	0	3	1	0	2	35
Hydaburg	0	1	1	0	2	0	0	11	0	1	0	0	1	17
Iditarod	1	0	28	1	0	0	2	26	0	3	0	0	11	72
Juneau	16	13	140	5	20	2	28	344	5	22	9	3	51	658
Kake	0	0	12	0	1	0	0	8	0	1	0	0	3	25
Kashunamiut	4	1	2	1	1	2	0	16	0	2	0	0	2	31
Kenai Peninsula	55	11	266	5	53	7	30	725	0	27	6	10	83	1,278
Ketchikan	36	0	70	0	18	0	10	76	0	6	1	0	78	295
Klawock	2	0	12	0	0	0	0	20	0	0	0	0	9	43
Kodiak	9	3	75	0	18	0	36	188	0	10	4	1	20	364
Kuspuk	7	1	23	1	1	0	1	35	0	2	0	0	3	74
Lake & Pen	7	1	26	0	1	1	0	41	0	4	1	0	11	93
Lower Kuskokwim	16	4	54	2	27	4	11	299	1	31	1	1	60	511
Lower Yukon	9	3	58	2	7	1	1	124	0	7	0	0	21	233
Mat-Su	85	24	390	3	85	6	24	938	0	57	4	9	176	1,801
Mount Edgecumbe	0	0	0	0	0	0	1	10	0	0	0	0	0	11
Nenana	0	0	11	0	0	0	0	14	0	0	0	1	0	26
Nome	8	0	11	0	5	0	1	79	0	4	0	1	9	118
North Slope	23	1	60	0	19	0	9	92	0	11	0	2	20	237
Northwest Arctic	21	2	45	0	1	1	1	166	0	2	0	1	18	298
Pelican	0	0	0	1	0	0	0	3	0	0	0	0	0	4
Petersburg	0	0	40	0	0	4	3	49	0	2	2	0	13	113
Pribilof	4	0	8	0	0	0	2	16	0	2	0	1	0	33
Saint Mary's	2	0	8	0	0	0	0	6	0	1	1	0	3	21
Sitka	3	2	48	2	10	0	11	97	0	7	2	0	38	220
Skagway	0	0	0	0	0	1	2	3	0	1	0	0	4	11
Southeast Island	1	0	4	0	1	0	0	16	0	1	0	0	4	27
Southwest Region	3	3	57	0	4	2	4	27	0	2	0	0	27	129
Tanana	0	0	1	0	0	0	0	10	0	3	0	0	1	15
Unalaska	2	0	8	0	1	1	1	21	0	0	0	0	13	47
Valdez	6	0	22	0	1	0	2	69	0	1	0	1	26	128
Wrangell	3	0	11	0	2	0	7	30	0	4	2	0	4	63
Yakutat	2	0	0	1	0	0	1	6	0	1	0	1	7	19
Yukon Flats	3	0	24	1	1	1	0	51	0	0	0	0	7	88
Yukon/Koyukuk	5	2	24	0	2	0	3	68	0	1	0	0	6	111
Yupiit	5	0	6	2	0	0	1	42	0	2	0	0	8	66
TOTALS	761	239	3,357	49	827	66	468	9,586	7	485	100	68	1,839	17,852

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State of Alaska
Department of Education

FY97 Title 94-142 (VI-B) Child Count

Count as of: 12/1/96

	MR	HI	SI	VI	ED	OI	OHI	LD	DB	MD	AUT	TBI	3 to 5	3-22 Total
ALASKA GATEWAY	1	1	23	0	0	0	3	58	0	5	1	0	16	108
ALEUTIAN REGION	0	0	0	0	0	0	1	5	0	0	0	0	0	6
ALEUTIANS EAST	4	0	6	0	3	1	0	66	0	3	0	0	7	90
ANCHORAGE	247	128	912	16	390	22	133	4,281	1	188	30	25	677	7,050
ANNETTE ISLAND	5	0	15	0	1	2	1	41	0	1	0	0	17	83
BERING STRAIT	8	5	58	2	13	1	0	138	0	4	0	1	20	250
BRISTOL BAY	0	0	5	0	3	0	1	19	0	1	0	0	3	32
CHATHAM	5	0	17	0	0	0	1	21	0	4	0	0	0	48
CHUGACH	1	4	0	0	0	0	0	5	0	2	0	0	4	16
COPPER RIVER	9	0	21	0	3	0	6	57	0	1	0	0	13	110
CORDOVA	0	1	18	0	0	0	3	27	0	0	1	0	17	67
CRAIG	0	3	16	1	2	0	0	31	0	1	0	0	8	62
DELTA GREELEY	3	0	18	0	7	0	4	60	0	4	0	0	45	141
DENALI	1	0	7	1	2	0	3	19	0	1	0	0	4	38
DILLINGHAM	5	0	8	0	5	0	5	50	1	5	0	0	19	98
FAIRBANKS	105	16	523	4	113	3	61	940	0	36	8	8	199	2,016
GALENA	0	0	8	0	0	0	0	18	0	0	0	0	1	27
HAINES	0	0	17	0	2	4	1	39	0	1	0	0	8	72
HOONAH	3	0	11	0	2	2	3	22	0	2	1	0	4	50
HYDABURG	0	1	0	0	0	0	0	11	0	1	0	0	1	14
IDITAROD	1	0	25	1	0	0	2	26	0	3	0	0	12	70
JUNEAU	17	2	133	4	22	3	23	370	2	21	8	2	55	662
KAKE	0	1	14	0	2	0	1	13	0	1	0	0	5	37
KASHUNAMIUT	3	1	2	1	1	2	0	14	0	2	0	0	2	28
KENAI	49	15	259	5	68	4	22	767	0	27	6	11	118	1,351
KETCHIKAN	31	0	77	0	16	0	6	83	0	7	2	0	65	287
KLAWOCK	0	0	8	0	0	0	0	34	0	2	0	0	5	49
KODIAK	11	5	83	0	18	0	29	195	0	7	2	1	31	382
KUSPUK	7	3	19	1	2	2	0	30	0	1	0	0	3	68
LAKE & PENINSULA	9	0	24	0	3	0	1	50	0	4	0	0	13	104
LOWER KUSKOKWIM	21	5	46	3	27	3	12	340	1	28	1	0	65	552
LOWER YUKON	10	1	62	2	8	1	3	126	0	6	0	0	10	229
MAT-SU	75	23	366	4	73	8	20	865	0	57	4	8	184	1,687
MT. EDGECUMBE	1	0	0	0	0	0	1	11	0	0	0	0	0	13
NENANA	0	0	5	0	0	0	0	16	0	0	0	1	0	22
NOME	11	0	15	0	4	0	1	82	0	3	0	1	15	132
NORTH SLOPE	20	2	42	0	22	0	7	77	0	9	0	1	22	202
NORTHWEST ARCTIC	31	3	38	0	2	1	0	172	0	0	0	0	21	268
PELICAN	1	0	1	0	0	0	0	1	0	0	0	0	0	3
PETERSBURG	1	0	36	0	0	4	2	45	0	1	1	0	15	105
PRIBILOF	4	0	7	0	1	0	1	16	0	2	0	1	3	35
SITKA	7	1	40	2	7	1	8	89	0	7	2	0	40	204
SKAGWAY	1	0	0	0	0	1	1	2	0	1	1	0	2	9
SOUTHEAST ISLAND	1	0	3	0	0	0	0	27	0	1	0	0	4	36
SOUTHWEST REGION	2	2	45	0	2	1	3	32	0	1	0	0	20	108
ST. MARYS	2	0	12	0	0	0	0	12	0	2	0	0	1	29
TANANA	0	0	0	0	1	0	1	13	0	0	0	0	1	16
UNALASKA	3	0	13	0	1	1	1	20	0	0	0	0	7	46
VALDEZ	6	0	17	1	1	0	5	64	0	1	0	0	22	117
WRANGELL	5	0	13	0	2	0	3	32	0	4	2	0	14	75
YAKUTAT	3	0	1	1	0	0	2	7	0	0	0	1	5	20
YUKON FLATS	3	0	24	0	3	1	1	59	0	1	0	0	14	106
YUKON KOYUKUK	4	0	22	0	2	1	0	73	0	1	0	0	0	103
YUPIIT	7	0	13	1	0	0	0	34	0	2	0	0	10	67
TOTALS	744	223	3,148	50	834	69	382	9,705	5	462	70	61	1,847	17,600

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LD - Specific Learning Disabilities
DB - Deaf-Blindness
MD - Multiple Disabilities
AUT - Autism
TBI - Traumatic Brain Injury

State of Alaska
Department of Education

Updated 2/9/96

FY96 Title 94-142 (VI-B) Child Count

Count as of 12/1/95

	MR	HI	SI	VI	ED	OI	OHI	LD	DB	MD	AUT	TBI	3 to 5	3-22 Total
ALASKA GATEWAY	0	0	21	2	0	0	1	60	0	4	1	0	13	102
ALEUTIAN REGION	0	0	1	0	0	0	0	5	0	0	0	0	1	7
ALEUTIANS EAST	2	0	8	0	4	0	0	52	0	2	0	0	2	70
ANCHORAGE	240	123	919	12	342	27	102	4,225	2	176	23	18	823	7,032
ANNETTE ISLAND	4	0	15	0	2	2	1	43	0	1	0	0	20	88
BERING STRAIT	7	6	42	1	18	1	1	148	0	6	0	1	29	260
BRISTOL BAY	0	0	5	0	2	0	1	28	0	1	0	0	3	40
CHATHAM	6	0	19	0	1	0	0	17	0	1	0	0	5	49
CHUGACH	1	0	6	0	0	0	0	10	0	0	0	0	5	22
COPPER RIVER	7	0	17	0	5	0	3	56	0	0	0	0	12	100
CORDOVA	0	1	16	0	0	0	4	25	0	0	1	0	15	62
CRAIG	0	2	14	0	1	0	0	33	0	1	0	0	14	65
DELTA GREELY	2	2	13	0	5	0	2	88	0	3	0	0	44	159
DENALI	1	0	12	1	1	0	2	19	0	1	0	0	3	40
DILLINGHAM	5	1	5	2	3	0	5	43	0	4	0	0	12	80
FAIRBANKS	105	13	498	4	109	7	48	994	0	38	5	8	198	2,027
GALENA	0	0	7	0	0	0	0	15	1	1	0	0	0	24
HAINES	0	0	13	0	1	3	3	39	0	1	0	0	7	67
HOONAH	2	1	14	0	4	3	4	24	0	8	1	0	6	67
HYDABURG	0	1	1	0	1	0	0	9	0	1	0	0	1	14
IDITAROD	0	0	33	2	0	1	3	28	0	3	0	0	9	79
JUNEAU	16	3	176	2	24	2	21	432	0	18	7	2	76	779
KAKE	0	0	14	0	2	0	1	15	0	1	0	0	8	41
KASHUNAMIUT	3	1	3	1	1	2	0	13	0	2	0	0	0	26
KENAI	48	16	281	5	58	8	22	740	0	23	3	6	103	1,313
KETCHIKAN	34	0	74	2	15	0	5	106	0	6	0	0	53	295
KLAWOCK	0	0	6	0	0	0	0	40	0	2	0	0	5	53
KODIAK	8	5	78	0	21	2	20	215	0	11	1	1	42	404
KUSPUK	7	1	16	1	1	0	2	35	0	1	0	0	4	68
LAKE & PENINSULA	6	1	23	0	2	1	0	43	0	2	0	0	13	91
LOWER KUSKOKWIM	17	6	45	3	22	2	13	235	0	28	1	2	51	425
LOWER YUKON	11	2	53	1	7	1	2	163	0	3	0	0	28	271
MAT-SU	53	16	376	4	55	13	21	860	0	48	5	8	196	1,655
MT. EDGECUMBE	0	0	0	0	0	0	0	6	0	0	0	0	0	6
NENANA	2	0	3	0	0	0	0	17	0	0	0	1	0	23
NOME	5	0	0	0	1	0	2	115	0	3	0	2	20	148
NORTH SLOPE	12	1	20	1	16	0	6	89	0	7	0	1	14	167
NORTHWEST ARCTIC	31	1	34	0	2	0	1	176	0	2	0	0	25	272
PELICAN	0	0	1	0	1	0	0	3	0	0	0	0	0	5
PETERSBURG	2	0	36	0	0	0	1	54	0	1	1	0	9	104
PRIBILOF	1	0	11	0	1	0	0	16	0	1	0	1	3	34
SITKA	7	1	52	2	4	2	5	113	0	5	2	0	41	234
SKAGWAY	1	0	2	0	0	1	1	2	0	1	0	0	3	11
SOUTHEAST ISLAND	1	0	7	0	0	0	2	38	0	1	0	1	3	53
SOUTHWEST REGION	2	2	41	0	2	1	3	39	0	3	0	0	18	111
ST. MARYS	1	0	10	0	2	0	0	7	0	2	0	0	1	23
TANANA	0	1	3	0	1	0	0	15	0	0	0	0	1	21
UNALASKA	3	0	9	0	1	0	4	13	0	0	0	0	8	38
VALDEZ	5	0	22	0	2	0	4	53	0	1	0	0	19	106
WRANGELL	2	1	15	0	1	0	5	43	0	3	2	0	17	89
YAKUTAT	2	0	3	1	0	0	0	10	0	1	0	0	4	21
YUKON FLATS	2	0	20	0	4	1	2	45	0	0	0	0	14	88
YUKON KOYUKUK	5	0	22	0	3	0	1	79	0	2	0	0	7	119
YUPIIT	10	0	7	2	0	0	0	36	0	3	0	0	7	65
TOTALS	679	208	3,142	49	748	80	324	9,827	3	433	53	52	2015	17,613

MR - Mental Retardation
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DB - Deaf-Blindness
MD - Multiple Disabilities
AUT - Autism
TBI - Traumatic Brain Injury

State of Alaska
Department of Education

updated 4/5/95

FY95 TITLE VI-B CHILD COUNT

Count as of 12/1/94

	MR	HI	SI	VI	ED	OI	OHI	LD	DB	MD	AUT	TBI	3 to 5	6-21	3-21 Totals
AK GATEWAY	1	0	25	0	2	0	1	58	0	7	0	0	14	94	108
ALEUTIAN REGION	0	0	0	0	0	0	0	5	0	0	0	0	2	5	7
ALEUTIANS EAST	3	1	16	0	1	0	0	52	0	7	0	0	1	80	81
ANCHORAGE	232	127	944	11	354	26	104	4,105	2	160	17	14	884	6,096	6,980
ANNETTE ISLAND	5	0	12	0	2	2	1	54	0	1	0	0	19	77	96
BERING STRAIT	6	4	47	1	19	1	1	151	0	7	0	0	19	237	256
BRISTOL BAY	2	0	4	0	2	0	0	25	0	1	0	0	5	34	39
CHATHAM	6	0	13	0	1	0	0	23	0	1	0	0	10	44	54
CHUGACH	0	0	4	0	0	0	0	7	0	0	0	0	1	11	12
COPPER RIVER	5	10	2	0	1	0	0	57	0	0	0	0	10	75	85
CORDOVA	1	16	1	0	0	0	6	29	0	0	1	0	10	54	64
CRAIG	1	1	22	0	1	0	0	30	0	0	1	0	16	56	72
DELTA GREELY	1	1	15	2	10	0	3	100	0	6	0	0	46	138	184
DENALI	2	0	10	1	1	0	2	23	0	1	0	0	1	40	41
DILLINGHAM	4	0	10	2	3	0	3	47	0	5	0	1	16	75	91
FAIRBANKS	86	12	400	3	81	11	22	926	0	67	3	5	189	1,616	1,805
FAIRBANKS ON BASE	6	0	73	1	9	2	1	153	0	8	0	1	0	254	254
GALENA	0	1	4	0	0	0	0	25	0	1	0	0	1	31	32
HAINES	0	0	11	0	3	3	1	34	0	1	0	0	7	53	60
HOONAH	2	0	13	0	1	0	3	22	3	6	0	0	11	50	61
HYDABURG	0	1	1	0	0	0	0	8	0	1	0	0	0	11	11
IDITAROD	0	0	23	1	1	1	1	29	0	2	0	0	16	58	74
JUNEAU	25	4	170	2	25	3	15	440	1	18	5	1	87	709	796
KAKE	0	0	7	0	2	0	0	19	1	0	0	0	6	29	35
KASHUNAMIUT	3	1	3	1	1	4	1	19	0	1	0	0	2	34	36
KENAI	42	9	315	4	71	4	20	704	6	26	1	6	106	1,208	1,314
KETCHIKAN	27	1	71	2	10	0	4	113	0	6	0	0	48	234	282
KLAWOCK	0	0	6	0	2	0	0	31	0	1	0	0	5	40	45
KODIAK	8	4	84	0	28	3	16	218	0	15	1	1	40	378	418
KUSPUK	9	0	13	1	2	0	4	51	0	1	0	0	3	81	84
LAKE & PENINSULA	7	1	22	0	1	1	0	32	0	1	0	0	8	65	73
LOWER KUSKOKWIM	17	8	47	1	32	1	14	206	2	26	1	2	49	357	406
LOWER YUKON	12	2	40	1	5	1	1	179	0	3	0	0	38	244	282
MAT-SU	47	16	345	5	46	13	13	806	0	48	3	6	206	1,348	1,554
MT. EDGECUMBE	0	0	0	0	0	0	0	7	0	0	0	0	0	7	7
NENANA	0	1	5	0	1	0	0	20	0	1	0	1	0	29	29
NOME	8	0	14	0	1	0	2	97	0	7	0	2	13	131	144
NORTH SLOPE	6	1	18	0	16	2	1	123	0	4	0	1	16	172	188
NW ARCTIC	34	0	38	0	8	6	102	94	1	0	0	0	27	283	310
PELICAN	0	0	4	0	0	0	0	5	0	0	0	0	0	9	9
PETERSBURG	2	0	31	0	0	0	0	64	0	1	1	0	9	99	108
PRIBILOF ISLANDS	1	0	5	0	1	0	0	21	0	1	0	1	4	30	34
SE ISLAND	1	0	6	0	1	0	0	43	0	1	0	0	1	52	53
SITKA	5	2	38	2	6	2	2	106	0	6	2	0	47	171	218
SKAGWAY	1	0	2	0	0	1	0	7	0	1	0	0	3	12	15
ST. MARYS	1	0	10	0	0	0	0	5	0	1	0	0	1	17	18
SW REGION	2	2	38	0	1	0	1	33	0	3	0	0	14	80	94
TANANA	0	0	3	0	3	0	0	12	0	0	0	0	1	18	19
UNALASKA	1	0	10	0	0	0	0	10	0	0	0	0	5	21	26
VALDEZ	6	0	16	0	4	0	3	51	0	1	0	0	16	81	97
WRANGELL	1	1	17	0	2	1	1	48	0	2	1	0	11	74	85
YAKUTAT	0	0	4	0	1	0	1	16	0	2	0	1	7	25	32
YUKON FLATS	1	0	13	0	2	0	2	54	0	0	0	0	4	72	76
YUKON KOYUKUK	2	0	25	0	1	0	1	82	0	3	0	0	5	114	119
YUPIIT	8	1	8	2	0	0	0	50	0	3	0	0	6	72	78
TOTALS	640	228	3,078	43	765	88	353	9,729	16	465	37	43	2,066	15,485	17,551

Alaska State Total 17,551

MR - Mental Retardation
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ALASKA PUBLIC HEALTH ASSOCIATION

Committed To Advancing Alaska's Public Health Since 1978

ALPHA

MAY 05 2003

FAX RE: HB 108 - SCREENING NEWBORNS FOR HEARING ABILITY May 6, 2003

Dear Representative:

HB 108: Screening Newborns for Hearing Ability is expected to be heard for the first time in (H)HESS today. On behalf of the Alaska Public Health Association, I will be presenting the following testimony.

Madame Chairman, members of the Committee, thank you for the opportunity to testify today. For the record, my name is Marie Lavigne and I am the Executive Director of the Alaska Public Health Association. I am honored to be here today representing close to two hundred public health professionals from across Alaska who are deeply committed to developing sound public health policy to improve the health of all Alaskan's.

Recognizing the importance of universal hearing screening of newborns as a critical public health intervention, the Alaska Public Health Association encourages you to support HB 108. Hearing impairment is the most common disability in newborns, impacting 2-3 children out of every thousand. Identified early, these children will not be left behind during the most critical period for speech and language development: birth to 3 years of age.

Late identification of infant hearing loss presents a significant public health problem. Without screening, children with hearing loss are usually not identified until two years of age or later, which results in significant delays in speech, language, social, cognitive, and emotional development.

Research has shown that children identified at birth with mild-to-severe hearing loss who receive intervention before they are 6 months of age fall within a normal range of language comprehension and expression as well as social development by the time they are ready to begin school. By contrast, children with hearing loss diagnosed after six months of age experience significant delays in both language and social development. The cost savings of early intervention is significant, as others will be testifying to this today.

HB 108 offers an important first step in providing newborn hearing loss screening. Yet we urge you to not stop at the hospital or birth center, as what happens after screening is also important. Families need to receive appropriate information and services following newborn hearing screening and to have their children begin receiving intervention services by six months of age. It is also critical the team working with the child measure the impact of early identification of hearing loss on development, tracking gains made and areas to develop.

To quote from Dr. Marion Downs, the world-renowned pioneer in pediatric audiology, "If a child can be identified at birth and receive immediate intervention, we have done our jobs," she said. "On the other hand, if we don't detect the hearing loss until the child reaches 2 years of age or later, that child has, in most cases, lost the opportunity to catch up with others his or her own age. *Why, with all the tools we have, would we not speed the time to establish a model for screening and early intervention in our nation's hospitals?"* That is the challenge before us in Alaska.

HB 108 takes an important step in bringing forth universal hearing, building on the success of 60% of Alaska's hospitals and birthing centers who are already voluntarily screening, to assure all newborns will be screened. With appropriate screening and follow up services, HB 108 will assure our children who are deaf or hearing impaired receive the early intervention services they need to develop their fullest potential. Thank you.

Marie J. Lavigne, Executive Director Alaska Public Health Association

P.O. Box 9-1825 Anchorage, AK 99509 907/332-1030 *e-mail:* publichealth@alaska.net www.alaskapublichealth.org

FRANK H. MURKOWSKI, 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 • Toll Free 800-709-8990

May 6, 2003

MAY 05 2003

Dear Madam Chair and Members of the House HESS Committee,

On behalf of the Governor's Council on Disabilities and Special Education, I would like to indicate the Council's support for House Bill 108, the newborn hearing screening bill. This bill is critical to the development and well being of the newest Alaskans, newborn infants.

Hearing loss is the most frequently occurring birth defect in the United States. Early detection and treatment is crucial to prevent further damage. Without early screening children wait years for treatment, simply because their hearing loss is not identified until they are, on average, two and a half to three years old and in some cases until they are even as old as five or six years of age. A child who does not receive treatment for several years will have great difficulty learning basic language and social and cognitive skills, necessary for success in school and later on in life as a productive member of society.

Currently 32 states have implemented laws requiring infant hearing screening. Alaska is behind the curve. Hearing screening is relatively inexpensive ($10-$50 per infant), especially when compared with the long-term costs of not treating an individual with hearing loss. Studies have shown that a child whose hearing loss goes undetected in infancy, even a child with mild hearing loss, will cost a projected $400,000 in special education costs by the time they graduate from high school. These students are 10 times as likely to be held back in school than a child with normal hearing or a child with hearing loss who received early intervention services.

In conclusion I would urge every one of you to support House Bill 108. If you have any questions or would like additional information, please feel free to contact me at 269-8992 or millie_ryan@health.state.ak.us.

Sincerely,

Millie Ryan

Millie Ryan, Executive Director
Governor's Council on Disabilities and Special Education

Subject: House Bill 108
Date: Fri, 11 Apr 2003 18:49:16 -0800
From: Lisa Owens <lowens@tetongravity.com>
To: Representative_Richard_Foster@legis.state.ak.us

Hello Rep Foster,

My name is Lisa Owens and I am a speech pathologist/audiologist in Anchorage, AK. I am very interested in House Bill 108 and would like to be informed of any hearing dates. I am on the state advisory board for newborn hearing screenings and see firsthand the importance of this bill everyday in my work. I also used to live in Kotzebue and my family comes from Nome. Both these communities suffer from high incidence of hearing loss and I think that this legislation would be very important to the children of Alaska. Please let me know when you plan to send this bill to committee.

Sincerely,

Lisa Owens, M.A., CCC-SLP/A
Speech Pathologist/Audiologist

Providence | Alaska Medical Center

3200 Providence Drive
P.O. Box 196604
Anchorage, Alaska
99519-6604

Tel 907.562.2211

April 15, 2003

Representative Richard Foster
State Capitol, Room 410
Juneau, AK 99801-1182

Dear Rep. Foster,

I am writing to support your sponsorship of House Bill 108 ("Screening Newborns for Hearing Ability"). I am a pediatrician in private practice in Anchorage and Chairman of the Department of Pediatrics at Providence Alaska Medical Center and The Children's Hospital. House Bill 108 is unanimously supported and endorsed by the pediatric staff at Providence. The American Academy of Pediatrics supports the development of programs in each state for universal screening of all infants for hearing deficits at or soon after birth in order to allow for early identification and intervention of hearing impaired children in order to maximize their potential. The implications of overlooked hearing loss as well as the benefits of early detection have been well reported.

1. Hearing loss if one of the most common birth defects. One in 3000 infants are born in Alaska with permanent congenital hearing loss. Without universal newborn hearing programs, the average age of detection of even severe hearing loss is 2-3 years old
2. Hearing loss has a significant negative effect on children. This would seem obvious but many studies indicate the negative impact of hearing loss on a child's emotional and social development as well as language delays that do not seem to progress even after diagnosis, in some children, when that diagnosis is delayed. Even mild and unilateral hearing loss – problems that often defy detection much longer without an objective early hearing screen- may have long lasting negative effects to the child.
3. Early detection and intervention of hearing deficits significantly helps children. Numerous studies show that when children are diagnosed with hearing loss and appropriate intervention to augment hearing and provide appropriate communication options are started early in life, preferably before 6 months of age, significant and long lasting benefits are achieved by the children in language skills, emotional development, social and familial adjustment.

In order to achieve these benefits for children and their families, there are several benchmark steps that must occur for a successful early hearing detection and intervention program.

Each of these can be greatly aided by your bill as written:

1. Universal hearing screen for all newborns – This first step is already nearly achieved in Alaska. Due to new advancement in screening technology almost all birthing hospitals either are or soon will be screening newborns for hearing loss. By allowing non-audiologists to administer the screen and bill appropriately for this service, and asking insurance companies to cover this "standard of care" evaluation, all infants in the state can have this evaluation before they leave the hospital or birthing facility.
2. When a hearing screen is failed, they are referred for evaluation – This step may have one or two parts. A child who fails the initial screen is referred for re-screen and if still abnormal, diagnostic intervention is performed by 3 month of age. Each institution and/or the infant's medical provider are responsible for this step. This allows for errors of omission that in some areas markedly reduce the effectiveness of the entire program. With the tracking provision of your bill, information will be shared with a state program that can make sure each infant that needs further intervention have this option provided for them. Without a state mandate, this information will have to be shared voluntarily creating a possible HIPAA confidentiality concern. When done early, many of our audiologists around the state can do this evaluation with objective testing called automated brainstem response testing. When postponed, even a few months, this test often requires testing with the infant sedated, which at present can only be done in Anchorage, and at increased expense and concern for the family.
3. Once diagnosed, in order to receive maximum benefit, parents should be presented with communication options and intervention should begin before 6 months of age. These options may include hearing aids (which are accepted by infants much better if started in early infancy), and various communication options including sign language and other visual cues. The parents and the infant's medical provider must serve as a medical home and have information to make appropriate referrals for subspecialty evaluation and community based resources in accordance with the Individuals with Disabilities Education Act.

The physicians of The Children's Hospital at Providence, thank you for sponsoring this bill and for the efforts that you have made toward improving the health and well being of Alaska's children.

Sincerely,

Jeffrey G. Demain, MD, FAAP, FAAAAI
Chairman, Department of Pediatrics, PAMC

April 15, 2003

Representative Richard Foster

Dear Mr. Foster:

I am writing to support your sponsorship of House Bill 108 ("Screening Newborns for Hearing Ability"). I am a pediatrician in private practice in Anchorage with 24 years of experience. I also serve as the Alaska Chapter Champion for the Early Hearing Detection and Intervention Program for the American Academy of Pediatrics. The American Academy of Pediatrics supports the development of programs in each state for universal screening of all infants for hearing deficits at or soon after birth in order to allow for early identification and intervention with hearing impaired children in order to maximize their potential. There are several reasons that this program is important:

1. Hearing loss if one of the most common birth defects. One in 3000 infants are born in Alaska with permanent congenital hearing loss. Without universal newborn hearing programs, the average age of detection or even sever hearing loss is 2-3 years old
2. Hearing loss has a significant negative effect on children. This would seem obvious but many studies indicate the negative impact of hearing loss on a child's emotional and social development as well as language delays that do not seem to progress even after diagnosis, in some children, when that diagnosis is delayed. Even mild and unilateral hearing loss – problems that often defy detection much longer without an objective early hearing screen- may have long lasting negative effects to the child.
3. Early detection and intervention of hearing deficits significantly helps children. Numerous studies show that when children are diagnosed with hearing loss and appropriate intervention to augment hearing and provide appropriate communication options are started early in life, preferably before 6 months of age, significant and long lasting benefits are achieved by the children in language skills, emotional development, social and familial adjustment.

In order to achieve these benefits for children and their families, there are several steps that must occur that are benchmarks for a successful early hearing detection and intervention program and each of these can be greatly aided by your bill as written:

1. Universal hearing screen for all newborns – This first step is already nearly achieved in Alaska. Due to new advancement in screening technology almost all birthing hospitals either are or soon will be screening newborns for hearing loss. By allowing non-audiologists to administer the screen and bill appropriately for this service, and asking insurance companies to cover this "standard of care" evaluation, all infants in the state can have this evaluation before they leave the hospital or birthing facility.
2. When a hearing screen is failed, they are referred for evaluation – This step may have one or two parts. A child who fails the initial screen is referred for re-screen and if still abnormal, diagnostic intervention is performed by 3 month of age. Each

institution and/or the infant's medical provider are responsible for this step. This allows for errors of omission that in some areas markedly reduce the effectiveness of the entire program. With the tracking provision of your bill, information will be shared with a state program that can make sure each infant that needs further intervention have this option provided for them. Without a state mandate, this information will have to be shared voluntarily creating a possible HIPAA confidentiality concern. When done early, many of our audiologists around the state can do this evaluation with objective testing called automated brainstem response testing. When postponed, even a few months, this test often requires testing with the infant sedated, which at present can only be done in Anchorage, and at increased expense and concern for the family.

3. Once diagnosed, in order to receive maximum benefit, parents should be presented with communication options and intervention should begin before 6 months of age. These options may include hearing aids (which are accepted by infants much better if started in early infancy), and various communication options including sign language and other visual cues. The parents and the infant's medical provider must serve as a medical home and have information to make appropriate referrals for subspecialty evaluation and community based resources in accordance with the Individuals with Disabilities Education Act.

Mr. Foster, thank you for sponsoring this bill that will assure that our youngest Alaskans have the opportunity to have this most common, but invisible, birth defect diagnosed early with appropriate intervention that will offer long term benefits for their future. If I can be of any assistance, please let me know.

Sincerely,

Martin F. Beals, Jr., M. D., FAAP
Alaska AAP Chapter Champion, EHDI program

ALL ALASKA PEDIATRIC PARTNERSHIP
3RD MEDICAL GROUP * ALASKA NATIVE CHILDREN'S CENTER * ALASKA REGIONAL HOSPITAL
CHILDREN'S HOSPITAL AT PROVIDENCE * FAIRBANKS MEMORIAL HOSPITAL
STATE OF ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES * VALLEY HOSPITAL
MUNICIPALITY OF ANCHORAGE DEPARTMENTOF HEALTH AND SOCIAL SERVICES

MEMO DATE: 12/23/02

TO: Christine Hess

FM: Mary Grisco

RE: Universal Newborn Hearing Screening

Hi Christine,

Enclosed is a packet of basic information that was prepared to assist with re-introduction of structural legislation.

Reggie said to send it to you. I'm not sure if Rep. Foster will be introducing this legislation; he however has expressed great interest.

THANKS!

PO Box 230567 Anchorage, AK 99523 907-580-3180 fax: 907-580-2454

November 27, 2002

Dear Interested Party:

Enclosed are two model bills for Early Hearing Detection and Intervention: 1) drafted by the American Speech-Language-Hearing Association (ASHA), and 2) drafted by the American Academy of Pediatrics (AAP). Both model bills are compilations of legislation from the 37 states that currently require universal newborn hearing screening (UNHS) by law. Points of concern regarding wording throughout the two bills and implementation of mandatory universal newborn hearing screening and reporting in Alaska, include the following:

ASHA Model EHDI

p. 1, Table of Contents, Section 4.
Change from Early Hearing Detection & Intervention Advisory Board to EHDI Advisory Committee throughout bill.

p. 2, Section 3.
(A). Expand definition of birthing hospital to include home deliveries and births occurring in free-standing birthing centers.

p. 3, Section 5.

- (A). "There is established the Early Hearing Detection and Intervention Advisory Board..." – would want to use existing EHDI Advisory Committee.
- (B). "...newborn hearing screening must be conducted on no fewer than 85% of the newborns born in the hospitals in this State during birth admission..." – want to increase to 100% by end of 2003 or 2004.
- (D). "Every hospital shall report annually to the Board concerning the following:..."
    1. change from Board to State of Alaska, Department of Health & Social Services
    2. ensure that information collected starts with the minimum requirements requested by the Center for Disease Control and Prevention (CDC)
    3. information collected should also include a list of newborns who meet the high risk category for follow-up every six months for 3 years

p. 6, Section 7.

- (A). "In the event that 85% of newborns and infants born in this State are not being screened..., then the Department shall immediately implement a program to provide..." – State of Alaska, Department of Health & Social Services would not begin performing newborn hearing screening, but rather work with the birthing hospital, birthing facility, and/or community to remedy the situation.

- (A1). "A hearing screening test....A person properly trained and supervised by a State-licensed audiologist may perform the hearing screening test." – not necessary to be trained by a State-licensed audiologist to perform newborn hearing screening tests. An individual may perform a hearing test if authorized to do so under a protocol developed by the Department of Health and Social Services.

AAP EHDI MODEL BILL

p. 2, Section 5.

"Perform the hearing testing...prior to the date on which he or she attains the age of three months." – Adjust to reflect an appropriate adjusted age for newborns born prematurely.

p. 3, Section 8.

"Collect performance data specified by the state Department of Health..." – Ensure that information collected begins with the minimum requirements required by CDC for all children, the minimum data set for those children who "refer", or do not pass the screening, and/or children who meet the high risk registry categories.

Thank you very much for your inquiry regarding this program. Please let me know if I can provide further information.

Sincerely,

Margaret L. Kossler

Margaret Lanier Kossler, MPH, CHES
EHDI Program Manager

MINIMUM DATA ELEMENTS ONLY

Last Updated 9/30/2002

Data items for state-based Early Hearing Detection and Intervention (EHDI) tracking database
Draft for Publication -- Produced by EHDI Data Committee

First draft created by Roy Ing, June 11, 2001; subsequent drafts updated by Data Committee during monthly conference calls, July 2001 through July 2002

Purpose

To create a comprehensive list of data items that can be used as a guide for building a state-based EHDI tracking system
This draft is intended as a guideline for states or facilities developing a newborn hearing program. Data items identified are classified as follows:

M= Minimum data item--data item recommended for all state data systems; the set of data items that are required for followup on universal newborn hearing screening and for full reporting on national EHDI goals.

Audience

State EHDI coordinators
Information systems developers interested in state-based EHDI tracking system
Facilities providing hearing screening, diagnosis, intervention, or research related to state or national EHDI programs

Outline	Possible Record Type
Information about facilities (places) and programs	Facility Record
Information about BIRTHING HOSPITAL OR FACILITY	
Information about HEARING TESTING / EVALUATION CLINIC OR FACILITY	
Information about HEARING LOSS FOLLOW-UP FACILITY	
Information about HEARING LOSS FOLLOW-UP PROGRAM	
Information about GENETIC TESTING LABORATORY	
Information about providers	Provider Record
Information about PERSON CONDUCTING HEARING SCREENING (SCREENER)	
Information about AUDIOLOGIST	
Information about PHYSICIAN	
Information about GENETIC COUNSELOR	
Information about CASE MANAGER FOR CHILD WITH HEARING LOSS	
Information about HEARING LOSS INTERVENTION SPECIALIST	
Information about child and family	
Information about FAMILY (mother, father, relative, caregiver)	Family Record
Basic information about CHILD	Child Record
Information about CHILD'S RISK FACTORS	Child Record
Information about events	Child Record
Information about child's BIRTH HOSPITALIZATION	
Information about each SCREENING (FIRST OR RE-SCREEN) TESTS performed on child	
Information about each DIAGNOSTIC HEARING EVALUATION performed on child	
Information about EARLY INTERVENTION SERVICES received by each child with HEARING LOSS	
Information about MEDICAL EVALUATION AND MEDICAL INTERVENTION received by each child with HEARING LOSS	
Information about GENETIC TESTING of each child with HEARING LOSS and GENETIC COUNSELING for families	
Information about SPEECH AND LANGUAGE DEVELOPMENT of each CHILD with HEARING LOSS	
Information about hearing screening and follow-up status of child	Program Reports

Types of COMMUNICATIONS TO PARENTS AND PROVIDERS
Summary report of STATUS of SCREENING, EVALUATION, HEARING LOSS and INTERVENTION of child

Abbreviations

Data Need categories:

M=Minimum data item--data item recommended for all state data systems and required to report fully on national EHDI goals.

Other Abbreviations:

DSHPSHWA=Directors of Speech and Hearing Programs in State Health and Welfare Agencies
ICD=International Classification of Diseases; codes used to designate diagnoses, conditions of newborn, causes of death, etc.B314
JCIH=Joint Committee on Infant Hearing
UNHS=Univeral Newborn Hearing Screening

Information about BIRTHING HOSPITAL OR FACILITY					
Data Need Category #	New	Data item description	Categories or codes	Notes	Measure Component
1	M	Hospital or birthing facility (unique identifier).			EHDI 1.1; DSHPSHWA 10, 11, 13
8	M	Number of newborns screened		Provided to national or out-of-state databases without hospital identifier.	
9	M	Newborn hearing screening status	Universal / High risk infants only / Some / None	Provided to national or out-of-state databases without hospital identifier. All GA hospitals provide universal newborn hearing screening.	
10	M	Number of families that refuse screening		Provided to national or out-of-state databases without hospital identifier.	
15	M	Are alternate forms of educational materials available?	Availability for languages where 5% or more of population represented	All hospitals in Georgia have access to materials in the four most frequently spoken languages from the UNHS program; availability of materials is unknown.	EHDI 1.2

Information about HEARING TESTING / EVALUATION CLINIC OR FACILITY					
Data Need Category #	New	Data item description	Categories or codes	Notes	Measure Component

Information about HEARING LOSS FOLLOW-UP FACILITY					
Data Need Category #	New	Data item description	Categories or codes	Notes	Measure Component
				GA will not collect this information.	

Information about HEARING LOSS FOLLOW-UP PROGRAM					
Data Need Category #	New	Data item description	Categories or codes	Notes	Measure Component

Information about GENETIC TESTING LABORATORY

Minimum

Data Need Category #	New	Data item description	Categories or codes	Notes	Measure Component
		Information about PERSON CONDUCTING HEARING SCREENING (SCREENER)			
		Information about AUDIOLOGIST			
91	M	Does audiologist have and follow state protocols?	Yes/No	Should this and education and training be at the individual record level or maintained elsewhere in aggregate form? GA will determine this from the information collected from each diagnosis.	EHDI 2.3
		Information about PHYSICIAN			
96	M	Physician's primary board-certified specialty	Pediatrician / Family Practice / ENT / Eye / Pediatric neurologist / Plastic Surgery / Surgery / Other		EHDI 3.1
99	M	This physician represents child's Medical Home		This record must link with child's record for physician who represents medical home.	
		Information about GENETIC COUNSELOR			
		Information about CASE MANAGER FOR CHILD WITH HEARING LOSS		GA is not collecting this information, although districts may collect it through BCW or C1st.	
		Information about HEARING LOSS INTERVENTION SPECIALIST			
		Information about FAMILY (mother, father, relative, caregiver)			

#	New	Data item description	Categories or codes	Notes	Component
138	M	Child (unique identifier)			
		MOTHER INFORMATION			
143	M	Mother's date of birth			EHDI 1.3
144	M	Mother's ethnicity	Hispanic/Latino or not Hispanic		EHDI 1.3
145	M	Mothers race	American Indian or Alask Native/ Asian/ Black or African American; Native Hawaiian or Other Pacific Islander; White		EHDI 1.3
146	M	Mother's education			EHDI 1.3
147	M	Mother's language			
		FATHER INFORMATION			
		GUARDIAN INFORMATION			
		CONTACT INFORMATION			

Basic Information about CHILD

Data Need Category #	New	Data item description	Categories or codes	Notes	Measure Component
138	M	Child (unique identifier)			
205	M	Sex	Male / Female		
206	M	Ethnicity	Hispanic/Latino or not Hispanic		EHDI 1.3
207	M	Race	American Indian or Alask Native/ Asian/ Black or African American; Native Hawaiian or Other Pacific Islander; White		EHDI 1.3
208	M	Mother (identifier)			
211	M	Date of birth (birth certificate)			EHDI 6.5; DSHPSHWA 3

Information about CHILD'S RISK FACTORS

Data Need Category #	New	Data item description	Categories or codes	Notes	Measure Component
138	M	Child (unique identifier)			EHDI 6.6
213	M	Family history of childhood sensorineural (permanent) hearing loss?		Wording deleted: Family history of permanent childhood hearing loss?	EHDI 6.6, JCIH-1c, JCIH-2b.
214	M	In-utero (congenital) infections?	Yes/No	Is this general item needed?	EHDI 6.6
215	M	In-utero (congenital) infection: Cytomegalovirus?	Yes/No	ICD?	EHDI 6.6, JCIH-1e, JCIH-2e.
216	M	In-utero (congenital) infection: Rubella?	Yes/No	ICD?	EHDI 6.6, JCIH-1e, JCIH-2e.
217	M	In-utero (congenital) Infection: Syphilis (although not specifically mentioned?	Yes/No	ICD?	EHDI 6.6, JCIH-1e, JCIH-2e.
218	M	In-utero (congenital) infection: Herpes?	Yes/No	ICD?	EHDI 6.6, JCIH-1e, JCIH-2e.
219	M	In-utero (congenital) infection: Toxoplasmosis?	Yes/No	ICD?	EHDI 6.6, JCIH-1e, JCIH-2e.
220	M	In-utero (congenital) Infection: Other?	Yes/No	(specify) ICD?	EHDI 6.6, JCIH-1e, JCIH-2e.
224	M	Craniofacial anomalies, including those with morphological abnormalities of the pinna and ear canal. (JCIH-1d)		This and next risk were re-done to fit updated JCIH Risk Indicators	EHDI 6.6

227	M	Findings associated with a syndrome known to include hearing loss ?	Trisomy 21 / Pierre Robin syndrome / choanal atresia / Rubinstein-Taybi syndrome / Stickler syndrome / oculo-auriculo-vertebral (OAV) spectrum (Goldenbar syndrome) / Other (specify)		EHDI 6.6, JCIH-1b.
228	M	Admitted to NICU?	Y/N		EHDI 6.6, JCIH-1a.
229	M	Days in NICU	Number of days	48 hours or more is a risk factor. Some data systems may collect risk factors (48 hours or more and more than 28 days) rather than number of days. Number of days was selected to allow for research-based changes in risk factor identification.	EHDI 6.6, JCIH-1a.
238	M	Neonatal indicators: persistent pulmonary hypertension associated with mechanical ventilation	Yes/No		JCIH-2f.
241	M	Parent or caregiver concern regarding hearing, speech, language, developmental delay or other?	Yes/No		JCIH-2a.
242	M	Stigmata or other findings with SNHL or conductive HL or Eustachian tube dysfunction?	(specify)		JCIH-2c.
243	M	Postnatal infection: Bacterial meningitis?	Yes/No	ICD?	JCIH-2d.
244	M	Postnatal infection associated with hearing loss: other?	(specify)	ICD?	JCIH-2d.
245	M	Syndromes associated with progressive hearing loss	Neurofibromatosis / Osteopetrosis / Usher Syndrome / Other (specify)	ICD?	JCIH-2g.
246	M	Neurodegenerative disorders or sensory motor neuropathies	Hunter Syndrome ? Friedreich's Ataxia / Charcot-Marie-Tooth Syndrome / Other (specify)	ICD?	JCIH-2h.
247	M	Head trauma?	Yes/No	ICD?	JCIH-2i.
248	M	Recurrent or persistent otitis media with effusion (OME) for at least 3 months?	Yes/No		JCIH-2j.

Information about child's BIRTH HOSPITALIZATION

Data Need Category #	New	Data item description	Categories or codes	Notes	Measure Component
138	M	Child (identifier)			
1	M	Hospital or birthing facility (identifier)			EHDI 1.1; DSHPSHWA 10, 11, 13
259	M	Date of birth (hospital record)			EHDI 1.1; DSHPSHWA 4 thru 9a
271	M	Discharge date			EHDI 1.1; DSHPSHWA 4a, 4b
273	M	Insurance / payment type for birth hospitalization	Medicaid / Medicaid-HMO / Private insurance / Private HMO / Self-Pay	Not available on GA birth cert.	EHDI 1.3

Information about each SCREENING (FIRST OR RE-SCREEN) TEST performed on child

Retain screening history (e.g., retain each screening as a separate record).

Data Need Category #	New	Data item description	Categories or codes	Notes	Measure Component
282	M	Date of test			EHDI 6.5; DSHPSHWA 4a, 4b, 5
138	M	Child tested (identifier)			

286	M	Facility (identifier)			EHDI 1.1
		Risk factors for hearing loss		See section on risk factors.	
289	M	Right ear: Equipment type (e.g. DPOAE, TEOAE, ABR)	OAE / ABR or more detailed codes?	Should we ask if TEOAE / DPOAE / AABR / Other?	EHDI 6.6
291	M	Right ear: Test completed successfully?	Yes/No		EHDI 6.9; DSHPSHWA 4, 4a, 4b, 5
292	M	Right ear: Test completion code	(Completed) / Could not test / Invalid / Missed / Refused / Transferred / Scheduled / Broken appointment / Deceased / Follow-up discontinued		EHDI 1.1, 6.5, 6.9
293	M	Right ear: Test results (e.g. pass/refer)	Pass / Refer / NA	Pass / Refer / Not tested	EHDI 6.9; DSHPSHWA 5, 7a, 13
294	M	Left ear: Equipment type (e.g. DPOAE, TEOAE, ABR)	OAE / ABR or more detailed codes?	Should we ask if TEOAE / DPOAE / AABR / Other?	EHDI 6.6
296	M	Left ear: Test completed successfully?	Yes/No		EHDI 6.9; DSHPSHWA 4, 4a, 4b, 5
297	M	Left ear: Test completion code	Same as Right ear		EHDI 1.1, 6.5, 6.9
298	M	Left ear: Test results (e.g. pass/refer)	Pass / Refer / NA	Pass / Refer / Not tested	EHDI 6.9; DSHPSHWA 5, 7a, 13
299	M	Disposition (eg re-screen, refer for evaluation)			EHDI 6.9; DSHPSHWA 5, 11

Information about each DIAGNOSTIC HEARING EVALUATION performed on child

#	Data Need Category New	Data item description	Categories or codes	Notes	Measure Component
308	M	Date of evaluation			EHDI 6.10; DSHPSHWA 6, 6a, 8
138	M	Child tested (unique identifier)			EHDI 6.10; DSHPSHWA 6, 6a, 8
335	M	Right ear: Evaluation completion code	(Completed) / Broken appointment / Could not test / Deceased / Invalid / Lost / Missed / No response / Refused / Scheduled / Transferred	Removed "did not do"	EHDI 6.10; DSHPSHWA 6, 6a
345	M	Right ear: Diagnosis: Hearing loss?	PCHL?		EHDI 6.13; DSHPSHWA 7, 7a, 9, 15
346	M	Right ear: Diagnosis: Degree of hearing loss	Mild (<=40db) / Moderate (41-60db)/ Severe (61-80db) / Profound (>80db)		DSHPSHWA 15
347	M	Right ear: Diagnosis: Type of hearing loss	Fluctuating conductive / Permanent conductive / Sensorineural / Mixed / Unspecified		DSHPSHWA 15
354	M	Left ear: Evaluation completion code	(Completed) / Broken appointment / Could not test / Deceased / Invalid / Lost / Missed / No response / Refused / Scheduled / Transferred	Removed "did not do" GA will not collect this information.	EHDI 6.10; DSHPSHWA 6, 6a
364	M	Left ear: Diagnosis: Hearing loss?	PCHL?		EHDI 6.13; DSHPSHWA 7, 7a, 9, 15
365	M	Left ear: Diagnosis: Degree of hearing loss	Mild (<=40db) / Moderate (41-60db)/ Severe (61-80db) / Profound (>80db)		DSHPSHWA 15

366	M	Left ear: Diagnosis: Type of hearing loss	Fluctuating conductive / Permanent conductive / Sensorineural / Mixed / Unspecified		DSHPSHWA 15

Information about EARLY INTERVENTION SERVICES received by each child with HEARING LOSS

Data Need Category #	New	Data item description	Categories or codes	Notes	Measure Component
138	M	Child (identifier)			
390	M	Intervention service start date			DSHPSHWA 9, 9a
392	M	Individualized family service plan (IFSP) for child?			EHDI 6.13

Information about MEDICAL EVALUATION AND MEDICAL INTERVENTION received by each child with HEARING LOSS

Data Need Category #	New	Data item description	Categories or codes	Notes	Measure Component
138	M	Child (identifier)			

Information about GENETIC TESTING of each child with HEARING LOSS and GENETIC COUNSELING for families

Data Need Category #	New	Data item description	Categories or codes	Notes	Measure Component
138	M	Child (identifier)			

Information about SPEECH AND LANGUAGE DEVELOPMENT of each CHILD with HEARING LOSS

Data Need Category #	New	Data item description	Categories or codes	Notes	Measure Component
138	M	Child (identifier)			
		(NEED TO ADD MEASURES OF SPEECH AND LANGUAGE)			

GA - Speech and Language Development are not planned for collection in near future.

Types of COMMUNICATIONS TO PARENTS AND PROVIDERS

Data Need Category #	New	Data item description	Categories or codes	Notes	Measure Component
138	M	Child (identifier)			

Summary report of STATUS of SCREENING, EVALUATION, HEARING LOSS and INTERVENTION of child

Data Need Category #	New	Data item description	Categories or codes	Notes	Measure Component
138	M	Child (identifier)			
139		Child's mother (identifier)			

156		Child's father (identifier)		
170		Child's guardian (identifier)		
279		Living with (identifier)		*THE ONLY PREVIOUS QUESTION LIKE THIS IS FROM BIRTH HOSPITALIZATION - does not have id code
122		Case manager (identifier)		
92		Child's medical doctor (identifier)		Should the medical home provider be identified here?
99	M	This physician represents child's Medical Home		This record must link with the child's record for the physician who represents the medical home.
282		Initial hearing screening (date, OAE/ABR, L/R ears, results)	*SEE ORIGINAL DESCRIPTION	
282		Rescreen hearing screening (date, OAE/ABR, L/R ears, results)	*SEE ORIGINAL DESCRIPTION	
339		Diagnostic ABR (most recent date, L/R ears, results)		
330		Behavioral assessment (most recent date, L/R ears, results)		*Date is date of each exam, L/R ear information is separate, results are separate

Summary report of STATUS of SCREENING, EVALUATION, HEARING LOSS and INTERVENTION of child

Data #	Need Category New	Data item description	Categories or codes	Notes	Measure Component
308	345/ 364	Hearing loss confirmed? (date)	Yes / No		
367	347/ 366, 346/ 365, 367	Type and degree of hearing loss (L/R ears, sound field)			
313	C	Is tester an Audiologist ?	Yes/No		
314	E	Person performing evaluation (identifier)		Change "person " to tester or audiologist	
470	[redacted]	Amplification type	Monoaural / Biaural / Unknown	**THIS INFORMATION DOES NOT APPEAR ANYWHERE ELSE IN THIS FORMAT; See items 414 and 415.	
388		Date of hearing aid fitting			
471		Child's age (months) at time of hearing aid fitting	**CALCULATE, USING BIRTH DATE AND DATE OF FITTING-400		
472	[redacted]	Referral for tracking assistance		DID NOT FIND THIS / WHERE ELSE	
367		Case referred to early intervention			
376		EI Caseworker		Is this the same as the EI Provider?	
390		Early interventions (type and dates)	Amplification / Audiology / Child-child group / Home visits / Medical / Nursing / Parent-infant group / Parent-parent group / Parent-toddler group / Parent education / Service coordination / Speech or language	Need to specify what information is required.	
473		Hearing assessment audiologist's recommendations	Diagnostic ABR / Behavioral / Medical follow-up / Risk monitoring / Locate or lost / Follow-up discontinued		
474		Recommendation date			

Minimum

475 Action Due date
(PARENT EDUCATION)
(MEDICAL EVALUATION AND INTERVENTIONS)
(GENETIC TESTING AND COUNSELING)
(EARLY INTERVENTIONS)
(SPEECH AND LANGUAGE DEVELOPMENT)

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

75TH ANNIVERSARY 1925-2000

Model Early Hearing Detection and Intervention Bill

Draft Revision – 2/1/02

American Speech-Language-Hearing Association
Contact: Charles C. Diggs, Ph.D.
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Cdiggs@asha.org or 301-897-0151

American Speech-Language-Hearing Association
Contact: Charles C. Diggs, Ph.D.
Director, State & Consumer Advocacy
Cdiggs@asha.org or 301-897-0151

Draft Revision – 2/1/02
Model Early Hearing Detection and Intervention Bill

The original model bill (Model Universal Newborn/Infant Hearing Screening, Tracking, and Intervention Bill) was prepared in 1999 with input from the American Speech-Language-Hearing Association, the American Academy of Audiology, and the Alexander Graham Bell Association for the Deaf, Inc.

Contents

An Act establishing a statewide Early Hearing Detection and Intervention program; establishing an advisory board; and for other purposes:

Be it enacted by the senate and general assembly of the State of _____:

Section 1. Short Title

This Act shall be known as the Early Hearing Detection and Intervention Act.

Section 2. Legislative Findings and Purposes

(A) Findings. The General Assembly finds as follows:

1. Hearing Loss occurs in newborns more frequently than any other health condition for which newborn screening is currently required;

2. Early detection of hearing loss in a child and early intervention and treatment before six months of age has been demonstrated to be highly effective in facilitating a child's healthy development in a manner consistent with the child's age and cognitive ability;

3. Eighty percent (80%) of a child's ability to learn speech, language and related cognitive skills is established by the time the child is thirty-six months of age, and hearing is vitally important to the healthy development of such language skills;

4. Children of all ages can receive reliable and valid screening for hearing loss in a cost-effective manner;

5. Appropriate screening and identification of newborns and Infants with hearing loss will facilitate early intervention and treatment in the critical time period for language development, and may therefore serve the public purposes of promoting the healthy development of children, and reducing public expenditure for health care and special education, and related services;

(B) Purposes. The purpose of this legislation is:

1. To provide early detection of hearing loss in newborn children at the birthing facility or as soon after birth as possible, to enable these children and their families/ care-givers to obtain needed multi-disciplinary evaluation, treatment, and intervention services at the earliest opportunity; and to prevent or mitigate the developmental delays and academic failures associated with late identification of hearing loss; and

2. To provide the State with the information necessary to effectively plan, establish, and evaluate a comprehensive system of appropriate services for newborns and Infants who have a hearing loss or are deaf.

Section 3. Definitions

(A) The following terms used in this ACT shall have the meanings ascribed to them in this section unless expressly indicated otherwise:
"Birth Admission" means the time after birth that the Newborn remains in the hospital nursery prior to discharge.
"Board" means the State Early Hearing Detection and Intervention Advisory Board.
"Department" means the State Department of Health.
"Health Insurance Policy" means any group health insurance policy, contract, plan or any individual policy, contract or plan with dependent coverage for children, which provides medical coverage on an expense-incurred service or prepaidbasis. The term includes all of the following:

1. A health insurance policy or contract issued by a nonprofit corporation or fraternal benefit society.

2. A health service plan operating as a Health Maintenance Organization, a Preferred Provider Organization, an Exclusive Provider Organization, or other managed care plan, as these terms may be defined in State law;

3. An employee welfare benefit plan as defined in section 3 of the Employee Retirement Income Security Act of 1974 (Public Law 93-406, 88 Stat. 829).

"Hearing Loss" means a hearing loss of 30 dB HL or greater in the frequency region important for speech recognition and comprehension in one or both ears (approximately 500 through 4000 Hz). However, as technology allows for changes to this definition to allow for the detection of less severe hearing loss, the Board shall have the authority to modify it by rule.
"Infant(s)" means a child 30 days to 24 months old.
"Intervention and/or Follow-up Care" means the early intervention services described in Part C of the Individuals with Disabilities Education Act (IDEA) as amended.
"Medical Assistance Program" means the State administered Medicaid program.
"Newborn(s)" means a child up to 29 days old.
"Parent(s)" means a natural parent(s), stepparent(s), adoptive parent(s), legal guardian(s) or other legal custodian of a child.
"Program" means the Early Hearing Detection and Intervention Program.
"Secretary" (Commissioner) means the Secretary (or Commissioner) of Health of this State.

Section 4. Early Hearing Detection and Intervention Advisory Board

(A.) There is established the Early Hearing Detection and Intervention Advisory Board under the jurisdiction of the Department.

Section 5. Duties and Powers of the Board

(A.) The Board shall advise the Secretary on issues relating to the newborn hearing screening test, diagnostic hearing evaluation, intervention, treatment, and follow-up care of newborn and infant children with a hearing loss. The Board shall act by majority vote, and as required by this State's Administrative Procedures Act. The Board shall have the authority to adopt rules to implement this Act.

(B) By December 31, 200_, newborn hearing screening must be conducted on no fewer than eighty-five percent (85%) of the newborns born in hospitals in this State during birth admission, using objective procedures

recommended by the Board or their equivalent. Where a newborn is delivered in a facility other than a hospital, the parents must be instructed on the merits of having the hearing screening performed and be given information to assist them in having it performed within three months of the date of the child's birth.

(C) On or after January 1, 200_, every hospital in this State shall educate the parents of newborns born in such hospitals of the importance of screening the hearing of newborns, and of receiving follow-up care. This educational information shall explain, in lay terms, the process of hearing screening, the likelihood of their child having a hearing loss, follow-up procedures, and community resources. The educational information also shall include a description of the normal auditory, speech, and language developmental process in children. Education shall not be considered a substitute for the hearing screening. The Board shall determine the appropriate screening venue(s) for infants who are born in facilities other than hospitals.

(D) Every hospital shall report annually to the Board concerning the following:

1. The number of newborns born in the hospital;
2. The number of newborns screened on birth admission;
3. The number of newborns who passed the birth admission screening;
4. The number of newborns who did not pass the birth admission screening;
5. The number of newborns recommended for follow-up rescreening, diagnostic audiologic evaluation, or monitoring;
6. The number of newborns and infants who return for follow-up rescreening, diagnostic audiologic evaluation, or monitoring;
7. The number of newborns and infants who pass and did not pass the follow-up rescreening or diagnostic audiologic evaluation; and
8. The number of infants referred for early intervention.

(E) The Board shall determine which hospitals or other health care institutions in this State are administering hearing screening to newborns and infants on a voluntary basis and the number of newborns and infants screened. The Board shall report to the General Assembly by December 1, 200_, the following:

1. The number of hospitals and other health care institutions administering voluntary screenings during birth admission;
2. The number of newborns screened as compared to the total number of newborns born in such hospitals and institutions;
3. The number of newborns who passed the birth admission screening;
4. The number of newborns who did not pass the birth admission screening;
5. The number of newborns recommended for follow-up care.

(F) The Board shall meet as often as necessary to collect the information necessary and report to the General Assembly by December 1, 200_, and annually thereafter. In addition, the Board shall develop and make recommendations in a sufficiently timely manner to allow for statewide early hearing detection and intervention programs by January 1, 200_.

(G) Subject to available appropriations, the Board shall make the report described in paragraphs E and F of this section available throughout the State, and specifically available to physicians whose practice includes the practice of obstetrics, neonatology, or the care of newborns and Infants, to consumer groups, to managed care organizations, other third party payers, and to the media.

(H) If the number of newborns and Infants screened does not equal or exceed eighty-five percent (85%) of the total number of Newborns born in this State on or before December 31, 200_, or falls below eighty-five percent (85%) at any time thereafter, the Department shall administer the screening of newborns and Infants pursuant to this Act, and shall be reimbursed for such screenings from health insurance policies as defined herein. Notwithstanding the aforementioned, it shall be the goal of this State to achieve a one hundred percent (100%) screening rate.

(I) The Department shall provide administrative support services required by the Board. The members of the Board shall receive no compensation for their services as members, but may receive reimbursement for travel expenses incurred as a result of their duties as members of the Board.

Section 6. Composition of the Board

(A) The board shall be composed of an odd numbered membership of at least eleven members, appointed by the governor, from the following professions or organizations:

Health Professionals	**Public Members**	**Health Care Systems/ Government**
Audiologist	An adult who is deaf or hard of hearing, representing consumer organizations of deaf and hard of hearing persons	A Representative of the Health Insurance Industry
Speech-language Pathologist	Parents of children with Hearing Loss	The Secretary of Health and/or Insurance
Pediatrician/ Neonatologist	Teacher of children with Hearing Loss	A Representative from the designated

Health Professionals	Public Members	Health Care Systems/ Government
		government agency responsible for IDEA Part C.
Otolaryngologist		
Family Medical Practitioner (family doctor)		
Neonatal Nurse		

Section 7. Universal Newborn Hearing Screening Program

(A) In the event that eighty-five percent (85%) of Newborns and Infants born in this State are not being screened by December 31, 200_, or if at any time after that date the number of screenings drops below eighty five percent (85%) of all newborns and infants born in this State, then the Department shall immediately implement a program to provide the following:

1. A hearing screening test that every Newborn child shall undergo for identification of newborn child Hearing Loss. A person properly trained and supervised by a State-licensed audiologist may perform the hearing screening test.
2. The hearing screening test should be completed before discharge from a newborn nursery unit, but no later than three months after birth. The test shall include the use of at least one of the following physiologic technologies: automated or diagnostic auditory brainstem response (ABR) or otoacoustic emissions (OAE). New physiologic technologies or improvements to existing physiologic technologies that substantially enhance newborn hearing assessment should be incorporated into this program as the Board finds appropriate.

Section 8. Intervention and Tracking Program

(A) The Board shall establish guidelines for the provision of follow-up services for newborn children in this State who have or are at risk of developing a hearing loss and are so identified. These services shall include, but are not limited to, confirmatory pediatric audiologic assessment and diagnosis of newborns with abnormal or inconclusive test results, counseling and educational services for the parent(s), and an explanation of the potential effects of the identified hearing loss on the development of the newborn's speech, language, and cognitive skills as well as the potential benefits of early identification and intervention.

(B) The General Assembly recognizes that it is necessary to track children identified with a hearing loss for a period of time in order to render appropriate follow-up care. Consequently, the Board is hereby authorized and directed to study and recommend to the Secretary, on or before December 31, 200_, the preferred methods currently available to track newborns identified with a hearing loss. From the choice(s) provided by the Board, the Secretary shall then determine the most appropriate system for this State, and implement the Board's recommendation on or before December 31, 200_. It is the purpose of this subsection to facilitate the reporting of newborns and Infants who may have or are at risk of developing a hearing loss. The reporting requirements shall be designed to be as simple as possible and easily completed by nonprofessional persons when necessary. It is the intent of the General Assembly that the tracking system, at a minimum, does the following:

1. Provide the Board, Department, and General Assembly with the information necessary to effectively plan and establish a comprehensive system of developmentally appropriate services for newborns and Infants who are deaf or hard of hearing;
2. Reduce the likelihood of associated disabling conditions for such children; and
3. Develop the tracking system contemplated by this section in conjunction with other similar national systems, such as the system required by Part C of the IDEA.

(C) Once the tracking system is operational, all hospitals in the State and other providers of services that have established hearing screening procedures for newborns and infants and ages birth through three years shall report the existence of newborns and Infants who fail to pass hearing screening procedures.

(D) The information compiled and maintained in the tracking system shall be kept confidential in accordance with the applicable requirements and provisions of Part C of IDEA. Parents of all registrants will be provided information on the availability of resources and services in the State for children with hearing loss, including those provided in accordance with IDEA through the Statewide tracking system created by this Act.

(E) Data obtained by the establishment of the tracking system that is taken directly from the medical records of a patient is for the confidential use of the Department and the persons or public or private entities that the Department determines are necessary to carry out the intent of the tracking system. The data is privileged and may not be divulged or made public in a manner that discloses the identity of an individual whose medical records have been used for obtaining data for the registry.

Notwithstanding the above, anonymous statistical information collected under this section is public information.

1. This tracking system should be integrated with any national database or similar system developed by the federal government.

(F) The following persons who act in compliance with this section are not civilly or criminally liable for furnishing information required by this section: a hospital, clinical laboratory or other health care facility, an audiologist, an administrator, officer or employee of a hospital or other health care facility, and a physician or employee of a physician.

Section 9. Insurance Coverage

(A.) All health plans that are delivered, issued for delivery, renewed, extended or modified in the state, without regard to whether the issuer of the health benefit plan is located within or outside this state, must provide coverage for newborn hearing screening, necessary rescreening, audiological assessment and followup, and initial amplification or auditory programming. This section shall not apply to supplemental policies which only provide coverage for specific diseases, hospital indemnity, medicare supplement or other supplemental policies.

(B.) Benefits for newborn hearing screening, necessary rescreening, audiological assessment and followup and initial amplification or auditory programming shall be subject to copayment and coinsurance provisions of a health insurance policy to the extent that other medical services covered by the health insurance plan are subject to such provisions. However, benefits shall be exempt from deductible or dollar limit provisions in the health insurance policy and such exemption must be explicitly provided for in the policy.

(C.) Coverage for newborn hearing screening, necessary rescreening, audiolological assessment and followup and initial amplification or auditory programming shall be provided to newborns eligible for medical assistance and the Child'ens Health Insurance Plan. In the absence of a third-party payor, all charges shall be paid by the state.

(D.) All health insurance policies and health maintenance organizations shall compensate providers for the covered benefit supplemental to any previously contracted rate for services.

Section 10. Medical Assistance

(A.) The agency responsible for the administration of this State's Medicaid program shall pay for the newborn/ Infant child hearing screening test, if the child is eligible for medical assistance as determined by State and federal law.

(B.) The Governor shall ensure that any contract for the provision of medical assistance negotiated with a managed care organization as authorized by State law, shall include payment for newborn/ infant hearing screening testing and necessary audiologic follow-up care.

Section 11. Miscellaneous Provisions

(A.) No test is to be performed if the parent of a newborn dissents on the ground that the test conflicts with a personal religious belief or practice.

(B.) The Secretary shall promulgate regulations as may be necessary to implement the provisions under Sections 4 through 11.

(C.) The Insurance Commissioner shall promulgate regulations necessary to implement the provisions under section 9.

Section 12. Appropriation

(A.) The General Assembly shall make any necessary appropriations to carry out the purposes of this Act.

Section 13. Effective Date

(A.) This Act shall take effect on January 1, 200_.

Policy Reference Guide **Model Bill**

Universal Newborn and Infant Hearing Screening Act

A BILL TO REQUIRE THE PROVISION OF AND COVERAGE AND REIMBURSEMENT FOR NEWBORN AND INFANT HEARING SCREENING

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF _____:

Section 1. Short title. This Act shall be known and may be cited as the "Universal Newborn and Infant Hearing Screening Act".

Section 2. Legislative findings and purpose.

(a) The legislature hereby finds and declares that:

(1) Significant hearing loss is one of the most common major abnormalities present at birth and, if undetected, will impede the child's speech, language, and cognitive development.
(2) Screening by high-risk characteristics alone (e.g., family history of deafness) only identifies approximately 50% of newborns with significant hearing loss.
(3) Reliance solely on physician and/or parental observation fails to identify many cases of significant hearing loss in newborns and infants.
(4) There is evidence that children with hearing loss who are identified at birth and receive intervention services shortly thereafter, have significantly better learning capacity than children who are identified with hearing loss later than six months after birth.
(5) Legislation is needed to provide for the early detection of hearing loss in newborns and infants and to prevent or mitigate the developmental delays associated with late identification of hearing loss.

Section 3. Definitions.
(a) "Child" means a person up to 21 years of age.
(b) "False positive rate" means the proportion of infants identified as having a significant hearing loss by the screening process who are ultimately found to not have a significant hearing loss.
(c) "False negative rate" means the proportion of infants not identified as having a significant hearing loss by the screening process who are ultimately found to have a significant hearing loss.
(d) "Health Care Insurer" means any entity regulated by the Insurance Commissioner, including, but not limited to, health care insurers; health, hospital or medical service plan corporations; or health maintenance organizations. Health care insurer does not inc ude self-insured plans or groups regulated by the Employment Retirement Income Security Act of 1974 ("ERISA"), to the extent that state regulation of such plans is preempted by ERISA.
(e) "Health Insurance Policy" means any health insurance policy, contract, plan, or evidence of coverage issued by a health care insurer, which provides medical coverage on an expense incurred, service or

prepaid basis.
(f) "Hearing screening test" means automated auditory brain stem response, otoacoustic emissions, or another appropriate screening test approved by the state Department of Health.
(g) "Hospital" means a health care facility or birthing center licensed in this state that provides obstetrical services.
(h) "Infant" means a child who is not a newborn and has not attained the age of one year.
(i) "Newborn" means a child up to 28 days old.
(j) "Parent" means a natural parent, stepparent, adoptive parents, guardian, or custodian of a newborn or infant.
(k) "Significant hearing loss" means a hearing loss equivalent to or greater than a 35-decibel hearing loss (35-dB HL) in the better ear.

Section 4. Newborn and Infant Hearing Screening Programs.
(a) As a condition of its licensure, each hospital shall establish a Universal Newborn Hearing Screening (UNHS) program. Each UNHS program shall:

(1) In advance of any hearing screening testing, provide to the newborn's or infant's parent (s) information concerning the nature of the screening procedure, applicable costs of the screening procedure (including information concerning insurance coverage and copayment obligations), the potential risk and effects of hearing loss, and the benefits of early detection and intervention.
(2) Consistent with informed consent obtained from the parent(s) pursuant to subsection (a) (1), provide a hearing screening test for every newborn born in the hospital, for identification of hearing loss, regardless of whether or not the newborn has known risk factors suggesting hearing loss.
(3) Develop screening protocols and select screening method(s) designed to detect newborns and infants with a significant hearing loss.
(4) Provide for appropriate training and monitoring of the performance of individuals responsible for performing hearing screening tests shall be trained properly in:

(a) the performance of the tests,
(b) the risks of the tests, including psychological stress for the parent(s),
(c) infection control practices, and
(d) the general care and handling of newborns and infants in hospital settings.
(5) Perform the hearing testing prior to the newborn's discharge; if the newborn is expected to remain in the hospital for a prolonged period, testing shall be performed prior to the date on which he or she attains the age of three months.

(6) Develop and implement procedures for documenting the results of all hearing screening tests.
(7) Inform the newborn's or infant's parents and primary care physician of the results of the hearing screening test, or if the newborn or infant was not successfully tested. Whenever possible, such notification shall occur prior to discharge; if this is not possible, notification shall occur no later than ten days following the date of testing. Notification shall include information regarding appropriate follow-up for a screening failure or a missed screening, and referral information for confirmatory testing. If a hearing screening test indicates the possibility of a significant hearing loss, the hospital shall ensure that the physician or other person attending the newborn or infant is made aware of the community resources available for confirmatory testing and process of referral to early intervention services.
(8) Collect performance data specified by the state Department of Health to ensure that each UNHS program is in compliance with this section, including the number of infants born, the

proportion of all infants screened, the referral rate, the follow-up rate, the false-positive rate, and the false-negative rate.

(a) Testing Performance Standards.

(1) Each UNHS program should have a false-positive rate of 3% or less.
(2) Each UNHS program should have a false-negative rate of 3% or less.

(b) Oversight Responsibility. The state Department of Health shall exercise oversight responsibility for UNHS programs, including establishing a performance data set and reviewing performance data collected pursuant thereto by each hospital.

Section 5. Civil and Criminal Immunity and Penalties.

(a) No physician shall be civilly or criminally liable for failure to conduct hearing screening testing.
(b) No physician or hospital acting in compliance with this Act shall be civilly or criminally liable for any acts taken in conformity herewith, including without limitation furnishing information required to be furnished hereunder.
(c) A hospital that has not established or implemented an UNHS program in accordance with this Act shall be subject to sanction by the Department of Health as provided by law for licensure violations.
(d) A health care insurer that violates section 7(b) shall be subject to a civil money penalty of [up to $25] for each affected insured who has not received the required notice.

Section 6. Confidentiality. The Department of Health and all other persons to whom data is submitted in accordance with this Act shall keep such information confidential. No publication or disclosure of information shall be made except in the form of statistical or other studies which do not identify individuals, except as specifically consented to in writing the by the parent(s) of a tested child.

Section 7. Coverage and Reimbursement.

(a) Any health insurance policy which is delivered, issued for delivery, renewed, extended, or modified in this state by any health care insurer and which provides coverage for a child shall be deemed to provide coverage for hearing loss screening tests of newborns and infants provided by a hospital before discharge.
(b) A health care insurer delivering a health insurance policy regulated under this Act shall provide each insured with notice of the provisions of this Act upon the effective date of coverage and annually thereafter.
(c) The amount of reimbursement for newborn or infant hearing screening provided under such a policy shall be consistent with reimbursement of other medical expenses under the policy, including the imposition of copayment, coinsurance, deductible, or any dollar limit or other cost-sharing provisions otherwise applicable under the policy.

Section 8. Delivery of Policy. If a health insurance policy provides coverage or benefits to a resident of this state, it shall be deemed to be delivered in this state within the meaning of this Act, regardless of whether the health care insurer issuing or delivering said policy is located inside or outside of the state.

Section 9. Applicability. This Act applies to health insurance policies delivered, issued for delivery, renewed, extended or modified, after the effective date of this Act.

Section 10. Effective Date. This act is effective upon passage and approval.

December 2000.

Revised October 2001.

Return to Model Bills

Subject: [Fwd: HB 108 comment]
Date: Tue, 29 Apr 2003 10:38:29 -0800
From: Representative_Peggy Wilson <Rep.Peggy.Wilson@legis.state.ak.us>
Organization: Alaska State Legislature
To: Jean Ellis <Jean_Ellis@legis.state.ak.us>

Subject: HB 108 comment
Date: Tue, 29 Apr 2003 13:15:13 -0500
From: "Angela Watts" <asarw4@uaa.alaska.edu>
To: Representative_Richard_Foster@legis.state.ak.us,
Representative_Max_Gruenberg@legis.state.ak.us,
Representative_Peggy_Wilson@legis.state.ak.us

Dear Representatives:

My name is Angela Watts. I am a junior in the Social Work Department at UAA. I have been following HB 108 for the last few months for Dr. Patrick Cunningham's Policies and Procedures class. I am impressed that this bill is being considered. It is highly important that children who are hearing impaired or deaf have access to language at a very early age. The most important time for language acquisition is within the first year. I have been studying American Sign Language and the Deaf culture as well as working with deaf and hard of hearing children for the last 3 years. The difference between the children that are diagnosed at birth and those who are not is astounding. When a child has no language until he/she is 2 or 3 years old it can cause the child to be angry and socially isolated not only from peers but from family members as well. If this bill passes it will be a giant step forward for deaf or hearing-impaired children in Alaska.

I have one concern about the writing of the bill however. The bill states that teachers of deaf children need to be certified by the Conference of Executives of American Schools of the Deaf. Yet it does not specify what if any training the social workers, doctors, nurses, or other hospital staff will need in order to properly inform the parents about the options that they now have in raising a deaf child. This step is often overlooked to great determent to the child. Doctors inform parents incorrectly about their options such as saying that if a child learns ASL first instead of to speak English first that the child will never know English or be able to communicate through speech or written language. This however is false. If a child is born deaf and acquires his/her native language (ASL in the United States) then the child has a far higher chance of learning to read, write, and possibly speak English as a second language. It is an important part of the language acquisition for a deaf child. I would like to see the bill include a section that states that all persons who inform parents of the hearing ability of their child to be required to take a course or a Continuing Education Credit in deaf culture and the use of American Sign Language.

I appreciate that the three of you are sponsoring this bill and commend you on recognizing the importance of early detection and intervention for the well being of deaf and hard of hearing children.

Thank you for your time,

Angela Watts
asarw4@uaa.alaska.edu

SITE: ANCHORAGE LIO	SUBJECT OF MEETING:
COMMITTEE: HHES	HB 108
DATE: 5-6-03	UPDATE #: 1

PRINT YOUR NAME	ADDRESS (MAILING & ZIP)	REPRESENTING	DO YOU WANT TO TESTIFY? Y or N
Sara Gaar		AK Dual Sensory Impairment Services/Special Ed Services	Y-HB 108
Email address:			
Susan Walker		Parent of Deaf Child	Y-HB 108
Email address:			
Mary Grisco		AK Pediatric Partnership	Y-HB 108
Email address:			
Mary Lavigne		AK Public Health Assoc	Y-HB 108
Email address:			
Amy Simpson		Early Intervention Prog	Y-HB 108
Email address:			
Email address:			

SITE: **FAIRBANKS LIO**	*SUBJECT OF MEETING:*
COMMITTEE: (H)HES	
DATE: 05/06/03	*UPDATE #:* 1

PLEASE SIGN IN

PRINT *YOUR NAME* / Email address:	*ADDRESS (MAILING & ZIP)*	*REPRESENTING*	*DO YOU WANT TO TESTIFY? Y or N*
Email address:			
Lisa Simon		Quota Intl.	**Y HB 108**
Email address:			
Stephany Burch			
Email address:			
Email address:			
Email address:			
Email address:			
Email address:			
Email address:			

Dr Beck

SITE: OFFNETS	SUBJECT OF MEETING:
COMMITTEE:	UPDATE #:
DATE:	

PLEASE SIGN IN

PRINT YOUR NAME	ADDRESS (MAILING & ZIP)	REPRESENTING	DO YOU WANT TO TESTIFY? Y or N
Phillip Hofsteader			HB108-Y
Lisa Owens			HB108-Y
Dr. Martin Beals		AmAcadPed	HB108-Y