

SENATE BILL NO. 451

BY SENATOR KLEINPETER AND REPRESENTATIVE CHASSION

1 AN ACT

2 To amend and reenact the heading of Chapter 30-A of Title 46 of the Louisiana Revised
3 Statutes of 1950 and R.S. 46:2261, 2262, the introductory paragraph of 2262.1,
4 2262.1(4) and (12), and 2263 through 2267, relative to newborn hearing screening;
5 to update terminology and definitions; to provide for the purpose of early hearing
6 detection and intervention; to provide for the membership, terms, and reimbursement
7 for the advisory council; to provide for powers and duties of the advisory council;
8 to update rulemaking authority; and to provide for related matters.

9 Be it enacted by the Legislature of Louisiana:

10 Section 1. The heading of Chapter 30-A of Title 46 of the Louisiana Revised Statutes
11 of 1950 and R.S. 46:2261, 2262, the introductory paragraph of 2262.1, 2262.1(4) and (12),
12 and 2263 through 2267 are hereby amended and reenacted to read as follows:

13 CHAPTER 30-A. IDENTIFICATION OF EARLY HEARING

14 ~~LOSS IN INFANTS LAW~~ DETECTION AND INTERVENTION

15 §2261. Short title

16 This Chapter may be cited as the "~~Identification of Hearing Loss in Infants~~
17 ~~Law~~" "Newborn Hearing Screening Law".

18 §2262. Purpose

19 A. The purpose of the program for early ~~identification of hearing loss is to~~
20 ~~identify deaf or hard of hearing infants at the earliest possible time so that medical~~
21 ~~treatment, early audiological evaluation, selection of amplification, and early~~
22 ~~educational intervention can be provided.~~ hearing detection and intervention is to
23 support the early identification of infants who are d/Deaf, hard of hearing, or
24 present a risk factor for developing hearing loss through screening and
25 audiological evaluation and to ensure that parents and guardians of such infants

1 are provided an opportunity for referral to early intervention and family
2 support services. Early detection and intervention ensures the language and
3 communication needs of children who are d/Deaf or hard of hearing are
4 addressed as early as possible.

5 B. Early hearing detection, ~~educational~~ intervention, and coordinated
6 systems of care ~~early audiological services~~ are required under Section 399M of the
7 Public Health Service Act, 42 U.S.C. 280g-1, as amended by the Early Hearing
8 Detection and Intervention (EHDI) Act of 2010, EHDI Act of 2017, Public Law
9 115-71, EHDI Act of 2022, Public Law 117-241, and the Education of the
10 Handicapped Act, Amendments of 1986, Public Law 99-457.

11 C. Early identification and ~~management of the deaf~~ coordinated support for
12 infants who are d/Deaf or hard of hearing ~~infant are essential if that infant is to~~
13 ~~acquire the vital language and speech skills needed to achieve maximum potential~~
14 ~~educationally, emotionally, and socially.~~ are critical for maximizing opportunities
15 for communicative and linguistic competencies and providing access to literacy,
16 education, and social-emotional development.

17 D. Appropriate Newborn hearing screening and early identification of
18 ~~newborns and infants with hearing loss~~ who are d/Deaf or hard of hearing and
19 subsequent opportunities for referral to early intervention and family support
20 services will therefore serve the public purpose of promoting the healthy
21 development of children and reducing public expenditures for health care, special
22 education, and related services.

23 §2262.1. Bill of Rights

24 In order to ensure that children who are ~~deaf~~ d/Deaf or hard of hearing have
25 the same rights and potential to become independent and self-actualizing as children
26 who are not ~~deaf~~ d/Deaf or hard of hearing, the Deaf d/Deaf and Hard of Hearing
27 Child's Bill of Rights is established so that children who are ~~deaf~~ d/Deaf or hard of
28 hearing are entitled:

29 * * *

30 (4) To adult role models who are ~~deaf~~ d/Deaf or hard of hearing.

* * *

(12) Where appropriate, to have ~~deaf~~ **d/Deaf** and hard of hearing adults directly involved in determining the extent, content, and purpose of all programs that affect their education.

§2263. Definitions

Except where the context clearly indicates otherwise, in this Chapter:

(1) "Advisory council" means the advisory council created pursuant to R.S. 46:2265.

(2) **"Congenital deafness" means the presence of deafness at birth.**

(3) **"Deaf" means a hearing level identified as severe to profound, with some or complete absence of auditory sensitivity, and is most often represented with a lowercase letter "d". The term "Deaf", when written or expressed with an uppercase letter "D", specifically refers to a group of deaf individuals who identify as a cultural and linguistic minority with specific languages, namely visual or tactile methods of communication, and social mores.**

(4) "Department" means the Louisiana Department of Health.

(5) **"Early intervention" means appropriate services for a child who is d/Deaf or hard of hearing, in accordance with the EHDI Act of 2017, including nonmedical services and ensuring that the family of the child is:**

(a) Provided comprehensive, consumer-oriented information about the full range of family support, training, information services, and language acquisition in oral and visual modalities.

(b) Given the opportunity to consider and obtain the full range of such appropriate services, educational and program placements, and other options for the child from highly qualified providers.

(6) **"Hard of hearing" means a hearing level identified as ranging from mild to severe, with some absence of auditory sensitivity.**

(7) **"Hearing screening" means utilizing hearing screening technology to identify infants in need of additional audiological testing to determine hearing status. Procedures may include auditory brainstem response (ABR)**

1 screening, otoacoustic emissions (OAE) screening, and other devices approved
 2 by the office upon recommendation of the advisory council.

3 ~~(3)~~**(8)** "~~Deaf~~ Infant who is d/Deaf or hard of hearing infant" means an infant
 4 who has a disorder of the auditory system of any type or degree, causing hearing loss
 5 sufficient to interfere with the development of language and speech skills: is d/Deaf
 6 or hard of hearing from a congenital or acquired nature, unilateral or bilateral,
 7 of any degree from minimal to profound, and of any type, including a
 8 conductive, sensory, sensorineural, auditory neuropathy dyssynchrony, or
 9 mixed hearing condition.

10 ~~(4)~~**(9)** "Infants susceptible to a hearing disability with risk factors" means
 11 those infants who are susceptible to hearing loss because they have one or more risk
 12 factors for developing delayed onset or progressive permanent childhood
 13 hearing loss.

14 **(10)** "Joint Committee on Infant Hearing" or "JCIH" means a national
 15 group of representatives that work to address issues that are important to the
 16 early identification, intervention, and follow-up care of infants who are d/Deaf
 17 or hard of hearing.

18 **(11)** "Language" means a system of conventional spoken, signed, or
 19 written means by which human beings, as members of a social group and
 20 participants in its culture, express themselves. The functions of language in this
 21 context include communication, identity, connection, cognition, and advocacy.

22 **(12)** "Language systems" means a system of communication approaches
 23 including but not limited to American Sign Language, spoken English, Pidgin
 24 Signed English, Manually Coded English, bimodal bilingualism, total
 25 communication, and cued speech.

26 ~~(5)~~**(13)** "Office" means the office of public health within the department
 27 Louisiana Department of Health.

28 ~~(6)~~**(14)** "Program" means the program that the office of public health
 29 establishes to provide for the early identification and follow-up of infants susceptible
 30 to a hearing disability, of deaf or hard of hearing infants, and of infants who have a

1 risk factor for developing progressive hearing loss: support the early detection of
 2 infants who are d/Deaf or hard of hearing through newborn hearing screening,
 3 outpatient follow-up screening, audiological evaluation, and referral to and
 4 enrollment in early intervention and family support services.

5 (15) "Refer" means the result of newborn hearing screening that
 6 indicates further testing is needed.

7 ~~(7)(16)~~(a) "Risk factors" means those criteria or factors, ~~any one of which~~
 8 identifies an infant as being susceptible to as classified by JCIH which may result
 9 in early, progressive, or delayed onset permanent childhood hearing loss.

10 (b) ~~The risk factors that identify those neonates, infants from birth through~~
 11 ~~the first twenty-eight days, who are susceptible to sensorineural hearing loss~~
 12 Perinatal risk factors, as classified by JCIH guidelines include the following:

13 (i) ~~Family history of congenital or delayed onset childhood sensorineural~~
 14 ~~impairment~~ early, progressive, or delayed onset permanent childhood hearing
 15 loss.

16 (ii) ~~Congenital infection known or suspected to be associated with~~
 17 ~~sensorineural hearing loss such as toxoplasmosis, syphilis, rubella, cytomegalovirus,~~
 18 ~~and herpes~~ Neonatal intensive care of more than five days.

19 (iii) ~~Craniofacial anomalies including morphologic abnormalities of the pinna~~
 20 ~~and ear canal, absent philtrum, low hairline, et cetera~~ Hyperbilirubinemia with
 21 exchange transfusion regardless of length of stay.

22 (iv) ~~Birth weight less than one thousand five hundred grams or less than three~~
 23 ~~and three tenths pounds~~ Aminoglycoside administration for more than five days.

24 (v) ~~Hyperbilirubinemia at a level exceeding indication for exchange~~
 25 ~~transfusion~~ Asphyxia or hypoxic ischemic encephalopathy.

26 (vi) ~~Ototoxic medications, including but not limited to the aminoglycosides~~
 27 ~~used for more than five days, such as gentamicin, tobramycin, kanamycin,~~
 28 ~~streptomycin, and loop diuretics used in combination with aminoglycosides~~
 29 Extracorporeal membrane oxygenation (ECMO).

30 (vii) ~~Bacterial meningitis~~ In utero infections, such as herpes, rubella,

1 syphilis, toxoplasmosis, Zika, and cytomegalovirus (CMV).

2 (viii) Severe depression at birth, which may include infants with Apgar scores
3 of zero to three at five minutes or those who fail to initiate spontaneous respiration
4 by ten minutes or those with hypotonia persisting to two hours of age Certain birth
5 conditions or findings such as craniofacial malformations including microtia,
6 atresia, ear dysplasia, oral facial clefting, white forelock, microphthalmia,
7 congenital microcephaly, congenital or acquired hydrocephalus, and temporal
8 bone abnormalities.

9 (ix) Prolonged mechanical ventilation for a duration equal to or greater than
10 ten days, such as persistent pulmonary hypertension.

11 ~~(x)~~(ix) Stigmata or other findings associated with a syndrome known to
12 include sensorineural hearing loss, such as Waardenburg or Usher Syndrome.

13 ~~(xi)~~(x) Other risk factors added ~~or deleted~~ by the office of public health upon
14 recommendation of the advisory council for early identification of ~~deaf~~ d/Deaf or
15 hard of hearing children.

16 (c) The factors that identify those infants aged twenty-nine days to two years
17 who are susceptible to sensorineural hearing loss Perinatal or postnatal risk
18 factors, as classified by JCIH include the following:

19 (i) ~~Parent or caregiver concerns regarding hearing, speech, language, or~~
20 ~~developmental delay.~~ Culture-positive infections associated with sensorineural
21 hearing loss including confirmed bacterial and viral meningitis or encephalitis,
22 especially herpes viruses and varicella.

23 (ii) Bacterial meningitis: Events associated with hearing loss such as
24 significant head trauma, basal skull or temporal bone fractures, or
25 chemotherapy.

26 (iii) Neonatal risk factors that may be associated with progressive
27 sensorineural hearing loss, such as cytomegalovirus, prolonged mechanical
28 ventilation, and inherited disorders: Caregiver concern regarding hearing, speech,
29 language, developmental delay, or developmental regression.

30 (iv) Head trauma, especially with either longitudinal or transverse fracture

1 of the temporal bone.

2 ~~(v) Stigmata or other findings associated with syndromes known to include~~
 3 ~~sensorineural hearing loss, such as Waardenburg or Usher Syndrome.~~

4 ~~(vi) Ototoxic medications, including but not limited to the aminoglycosides~~
 5 ~~used for more than five days, such as gentamicin, tobramycin, kanamycin,~~
 6 ~~streptomycin, and loop diuretics used in combination with aminoglycosides.~~

7 ~~(vii) Neurodegenerative disorders such as neurofibromatosis, myoclonic~~
 8 ~~epilepsy, Werdnig-Hoffman disease, Tay-Sachs disease, infantile Gaucher's disease,~~
 9 ~~Niemann-Pick disease, any metachromatic leukodystrophy, or any infantile~~
 10 ~~demyelinating neuropathy.~~

11 ~~(viii) Childhood infectious diseases known to be associated with~~
 12 ~~sensorineural hearing loss, such as mumps or measles.~~

13 ~~(ix)~~**(iv)** Other risk factors added ~~or deleted~~ by the office of public health upon
 14 recommendation of the advisory council for early identification of deaf or hard of
 15 hearing children **created in R.S. 46:2265.**

16 ~~(8) "Screening for hearing loss" means employing a device for identifying~~
 17 ~~whether an infant has a disorder of the auditory system, but may not necessarily~~
 18 ~~provide a comprehensive determination of hearing thresholds in the speech range.~~
 19 ~~Procedures may include auditory brainstem response (ABR) screening, evoked~~
 20 ~~otoacoustic emissions (EOAE) screening, and other devices approved by the office~~
 21 ~~upon recommendation of the advisory council.~~

22 **(17) "Sign language" means a visual-spatial communication system**
 23 **consisting of manual gestures, facial expressions, and body language. Sign**
 24 **language uses vision to receptively understand communication and movement**
 25 **to expressively communicate.**

26 **(18) "Spoken language" means an audible-verbal communication system**
 27 **consisting of sounds. Spoken language uses audition to receptively understand**
 28 **communication and voice to expressively communicate.**

29 **(19) "Young adult" means an individual between eighteen to twenty-six**
 30 **years of age as defined by the National Institutes of Health.**

1 §2264. Identification of hearing loss in infants Early detection and intervention
 2 for children who are d/Deaf or hard of hearing

3 A. The office shall establish, in consultation with the advice of the Louisiana
 4 ~~Commission for the Deaf and the~~ advisory council created in R.S. 46:2265 and
 5 other key constituents, a program for the early identification and follow-up of
 6 infants susceptible to a hearing disability, deaf or hard of hearing infants, and infants
 7 susceptible to developing progressive hearing loss hearing detection and
 8 intervention of infants and children who are d/Deaf or hard of hearing. The
 9 program shall, at a minimum:

10 (1) ~~Develop criteria or factors to identify those infants who are likely deaf or~~
 11 ~~hard of hearing and infants who may develop a progressive hearing loss, including~~
 12 ~~the risk factors set forth in this Chapter, and develop a susceptibility questionnaire~~
 13 ~~for infant hearing loss.~~ Collect and track data related to newborn hearing
 14 screening, risk factor reporting, audiological testing, and early intervention.

15 (2) ~~Create a susceptibility registry to include, but not be limited to, the~~
 16 ~~identification of infants susceptible to hearing loss, deaf or hard of hearing infants,~~
 17 ~~and infants susceptible to developing progressive hearing loss.~~ Provide access to
 18 and training on the early hearing detection and intervention data management
 19 system to birth hospital newborn hearing screening supervisors and birth
 20 hospital staff, freestanding birth center newborn hearing screening supervisors
 21 and birth center staff, outpatient audiological testing providers, and other
 22 necessary providers as deemed appropriate by the program.

23 (3) ~~Provide to the hospitals and other birthing sites the susceptibility~~
 24 ~~questionnaire for infant hearing loss and require that the form be completed for any~~
 25 ~~newborn prior to discharge from the hospital or other birthing site. As to infants~~
 26 ~~susceptible to a hearing disability, copies of the completed susceptibility~~
 27 ~~questionnaire shall be distributed to the susceptibility registry of the office, the~~
 28 ~~parent or guardian, and, if known, the infant's primary care physician and the~~
 29 ~~provider of audiological services.~~ Require all birth hospitals, freestanding birth
 30 centers, and outpatient audiological testing providers to report newborn

1 hearing screening results, the reason for no screening, outpatient screening
 2 results, and results of diagnostic audiological evaluation, including hearing
 3 status, to the program.

4 (4) Require for all newborn infants that the hospital of birth or that hospital
 5 to which the newborn infant may be transferred provide hearing screening for
 6 ~~hearing loss~~ by auditory brainstem response (ABR) screening, ~~evoked~~ otoacoustic
 7 emissions (~~EOAE~~) (OAE) screening, or any other screening device approved by the
 8 office before discharge to identify children in need of further audiological
 9 assessment. The results of that screening ~~for hearing loss~~ shall be provided to the
 10 ~~susceptibility registry of the office~~ program, the parent or guardian, and if known,
 11 the primary care physician ~~and the provider of audiological services~~.

12 (5) Develop and provide to the birth hospitals, freestanding birth centers,
 13 outpatient facilities, and pediatric diagnostic audiology centers ~~or other birthing~~
 14 ~~sites~~ appropriate written materials ~~regarding hearing loss, and require that the~~
 15 ~~hospitals or other birthing sites provide this written material to all parents or~~
 16 ~~guardians of newborn infants~~ for families of newborn infants, infants in need of
 17 follow up after newborn hearing screening, infants with risk factors, or infants
 18 diagnosed as d/Deaf or hard of hearing.

19 (6) ~~Develop methods to contact parents or guardians of infants susceptible~~
 20 ~~to a hearing disability, of deaf or hard of hearing infants, and of infants susceptible~~
 21 ~~to developing progressive hearing loss.~~ Develop and provide web-accessible early
 22 hearing detection and intervention guidelines that include birthing facilities
 23 newborn hearing screening guidelines, freestanding birth center newborn
 24 hearing screening guidelines, outpatient hearing screening guidelines, and
 25 pediatric diagnostic audiology guidelines.

26 (7) Establish a telephone hotline to communicate information about hearing
 27 ~~loss, hearing screening, audiological evaluation, and other services for deaf or hard~~
 28 ~~of hearing infants.~~ Provide oversight of newborn hearing screening performance
 29 at each birth hospital and freestanding birth center through monitoring of
 30 newborn hearing screening data for completeness, accuracy, and timeliness.

1 Oversight monitoring criteria may be added or deleted by the office upon
2 recommendation of the advisory council created in R.S. 46:2265.

3 (8) ~~Provide that when a screening indicates a hearing loss, audiological~~
4 ~~evaluation shall be done as soon as practical. The parents or guardians of the infant~~
5 ~~shall be provided with information on locations at which medical and audiological~~
6 ~~follow-up can be obtained. Maintain a website that promotes early hearing~~
7 ~~identification and a coordinated system of support for children who are d/Deaf~~
8 ~~and hard of hearing. In addition to program contacts and provider and family~~
9 ~~resources, materials that stress the critical nature of addressing language and~~
10 ~~communication development for children who are d/Deaf or hard of hearing~~
11 ~~shall be made available.~~

12 (9) Provide that when the result of newborn hearing screening is referred
13 or further testing is needed, birth facilities shall provide families and caregivers
14 with follow-up hearing testing information inclusive of reason for follow-up,
15 what to expect, and appointment details, such as the date, time, location, and
16 contact information for follow-up, which is recommended to take place within
17 one month. In the circumstance that an appointment for follow-up is unable to
18 be established at the time of discharge from a birth hospital or freestanding
19 birth center, at a minimum, parents or guardians shall be provided with
20 information on locations for audiological follow-up.

21 (10) Provide that when a child is reported as d/Deaf or hard of hearing,
22 communication with families and caregivers regarding the importance of
23 enrolling in early intervention and referral to existing statewide opportunities
24 for children who are d/Deaf or hard of hearing in accordance with the Early
25 Hearing Detection and Intervention Act of 2022, 42 U.S.C. 201 and related
26 amendments shall occur as soon as is practical.

27 (11) Communicate with and connect families and caregivers of children
28 who are d/Deaf or hard of hearing to support services for the purpose of
29 building empowered families in Louisiana through access to individuals with
30 lived experience, direct emotional support, resources and training, and family

1 and community events aimed to build connection in accordance with the 42
 2 U.S.C. 280g-1 and related amendments. No-cost, trained, and unbiased support
 3 shall be provided through:

4 (a) Family-to-family support.

5 (b) Adults who are d/Deaf or hard of hearing.

6 B. The office shall consult with the advisory council and implement the
 7 program.

8 C. ~~The office shall develop a system for the collection of data, determine the~~
 9 ~~cost-effectiveness of the program, and disseminate statistical reports to the Louisiana~~
 10 ~~Commission for the Deaf. The program shall maintain a database for the~~
 11 ~~collection of early hearing detection and intervention data, and disseminate~~
 12 ~~information to partners and stakeholders. Information shall be shared annually,~~
 13 ~~at a minimum, with the advisory council for the Early Hearing Detection and~~
 14 ~~Intervention Program and the Louisiana Commission for the Deaf board of~~
 15 ~~commissioners.~~

16 D. ~~The office, in cooperation with the state Department of Education, shall~~
 17 ~~develop a plan to coordinate early educational and audiological services for infants~~
 18 ~~identified as deaf or hard of hearing.~~

19 E. ~~The office shall follow current practices and applicable guidelines that are~~
 20 ~~currently utilized in Louisiana and will shall consider practices and guidelines that~~
 21 ~~may be established by the National Institute on Deafness and other Communication~~
 22 ~~Disorders (NIDCD) established by the JCIH.~~

23 §2265. Advisory council creation; membership; terms; quorum; compensation

24 A. There is hereby created an advisory council for the program of early
 25 ~~identification of deaf~~ hearing detection and intervention for d/Deaf or hard of
 26 hearing infants. The council shall consist of ~~fourteen~~ twenty-one members as
 27 follows:

28 (1) An otolaryngologist or otologist.

29 (2) An audiologist with extensive experience in evaluating infants.

30 (3) A neonatologist.

1 (4) A pediatrician.

2 (5) A deaf person who is d/Deaf, DeafBlind, or hard of hearing.

3 (6) A young adult who is d/Deaf, DeafBlind, or hard of hearing.

4 ~~(6)(7)~~ A hospital administrator.

5 ~~(7)(8)~~ A speech and language pathologist.

6 ~~(8)(9)~~ A school teacher or administrator certified in education of the deaf
7 d/Deaf and hard of hearing.

8 (10) An early intervention provider who works with children who are
9 d/Deaf or hard of hearing and their families.

10 ~~(9)(11)~~ A parent who chose the oral method for his deaf or hard of hearing
11 child of a child who is d/Deaf, DeafBlind, or hard of hearing who uses spoken
12 language.

13 ~~(10)(12)~~ A parent of a deaf or hard of hearing child utilizing total
14 communication who is d/Deaf, DeafBlind, or hard of hearing who uses sign
15 language or other mode of signed communication.

16 (11) A representative of the state Department of Education designated by the
17 superintendent of education.

18 (13) A person who is d/Deaf, DeafBlind, or hard of hearing and is the
19 parent of a child who is d/Deaf, DeafBlind, or hard of hearing.

20 (14) A parent of a child who is d/Deaf, DeafBlind, or hard of hearing who
21 is enrolled in early intervention.

22 (15) A representative from a Louisiana-based family support
23 organization for families whose children are d/Deaf or hard of hearing.

24 (16) A representative from the Louisiana Association of the Deaf.

25 ~~(12)(17)~~ A representative or designee of the office designated by the
26 assistant secretary of the office.

27 ~~(13)(18)~~ A representative or designee from the Louisiana Commission for
28 the Deaf.

29 ~~(14)~~ A representative from the Louisiana Association of the Deaf.

30 (19) A representative of the state Department of Education with

1 experience in d/Deaf education, special education, or early childhood designated
 2 by the superintendent of education.

3 (20) A representative or designee of Louisiana Part C early intervention.

4 (21) A representative or designee from the Governor's Office of
 5 Disability Affairs.

6 B. Members of the council in accordance with Paragraphs (A)(1) through
 7 ~~(10), (13), and (14)~~ (16) shall be appointed by the governor, shall serve three-year
 8 terms, and shall be subject to Senate confirmation. ~~Other members are not subject~~
 9 ~~to Senate confirmation.~~

10 C. Members of the council in accordance with Paragraphs (A)(17) through
 11 (21) representing offices and departments of state government shall serve four-year
 12 terms concurrent with that of the governor and shall not be subject to Senate
 13 confirmation. ~~Other members shall serve three-year terms, except that in making the~~
 14 ~~initial appointments, four members shall be appointed for a one-year term, four shall~~
 15 ~~be appointed for two-year terms, and four shall be appointed for three-year terms. No~~
 16 ~~member may serve more than two consecutive terms.~~

17 D. Each member shall serve without compensation, but shall be reimbursed
 18 for actual travel and other expenses incurred in the performance of their duties
 19 in accordance with travel regulations of the division of administration. Officers
 20 of the council shall be reimbursed for necessary and other expenses incurred in
 21 the performance of their duties.

22 E. A majority of the members of the council shall constitute a quorum for the
 23 transaction of all business.

24 F. The members of the council shall elect from their membership a chairman,
 25 ~~and a vice chairman,~~ and secretary.

26 §2266. Powers, duties, functions of the advisory council

27 The advisory council shall:

28 (1) Advise and recommend risk factors or criteria for infants who are likely
 29 ~~deaf~~ d/Deaf or hard of hearing and infants who may develop a delayed onset or
 30 progressive hearing loss.

1 (2) Advise the office as to **newborn** hearing screening **and follow-up**, setting
2 standards for the program, monitoring and reviewing the program, and providing
3 quality assurance for the program.

4 (3) Advise the office as to integrating the program for early ~~identification of~~
5 ~~deaf~~ **detection of d/Deaf** or hard of hearing infants with existing medical,
6 audiological, and early infant education programs.

7 (4) Advise the office as to materials, **resources, and information** to be
8 distributed to the public concerning ~~deaf or hard of hearing infants~~ **early hearing**
9 **detection and intervention**.

10 (5) Advise the office on the implementation of the program for early
11 ~~identification and follow-up of infants susceptible to a hearing disability, deaf or~~
12 ~~hard of hearing infants,~~ **detection and intervention for infants identified as d/Deaf**
13 **or hard of hearing** and infants who are at risk of developing **delayed onset or**
14 progressive hearing loss.

15 §2267. ~~Effective date;~~ rules **Rules** and regulations

16 The office of public health shall, ~~by July 1, 2000;~~ adopt rules and regulations
17 necessary to ~~implement~~ **maintain** the program in accordance with the Administrative
18 Procedure Act.

PRESIDENT OF THE SENATE

SPEAKER OF THE HOUSE OF REPRESENTATIVES

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: _____