FILED JAN 18 1999

By Naishtat

H.B. No. 714

A BILL TO BE ENTITLED

AN ACT

relating to hearing screening for newborn children.

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

SECTION 1. Subtitle B, Title 2, Health and Safety Code, is amended by adding Chapter 34 to read as follows:

CHAPTER 34. HEARING IMPAIRMENTS

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 34.001. DEFINITIONS. In this chapter:

(1) "Hearing impairment" means an abnormality of functioning related to hearing.

(2) "Screening test" means a rapid procedure to determine the need for further diagnostic evaluation.

[Sections 34.002-34.010 reserved for expansion]

SUBCHAPTER B. NEWBORN SCREENING

Sec. 34.011. TEST REQUIREMENT. (a) The physician attending a newborn child or the person attending the delivery of a newborn child that is not attended by a physician shall ensure that the child is subjected to a screening test approved by the department for hearing impairments before the child is 181 days old.

(b) The board by rule shall prescribe the screening test procedures to be used and the standards of accuracy and precision required for each test.

Sec. 34.012. EXEMPTION. (a) A screening test may not be administered to a newborn child whose parent, managing conservator,

or guardian objects on the ground that the administration of the test conflicts with the religious tenets or practices of an organized church of which the person is an adherent.

(b) If a parent, managing conservator, or guardian objects to the screening test, the physician or the person attending the newborn child that is not attended by a physician shall ensure that the objection of the parent, managing conservator, or guardian is entered into the medical record of the child. The parent, managing conservator, or guardian shall sign the entry.

Sec. 34.013. LIMITATION ON LIABILITY. A physician, technician, or other person administering a screening test required by this chapter is not liable or responsible because of the failure or refusal of a parent, managing conservator, or guardian to consent to the test.

SECTION 2. Section 36.004, Health and Safety Code, is amended by adding Subsection (i) to read as follows:

(i) A hearing screening performed under this section is in addition to any hearing screening test performed under Chapter 34.

SECTION 3. Section 32.024, Human Resources Code, is amended by adding Subsection (v) to read as follows:

(v) The department by rule shall provide a screening test for hearing impairments as required by Texas Board of Health rule under Chapter 34, Health and Safety Code, to a child younger than 181 days old who receives medical assistance.

SECTION 4. Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, is amended by amending Sections 3 and 4 and adding Sections 5 and 6

to read as follows:

Sec. 3. REQUIRED BENEFIT FOR CHILDHOOD IMMUNIZATIONS. [~~(a)~~] A health benefit plan that provides benefits for a family member of the insured shall provide coverage for each covered child described by Section 5 of this article [~~Subsection (b) of this section~~], from birth through the date the child is six years of age, for:

(1) immunization against:

(A) diphtheria;

(B) haemophilus influenzae type b;

(C) hepatitis B;

(D) measles;

(E) mumps;

(F) pertussis;

(G) polio;

(H) rubella;

(I) tetanus; and

(J) varicella; and

(2) any other immunization that is required by law for the child.

Sec. 4. REQUIRED BENEFITS FOR SCREENING TEST FOR HEARING IMPAIRMENT. (a) A health benefit plan that provides benefits for a family member of the insured shall provide coverage for each covered child described by Section 5 of this article, from birth through the date the child is 180 days old, for a screening test for hearing impairments as required by Texas Board of Health rule under Chapter 34, Health and Safety Code.

(b) The commissioner may adopt rules to implement the

requirement of this section.

Sec. 5. COVERED CHILDREN. [~~(b)~~] A child is entitled to benefits under this article [~~section~~] if the child, as a result of the child's relationship to an enrollee in the health benefit plan, would be entitled to benefits under an accident and sickness insurance policy under Subsection (K), (L), or (M), Section 2, Chapter 397, Acts of the 54th Legislature, 1955 (Article 3.70-2, Vernon's Texas Insurance Code).

Sec. 6 [~~4~~]. FIRST DOLLAR COVERAGE REQUIRED. (a) Benefits required under Sections [~~Section~~] 3 and 4 of this article may not be made subject to a deductible, copayment, or coinsurance requirement.

(b) Subsection (a) of this section does not prohibit the application of a deductible, copayment, or coinsurance requirement to another service provided at the same time as the immunization or hearing screening.

SECTION 5. Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, is redesignated as Article 21.53J and the heading of that article is amended to read as follows:

Art. 21.53J [~~21.53F~~]. COVERAGE FOR CERTAIN BENEFITS FOR CHILDREN [~~CHILDHOOD IMMUNIZATIONS~~]

SECTION 6. (a) This Act takes effect September 1, 1999.

(b) A physician or other person attending the birth of a newborn child is not required to comply with Section 34.011, Health and Safety Code, as added by this Act, before September 1, 2000.

SECTION 7. The Texas Board of Health shall adopt the rules

required by Section 34.011, Health and Safety Code, as added by this Act, not later than August 31, 2000.

SECTION 8. (a) Except as provided by Subsection (b) of this section, not later than August 31, 2000, the Health and Human Services Commission and each appropriate health and human services agency that operates part of the state medical assistance program under Chapter 32, Human Resources Code, shall adopt the rules required by Section 32.024(v), Human Resources Code, as added by this Act.

(b) If, before implementing Section 32.024(v), Human Resources Code, as added by this Act, the Health and Human Services Commission determines that a waiver or authorization from a federal agency is necessary for implementation, the commission shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 9. The change in law made by Section 4 of this Act applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2000. A health benefit plan that is delivered, issued for delivery, or renewed before January 1, 2000, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

SECTION 10. The importance of this legislation and the crowded condition of the calendars in both houses create an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended.

HOUSE
COMMITTEE REPORT

1st Printing

By Naishtat, Coleman, et al. H.B. No. 714

Substitute the following for H.B. No. 714:

By Maxey C.S.H.B. No. 714

A BILL TO BE ENTITLED

AN ACT

relating to the establishment of a newborn hearing screening, tracking, and intervention program.

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

SECTION 1. Subtitle B, Title 2, Health and Safety Code, is amended by adding Chapter 47 to read as follows:

CHAPTER 47. HEARING LOSS IN NEWBORNS

Sec. 47.001. DEFINITIONS. In this chapter:

(1) "Birth admission" means the time after birth that a newborn remains in the birthing facility before the newborn is discharged.

(2) "Birthing facility" means:

(A) a hospital licensed under Chapter 241 that offers obstetrical services and is located in a county with a population of more than 50,000; or

(B) a birthing center licensed under Chapter 244 that is located in a county with a population of more than 50,000.

(3) "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 4,000 Hz. As technological advances permit the detection of less severe hearing loss, the department may modify this definition by rule.

(4) "Infant" means a child who is at least 30 days but

who is younger than 24 months old.

(5) "Intervention or follow-up care" means the early intervention services described in Subchapter III, Individuals with Disabilities Education Act (20 U.S.C. Sections 1431-1445), as amended by Pub. L. No. 105-17.

(6) "Newborn" means a child younger than 30 days old.

(7) "Parent" means a natural parent, stepparent, adoptive parent, legal guardian, or other legal custodian of a child.

(8) "Physician" means a person licensed to practice medicine by the Texas State Board of Medical Examiners.

(9) "Program" means a newborn hearing screening, tracking, and intervention program certified by the department under this chapter.

Sec. 47.002. NEWBORN HEARING SCREENING, TRACKING, AND INTERVENTION PROGRAM. (a) A birthing facility, through a program certified by the department under Section 47.003, shall offer the parents of a newborn a hearing screening for the newborn for the identification of hearing loss. The screening shall be offered during the birth admission.

(b) The department or the department's designee shall approve program protocols.

(c) The department shall maintain data and information on each newborn who receives services under a program.

(d) The department shall ensure that intervention is available to families for a newborn identified as having hearing loss and that the intervention is managed by state programs

operating under the Individuals with Disabilities Education Act (20 U.S.C. Section 1400 et seq.).

(e) The department shall ensure that the intervention described by Subsection (d) is available for a newborn identified as having hearing loss through the time the child is an infant.

Sec. 47.003. CERTIFICATION OF SCREENING PROGRAMS. (a) The department or the department's designee shall establish certification criteria for implementing a program.

(b) In order to be certified, the program must:

(1) provide hearing screening using equipment recommended by the department;

(2) use appropriate staff to provide the screening;

(3) maintain and report data electronically as required by the department;

(4) distribute family and physician educational materials standardized by the department; and

(5) provide information, as recommended by the department, on follow-up services for newborns and infants with abnormal screening results.

(c) The department shall certify a program that meets and maintains the certification criteria.

(d) The department shall renew the certification of a program on a periodic basis as established by board rule in order to ensure quality services to newborns and families.

(e) A fee may not be charged to certify or recertify a program.

Sec. 47.004. INFORMATION CONCERNING SCREENING RESULTS AND

FOLLOW-UP CARE. (a) A birthing facility shall distribute to the parents of each newborn who is screened educational materials that are standardized by the department regarding screening results and follow-up care.

(b) A birthing facility shall report screening results to the parents, the physician, and the department.

(c) Appropriate and necessary care for the infant who needs follow-up care should be directed and coordinated by the infant's physician, with support from appropriate ancillary services.

Sec. 47.005. TECHNICAL ASSISTANCE BY DEPARTMENT. The department shall consult with a birthing facility and provide to the facility technical assistance associated with the implementation of a certified program.

Sec. 47.006. INFORMATION MANAGEMENT, REPORTING, AND TRACKING SYSTEM. (a) The department shall provide each birthing facility with the appropriate information management, reporting, and tracking software for the program. The information management, reporting, and tracking system must be capable of providing the department with information and data necessary to plan, monitor, and evaluate the program, including the program's screening, follow-up, diagnostic, and intervention components.

(b) A qualified hearing screening provider, hospital, audiologist, or intervention specialist may access the information management, reporting, and tracking system to provide information, where available, to the department, including information relating to:

(1) newborns born in each birthing facility;

(2) newborns screened during birth admission;

(3) newborns passing the birth admission screening;

(4) families refusing the birth admission screening;

(5) newborns who need follow-up care;

(6) infants who receive follow-up care;

(7) infants identified with hearing loss;

(8) infants at risk for progressive hearing loss;

(9) infants who are referred for intervention services; and

(10) case level information necessary to report required statistics to the Maternal and Child Health Bureau on an annual basis.

Sec. 47.007. CONFIDENTIALITY AND GENERAL ACCESS TO DATA. (a) The information management, reporting, and tracking system required by this chapter must meet confidentiality requirements in accordance with required state and federal privacy guidelines.

(b) Data obtained through the information management, reporting, and tracking system under this chapter are for the confidential use of the department, the department's designee, and the persons or public or private entities that the department determines are necessary to carry out the functions of the tracking system.

Sec. 47.008. IMMUNITY FROM LIABILITY. A birthing facility, a clinical laboratory, an audiologist, a physician, a registered nurse, or any other officer or employee of a birthing facility, a laboratory, a physician, or an audiologist is not criminally or civilly liable for furnishing information to the department or its

designee as required by this chapter.

SECTION 2. Section 36.004, Health and Safety Code, is amended by adding Subsection (i) to read as follows:

(i) A hearing screening performed under this section is in addition to any hearing screening test performed under Chapter 47.

SECTION 3. Section 32.024, Human Resources Code, is amended by adding Subsection (v) to read as follows:

(v) The department by rule shall provide a screening test for hearing loss as required by Chapter 47, Health and Safety Code, and any necessary diagnostic follow-up care related to the screening test to a child younger than 30 days old who receives medical assistance.

SECTION 4. Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, is amended by amending Sections 3 and 4 and adding Sections 5, 6, and 7 to read as follows:

Sec. 3. REQUIRED BENEFIT FOR CHILDHOOD IMMUNIZATIONS. [~~(a)~~] A health benefit plan that provides benefits for a family member of the insured shall provide coverage for each covered child described by Section 5 of this article [~~Subsection (b) of this section~~], from birth through the date the child is six years of age, for:

(1) immunization against:

(A) diphtheria;

(B) haemophilus influenzae type b;

(C) hepatitis B;

(D) measles;

(E) mumps;

(F) pertussis;

(G) polio;

(H) rubella;

(I) tetanus; and

(J) varicella; and

(2) any other immunization that is required by law for the child.

Sec. 4. REQUIRED BENEFITS FOR SCREENING TEST FOR HEARING IMPAIRMENT. (a) A health benefit plan that provides benefits for a family member of the insured shall provide coverage for each covered child described by Section 5 of this article for:

(1) a screening test for hearing loss from birth through the date the child is 30 days old, as required under Chapter 47, Health and Safety Code; and

(2) necessary diagnostic follow-up care related to the screening test from birth through the date the child is 24 months old.

(b) The commissioner may adopt rules to implement the requirement of this section.

(c) This section applies to any health benefit plan that provides coverage or benefits to a resident of this state, without regard to whether the issuer of the health benefit plan is located within or outside this state. This section does not require the issuer of a health benefit plan to provide coverage under this section for the child of a resident of this state who:

(1) is employed outside of this state; and

(2) is covered under a health benefit plan maintained

for the individual by the individual's employer as an employment benefit.

Sec. 5. COVERED CHILDREN. [~~(b)~~] A child is entitled to benefits under this article [~~section~~] if the child, as a result of the child's relationship to an enrollee in the health benefit plan, would be entitled to benefits under an accident and sickness insurance policy under Subsection (K), (L), or (M), Section 2, Chapter 397, Acts of the 54th Legislature, 1955 (Article 3.70-2, Vernon's Texas Insurance Code).

Sec. 6 [~~4~~]. APPLICATION OF DEDUCTIBLE, COPAYMENT, OR COINSURANCE REQUIREMENT [~~FIRST--DOLLAR--COVERAGE--REQUIRED~~]. (a) Benefits required under Section 3 of this article may not be made subject to a deductible, copayment, or coinsurance requirement. This subsection [~~(b)--Subsection--(a)--of--this-section~~] does not prohibit the application of a deductible, copayment, or coinsurance requirement to another service provided at the same time as the immunization.

(b) Benefits required under Section 4 of this article may be subject to copayment and coinsurance requirements, but may not be subject to a deductible requirement or dollar limit. The requirements of this subsection must be stated in the coverage document.

Sec. 7. RULES. The commissioner may adopt rules as necessary to implement this article.

SECTION 5. The heading of Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, is amended to read as follows:

Art. 21.53F. COVERAGE FOR CERTAIN BENEFITS FOR CHILDREN [~~CHILDHOOD IMMUNIZATIONS~~]

SECTION 6. (a) This Act takes effect September 1, 1999.

(b) Not later than May 1, 2000, each birthing facility with at least 1,000 births in a year shall offer newborn hearing screening during the birth admission as required by Section 47.002, Health and Safety Code, as added by this Act.

(c) Not later than April 1, 2001, each birthing facility shall offer the hearing screening during the birth admission as required by Section 47.002, Health and Safety Code, as added by this Act.

SECTION 7. The Texas Board of Health shall adopt the rules required by Section 47.003, Health and Safety Code, as added by this Act, not later than December 1, 1999.

SECTION 8. (a) Except as provided by Subsection (b) of this section, not later than January 1, 2000, the Health and Human Services Commission and each appropriate health and human services agency that operates part of the state medical assistance program under Chapter 32, Human Resources Code, shall adopt the rules required by Section 32.024(v), Human Resources Code, as added by this Act.

(b) If, before implementing Section 32.024(v), Human Resources Code, as added by this Act, the Health and Human Services Commission determines that a waiver or authorization from a federal agency is necessary for implementation, the commission shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 9. The change in law made by Section 4 of this Act applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2000. A health benefit plan that is delivered, issued for delivery, or renewed before January 1, 2000, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

SECTION 10. The importance of this legislation and the crowded condition of the calendars in both houses create an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended.

COMMITTEE REPORT

The Honorable James E. "Pete" Laney
Speaker of the House of Representatives

4-7-99
(date)

Sir:

We, your COMMITTEE ON PUBLIC HEALTH

to whom was referred HB 714 have had the same under consideration and beg to report back with the recommendation that it

( ) do pass, without amendment.
( ) do pass, with amendment(s).
(✓) do pass and be not printed; a Complete Committee Substitute is recommended in lieu of the original measure.

(✓) yes ( ) no A fiscal note was requested.

( ) yes (✓) no A criminal justice policy impact statement was requested.

( ) yes (✓) no An equalized educational funding impact statement was requested.

( ) yes (✓) no An actuarial analysis was requested.

( ) yes (✓) no A water development policy impact statement was requested.

( ) yes (✓) no A tax equity note was requested.

( ) The Committee recommends that this measure be sent to the Committee on Local and Consent Calendars.

For Senate Measures: House Sponsor _____

Joint Sponsors: _____ / _____ / _____ / _____

Co-Sponsors: _____

The measure was reported from Committee by the following vote:

	AYE	NAY	PNV	ABSENT
Gray, Chair	✓			
Coleman, Vice-chair	✓			
Capelo	✓			
Delisi	✓			
Glaze	✓			
Hilderbran				✓
McClendon	✓			
Maxey				✓
Uresti	✓			

Total
7 aye
0 nay
0 present, not voting
2 absent

Patricia Gray
CHAIR

BILL ANALYSIS

Office of House Bill Analysis

C.S.H.B. 714
By: Naishtat
Public Health
4/11/1999
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Current law requires newborns in this state to be blood-screened for a variety of conditions. However, the law does not require the screening of newborns for congenital loss of hearing. Lack of early detection of hearing loss may have social and financial impacts on individuals, families, and this state. C.S.H.B. 714 requires that a screening test for hearing loss be administered to newborn children, and establishes a newborn hearing, tracking, and screening program. This bill also requires a state medical assistance program or a private health benefit plan to provide coverage for the screening test, as appropriate.

RULEMAKING AUTHORITY

It is the opinion of the Office of House Bill Analysis that rulemaking authority is expressly delegated to the Texas Board of Health in SECTION 1 (Section 47.003, Health and Safety Code); the Health and Human Services Commission or an agency operating part of the medical assistance program, as appropriate, in SECTION 3 (Section 32.024, Human Resources Code); and the commissioner of insurance in SECTION 4 (Sections 4 and 7, Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997), of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subtitle B, Title 2, Health and Safety Code, by adding Chapter 47, as follows:

CHAPTER 47. HEARING LOSS IN NEWBORNS

Sec. 47.001. DEFINITIONS. Defines "birth admission," "birthing facility," and "hearing loss." Defines "infant" as a child who is at least 30 days but who is younger than 24 months old. Defines "intervention follow-up care." Defines "newborn" as a child younger than 30 days old. Defines "parent," "physician," and "program."

Sec. 47.002. NEWBORN HEARING SCREENING, TRACKING, AND INTERVENTION PROGRAM. Requires a birthing facility, through a program certified by the Texas Department of Health (TDH) under Section 47.003, to offer the parents of a newborn a hearing loss screening for the newborn. Requires that the screening by offered during birth admission. Requires TDH or its designee to approve program protocols. Requires TDH to maintain data and information on each newborn who receives services under a program. Requires TDH to ensure that intervention is available to families for a newborn identified as having hearing loss and that the intervention is managed by state programs operating under the Individuals with Disabilities Education Act (20 U.S.C. Section 1400 et seq.). Requires TDH to ensure that the intervention described by Subsection (d) is available for a newborn identified as having hearing loss through the time the child is an infant.

Sec. 47.003. CERTIFICATION OF SCREENING PROGRAMS. Requires TDH or its designee to establish certification criteria for implementing a program. Sets forth certification criteria. Requires TDH to certify a program that meets and maintains the certification criteria. Requires TDH to renew the certification of a program on a periodic basis as established by board rule in order to ensure quality services to newborns and families. Prohibits a fee from

being charged to certify or recertify a program.

Sec. 47.004. INFORMATION CONCERNING SCREENING RESULTS AND FOLLOW-UP CARE. Requires a birthing facility to distribute to the parents of each newborn who is screened educational materials that are standardized by TDH regarding screening results and follow-up care. Requires a birthing facility to report screening results to the parents, the physician, and TDH. Provides that appropriate and necessary care for the infant who needs follow-up care should be directed and coordinated by the infant's physician, with support from appropriate ancillary services.

Sec. 47.005. TECHNICAL ASSISTANCE BY DEPARTMENT. Requires TDH to consult with a birthing facility and provide to the facility technical assistance associated with the implementation of a certified program.

Sec. 47.006. INFORMATION MANAGEMENT, REPORTING, AND TRACKING SYSTEM. (a) Requires TDH to provide each birthing facility with the appropriate information management, reporting, and tracking software for the program. Provides that the information management, reporting, and tracking system must by capable of providing TDH with information and data necessary to plan, monitor, and evaluate the program, including the program's screening, follow-up, diagnostic, and intervention components.

(b) Authorizes a qualified hearing screening provider, hospital, audiologist, or intervention specialist to access the information management, reporting, and tracking system to provide certain information, where available, to TDH.

Sec. 47.007. CONFIDENTIALITY AND GENERAL ACCESS TO DATA. Provides that the information management, reporting, and tracking system required by this chapter must meet confidentiality requirements in accordance with required state and federal privacy guidelines. Provides that data obtained through the system is for the confidential use of TDH, its designee, and the persons or public or private entities that TDH determines are necessary to carry out the functions of the tracking system.

Sec. 47.008. IMMUNITY FROM LIABILITY. Provides that certain person are not criminally or civilly liable for furnishing information to TDH or its designee as required by this chapter.

SECTION 2. Amends Section 36.004, Health and Safety Code, by adding Subsection (i), as follows:

(i) Provides that a hearing screening performed under this section is in addition to any hearing screening test performed under Chapter 34.

SECTION 3. Amends Section 32.024, Human Resources Code, by adding Subsection (v), as follows:

(v) Requires the Health and Human Services Commission or an agency operating part of the medical assistance program, as appropriate, by rule, to provide a screening test for hearing impairments as required by Texas Board of Health rule under Chapter 34, Health and Safety Code, to a child younger than 181 days old who receives medical assistance.

SECTION 4. Amends Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, by amending Sections 3 and 4 and adding Sections 5 and 6, as follows:

Sec. 3. REQUIRED BENEFIT FOR CHILDHOOD IMMUNIZATIONS. Makes conforming changes.

Sec. 4. REQUIRED BENEFITS FOR SCREENING TEST FOR HEARING IMPAIRMENT. (a) Requires a health benefit plan to provide coverage for each child described by Section 5 of this article for a screening test for hearing loss, from birth through

the date the child is 30 days old, required under Chapter 47, Health and Safety Code, and necessary diagnostic follow-up care related to the screening test from birth through the date the child is 24 months old.

(b) Authorizes the commissioner of insurance to adopt rules to implement the requirement of this section.

(c) Provides that this section applies to any health benefit plan that provides coverage or benefits to a resident of this state, without regard to whether the issuer of the plan is located within the state. Provides that this section does not require the issuer of a health benefit plan to provide coverage under this section for the child of a resident of this state who is employed outside of this state and is covered under a health benefit plan maintained for the individual by the individual's employer as an employment benefit.

Sec. 5. COVERED CHILDREN. Creates from existing language in existing Section 3(b). Entitles a child to benefits under this article if the child, as a result of the child's relationship to an enrollee in the health benefit plan, would be entitled to benefits under an accident and sickness insurance policy under Subsection (K), (L), or (M), Section 2, Article 3.70-2, Insurance Code (Form of Policy). Makes conforming changes.

Sec. 6. New title: APPLICATION OF DEDUCTIBLE, COPAYMENT, OR COINSURANCE REQUIREMENT. (a) Creates from language in existing Section 4. Prohibits benefits required under Sections 3 from being made subject to a deductible, copayment, or coinsurance requirement. Provides, however, that this subsection does not prohibit the application of a deductible, copayment, or coinsurance requirement to another service provided at the same time as the immunization or hearing screening. Makes a conforming change.

(b) Authorizes that benefits under Section 4 of this article be subject to copayment and coinsurance requirements, but prohibits such benefits from being subject to a deductible requirement or dollar limit. Provides that the requirements of this subsection must be stated in the coverage document.

Sec. 7. RULES. Authorizes the commissioner of insurance to adopt rules as necessary to implement this article.

SECTION 5. Amends the heading of Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, as follows:

Art. 21.53F. COVERAGE FOR CERTAIN BENEFITS FOR CHILDREN. Deletes "childhood immunizations" from existing title. Adds "certain benefits for children."

SECTION 6. Effective date: September 1, 1999. Requires each birthing facility with at least 1,000 births in a year, not later than May 1, 2000, to offer newborn hearing screening during the birth admission as required by Section 47.002, Health and Safety Code. Requires each birthing facility, not later than April 1, 2001, to offer the hearing screening during the birth admission as required by Section 47.002.

SECTION 7. Requires the Texas Board of Health to adopt the rules required by Section 47.003, Health and Safety Code, not later than December, 1, 1999.

SECTION 8. Requires the Health and Human Services Commission and each appropriate health and human services agency that operates part of the state medical assistance program under Chapter 32, Human Resources Code (Medical Assistance Program), not later than January 1, 2000, to adopt rules required by Section 32.024(v), Human Resources Code. Requires the commission, if before implementing Section 32.024(v) it determines that a waiver or authorization from a federal agency is necessary for implementation, to request the waiver or authorization and authorizes it to delay implementing that provision until the waiver or authorization is granted.

SECTION 9. Makes application of the change in law made by SECTION 4 prospective beginning with a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2000.

SECTION 10. Emergency clause.

COMPARISON OF ORIGINAL TO SUBSTITUTE

The substitute differs from the original in the caption.

The substitute differs from the original in SECTION 1 in the amendment of Subtitle B, Title 2, Health and Safety Code, by adding Chapter 47 (Hearing Loss in Newborns), rather than Chapter 34 (Hearing Impairments), as proposed. Chapter 47 essentially requires a birthing facility to offer the parents of a newborn, during birth admission, hearing loss screening for the newborn, and establishes a newborn hearing screening, tracking, and intervention program. The proposed Chapter 34 essentially requires the physician attending a newborn child or the person attending the delivery of a newborn child that is not attended by a physician to ensure that the child is subject to a screening test.

The substitute differs from the original in SECTION 4, as follows:

> Modifies Section 4, Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, by requiring a health benefit plan to provide coverage for each child described by Section 5 of this article for a screening test for hearing loss, from birth through the date the child is 30 days old, rather than 180 days old, required under Chapter 47, rather than 34, Health and Safety Code, and by requiring the plan to provide necessary diagnostic follow-up care related to the screening test from birth through the date the child is 24 months old. The substitute adds Subsection (c) to Section 4, Article 21.53F, relating to applicability and nonapplicability of health benefit plan coverage.
>
> Modifies Section 6, Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, to provide the new title of "Application of Deductible, Copayment, or Coinsurance Requirement." Prohibits benefits under Section 3, rather than Sections 3 and 4, Article 21.53F, as proposed, from being made subject to a deductible, copayment, or coinsurance requirement. The substitute adds Subsection (b) to authorize that benefits under Section 4, Article 21.53F, be subject to copayment and coinsurance requirements, but prohibits such benefits from being subject to a deductible requirement or dollar limit. Provides that the requirements of this subsection must be stated in the coverage document.
>
> Adds Section 7 (Rules), Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, to authorize the commissioner of insurance to adopt rules as necessary to implement this article.

The substitute differs from the original in SECTION 5 by not redesignating Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, to Article 21.53J, as proposed.

The substitute differs from the original in SECTION 6 in Subsection (b) by requiring each birthing facility with at least 1,000 births in a year, not later than May 1, 2000, to offer newborn hearing screening during the birth admission as required by Section 47.002, Health and Safety Code, rather than providing that a physician or other person attending the birth of a child is not required to comply with Section 34.011, Health and Safety Code, before September 1, 2000. The substitute adds Subsection (c) to require each birthing facility, not later than April 1, 2001, to offer the hearing screening during the birth admission as required by Section 47.002.

The substitute differs from the original in SECTION 7 by requiring the Texas Board of Health to adopt the rules required by Section 47.003, Health and Safety Code, rather than 34.011, as proposed, not later than December, 1, 1999, rather than August 31, 2000.

The substitute differs from the original in SECTION 8 by requiring the Health and Human Services Commission and each appropriate health and human services agency that operates part of the state medical assistance program under Chapter 32, Human Resources Code (Medical Assistance Program), not later than January 1, 2000, rather than August 31, 2000, to adopt rules required by Section 32.024(v), Human Resources Code.

SUMMARY OF COMMITTEE ACTION

HB 714

April 7, 1999 1:30PM
Considered in public hearing
Committee substitute considered in committee
Testimony taken in committee
Reported favorably as substituted

WITNESS LIST

HB 714
HOUSE COMMITTEE REPORT
Public Health Committee

April 7, 1999 - 1:30PM

For: Finitzo, Ph.D., Teresa (Hearing Health Institute)
James, Ed.D., Dessie (Self)
James, M.D., Vernon (Texas Medical Association, Texas Pediatric Society)
James, Ph.D., Dessie (Self)
McLachlan, Kate (Self and Association of Texas Midwives)
Patlan, David E. (Self)
Pool, M.D., K.D. (Self)
Rarus, Tim (Self and Texas Association of the Deaf)
Scranton, M.D., Maria (Self)
Shields, Brad (Audiology Practices Inc.)
Timperlake, Benna (Self)

Registering, but not testifying:

For: Dunkelberg, Anne (Center for Public Policy Priorities)
Genco, Frank (Texas Planning Council for Developmental Disabilities)
Higdunt, Lawrence W. (Texas Speech-Language-Hearing Association)
Murphree, Susan (Advocacy, Inc.)
Tesmer, David J. (Texas Health Resources)

Against: Evans, Richard (Texas Association of Business & Chambers of Commerce)

On: Hamilton, Kathleen (Texas Department of Health)
Minette, Rose A. (Texas Commission for the Deaf & Hard of Hearing)
Selby, Gardner (Comptroller of Public Accounts)

Committee Substitute (Maxey)

For: Sjoberg, Elizabeth (Texas Hospital Association)

Registering, but not testifying:

For: Herzog, Greg (Texas Academy of Family Physicians)
Walker, Craig Alan (Texas Organization of Rural & Community Hospitals)

On: O'Neal, Jay (Texas Department of Health)

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 76th Regular Session

April 11, 1999

TO: Honorable Patricia Gray, Chair, House Committee on Public Health

FROM: John Keel, Director, Legislative Budget Board

IN RE: **HB714** by Naishtat (Relating to the establishment of a newborn hearing screening, tracking, and intervention program), **Committee Report 1st House, Substituted**

Estimated Two-year Net Impact to General Revenue Related Funds for HB714, Committee Report 1st House, Substituted: negative impact of $(4,297,933) through the biennium ending August 31, 2001.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2000	$(2,605,906)
2001	(1,692,027)
2002	(618,005)
2003	(618,778)
2004	(619,937)

All Funds, Five-Year Impact:

Fiscal Year	**Probable Savings/(Cost) from *General Revenue Fund* 0001**	**Probable Savings/(Cost) from *Federal Funds* 0555**	**Probable Savings/(Cost) from *Local***
2000	$ (2,605,906)	$ (1,024,291)	$ (660,000)
2001	(1,692,027)	(767,647)	(660,000)
2002	(618,005)	(481,309)	(660,000)
2003	(618,778)	(482,536)	(660,000)
2004	(619,937)	(484,377)	(660,000)

Technology Impact

Software licenses for the newborn hearing screening reporting software is assumed to total $1.2 million in fiscal year 2000. The service plan for implementation of the software, according to the Department of Health, is $750,000 in fiscal year 2000 and $750,000 in fiscal year 2001.

Fiscal Analysis

The bill would require a birthing facility to offer the parents of a newborn a hearing screening for the newborn for the detection of hearing loss. The Department of Health would be required to approve program protocols, maintain data on each newborn who receives services, and ensure that intervention is available to families for a newborn identified as having hearing loss. The bill would require the Department of Health to provide each birthing facility with the appropriate software for the program.

The bill would require the Medicaid program to provide a hearing screening for infants in the Medicaid program.

The bill would require that health benefit plans cover hearing screens.

Methodology

General Revenue and Federal Funds impact numbers in the tables above were calculated by the Department of Health.

The Department of Health assumes new costs would be incurred by the Medicaid program in association with the implementation of the provisions of this bill. Increased costs in the Program for Amplification for Children of Texas (PACT) for hearing aids, audiological assessments, etc. These would be reimbursed at the client services matching rate (approximately 39 percent state, 61 percent federal) .

The department assumes that distribution of software and technical assistance would be required. The state would receive a fifty-fifty match rate for software and training for costs allocated for Medicaid-eligible clients. Some proportion of the costs would be 100 percent General Revenue.

The department assumes some increased costs in both the Medicaid and non-Medicaid areas associated with the provisions requiring follow-up. These costs are estimated to be approximately $300,000 per fiscal year in the Medicaid program and approximately $130,000 per fiscal year for non-Medicaid clients. Medicaid costs are assumed to be matched at a fifty-fifty rate and non-Medicaid costs are assumed to be 100 percent General Revenue. The bill would require the department to ensure that intervention is available to families for a newborn identified as having a hearing loss and that the

intervention is managed by state programs operating under the Individuals with Disabilities Education Act. It is possible that this provision could result in increased referrals to the Interagency Council on Early Childhood Intervention, but the fiscal impact associated with this provision is not expected to be signficant.

The hospital reimbursement for the screen would become part of the Diagnosis Related Group (DRG) reimbursement in the Medicaid program. However, the Department of Health has not provided the dollar value of this impact; therefore, the cost estimates understate the impact to the General Revenue Fund.

Local Government Impact

Local costs are estimated to be approximately $660,000 per fiscal year. These costs are assumed to be the annual cost to local hospital districts in testing uninsured newborns.

Source Agencies: 501 Department of Health
LBB Staff: JK, TP, KF

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 76th Regular Session

April 6, 1999

TO: Honorable Patricia Gray, Chair, House Committee on Public Health

FROM: John Keel, Director, Legislative Budget Board

IN RE: **HB714** by Naishtat (Relating to hearing screening for newborn children.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for HB714, As Introduced: negative impact of $(230,573) through the biennium ending August 31, 2001.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2000	$(45,874)
2001	(184,699)
2002	(185,858)
2003	(186,631)
2004	(187,790)

All Funds, Five-Year Impact:

Fiscal Year	**Probable Savings/(Cost) from *General Revenue Fund* 0001**	**Probable Savings/(Cost) from *Federal Funds* 0555**
2000	$ (45,874)	$ (73,126)
2001	(184,699)	(293,301)
2002	(185,858)	(295,142)
2003	(186,631)	(296,369)
2004	(187,790)	(298,210)

Fiscal Analysis

The bill would require that a physician attending a newborn child or the person attending

11

the delivery of a newborn child ensure that the child is subjected to a screening test approved by the Department of Health for hearing impairments before the child is 181 days old.

Methodology

The Department of Health assumes that the only costs incurred by the department would be in the Medicaid program for hearing aids and audiological assessments and similar costs for children identified as having a hearing impairment.

The hospital reimbursement for the screen would become part of the Diagnosis Related Group (DRG) reimbursement in the Medicaid program. However, the Department of Health has not provided the dollar value of this impact; therefore, the cost estimates understate the fiscal impact to the General Revenue Fund.

Local Government Impact

It is likely that hospital districts would incur some additional costs to implement a universal hearing screening program for newborns.

Source Agencies: 454 Department Of Insurance, 501 Department of Health
LBB Staff: JK, TP, KF

as amended

By Naishtat H.B. No. 714

Substitute the following for H.B. No. 714:

By Maxey C.S.H.B. No. 714

A BILL TO BE ENTITLED

AN ACT

relating to the establishment of a newborn hearing screening, tracking, and intervention program.

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

SECTION 1. Subtitle B, Title 2, Health and Safety Code, is amended by adding Chapter 47 to read as follows:

CHAPTER 47. HEARING LOSS IN NEWBORNS

Sec. 47.001. DEFINITIONS. In this chapter:

(1) "Birth admission" means the time after birth that a newborn remains in the birthing facility before the newborn is discharged.

(2) "Birthing facility" means:

(A) a hospital licensed under Chapter 241 that offers obstetrical services and is located in a county with a population of more than 50,000; or

(B) a birthing center licensed under Chapter 244 that is located in a county with a population of more than 50,000.

(3) "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 4,000 Hz. As technological advances permit the detection of less severe hearing loss, the department may modify this definition by rule.

(4) "Infant" means a child who is at least 30 days but

who is younger than 24 months old.

(5) "Intervention or follow-up care" means the early intervention services described in ~~Subchapter~~ III, Individuals with Disabilities Education Act (20 U.S.C. Sections 1431-1445), as amended by Pub. L. No. 105-17.

(6) "Newborn" means a child younger than 30 days old.

(7) "Parent" means a natural parent, stepparent, adoptive parent, legal guardian, or other legal custodian of a child.

(8) "Physician" means a person licensed to practice medicine by the Texas State Board of Medical Examiners.

(9) "Program" means a newborn hearing screening, tracking, and intervention program certified by the department under this chapter.

Sec. 47.002. NEWBORN HEARING SCREENING, TRACKING, AND INTERVENTION PROGRAM. (a) A birthing facility, through a program certified by the department under Section 47.003, shall offer the parents of a newborn a hearing screening for the newborn for the identification of hearing loss. The screening shall be offered during the birth admission.

(b) The department or the department's designee shall approve program protocols.

(c) The department shall maintain data and information on each newborn who receives services under a program.

(d) The department shall ensure that intervention is available to families for a newborn identified as having hearing loss and that the intervention is managed by state programs

operating under the Individuals with Disabilities Education Act (20 U.S.C. Section 1400 et seq.).

(e) The department shall ensure that the intervention described by Subsection (d) is available for a newborn identified as having hearing loss through the time the child is an infant.

Sec. 47.003. CERTIFICATION OF SCREENING PROGRAMS. (a) The department or the department's designee shall establish certification criteria for implementing a program.

(b) In order to be certified, the program must:

(1) provide hearing screening using equipment recommended by the department;

(2) use appropriate staff to provide the screening;

(3) maintain and report data electronically as required by the department;

(4) distribute family and physician educational materials standardized by the department; and

(5) provide information, as recommended by the department, on follow-up services for newborns and infants with abnormal screening results.

(c) The department shall certify a program that meets and maintains the certification criteria.

(d) The department shall renew the certification of a program on a periodic basis as established by board rule in order to ensure quality services to newborns and families.

(e) A fee may not be charged to certify or recertify a program.

Sec. 47.004. INFORMATION CONCERNING SCREENING RESULTS AND

FOLLOW-UP CARE. (a) A birthing facility shall distribute to the parents of each newborn who is screened educational materials that are standardized by the department regarding screening results and follow-up care.

(b) A birthing facility shall report screening results to the parents, the physician, and the department.

(c) Appropriate and necessary care for the infant who needs follow-up care should be directed and coordinated by the infant's physician, with support from appropriate ancillary services.

Sec. 47.005. TECHNICAL ASSISTANCE BY DEPARTMENT. The department ~~shall~~ consult with a birthing facility and provide to the facility technical assistance associated with the implementation of a certified program.

Sec. 47.006. INFORMATION MANAGEMENT, REPORTING, AND TRACKING SYSTEM. (a) The department shall provide each birthing facility with the appropriate information management, reporting, and tracking software for the program. The information management, reporting, and tracking system must be capable of providing the department with information and data necessary to plan, monitor, and evaluate the program, including the program's screening, follow-up, diagnostic, and intervention components.

(b) A qualified hearing screening provider, hospital, audiologist, or intervention specialist may access the information management, reporting, and tracking system to provide information, where available, to the department, including information relating to:

(1) newborns born in each birthing facility;

(2) newborns screened during birth admission;

(3) newborns passing the birth admission screening;

(4) families refusing the birth admission screening;

(5) newborns who need follow-up care;

(6) infants who receive follow-up care;

(7) infants identified with hearing loss;

(8) infants at risk for progressive hearing loss;

(9) infants who are referred for intervention services; and

(10) case level information necessary to report required statistics to the Maternal and Child Health Bureau on an annual basis.

Sec. 47.007. CONFIDENTIALITY AND GENERAL ACCESS TO DATA. (a) The information management, reporting, and tracking system required by this chapter must meet confidentiality requirements in accordance with required state and federal privacy guidelines.

(b) Data obtained through the information management, reporting, and tracking system under this chapter are for the confidential use of the department, the department's designee, and the persons or public or private entities that the department determines are necessary to carry out the functions of the tracking system.

Sec. 47.008. IMMUNITY FROM LIABILITY. A birthing facility, a clinical laboratory, an audiologist, a physician, a registered nurse, or any other officer or employee of a birthing facility, a laboratory, a physician, or an audiologist is not criminally or civilly liable for furnishing information to the department or its

designee as required by this chapter.

SECTION 2. Section 36.004, Health and Safety Code, is amended by adding Subsection (i) to read as follows:

(i) A hearing screening performed under this section is in addition to any hearing screening test performed under Chapter 47.

SECTION 3. Section 32.024, Human Resources Code, is amended by adding Subsection (v) to read as follows:

(v) The department by rule shall provide a screening test for hearing loss as required by Chapter 47, Health and Safety Code, and any necessary diagnostic follow-up care related to the screening test to a child younger than 30 days old who receives medical assistance.

SECTION 4. Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, is amended by amending Sections 3 and 4 and adding Sections 5, 6, and 7 to read as follows:

Sec. 3. REQUIRED BENEFIT FOR CHILDHOOD IMMUNIZATIONS. [~~(a)~~] A health benefit plan that provides benefits for a family member of the insured shall provide coverage for each covered child described by Section 5 of this article [~~Subsection (b) of this section~~], from birth through the date the child is six years of age, for:

(1) immunization against:

(A) diphtheria;

(B) haemophilus influenzae type b;

(C) hepatitis B;

(D) measles;

(E) mumps;

(F) pertussis;

(G) polio;

(H) rubella;

(I) tetanus; and

(J) varicella; and

(2) any other immunization that is required by law for the child.

Sec. 4. REQUIRED BENEFITS FOR SCREENING TEST FOR HEARING IMPAIRMENT. (a) A health benefit plan that provides benefits for a family member of the insured shall provide coverage for each covered child described by Section 5 of this article for:

(1) a screening test for hearing loss from birth through the date the child is 30 days old, as required under Chapter 47, Health and Safety Code; and

(2) necessary diagnostic follow-up care related to the screening test from birth through the date the child is 24 months old.

(b) The commissioner may adopt rules to implement the requirement of this section.

(c) This section applies to any health benefit plan that provides coverage or benefits to a resident of this state, without regard to whether the issuer of the health benefit plan is located within or outside this state. This section does not require the issuer of a health benefit plan to provide coverage under this section for the child of a resident of this state who:

(1) is employed outside of this state; and

(2) is covered under a health benefit plan maintained

for the individual by the individual's employer as an employment benefit.

Sec. 5. COVERED CHILDREN. [~~(b)~~] A child is entitled to benefits under this article [~~section~~] if the child, as a result of the child's relationship to an enrollee in the health benefit plan, would be entitled to benefits under an accident and sickness insurance policy under Subsection (K), (L), or (M), Section 2, Chapter 397, Acts of the 54th Legislature, 1955 (Article 3.70-2, Vernon's Texas Insurance Code).

Sec. 6 [~~4~~]. APPLICATION OF DEDUCTIBLE, COPAYMENT, OR COINSURANCE REQUIREMENT [~~FIRST--DOLLAR--COVERAGE--REQUIRED~~]. (a) Benefits required under Section 3 of this article may not be made subject to a deductible, copayment, or coinsurance requirement. This subsection [~~(b)--Subsection--(a)--of--this-section~~] does not prohibit the application of a deductible, copayment, or coinsurance requirement to another service provided at the same time as the immunization.

(b) Benefits required under Section 4 of this article may be subject to copayment and coinsurance requirements, but may not be subject to a deductible requirement or dollar limit. The requirements of this subsection must be stated in the coverage document.

Sec. 7. RULES. The commissioner may adopt rules as necessary to implement this article.

SECTION 5. The heading of Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, is amended to read as follows:

Art. 21.53F. COVERAGE FOR CERTAIN BENEFITS FOR CHILDREN [~~CHILDHOOD IMMUNIZATIONS~~]

SECTION 6. (a) This Act takes effect September 1, 1999.

(b) Not later than May 1, 2000, each birthing facility with at least 1,000 births in a year shall offer newborn hearing screening during the birth admission as required by Section 47.002, Health and Safety Code, as added by this Act.

(c) Not later than April 1, 2001, each birthing facility shall offer the hearing screening during the birth admission as required by Section 47.002, Health and Safety Code, as added by this Act.

SECTION 7. The Texas Board of Health shall adopt the rules required by Section 47.003, Health and Safety Code, as added by this Act, not later than December 1, 1999.

SECTION 8. (a) Except as provided by Subsection (b) of this section, not later than January 1, 2000, the Health and Human Services Commission and each appropriate health and human services agency that operates part of the state medical assistance program under Chapter 32, Human Resources Code, shall adopt the rules required by Section 32.024(v), Human Resources Code, as added by this Act.

(b) If, before implementing Section 32.024(v), Human Resources Code, as added by this Act, the Health and Human Services Commission determines that a waiver or authorization from a federal agency is necessary for implementation, the commission shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 9. The change in law made by Section 4 of this Act applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2000. A health benefit plan that is delivered, issued for delivery, or renewed before January 1, 2000, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

SECTION 10. The importance of this legislation and the crowded condition of the calendars in both houses create an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended.

LIST OF HOUSE AMENDMENTS CONSIDERED TODAY

HB714-Second Reading

AMENDMENT#	AUTHOR	DESCRIPTION	ACTION
1	Naishtat	Amendment	Adopted
2	Naishtat	Amendment	Adopted
3	Gray	Amendment	Adopted
4	Chisum	Amendment	Adopted
5	Shields	Amendment	Adopted

761260

ADOPTED

MAY 07 1999

Chief Clerk
House of Representatives

FLOOR AMENDMENT NO. 1 BY [signature]

Amend C.S.H.B. No. 714 as follows:

(1) On page 2, between lines 14 and 15, insert a new Section 47.002, Health and Safety Code, to read as follows:

Sec. 47.002. APPLICABILITY OF CHAPTER. This chapter does not apply to a facility operated by a midwife as defined by Section 1, Texas Midwifery Act (Article 4512i, Vernon's Texas Civil Statutes).

(2) On page 2, line 15, strike "Sec. 47.002" and substitute "Sec. 47.003".

(3) On page 2, line 17, strike "Sec. 47.003" and substitute "Sec. 47.004".

(4) On page 3, line 6, strike "Sec. 47.003" and substitute "Sec. 47.004".

(5) On page 3, line 27, strike "Sec. 47.004" and substitute "Sec. 47.005".

(6) On page 4, line 10, strike "Sec. 47.005" and substitute "Sec. 47.006".

(7) On page 4, line 14, strike "Sec. 47.006" and substitute "Sec. 47.007".

(8) On page 5, line 13, strike "Sec. 47.007" and substitute "Sec. 47.008".

(9) On page 5, line 23, strike "Sec. 47.008" and substitute "Sec. 47.009".

(10) On page 9, line 6, strike "Section 47.002" and substitute "Section 47.003".

(11) On page 9, line 10, strike "Section 47.002" and substitute "Section 47.003".

(12) On page 9, line 13, strike "Section 47.003" and substitute "Section 47.004".

761288

ADOPTED

MAY 07

FLOOR AMENDMENT NO. 2 BY Naishtat

Amend C.S.H.B. No. 714 as follows:

(1) On page 2, line 23, strike "shall" and substitute "may".

(2) On page 3, line 20, strike "shall" and substitute "may".

(3) On page 3, line 22, strike "shall" and substitute "may".

(4) On page 4, line 1, between "facility" and "shall" insert "that operates a program".

(5) On page 4, line 5, between "facility" and "shall" insert "that operates a program".

(6) On page 4, line 11, strike "shall" and substitute "may".

(7) On page 4, line 15, after "facility" insert "that provides newborn hearing screening under the state's medical assistance program, provided under Chapter 32, Human Resources Code,".

~~(8) On page 4, line 17, between "facility" and "," insert "that operates a program".~~

(8) On page 5, line 15, strike "required by" and substitute "provided in accordance with".

(9) On page 6, line 9, strike "as required by" and substitute "in accordance with".

(10) On page 7, line 13, strike "required under" and substitute "provided by".

(11) On page 9, line 4, between "facility" and "with" insert "that operates a program".

(12) On page 9, line 6, strike "required ~~under~~ by" and substitute "provided by".

(13) On page 9, line 8, between "facility" and "shall" insert "that operates a program".

(14) On page 9, line 10, strike "required by" and substitute "in accordance with".

761246

FLOOR AMENDMENT NO. 3 BY Gray

Amend C.S.H.B. 714 as follows:

(1) On page 1, line 17, insert the following after "50,000" and before the period: ", and that has 100 births or more per year".

(2) On page 1, line 18, insert a new subsection (3) to read as follows and renumber the remaining subsections as needed:

(3) "Health Care Provider" means a registered nurse recognized as an advanced practice nurse by the Board of Nurse Examiners or a physician assistant licensed by the Texas State Board of Physician Assistant Examiners.

(3) On page 3, line 15, after "family" and before "and", insert ", health care provider".

(4) On page 4, line 6, after "the" and before "physician", insert "newborn's attending", and after "physician" and before the comma, insert "or health care provider".

(5) On page 4, line 9, after "physician" and before the comma, insert "or health care provider".

(6) On page 5, line 24, after "audiologist," and before "a", insert "a health care provider,".

ADOPTED

MAY 07 1999

Chief Clerk

House of Representatives

761242 ->

ADOPTED

MAY 3 7 1999

FLOOR AMENDMENT NO. 4 BY Cousin

Amend C.S.H.B. No. 714 as follows:

(1) On page 2, line 20, before the period insert "and the parents shall be informed that information may be provided to the department upon their written consent if hearing loss is identified".

(2) On page 3, line 17, between the comma and "as" insert "upon the parents' consent".

(3) On page 4, strike line 27.

(4) On page 5, strike lines 1-4.

(5) On page 5, strike line 7.

(6) On page 5, line 13, add subsection (c) to read as follows:
"(c) The department shall ensure that the written consent of a parent is obtained before a newborn is included in the information management, reporting, and tracking system or any information relating to the newborn or infant is released through the system.".

(7) On page 5, line 23, add subsection (c) to read as follows:
"(c) The department by rule shall develop guidelines to protect the confidentiality of patients in accordance with Section 5.08, Medical Practice Act (Article 4495b, Vernon's Texas Civil Statutes), and require the written consent of a parent or guardian of a patient before any information is provided to the department as set out in this chapter. The department shall permit a parent or guardian at any time to withdraw information provided to the department under this chapter."

(8) Renumber the bill appropriately.

761287 ->

ADOPTED

MAY 07 1999

Chief Clerk
House of Representatives

FLOOR AMENDMENT NO. 5 BY Janek E. Reyna

Amend C.S.H.B. No. 714 as follows:

(1) On page 5 line 27, between "information" and "to the department" insert "in good faith".

(2) On page 6, line 1, following the period, insert: "This section does not apply to information gathered and furnished after a parent of a newborn or infant declined screening offered through a program.".

2ND READING
ENGROSSMENT

By Naishtat

H.B. No. 714

A BILL TO BE ENTITLED

AN ACT

relating to the establishment of a newborn hearing screening, tracking, and intervention program.

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

SECTION 1. Subtitle B, Title 2, Health and Safety Code, is amended by adding Chapter 47 to read as follows:

CHAPTER 47. HEARING LOSS IN NEWBORNS

Sec. 47.001. DEFINITIONS. In this chapter:

(1) "Birth admission" means the time after birth that a newborn remains in the birthing facility before the newborn is discharged.

(2) "Birthing facility" means:

(A) a hospital licensed under Chapter 241 that offers obstetrical services and is located in a county with a population of more than 50,000; or

(B) a birthing center licensed under Chapter 244 that is located in a county with a population of more than 50,000 and that has 100 or more births per year.

(3) "Health care provider" means a registered nurse recognized as an advanced practice nurse by the Board of Nurse Examiners or a physician assistant licensed by the Texas State Board of Physician Assistant Examiners.

(4) "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 4,000 Hz. As technological advances permit the detection of less severe hearing loss, the department may modify this definition by rule.

(5) "Infant" means a child who is at least 30 days but who is younger than 24 months old.

(6) "Intervention or follow-up care" means the early intervention services described in Part C, Individuals with Disabilities Education Act (20 U.S.C. Sections 1431-1445), as amended by Pub. L. No. 105-17.

(7) "Newborn" means a child younger than 30 days old.

(8) "Parent" means a natural parent, stepparent, adoptive parent, legal guardian, or other legal custodian of a child.

(9) "Physician" means a person licensed to practice medicine by the Texas State Board of Medical Examiners.

(10) "Program" means a newborn hearing screening, tracking, and intervention program certified by the department under this chapter.

Sec. 47.002. APPLICABILITY OF CHAPTER. This chapter does not apply to a facility operated by a midwife as defined by Section 1, Texas Midwifery Act (Article 4512i, Vernon's Texas Civil Statutes).

Sec. 47.003. NEWBORN HEARING SCREENING, TRACKING, AND INTERVENTION PROGRAM. (a) A birthing facility, through a program certified by the department under Section 47.004, shall offer the parents of a newborn a hearing screening for the newborn for the

identification of hearing loss. The screening shall be offered during the birth admission, and the parents shall be informed that information may be provided to the department upon their written consent if hearing loss is identified.

(b) The department or the department's designee shall approve program protocols.

(c) The department may maintain data and information on each newborn who receives services under a program.

(d) The department shall ensure that intervention is available to families for a newborn identified as having hearing loss and that the intervention is managed by state programs operating under the Individuals with Disabilities Education Act (20 U.S.C. Section 1400 et seq.).

(e) The department shall ensure that the intervention described by Subsection (d) is available for a newborn identified as having hearing loss through the time the child is an infant.

Sec. 47.004. CERTIFICATION OF SCREENING PROGRAMS. (a) The department or the department's designee shall establish certification criteria for implementing a program.

(b) In order to be certified, the program must:

(1) provide hearing screening using equipment recommended by the department;

(2) use appropriate staff to provide the screening;

(3) maintain and report data electronically as required by the department;

(4) distribute family, health care provider, and physician educational materials standardized by the department; and

(5) provide information, upon the parents' consent, as recommended by the department, on follow-up services for newborns and infants with abnormal screening results.

(c) The department may certify a program that meets and maintains the certification criteria.

(d) The department may renew the certification of a program on a periodic basis as established by board rule in order to ensure quality services to newborns and families.

(e) A fee may not be charged to certify or recertify a program.

Sec. 47.005. INFORMATION CONCERNING SCREENING RESULTS AND FOLLOW-UP CARE. (a) A birthing facility that operates a program shall distribute to the parents of each newborn who is screened educational materials that are standardized by the department regarding screening results and follow-up care.

(b) A birthing facility that operates a program shall report screening results to the parents, the newborn's attending physician or health care provider, and the department.

(c) Appropriate and necessary care for the infant who needs follow-up care should be directed and coordinated by the infant's physician or health care provider, with support from appropriate ancillary services.

Sec. 47.006. TECHNICAL ASSISTANCE BY DEPARTMENT. The department may consult with a birthing facility and provide to the facility technical assistance associated with the implementation of a certified program.

Sec. 47.007. INFORMATION MANAGEMENT, REPORTING, AND TRACKING

SYSTEM. (a) The department shall provide each birthing facility that provides newborn hearing screening under the state's medical assistance program provided under Chapter 32, Human Resources Code, with the appropriate information management, reporting, and tracking software for the program. The information management, reporting, and tracking system must be capable of providing the department with information and data necessary to plan, monitor, and evaluate the program, including the program's screening, follow-up, diagnostic, and intervention components.

(b) A qualified hearing screening provider, hospital, audiologist, or intervention specialist may access the information management, reporting, and tracking system to provide information, where available, to the department, including information relating to:

(1) infants who receive follow-up care;

(2) infants identified with hearing loss;

(3) infants who are referred for intervention services; and

(4) case level information necessary to report required statistics to the Maternal and Child Health Bureau on an annual basis.

(c) The department shall ensure that the written consent of a parent is obtained before a newborn is included in the information management, reporting, and tracking system or any information relating to the newborn or infant is released through the system.

Sec. 47.008. CONFIDENTIALITY AND GENERAL ACCESS TO DATA.

(a) The information management, reporting, and tracking system provided in accordance with this chapter must meet confidentiality requirements in accordance with required state and federal privacy guidelines.

(b) Data obtained through the information management, reporting, and tracking system under this chapter are for the confidential use of the department, the department's designee, and the persons or public or private entities that the department determines are necessary to carry out the functions of the tracking system.

(c) The department by rule shall develop guidelines to protect the confidentiality of patients in accordance with Section 5.08, Medical Practice Act (Article 4495b, Vernon's Texas Civil Statutes), and require the written consent of a parent or guardian of a patient before any information is provided to the department as set out in this chapter. The department shall permit a parent or guardian at any time to withdraw information provided to the department under this chapter.

Sec. 47.009. IMMUNITY FROM LIABILITY. A birthing facility, a clinical laboratory, an audiologist, a health care provider, a physician, a registered nurse, or any other officer or employee of a birthing facility, a laboratory, a physician, or an audiologist is not criminally or civilly liable for furnishing information in good faith to the department or its designee as required by this chapter. This section does not apply to information gathered and furnished after a parent of a newborn or infant declined screening offered through a program.

SECTION 2. Section 36.004, Health and Safety Code, is amended by adding Subsection (i) to read as follows:

(i) A hearing screening performed under this section is in addition to any hearing screening test performed under Chapter 47.

SECTION 3. Section 32.024, Human Resources Code, is amended by adding Subsection (v) to read as follows:

(v) The department by rule shall provide a screening test for hearing loss in accordance with Chapter 47, Health and Safety Code, and any necessary diagnostic follow-up care related to the screening test to a child younger than 30 days old who receives medical assistance.

SECTION 4. Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, is amended by amending Sections 3 and 4 and adding Sections 5, 6, and 7 to read as follows:

Sec. 3. REQUIRED BENEFIT FOR CHILDHOOD IMMUNIZATIONS. [~~(a)~~] A health benefit plan that provides benefits for a family member of the insured shall provide coverage for each covered child described by Section 5 of this article [~~Subsection (b) of this section~~], from birth through the date the child is six years of age, for:

(1) immunization against:

(A) diphtheria;

(B) haemophilus influenzae type b;

(C) hepatitis B;

(D) measles;

(E) mumps;

(F) pertussis;

(G) polio;

(H) rubella;

(I) tetanus; and

(J) varicella; and

(2) any other immunization that is required by law for the child.

Sec. 4. REQUIRED BENEFITS FOR SCREENING TEST FOR HEARING IMPAIRMENT. (a) A health benefit plan that provides benefits for a family member of the insured shall provide coverage for each covered child described by Section 5 of this article for:

(1) a screening test for hearing loss from birth through the date the child is 30 days old, as provided by Chapter 47, Health and Safety Code; and

(2) necessary diagnostic follow-up care related to the screening test from birth through the date the child is 24 months old.

(b) The commissioner may adopt rules to implement the requirement of this section.

(c) This section applies to any health benefit plan that provides coverage or benefits to a resident of this state, without regard to whether the issuer of the health benefit plan is located within or outside this state. This section does not require the issuer of a health benefit plan to provide coverage under this section for the child of a resident of this state who:

(1) is employed outside of this state; and

(2) is covered under a health benefit plan maintained for the individual by the individual's employer as an employment

benefit.

Sec. 5. COVERED CHILDREN. [~~(b)~~] A child is entitled to benefits under this article [~~section~~] if the child, as a result of the child's relationship to an enrollee in the health benefit plan, would be entitled to benefits under an accident and sickness insurance policy under Subsection (K), (L), or (M), Section 2, Chapter 397, Acts of the 54th Legislature, 1955 (Article 3.70-2, Vernon's Texas Insurance Code).

Sec. 6 [~~4~~]. APPLICATION OF DEDUCTIBLE, COPAYMENT, OR COINSURANCE REQUIREMENT [~~FIRST--DOLLAR--COVERAGE--REQUIRED~~]. (a) Benefits required under Section 3 of this article may not be made subject to a deductible, copayment, or coinsurance requirement. This subsection [~~(b)-Subsection--(a)--of--this--section~~] does not prohibit the application of a deductible, copayment, or coinsurance requirement to another service provided at the same time as the immunization.

(b) Benefits required under Section 4 of this article may be subject to copayment and coinsurance requirements, but may not be subject to a deductible requirement or dollar limit. The requirements of this subsection must be stated in the coverage document.

Sec. 7. RULES. The commissioner may adopt rules as necessary to implement this article.

SECTION 5. The heading of Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, is amended to read as follows:

Art. 21.53F. COVERAGE FOR CERTAIN BENEFITS FOR CHILDREN

[~~CHILDHOOD IMMUNIZATIONS~~]

SECTION 6. (a) This Act takes effect September 1, 1999.

(b) Not later than May 1, 2000, each birthing facility that operates a program with at least 1,000 births in a year shall offer newborn hearing screening during the birth admission as provided by Section 47.003, Health and Safety Code, as added by this Act.

(c) Not later than April 1, 2001, each birthing facility that operates a program shall offer the hearing screening during the birth admission in accordance with Section 47.003, Health and Safety Code, as added by this Act.

SECTION 7. The Texas Board of Health shall adopt the rules required by Section 47.004, Health and Safety Code, as added by this Act, not later than December 1, 1999.

SECTION 8. (a) Except as provided by Subsection (b) of this section, not later than January 1, 2000, the Health and Human Services Commission and each appropriate health and human services agency that operates part of the state medical assistance program under Chapter 32, Human Resources Code, shall adopt the rules required by Section 32.024(v), Human Resources Code, as added by this Act.

(b) If, before implementing Section 32.024(v), Human Resources Code, as added by this Act, the Health and Human Services Commission determines that a waiver or authorization from a federal agency is necessary for implementation, the commission shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 9. The change in law made by Section 4 of this Act

applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2000. A health benefit plan that is delivered, issued for delivery, or renewed before January 1, 2000, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

SECTION 10. The importance of this legislation and the crowded condition of the calendars in both houses create an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended.

HOUSE ENGROSSMENT

By Naishtat, Coleman, Capelo, Dukes, et al. H.B. No. 714

A BILL TO BE ENTITLED

AN ACT

relating to the establishment of a newborn hearing screening, tracking, and intervention program.

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

SECTION 1. Subtitle B, Title 2, Health and Safety Code, is amended by adding Chapter 47 to read as follows:

CHAPTER 47. HEARING LOSS IN NEWBORNS

Sec. 47.001. DEFINITIONS. In this chapter:

(1) "Birth admission" means the time after birth that a newborn remains in the birthing facility before the newborn is discharged.

(2) "Birthing facility" means:

(A) a hospital licensed under Chapter 241 that offers obstetrical services and is located in a county with a population of more than 50,000; or

(B) a birthing center licensed under Chapter 244 that is located in a county with a population of more than 50,000 and that has 100 or more births per year.

(3) "Health care provider" means a registered nurse recognized as an advanced practice nurse by the Board of Nurse Examiners or a physician assistant licensed by the Texas State Board of Physician Assistant Examiners.

(4) "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 4,000 Hz. As technological advances permit the detection of less severe hearing loss, the department may modify this definition by rule.

(5) "Infant" means a child who is at least 30 days but who is younger than 24 months old.

(6) "Intervention or follow-up care" means the early intervention services described in Part C, Individuals with Disabilities Education Act (20 U.S.C. Sections 1431-1445), as amended by Pub. L. No. 105-17.

(7) "Newborn" means a child younger than 30 days old.

(8) "Parent" means a natural parent, stepparent, adoptive parent, legal guardian, or other legal custodian of a child.

(9) "Physician" means a person licensed to practice medicine by the Texas State Board of Medical Examiners.

(10) "Program" means a newborn hearing screening, tracking, and intervention program certified by the department under this chapter.

Sec. 47.002. APPLICABILITY OF CHAPTER. This chapter does not apply to a facility operated by a midwife as defined by Section 1, Texas Midwifery Act (Article 4512i, Vernon's Texas Civil Statutes).

Sec. 47.003. NEWBORN HEARING SCREENING, TRACKING, AND INTERVENTION PROGRAM. (a) A birthing facility, through a program certified by the department under Section 47.004, shall offer the parents of a newborn a hearing screening for the newborn for the

identification of hearing loss. The screening shall be offered during the birth admission, and the parents shall be informed that information may be provided to the department upon their written consent if hearing loss is identified.

(b) The department or the department's designee shall approve program protocols.

(c) The department may maintain data and information on each newborn who receives services under a program.

(d) The department shall ensure that intervention is available to families for a newborn identified as having hearing loss and that the intervention is managed by state programs operating under the Individuals with Disabilities Education Act (20 U.S.C. Section 1400 et seq.).

(e) The department shall ensure that the intervention described by Subsection (d) is available for a newborn identified as having hearing loss through the time the child is an infant.

Sec. 47.004. CERTIFICATION OF SCREENING PROGRAMS. (a) The department or the department's designee shall establish certification criteria for implementing a program.

(b) In order to be certified, the program must:

(1) provide hearing screening using equipment recommended by the department;

(2) use appropriate staff to provide the screening;

(3) maintain and report data electronically as required by the department;

(4) distribute family, health care provider, and physician educational materials standardized by the department; and

(5) provide information, upon the parents' consent, as recommended by the department, on follow-up services for newborns and infants with abnormal screening results.

(c) The department may certify a program that meets and maintains the certification criteria.

(d) The department may renew the certification of a program on a periodic basis as established by board rule in order to ensure quality services to newborns and families.

(e) A fee may not be charged to certify or recertify a program.

Sec. 47.005. INFORMATION CONCERNING SCREENING RESULTS AND FOLLOW-UP CARE. (a) A birthing facility that operates a program shall distribute to the parents of each newborn who is screened educational materials that are standardized by the department regarding screening results and follow-up care.

(b) A birthing facility that operates a program shall report screening results to the parents, the newborn's attending physician or health care provider, and the department.

(c) Appropriate and necessary care for the infant who needs follow-up care should be directed and coordinated by the infant's physician or health care provider, with support from appropriate ancillary services.

Sec. 47.006. TECHNICAL ASSISTANCE BY DEPARTMENT. The department may consult with a birthing facility and provide to the facility technical assistance associated with the implementation of a certified program.

Sec. 47.007. INFORMATION MANAGEMENT, REPORTING, AND TRACKING

SYSTEM. (a) The department shall provide each birthing facility that provides newborn hearing screening under the state's medical assistance program provided under Chapter 32, Human Resources Code, with the appropriate information management, reporting, and tracking software for the program. The information management, reporting, and tracking system must be capable of providing the department with information and data necessary to plan, monitor, and evaluate the program, including the program's screening, follow-up, diagnostic, and intervention components.

(b) A qualified hearing screening provider, hospital, audiologist, or intervention specialist may access the information management, reporting, and tracking system to provide information, where available, to the department, including information relating to:

(1) infants who receive follow-up care;

(2) infants identified with hearing loss;

(3) infants who are referred for intervention services; and

(4) case level information necessary to report required statistics to the Maternal and Child Health Bureau on an annual basis.

(c) The department shall ensure that the written consent of a parent is obtained before a newborn is included in the information management, reporting, and tracking system or any information relating to the newborn or infant is released through the system.

Sec. 47.008. CONFIDENTIALITY AND GENERAL ACCESS TO DATA.

(a) The information management, reporting, and tracking system provided in accordance with this chapter must meet confidentiality requirements in accordance with required state and federal privacy guidelines.

(b) Data obtained through the information management, reporting, and tracking system under this chapter are for the confidential use of the department, the department's designee, and the persons or public or private entities that the department determines are necessary to carry out the functions of the tracking system.

(c) The department by rule shall develop guidelines to protect the confidentiality of patients in accordance with Section 5.08, Medical Practice Act (Article 4495b, Vernon's Texas Civil Statutes), and require the written consent of a parent or guardian of a patient before any information is provided to the department as set out in this chapter. The department shall permit a parent or guardian at any time to withdraw information provided to the department under this chapter.

Sec. 47.009. IMMUNITY FROM LIABILITY. A birthing facility, a clinical laboratory, an audiologist, a health care provider, a physician, a registered nurse, or any other officer or employee of a birthing facility, a laboratory, a physician, or an audiologist is not criminally or civilly liable for furnishing information in good faith to the department or its designee as required by this chapter. This section does not apply to information gathered and furnished after a parent of a newborn or infant declined screening offered through a program.

SECTION 2. Section 36.004, Health and Safety Code, is amended by adding Subsection (i) to read as follows:

(i) A hearing screening performed under this section is in addition to any hearing screening test performed under Chapter 47.

SECTION 3. Section 32.024, Human Resources Code, is amended by adding Subsection (v) to read as follows:

(v) The department by rule shall provide a screening test for hearing loss in accordance with Chapter 47, Health and Safety Code, and any necessary diagnostic follow-up care related to the screening test to a child younger than 30 days old who receives medical assistance.

SECTION 4. Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, is amended by amending Sections 3 and 4 and adding Sections 5, 6, and 7 to read as follows:

Sec. 3. REQUIRED BENEFIT FOR CHILDHOOD IMMUNIZATIONS. [~~(a)~~] A health benefit plan that provides benefits for a family member of the insured shall provide coverage for each covered child described by Section 5 of this article [~~Subsection (b) of this section~~], from birth through the date the child is six years of age, for:

(1) immunization against:

(A) diphtheria;

(B) haemophilus influenzae type b;

(C) hepatitis B;

(D) measles;

(E) mumps;

(F) pertussis;

(G) polio;

(H) rubella;

(I) tetanus; and

(J) varicella; and

(2) any other immunization that is required by law for the child.

Sec. 4. REQUIRED BENEFITS FOR SCREENING TEST FOR HEARING IMPAIRMENT. (a) A health benefit plan that provides benefits for a family member of the insured shall provide coverage for each covered child described by Section 5 of this article for:

(1) a screening test for hearing loss from birth through the date the child is 30 days old, as provided by Chapter 47, Health and Safety Code; and

(2) necessary diagnostic follow-up care related to the screening test from birth through the date the child is 24 months old.

(b) The commissioner may adopt rules to implement the requirement of this section.

(c) This section applies to any health benefit plan that provides coverage or benefits to a resident of this state, without regard to whether the issuer of the health benefit plan is located within or outside this state. This section does not require the issuer of a health benefit plan to provide coverage under this section for the child of a resident of this state who:

(1) is employed outside of this state; and

(2) is covered under a health benefit plan maintained for the individual by the individual's employer as an employment

benefit.

Sec. 5. COVERED CHILDREN. [~~(b)~~] A child is entitled to benefits under this article [~~section~~] if the child, as a result of the child's relationship to an enrollee in the health benefit plan, would be entitled to benefits under an accident and sickness insurance policy under Subsection (K), (L), or (M), Section 2, Chapter 397, Acts of the 54th Legislature, 1955 (Article 3.70-2, Vernon's Texas Insurance Code).

Sec. 6 [~~4~~]. APPLICATION OF DEDUCTIBLE, COPAYMENT, OR COINSURANCE REQUIREMENT [~~FIRST--DOLLAR--COVERAGE--REQUIRED~~]. (a) Benefits required under Section 3 of this article may not be made subject to a deductible, copayment, or coinsurance requirement. This subsection [~~(b)-Subsection--(a)--of--this--section~~] does not prohibit the application of a deductible, copayment, or coinsurance requirement to another service provided at the same time as the immunization.

(b) Benefits required under Section 4 of this article may be subject to copayment and coinsurance requirements, but may not be subject to a deductible requirement or dollar limit. The requirements of this subsection must be stated in the coverage document.

Sec. 7. RULES. The commissioner may adopt rules as necessary to implement this article.

SECTION 5. The heading of Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, is amended to read as follows:

Art. 21.53F. COVERAGE FOR CERTAIN BENEFITS FOR CHILDREN

[~~CHILDHOOD IMMUNIZATIONS~~]

SECTION 6. (a) This Act takes effect September 1, 1999.

(b) Not later than May 1, 2000, each birthing facility that operates a program with at least 1,000 births in a year shall offer newborn hearing screening during the birth admission as provided by Section 47.003, Health and Safety Code, as added by this Act.

(c) Not later than April 1, 2001, each birthing facility that operates a program shall offer the hearing screening during the birth admission in accordance with Section 47.003, Health and Safety Code, as added by this Act.

SECTION 7. The Texas Board of Health shall adopt the rules required by Section 47.004, Health and Safety Code, as added by this Act, not later than December 1, 1999.

SECTION 8. (a) Except as provided by Subsection (b) of this section, not later than January 1, 2000, the Health and Human Services Commission and each appropriate health and human services agency that operates part of the state medical assistance program under Chapter 32, Human Resources Code, shall adopt the rules required by Section 32.024(v), Human Resources Code, as added by this Act.

(b) If, before implementing Section 32.024(v), Human Resources Code, as added by this Act, the Health and Human Services Commission determines that a waiver or authorization from a federal agency is necessary for implementation, the commission shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 9. The change in law made by Section 4 of this Act

applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2000. A health benefit plan that is delivered, issued for delivery, or renewed before January 1, 2000, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

SECTION 10. The importance of this legislation and the crowded condition of the calendars in both houses create an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended.

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 76th Regular Session

April 11, 1999

TO: Honorable Patricia Gray, Chair, House Committee on Public Health

FROM: John Keel, Director, Legislative Budget Board

IN RE: **HB714** by Naishtat (Relating to the establishment of a newborn hearing screening, tracking, and intervention program), **Committee Report 1st House, Substituted**

Estimated Two-year Net Impact to General Revenue Related Funds for HB714, Committee Report 1st House, Substituted: negative impact of $(4,297,933) through the biennium ending August 31, 2001.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2000	$(2,605,906)
2001	(1,692,027)
2002	(618,005)
2003	(618,778)
2004	(619,937)

All Funds, Five-Year Impact:

Fiscal Year	**Probable Savings/(Cost) from *General Revenue Fund* 0001**	**Probable Savings/(Cost) from *Federal Funds* 0555**	**Probable Savings/(Cost) from *Local***
2000	$ (2,605,906)	$ (1,024,291)	$ (660,000)
2001	(1,692,027)	(767,647)	(660,000)
2002	(618,005)	(481,309)	(660,000)
2003	(618,778)	(482,536)	(660,000)
2004	(619,937)	(484,377)	(660,000)

Technology Impact

Software licenses for the newborn hearing screening reporting software is assumed to total $1.2 million in fiscal year 2000. The service plan for implementation of the software, according to the Department of Health, is $750,000 in fiscal year 2000 and $750,000 in fiscal year 2001.

Fiscal Analysis

The bill would require a birthing facility to offer the parents of a newborn a hearing screening for the newborn for the detection of hearing loss. The Department of Health would be required to approve program protocols, maintain data on each newborn who receives services, and ensure that intervention is available to families for a newborn identified as having hearing loss. The bill would require the Department of Health to provide each birthing facility with the appropriate software for the program.

The bill would require the Medicaid program to provide a hearing screening for infants in the Medicaid program.

The bill would require that health benefit plans cover hearing screens.

Methodology

General Revenue and Federal Funds impact numbers in the tables above were calculated by the Department of Health.

The Department of Health assumes new costs would be incurred by the Medicaid program in association with the implementation of the provisions of this bill. Increased costs in the Program for Amplification for Children of Texas (PACT) for hearing aids, audiological assessments, etc. These would be reimbursed at the client services matching rate (approximately 39 percent state, 61 percent federal) .

The department assumes that distribution of software and technical assistance would be required. The state would receive a fifty-fifty match rate for software and training for costs allocated for Medicaid-eligible clients. Some proportion of the costs would be 100 percent General Revenue.

The department assumes some increased costs in both the Medicaid and non-Medicaid areas associated with the provisions requiring follow-up. These costs are estimated to be approximately $300,000 per fiscal year in the Medicaid program and approximately $130,000 per fiscal year for non-Medicaid clients. Medicaid costs are assumed to be matched at a fifty-fifty rate and non-Medicaid costs are assumed to be 100 percent General Revenue. The bill would require the department to ensure that intervention is available to families for a newborn identified as having a hearing loss and that the

intervention is managed by state programs operating under the Individuals with Disabilities Education Act. It is possible that this provision could result in increased referrals to the Interagency Council on Early Childhood Intervention, but the fiscal impact associated with this provision is not expected to be signficant.

The hospital reimbursement for the screen would become part of the Diagnosis Related Group (DRG) reimbursement in the Medicaid program. However, the Department of Health has not provided the dollar value of this impact; therefore, the cost estimates understate the impact to the General Revenue Fund.

Local Government Impact

Local costs are estimated to be approximately $660,000 per fiscal year. These costs are assumed to be the annual cost to local hospital districts in testing uninsured newborns.

Source Agencies: 501 Department of Health
LBB Staff: JK, TP, KF

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 76th Regular Session

April 6, 1999

TO: Honorable Patricia Gray, Chair, House Committee on Public Health

FROM: John Keel, Director, Legislative Budget Board

IN RE: **HB714** by Naishtat (Relating to hearing screening for newborn children.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for HB714, As Introduced: negative impact of $(230,573) through the biennium ending August 31, 2001.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2000	$(45,874)
2001	(184,699)
2002	(185,858)
2003	(186,631)
2004	(187,790)

All Funds, Five-Year Impact:

Fiscal Year	**Probable Savings/(Cost) from *General Revenue Fund* 0001**	**Probable Savings/(Cost) from *Federal Funds* 0555**
2000	$ (45,874)	$ (73,126)
2001	(184,699)	(293,301)
2002	(185,858)	(295,142)
2003	(186,631)	(296,369)
2004	(187,790)	(298,210)

Fiscal Analysis

The bill would require that a physician attending a newborn child or the person attending

4

the delivery of a newborn child ensure that the child is subjected to a screening test approved by the Department of Health for hearing impairments before the child is 181 days old.

Methodology

The Department of Health assumes that the only costs incurred by the department would be in the Medicaid program for hearing aids and audiological assessments and similar costs for children identified as having a hearing impairment.

The hospital reimbursement for the screen would become part of the Diagnosis Related Group (DRG) reimbursement in the Medicaid program. However, the Department of Health has not provided the dollar value of this impact; therefore, the cost estimates understate the fiscal impact to the General Revenue Fund.

Local Government Impact

It is likely that hospital districts would incur some additional costs to implement a universal hearing screening program for newborns.

Source Agencies: 454 Department Of Insurance, 501 Department of Health
LBB Staff: JK, TP, KF

By: Naishtat, et al. (Senate Sponsor - Moncrief) H.B. No. 714

(In the Senate - Received from the House May 10, 1999; May 10, 1999, read first time and referred to Committee on Health Services; May 14, 1999, reported favorably, as amended, by the following vote: Yeas 5, Nays 0; May 14, 1999, sent to printer.)

COMMITTEE AMENDMENT NO. 1 By: Moncrief

Amend H.B. No. 714, adding an appropriately numbered SECTION to read as follows:

"SECTION 10. This Act takes effect only if a specific appropriation for the implementation of this Act is provided in H.B. No. 1 (General Appropriations Act), Acts of the 76th Legislature, Regular Session, 1999. If no specific appropriation is provided in H.B. No. 1, the General Appropriations Act, this Act has no effect."

Renumber subsequent section.

A BILL TO BE ENTITLED
AN ACT

relating to the establishment of a newborn hearing screening, tracking, and intervention program.

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

SECTION 1. Subtitle B, Title 2, Health and Safety Code, is amended by adding Chapter 47 to read as follows:

CHAPTER 47. HEARING LOSS IN NEWBORNS

Sec. 47.001. DEFINITIONS. In this chapter:

(1) "Birth admission" means the time after birth that a newborn remains in the birthing facility before the newborn is discharged.

(2) "Birthing facility" means:

(A) a hospital licensed under Chapter 241 that offers obstetrical services and is located in a county with a population of more than 50,000; or

(B) a birthing center licensed under Chapter 244 that is located in a county with a population of more than 50,000 and that has 100 or more births per year.

(3) "Health care provider" means a registered nurse recognized as an advanced practice nurse by the Board of Nurse Examiners or a physician assistant licensed by the Texas State Board of Physician Assistant Examiners.

(4) "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 4,000 Hz. As technological advances permit the detection of less severe hearing loss, the department may modify this definition by rule.

(5) "Infant" means a child who is at least 30 days but who is younger than 24 months old.

(6) "Intervention or follow-up care" means the early intervention services described in Part C, Individuals with Disabilities Education Act (20 U.S.C. Sections 1431-1445), as amended by Pub. L. No. 105-17.

(7) "Newborn" means a child younger than 30 days old.

(8) "Parent" means a natural parent, stepparent, adoptive parent, legal guardian, or other legal custodian of a child.

(9) "Physician" means a person licensed to practice medicine by the Texas State Board of Medical Examiners.

(10) "Program" means a newborn hearing screening, tracking, and intervention program certified by the department under this chapter.

Sec. 47.002. APPLICABILITY OF CHAPTER. This chapter does not apply to a facility operated by a midwife as defined by Section 1, Texas Midwifery Act (Article 4512i, Vernon's Texas Civil Statutes).

Sec. 47.003. NEWBORN HEARING SCREENING, TRACKING, AND INTERVENTION PROGRAM. (a) A birthing facility, through a program certified by the department under Section 47.004, shall offer the parents of a newborn a hearing screening for the newborn for the identification of hearing loss. The screening shall be offered during the birth admission, and the parents shall be informed that information may be provided to the department upon their written consent if hearing loss is identified.

(b) The department or the department's designee shall approve program protocols.

(c) The department may maintain data and information on each newborn who receives services under a program.

(d) The department shall ensure that intervention is available to families for a newborn identified as having hearing loss and that the intervention is managed by state programs operating under the Individuals with Disabilities Education Act (20 U.S.C. Section 1400 et seq.).

(e) The department shall ensure that the intervention described by Subsection (d) is available for a newborn identified as having hearing loss through the time the child is an infant.

Sec. 47.004. CERTIFICATION OF SCREENING PROGRAMS. (a) The department or the department's designee shall establish certification criteria for implementing a program.

(b) In order to be certified, the program must:

(1) provide hearing screening using equipment recommended by the department;

(2) use appropriate staff to provide the screening;

(3) maintain and report data electronically as required by the department;

(4) distribute family, health care provider, and physician educational materials standardized by the department; and

(5) provide information, upon the parents' consent, as recommended by the department, on follow-up services for newborns and infants with abnormal screening results.

(c) The department may certify a program that meets and maintains the certification criteria.

(d) The department may renew the certification of a program on a periodic basis as established by board rule in order to ensure quality services to newborns and families.

(e) A fee may not be charged to certify or recertify a program.

Sec. 47.005. INFORMATION CONCERNING SCREENING RESULTS AND FOLLOW-UP CARE. (a) A birthing facility that operates a program shall distribute to the parents of each newborn who is screened educational materials that are standardized by the department regarding screening results and follow-up care.

(b) A birthing facility that operates a program shall report screening results to the parents, the newborn's attending physician or health care provider, and the department.

(c) Appropriate and necessary care for the infant who needs follow-up care should be directed and coordinated by the infant's physician or health care provider, with support from appropriate ancillary services.

Sec. 47.006. TECHNICAL ASSISTANCE BY DEPARTMENT. The department may consult with a birthing facility and provide to the facility technical assistance associated with the implementation of a certified program.

Sec. 47.007. INFORMATION MANAGEMENT, REPORTING, AND TRACKING SYSTEM. (a) The department shall provide each birthing facility that provides newborn hearing screening under the state's medical assistance program provided under Chapter 32, Human Resources Code, with the appropriate information management, reporting, and tracking software for the program. The information management, reporting, and tracking system must be capable of providing the department with information and data necessary to plan, monitor, and evaluate the program, including the program's screening, follow-up, diagnostic, and intervention components.

(b) A qualified hearing screening provider, hospital, audiologist, or intervention specialist may access the information

management, reporting, and tracking system to provide information, where available, to the department, including information relating to:

(1) infants who receive follow-up care;

(2) infants identified with hearing loss;

(3) infants who are referred for intervention services; and

(4) case level information necessary to report required statistics to the Maternal and Child Health Bureau on an annual basis.

(c) The department shall ensure that the written consent of a parent is obtained before a newborn is included in the information management, reporting, and tracking system or any information relating to the newborn or infant is released through the system.

Sec. 47.008. CONFIDENTIALITY AND GENERAL ACCESS TO DATA. (a) The information management, reporting, and tracking system provided in accordance with this chapter must meet confidentiality requirements in accordance with required state and federal privacy guidelines.

(b) Data obtained through the information management, reporting, and tracking system under this chapter are for the confidential use of the department, the department's designee, and the persons or public or private entities that the department determines are necessary to carry out the functions of the tracking system.

(c) The department by rule shall develop guidelines to protect the confidentiality of patients in accordance with Section 5.08, Medical Practice Act (Article 4495b, Vernon's Texas Civil Statutes), and require the written consent of a parent or guardian of a patient before any information is provided to the department as set out in this chapter. The department shall permit a parent or guardian at any time to withdraw information provided to the department under this chapter.

Sec. 47.009. IMMUNITY FROM LIABILITY. A birthing facility, a clinical laboratory, an audiologist, a health care provider, a physician, a registered nurse, or any other officer or employee of a birthing facility, a laboratory, a physician, or an audiologist is not criminally or civilly liable for furnishing information in good faith to the department or its designee as required by this chapter. This section does not apply to information gathered and furnished after a parent of a newborn or infant declined screening offered through a program.

SECTION 2. Section 36.004, Health and Safety Code, is amended by adding Subsection (i) to read as follows:

(i) A hearing screening performed under this section is in addition to any hearing screening test performed under Chapter 47.

SECTION 3. Section 32.024, Human Resources Code, is amended by adding Subsection (v) to read as follows:

(v) The department by rule shall provide a screening test for hearing loss in accordance with Chapter 47, Health and Safety Code, and any necessary diagnostic follow-up care related to the screening test to a child younger than 30 days old who receives medical assistance.

SECTION 4. Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, is amended by amending Sections 3 and 4 and adding Sections 5, 6, and 7 to read as follows:

Sec. 3. REQUIRED BENEFIT FOR CHILDHOOD IMMUNIZATIONS. [~~(a)~~] A health benefit plan that provides benefits for a family member of the insured shall provide coverage for each covered child described by Section 5 of this article [~~Subsection (b) of this section~~], from birth through the date the child is six years of age, for:

(1) immunization against:

(A) diphtheria;

(B) haemophilus influenzae type b;

(C) hepatitis B;

(D) measles;

(E) mumps;

(F) pertussis;
(G) polio;
(H) rubella;
(I) tetanus; and
(J) varicella; and
(2) any other immunization that is required by law for the child.

Sec. 4. REQUIRED BENEFITS FOR SCREENING TEST FOR HEARING IMPAIRMENT. (a) A health benefit plan that provides benefits for a family member of the insured shall provide coverage for each covered child described by Section 5 of this article for:

(1) a screening test for hearing loss from birth through the date the child is 30 days old, as provided by Chapter 47, Health and Safety Code; and

(2) necessary diagnostic follow-up care related to the screening test from birth through the date the child is 24 months old.

(b) The commissioner may adopt rules to implement the requirement of this section.

(c) This section applies to any health benefit plan that provides coverage or benefits to a resident of this state, without regard to whether the issuer of the health benefit plan is located within or outside this state. This section does not require the issuer of a health benefit plan to provide coverage under this section for the child of a resident of this state who:

(1) is employed outside of this state; and

(2) is covered under a health benefit plan maintained for the individual by the individual's employer as an employment benefit.

Sec. 5. COVERED CHILDREN. [~~(b)~~] A child is entitled to benefits under this article [~~section~~] if the child, as a result of the child's relationship to an enrollee in the health benefit plan, would be entitled to benefits under an accident and sickness insurance policy under Subsection (K), (L), or (M), Section 2, Chapter 397, Acts of the 54th Legislature, 1955 (Article 3.70-2, Vernon's Texas Insurance Code).

Sec. 6 [~~4~~]. APPLICATION OF DEDUCTIBLE, COPAYMENT, OR COINSURANCE REQUIREMENT [~~FIRST--DOLLAR--COVERAGE--REQUIRED~~]. (a) Benefits required under Section 3 of this article may not be made subject to a deductible, copayment, or coinsurance requirement. This subsection [~~(b)-Subsection--(a)--of--this--section~~] does not prohibit the application of a deductible, copayment, or coinsurance requirement to another service provided at the same time as the immunization.

(b) Benefits required under Section 4 of this article may be subject to copayment and coinsurance requirements, but may not be subject to a deductible requirement or dollar limit. The requirements of this subsection must be stated in the coverage document.

Sec. 7. RULES. The commissioner may adopt rules as necessary to implement this article.

SECTION 5. The heading of Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, is amended to read as follows:

Art. 21.53F. COVERAGE FOR CERTAIN BENEFITS FOR CHILDREN [~~CHILDHOOD-IMMUNIZATIONS~~]

SECTION 6. (a) This Act takes effect September 1, 1999.

(b) Not later than May 1, 2000, each birthing facility that operates a program with at least 1,000 births in a year shall offer newborn hearing screening during the birth admission as provided by Section 47.003, Health and Safety Code, as added by this Act.

(c) Not later than April 1, 2001, each birthing facility that operates a program shall offer the hearing screening during the birth admission in accordance with Section 47.003, Health and Safety Code, as added by this Act.

SECTION 7. The Texas Board of Health shall adopt the rules required by Section 47.004, Health and Safety Code, as added by this Act, not later than December 1, 1999.

SECTION 8. (a) Except as provided by Subsection (b) of this

5-1 section, not later than January 1, 2000, the Health and Human
5-2 Services Commission and each appropriate health and human services
5-3 agency that operates part of the state medical assistance program
5-4 under Chapter 32, Human Resources Code, shall adopt the rules
5-5 required by Section 32.024(v), Human Resources Code, as added by
5-6 this Act.
5-7 (b) If, before implementing Section 32.024(v), Human
5-8 Resources Code, as added by this Act, the Health and Human Services
5-9 Commission determines that a waiver or authorization from a federal
5-10 agency is necessary for implementation, the commission shall
5-11 request the waiver or authorization and may delay implementing that
5-12 provision until the waiver or authorization is granted.
5-13 SECTION 9. The change in law made by Section 4 of this Act
5-14 applies only to a health benefit plan that is delivered, issued for
5-15 delivery, or renewed on or after January 1, 2000. A health benefit
5-16 plan that is delivered, issued for delivery, or renewed before
5-17 January 1, 2000, is governed by the law as it existed immediately
5-18 before the effective date of this Act, and that law is continued in
5-19 effect for that purpose.
5-20 SECTION 10. The importance of this legislation and the
5-21 crowded condition of the calendars in both houses create an
5-22 emergency and an imperative public necessity that the
5-23 constitutional rule requiring bills to be read on three several
5-24 days in each house be suspended, and this rule is hereby suspended.

5-25 * * * * *

FAVORABLY AS AMENDED
SENATE COMMITTEE REPORT ON

SB SCR SJR SR (HB) HCR HJR 714

By NAISHTAT / MONCRIEF
(Author/Senate Sponsor)

5/14/99
(date)

Sir:

We, your Committee on HEALTH SERVICES, to which was referred the attached measure, have on 5/13/99 (date of hearing), had the same under consideration and I am instructed to report it back with the recommendation (s) that it:

(X) do pass with 1 amendments, and be printed

( ) do pass with _____ amendments, and be ordered not printed

( ) and is recommended for placement on the Local and Uncontested Bills Calendar.

A fiscal note was requested. (X) yes ( ) no

A revised fiscal note was requested. (X) yes ( ) no

An actuarial analysis was requested. ( ) yes (X) no

Considered by subcommittee. ( ) yes (X) no

The measure was reported from Committee by the following vote:

	YEA	NAY	ABSENT	PNV
Senator Nelson, Chair	X			
Senator Moncrief, Vice-Chair	X			
Senator Lindsay	X			
Senator Madla	X			
Senator Nixon	X			
TOTAL VOTES	5	0	0	0

COMMITTEE ACTION

S260 Considered in public hearing
S270 Testimony taken

June Parr
COMMITTEE CLERK

Jane Nelson
CHAIRMAN

Paper clip the original and one copy of this signed form to the original bill along with THREE signed copies of each committee amendment adopted
Retain one copy of this form for Committee files

WITNESS LIST

HB 714
SENATE COMMITTEE REPORT
Health Services Committee

May 13, 1999 - 1:30P
Registering, but not testifying:

For: Alfred Gilchrist (Texas Medical Association), Austin

Craig Walker (Texas Organization of Rural and Community Hospitals), Austin

Larry Higdon (Texas Speech-Language-Hearing Association), Austin

Rosie McStay (Herself), Houston

Susan Murphree (Advocacy, Inc.), Austin

Vicki Perkins (Christus Santa Rosa Children's Hospital), San Antonio

On: Gardner Selby (Comptroller of Public Accounts), Austin

Kathleen Hamilton (Texas Department of Health), Austin

Rose Minette (Texas Commission for the Deaf and Hard of Hearing), Austin

BILL ANALYSIS

Senate Research Center

H.B. 714
By: Naishtat (Moncrief)
Health Services
5/14/1999
Committee Report (Amended)

DIGEST

Current law requires newborns in this state to be blood-screened for a varity of conditions. However, the law does not require the screening of newborns for congenital loss of hearing. Lack of early detection of hearing loss has social and financial impacts on individuals, families, and this state. H.B. 714 requires that a screening test for hearing loss be administered to newborns and children, and establishes a newborn hearing, tracking, and screening program. This bill also requires a state medical assistance program or a private hospital benefit plan to provide coverage for the screening test, as appropriate.

PURPOSE

As proposed, H.B. 714 requires that a screening test for hearing loss be administered to newborns and children, and establish a newborn hearing, tracking, and screening program.

RULEMAKING AUTHORITY

Rulemaking authority is granted to the Texas Department of Health SECTION 1 (Section 47.006, Health and Safety Code), SECTION 3 (Section 32.024(v), Human Resources Code), the commissioner of insurance in SECTION 4 (Section 4(b), Insurance Code), and the Texas Board of Health in SECTION 7 of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Tile 2B, Health and Safety Code, by adding Chapter 47, as follows:

CHAPTER 47. HEARING LOSS IN NEWBORNS

Sec. 47.001. DEFINITIONS. Defines "birth admission," "birthing facility," "health care provider," "hearing loss," "infant," "intervention or follow-up care," "newborn," "parent," "physician," and "program."

Sec. 47.002. APPLICABILITY OF CHAPTER. Provides that this chapter does not apply to a facility operated by a midwife as defined by Section 1, Texas Midwifery Act.

Sec. 47.003. NEWBORN HEARING SCREENING, TRACKING, AND INTERVENTION PROGRAM. Sets forth requirements for a newborn hearing screening, tracking, and intervention program (program).

Sec. 47.004. CERTIFICATION OF SCREENING PROGRAMS. Requires the Texas Department of Health (department) or the department's designee to establish certification criteria for the implementation of the program. Requires the program to take certain actions, in order to be certified. Authorizes the department to certify a program that meets and maintains the certification criteria. Authorizes the department to renew the certification of a program on a periodic basis as established by the Texas Board of Health (board) rule in order to ensure quality services. Prohibits a fee from being charged to certify or recertify a program.

Sec. 47.005 INFORMATION CONCERNING SCREENING RESULTS AND FOLLOW- UP CARE. Sets forth requirements for screening results and follow-up care.

Sec. 47.006. TECHNICAL ASSISTANCE BY DEPARTMENT. Authorizes the department to consult with a birthing facility and provide to the facility technical assistance associated with the

implementation of a certified program.

Sec. 47.007. INFORMATION MANAGEMENT, REPORTING, AND TRACKING SYSTEM. Requires the department to provide each birthing facility that provides newborn hearing screening with the appropriate information management, reporting, and tracking software for the program. Sets forth requirements for the information management, reporting, and tracking system (system). Authorizes certain persons to access the system to provide certain information where available to the department. Requires the department to ensure that the written consent of a parent is obtained before a newborn is included in the system.

Sec. 47.008. CONFIDENTIALITY AND GENERAL ACCESS TO DATA. Sets forth certain requirements for the confidentiality and general access to data. Require the department to develop guidelines, by rule to protect the confidentiality of patients. Require the department to permit a parent or guardian at any time to withdraw information provided to the department under this chapter.

Sec. 47.009. IMMUNITY FROM LIABILITY. Provides that certain persons and entities are not criminally or civilly liable for furnishing information in good faith to the department or its designee as required by this chapter. Provides that this section does not apply to information gathered and furnished after a parent of a newborn or infant declined screening offered through a program.

SECTION 2. Amends Section 36.004, Health and Safety Code, by adding Subsection (i), to provide that a hearing and screening test performed under Chapter 47.

SECTION 3. Amends Section 32.024, Human Resources Code, by adding Subsection (v), to require the department, by rule, to provide a screening test for hearing loss in accordance with Chapter 47, Health and Safety Code, and any necessary diagnostic follow-up care related to a the screening test to child younger than 30 days old who receives medical assistance.

SECTION 4. Amends Article 21.53F, Insurance Code, is amended by amending Sections 3 and 4 and adding Sections 5, 6, and 7, as follows:

Sec. 3. REQUIRED BENEFIT FOR CHILDHOOD IMMUNIZATIONS. Requires a health benefit plan that provides benefits for a family member of the insured to provide coverage for each covered child described by Section 5 of this article, rather than Subsection (b) o f this section.

Sec. 4. REQUIRED BENEFITS FOR SCREENING TEST FOR HEARING IMPAIRMENT. Sets forth required benefits for a screening test for hearing impairments. Authorizes the commissioner of insurance to adopt rules to implement the requirements to this section. Set forth the health benefit plans to which this section applies.

Sec. 5. New heading: COVERED CHILDREN. Provides the a child is entitled to benefits under this article, rather than section.

Sec. 6. New heading: APPLICATION OF DEDUCTIBLE COPAYMENT, OR COINSURANCE REQUIREMENT. Authorizes benefits required under Section 4 of this article to be subject to copayment and coinsurance requirements, but may not be subject to a deductible requirement of dollar limit. Requires the requirements of this section to be stated in the coverage document.

Sec. 7. RULES. Authorizes the commissioner of insurance to adopt rules as necessary to implement this article.

SECTION 5. Amends the heading of Article 21.53F, Insurance Code, as follows:

Art. 21.53F. New heading: COVERAGE FOR CERTAIN BENEFITS FOR CHILDREN

SECTION 6. (a) Effective date: September 1, 1999.

(b) Requires certain birthing facilities to offer newborn hearing screening during admission a provided by Section 47.003, Health and Safety Code, as added by this Act, not later than May 1,

2000.

(c) Requires certain birthing facilities to offer hearing screening during birth admission in accordance with Section 47.003, Health and Safety Code, as added by this Act Not later than April 1, 2001.

SECTION 7. Requires the board to adopt certain rules not later than December 1, 1999.

SECTION 8. Requires the Health and Human Services Commission (commission) and certain appropriate health and human services agency to adopt certain rules no late than January 1, 2000. Requires the commission to request a waiver or authorization from a federal agency if needed.

SECTION 9. Provides that the change in law made by SECTION 4 of this Act applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2000.

SECTION 10. Provides that this Act takes effect only if a specific appropriation for the implementation of the Act is provided in H.B. No. 1 (General Appropriations Act), Acts of the 76th Legislature, Regular Session, 1999. Provides that if no specific appropriations is provided in H.B. No. 1, the General Appropriations Act, this Act has no effect.

SECTION 11. Emergency clause.

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 76th Regular Session

May 14, 1999

TO: Honorable Jane Nelson, Chair, Senate Committee on Health Services

FROM: John Keel, Director, Legislative Budget Board

IN RE: **HB714** by Naishtat (Relating to the establishment of a newborn hearing screening, tracking, and intervention program), **Committee Report 2nd House, as amended**

Estimated Two-year Net Impact to General Revenue Related Funds for HB714, Committee Report 2nd House, as amended: negative impact of $(4,297,933) through the biennium ending August 31, 2001.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

The bill would only take effect if a specific appropriation for the implementation of the bill is provided in the General Appropriations Act of the 76th Legislature. If no specific appropriation is provided in the General Appropriations Act, this bill would have no effect.

General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2000	$(2,605,906)
2001	(1,692,027)
2002	(618,005)
2003	(618,778)
2004	(619,937)

All Funds, Five-Year Impact:

Fiscal Year	**Probable Savings/(Cost) from** ***General Revenue Fund*** **0001**	**Probable Savings/(Cost) from** ***Federal Funds*** **0555**	**Probable Savings/(Cost) from** ***Local***
2000	$ (2,605,906)	$ (1,024,291)	$ (660,000)
2001	(1,692,027)	(767,647)	(660,000)
2002	(618,005)	(481,309)	(660,000)
2003	(618,778)	(482,536)	(660,000)
2004	(619,937)	(484,377)	(660,000)

Technology Impact

Software licenses for the newborn hearing screening reporting software is assumed to total $1.2 million in fiscal year 2000. The service plan for implementation of the software, according to the Department of Health, is $750,000 in fiscal year 2000 and $750,000 in fiscal year 2001.

Fiscal Analysis

The bill would require a birthing facility to offer the parents of a newborn a hearing screening for the newborn for the detection of hearing loss. The Department of Health

would be required to approve program protocols, would be allowed to maintain data on each newborn who receives services, and would be required to ensure that intervention is available to families for a newborn identified as having hearing loss. The bill would require the Department of Health to provide each birthing facility with the appropriate software for the program.

The bill would direct the Medicaid program to provide a hearing screening for infants in the Medicaid program.

The bill would direct health benefit plans to cover hearing screens.

Methodology

General Revenue and Federal Funds impact numbers in the tables above were calculated by the Department of Health.

The Department of Health assumes new costs would be incurred by the Medicaid program in association with the implementation of the provisions of this bill. Increased costs in the Program for Amplification for Children of Texas (PACT) for hearing aids, audiological assessments, etc. These would be reimbursed at the client services matching rate (approximately 39 percent state, 61 percent federal) .

The department assumes that distribution of software and technical assistance would be required. The state would receive a fifty-fifty match rate for software and training for costs allocated for Medicaid-eligible clients. Some proportion of the costs would be 100 percent General Revenue.

The department assumes some increased costs in both the Medicaid and non-Medicaid areas associated with the provisions directing follow-up. These costs are estimated to be approximately $300,000 per fiscal year in the Medicaid program and approximately $130,000 per fiscal year for non-Medicaid clients. Medicaid costs are assumed to be matched at a fifty-fifty rate and non-Medicaid costs are assumed to be 100 percent General Revenue. The bill would require the department to ensure that intervention is available to families for a newborn identified as having a hearing loss and that the intervention is managed by state programs operating under the Individuals with Disabilities Education Act.

The hospital reimbursement for the screen would become part of the Diagnosis Related Group (DRG) reimbursement in the Medicaid program. However, the Department of Health has not provided the dollar value of this impact; therefore, the cost estimates understate the impact to the General Revenue Fund.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 501 Department of Health
LBB Staff: JK, TP, KF

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 76th Regular Session

May 13, 1999

TO: Honorable Jane Nelson, Chair, Senate Committee on Health Services

FROM: John Keel, Director, Legislative Budget Board

IN RE: **HB714** by Naishtat (Relating to the establishment of a newborn hearing screening, tracking, and intervention program.), **As Engrossed**

Estimated Two-year Net Impact to General Revenue Related Funds for HB714, As Engrossed: negative impact of $(4,297,933) through the biennium ending August 31, 2001.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2000	$(2,605,906)
2001	(1,692,027)
2002	(618,005)
2003	(618,778)
2004	(619,937)

All Funds, Five-Year Impact:

Fiscal Year	**Probable Savings/(Cost) from *General Revenue Fund* 0001**	**Probable Savings/(Cost) from *Federal Funds* 0555**	**Probable Savings/(Cost) from *Local***
2000	$ (2,605,906)	$ (1,024,291)	$ (660,000)
2001	(1,692,027)	(767,647)	(660,000)
2002	(618,005)	(481,309)	(660,000)
2003	(618,778)	(482,536)	(660,000)
2004	(619,937)	(484,377)	(660,000)

Technology Impact

Software licenses for the newborn hearing screening reporting software is assumed to total $1.2 million in fiscal year 2000. The service plan for implementation of the software, according to the Department of Health, is $750,000 in fiscal year 2000 and $750,000 in fiscal year 2001.

Fiscal Analysis

The bill would require a birthing facility to offer the parents of a newborn a hearing screening for the newborn for the detection of hearing loss. The Department of Health would be required to approve program protocols, would be allowed to maintain data on each newborn who receives services, and would be required to ensure that intervention is available to families for a newborn identified as having hearing loss. The bill would require the Department of Health to provide each birthing facility with the appropriate software for the program.

The bill would direct the Medicaid program to provide a hearing screening for infants in the Medicaid program.

The bill would direct health benefit plans to cover hearing screens.

Methodology

General Revenue and Federal Funds impact numbers in the tables above were calculated by the Department of Health.

The Department of Health assumes new costs would be incurred by the Medicaid program in association with the implementation of the provisions of this bill. Increased costs in the Program for Amplification for Children of Texas (PACT) for hearing aids, audiological assessments, etc. These would be reimbursed at the client services matching rate (approximately 39 percent state, 61 percent federal) .

The department assumes that distribution of software and technical assistance would be required. The state would receive a fifty-fifty match rate for software and training for costs allocated for Medicaid-eligible clients. Some proportion of the costs would be 100 percent General Revenue.

The department assumes some increased costs in both the Medicaid and non-Medicaid areas associated with the provisions directing follow-up. These costs are estimated to be approximately $300,000 per fiscal year in the Medicaid program and approximately $130,000 per fiscal year for non-Medicaid clients. Medicaid costs are assumed to be matched at a fifty-fifty rate and non-Medicaid costs are assumed to be 100 percent General Revenue. The bill would require the department to ensure that intervention is available to families for a newborn identified as having a hearing loss and that the intervention is managed by state programs operating under the Individuals with Disabilities Education Act.

The hospital reimbursement for the screen would become part of the Diagnosis Related Group (DRG) reimbursement in the Medicaid program. However, the Department of Health has not provided the dollar value of this impact; therefore, the cost estimates understate the impact to the General Revenue Fund.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 501 Department of Health
LBB Staff: JK, TP, KF

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 76th Regular Session

April 11, 1999

TO: Honorable Patricia Gray, Chair, House Committee on Public Health

FROM: John Keel, Director, Legislative Budget Board

IN RE: **HB714** by Naishtat (Relating to the establishment of a newborn hearing screening, tracking, and intervention program), **Committee Report 1st House, Substituted**

Estimated Two-year Net Impact to General Revenue Related Funds for HB714, Committee Report 1st House, Substituted: negative impact of $(4,297,933) through the biennium ending August 31, 2001.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2000	$(2,605,906)
2001	(1,692,027)
2002	(618,005)
2003	(618,778)
2004	(619,937)

All Funds, Five-Year Impact:

Fiscal Year	**Probable Savings/(Cost) from *General Revenue Fund* 0001**	**Probable Savings/(Cost) from *Federal Funds* 0555**	**Probable Savings/(Cost) from *Local***
2000	$ (2,605,906)	$ (1,024,291)	$ (660,000)
2001	(1,692,027)	(767,647)	(660,000)
2002	(618,005)	(481,309)	(660,000)
2003	(618,778)	(482,536)	(660,000)
2004	(619,937)	(484,377)	(660,000)

Technology Impact

Software licenses for the newborn hearing screening reporting software is assumed to total $1.2 million in fiscal year 2000. The service plan for implementation of the software, according to the Department of Health, is $750,000 in fiscal year 2000 and $750,000 in fiscal year 2001.

Fiscal Analysis

The bill would require a birthing facility to offer the parents of a newborn a hearing screening for the newborn for the detection of hearing loss. The Department of Health would be required to approve program protocols, maintain data on each newborn who receives services, and ensure that intervention is available to families for a newborn identified as having hearing loss. The bill would require the Department of Health to provide each birthing facility with the appropriate software for the program.

The bill would require the Medicaid program to provide a hearing screening for infants in the Medicaid program.

The bill would require that health benefit plans cover hearing screens.

Methodology

General Revenue and Federal Funds impact numbers in the tables above were calculated by the Department of Health.

The Department of Health assumes new costs would be incurred by the Medicaid program in association with the implementation of the provisions of this bill. Increased costs in the Program for Amplification for Children of Texas (PACT) for hearing aids, audiological assessments, etc. These would be reimbursed at the client services matching rate (approximately 39 percent state, 61 percent federal) .

The department assumes that distribution of software and technical assistance would be required. The state would receive a fifty-fifty match rate for software and training for costs allocated for Medicaid-eligible clients. Some proportion of the costs would be 100 percent General Revenue.

The department assumes some increased costs in both the Medicaid and non-Medicaid areas associated with the provisions requiring follow-up. These costs are estimated to be approximately $300,000 per fiscal year in the Medicaid program and approximately $130,000 per fiscal year for non-Medicaid clients. Medicaid costs are assumed to be matched at a fifty-fifty rate and non-Medicaid costs are assumed to be 100 percent General Revenue. The bill would require the department to ensure that intervention is available to families for a newborn identified as having a hearing loss and that the

intervention is managed by state programs operating under the Individuals with Disabilities Education Act. It is possible that this provision could result in increased referrals to the Interagency Council on Early Childhood Intervention, but the fiscal impact associated with this provision is not expected to be signficant.

The hospital reimbursement for the screen would become part of the Diagnosis Related Group (DRG) reimbursement in the Medicaid program. However, the Department of Health has not provided the dollar value of this impact; therefore, the cost estimates understate the impact to the General Revenue Fund.

Local Government Impact

Local costs are estimated to be approximately $660,000 per fiscal year. These costs are assumed to be the annual cost to local hospital districts in testing uninsured newborns.

Source Agencies: 501 Department of Health
LBB Staff: JK, TP, KF

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 76th Regular Session

April 6, 1999

TO: Honorable Patricia Gray, Chair, House Committee on Public Health

FROM: John Keel, Director, Legislative Budget Board

IN RE: **HB714** by Naishtat (Relating to hearing screening for newborn children.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for HB714, As Introduced: negative impact of $(230,573) through the biennium ending August 31, 2001.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2000	$(45,874)
2001	(184,699)
2002	(185,858)
2003	(186,631)
2004	(187,790)

All Funds, Five-Year Impact:

Fiscal Year	**Probable Savings/(Cost) from *General Revenue Fund* 0001**	**Probable Savings/(Cost) from *Federal Funds* 0555**
2000	$ (45,874)	$ (73,126)
2001	(184,699)	(293,301)
2002	(185,858)	(295,142)
2003	(186,631)	(296,369)
2004	(187,790)	(298,210)

Fiscal Analysis

The bill would require that a physician attending a newborn child or the person attending

4

the delivery of a newborn child ensure that the child is subjected to a screening test approved by the Department of Health for hearing impairments before the child is 181 days old.

Methodology

The Department of Health assumes that the only costs incurred by the department would be in the Medicaid program for hearing aids and audiological assessments and similar costs for children identified as having a hearing impairment.

The hospital reimbursement for the screen would become part of the Diagnosis Related Group (DRG) reimbursement in the Medicaid program. However, the Department of Health has not provided the dollar value of this impact; therefore, the cost estimates understate the fiscal impact to the General Revenue Fund.

Local Government Impact

It is likely that hospital districts would incur some additional costs to implement a universal hearing screening program for newborns.

Source Agencies: 454 Department Of Insurance, 501 Department of Health
LBB Staff: JK, TP, KF

SENATE AMENDMENTS

2nd Printing

99 MAY 22 AM 12:34
HOUSE OF REPRESENTATIVES

By Naishtat, Coleman, Capelo, Dukes, et al. H.B. No. 714

A BILL TO BE ENTITLED

AN ACT

relating to the establishment of a newborn hearing screening, tracking, and intervention program.

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

SECTION 1. Subtitle B, Title 2, Health and Safety Code, is amended by adding Chapter 47 to read as follows:

CHAPTER 47. HEARING LOSS IN NEWBORNS

Sec. 47.001. DEFINITIONS. In this chapter:

(1) "Birth admission" means the time after birth that a newborn remains in the birthing facility before the newborn is discharged.

(2) "Birthing facility" means:

(A) a hospital licensed under Chapter 241 that offers obstetrical services and is located in a county with a population of more than 50,000; or

(B) a birthing center licensed under Chapter 244 that is located in a county with a population of more than 50,000 and that has 100 or more births per year.

(3) "Health care provider" means a registered nurse recognized as an advanced practice nurse by the Board of Nurse Examiners or a physician assistant licensed by the Texas State Board of Physician Assistant Examiners.

(4) "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 4,000 Hz. As technological advances permit the detection of less severe hearing loss, the department may modify this definition by rule.

(5) "Infant" means a child who is at least 30 days but who is younger than 24 months old.

(6) "Intervention or follow-up care" means the early intervention services described in Part C, Individuals with Disabilities Education Act (20 U.S.C. Sections 1431-1445), as amended by Pub. L. No. 105-17.

(7) "Newborn" means a child younger than 30 days old.

(8) "Parent" means a natural parent, stepparent, adoptive parent, legal guardian, or other legal custodian of a child.

(9) "Physician" means a person licensed to practice medicine by the Texas State Board of Medical Examiners.

(10) "Program" means a newborn hearing screening, tracking, and intervention program certified by the department under this chapter.

Sec. 47.002. APPLICABILITY OF CHAPTER. This chapter does not apply to a facility operated by a midwife as defined by Section 1, Texas Midwifery Act (Article 4512i, Vernon's Texas Civil Statutes).

Sec. 47.003. NEWBORN HEARING SCREENING, TRACKING, AND INTERVENTION PROGRAM. (a) A birthing facility, through a program certified by the department under Section 47.004, shall offer the parents of a newborn a hearing screening for the newborn for the

identification of hearing loss. The screening shall be offered during the birth admission, and the parents shall be informed that information may be provided to the department upon their written consent if hearing loss is identified.

(b) The department or the department's designee shall approve program protocols.

(c) The department may maintain data and information on each newborn who receives services under a program.

(d) The department shall ensure that intervention is available to families for a newborn identified as having hearing loss and that the intervention is managed by state programs operating under the Individuals with Disabilities Education Act (20 U.S.C. Section 1400 et seq.).

(e) The department shall ensure that the intervention described by Subsection (d) is available for a newborn identified as having hearing loss through the time the child is an infant.

Sec. 47.004. CERTIFICATION OF SCREENING PROGRAMS. (a) The department or the department's designee shall establish certification criteria for implementing a program.

(b) In order to be certified, the program must:

(1) provide hearing screening using equipment recommended by the department;

(2) use appropriate staff to provide the screening;

(3) maintain and report data electronically as required by the department;

(4) distribute family, health care provider, and physician educational materials standardized by the department; and

(5) provide information, upon the parents' consent, as recommended by the department, on follow-up services for newborns and infants with abnormal screening results.

(c) The department may certify a program that meets and maintains the certification criteria.

(d) The department may renew the certification of a program on a periodic basis as established by board rule in order to ensure quality services to newborns and families.

(e) A fee may not be charged to certify or recertify a program.

Sec. 47.005. INFORMATION CONCERNING SCREENING RESULTS AND FOLLOW-UP CARE. (a) A birthing facility that operates a program shall distribute to the parents of each newborn who is screened educational materials that are standardized by the department regarding screening results and follow-up care.

(b) A birthing facility that operates a program shall report screening results to the parents, the newborn's attending physician or health care provider, and the department.

(c) Appropriate and necessary care for the infant who needs follow-up care should be directed and coordinated by the infant's physician or health care provider, with support from appropriate ancillary services.

Sec. 47.006. TECHNICAL ASSISTANCE BY DEPARTMENT. The department may consult with a birthing facility and provide to the facility technical assistance associated with the implementation of a certified program.

Sec. 47.007. INFORMATION MANAGEMENT, REPORTING, AND TRACKING

SYSTEM. (a) The department shall provide each birthing facility that provides newborn hearing screening under the state's medical assistance program provided under Chapter 32, Human Resources Code, with the appropriate information management, reporting, and tracking software for the program. The information management, reporting, and tracking system must be capable of providing the department with information and data necessary to plan, monitor, and evaluate the program, including the program's screening, follow-up, diagnostic, and intervention components.

(b) A qualified hearing screening provider, hospital, audiologist, or intervention specialist may access the information management, reporting, and tracking system to provide information, where available, to the department, including information relating to:

(1) infants who receive follow-up care;

(2) infants identified with hearing loss;

(3) infants who are referred for intervention services; and

(4) case level information necessary to report required statistics to the Maternal and Child Health Bureau on an annual basis.

(c) The department shall ensure that the written consent of a parent is obtained before a newborn is included in the information management, reporting, and tracking system or any information relating to the newborn or infant is released through the system.

Sec. 47.008. CONFIDENTIALITY AND GENERAL ACCESS TO DATA.

(a) The information management, reporting, and tracking system provided in accordance with this chapter must meet confidentiality requirements in accordance with required state and federal privacy guidelines.

(b) Data obtained through the information management, reporting, and tracking system under this chapter are for the confidential use of the department, the department's designee, and the persons or public or private entities that the department determines are necessary to carry out the functions of the tracking system.

(c) The department by rule shall develop guidelines to protect the confidentiality of patients in accordance with Section 5.08, Medical Practice Act (Article 4495b, Vernon's Texas Civil Statutes), and require the written consent of a parent or guardian of a patient before any information is provided to the department as set out in this chapter. The department shall permit a parent or guardian at any time to withdraw information provided to the department under this chapter.

Sec. 47.009. IMMUNITY FROM LIABILITY. A birthing facility, a clinical laboratory, an audiologist, a health care provider, a physician, a registered nurse, or any other officer or employee of a birthing facility, a laboratory, a physician, or an audiologist is not criminally or civilly liable for furnishing information in good faith to the department or its designee as required by this chapter. This section does not apply to information gathered and furnished after a parent of a newborn or infant declined screening offered through a program.

SECTION 2. Section 36.004, Health and Safety Code, is amended by adding Subsection (i) to read as follows:

(i) A hearing screening performed under this section is in addition to any hearing screening test performed under Chapter 47.

SECTION 3. Section 32.024, Human Resources Code, is amended by adding Subsection (v) to read as follows:

(v) The department by rule shall provide a screening test for hearing loss in accordance with Chapter 47, Health and Safety Code, and any necessary diagnostic follow-up care related to the screening test to a child younger than 30 days old who receives medical assistance.

SECTION 4. Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, is amended by amending Sections 3 and 4 and adding Sections 5, 6, and 7 to read as follows:

Sec. 3. REQUIRED BENEFIT FOR CHILDHOOD IMMUNIZATIONS. [~~(a)~~] A health benefit plan that provides benefits for a family member of the insured shall provide coverage for each covered child described by Section 5 of this article [~~Subsection (b) of this section~~], from birth through the date the child is six years of age, for:

(1) immunization against:

(A) diphtheria;

(B) haemophilus influenzae type b;

(C) hepatitis B;

(D) measles;

(E) mumps;

(F) pertussis;

(G) polio;

(H) rubella;

(I) tetanus; and

(J) varicella; and

(2) any other immunization that is required by law for the child.

Sec. 4. REQUIRED BENEFITS FOR SCREENING TEST FOR HEARING IMPAIRMENT. (a) A health benefit plan that provides benefits for a family member of the insured shall provide coverage for each covered child described by Section 5 of this article for:

(1) a screening test for hearing loss from birth through the date the child is 30 days old, as provided by Chapter 47, Health and Safety Code; and

(2) necessary diagnostic follow-up care related to the screening test from birth through the date the child is 24 months old.

(b) The commissioner may adopt rules to implement the requirement of this section.

(c) This section applies to any health benefit plan that provides coverage or benefits to a resident of this state, without regard to whether the issuer of the health benefit plan is located within or outside this state. This section does not require the issuer of a health benefit plan to provide coverage under this section for the child of a resident of this state who:

(1) is employed outside of this state; and

(2) is covered under a health benefit plan maintained for the individual by the individual's employer as an employment

benefit.

Sec. 5. COVERED CHILDREN. [~~(b)~~] A child is entitled to benefits under this article [~~section~~] if the child, as a result of the child's relationship to an enrollee in the health benefit plan, would be entitled to benefits under an accident and sickness insurance policy under Subsection (K), (L), or (M), Section 2, Chapter 397, Acts of the 54th Legislature, 1955 (Article 3.70-2, Vernon's Texas Insurance Code).

Sec. 6 [~~4~~]. APPLICATION OF DEDUCTIBLE, COPAYMENT, OR COINSURANCE REQUIREMENT [~~FIRST--DOLLAR--COVERAGE--REQUIRED~~]. (a) Benefits required under Section 3 of this article may not be made subject to a deductible, copayment, or coinsurance requirement. This subsection [~~(b)-Subsection--(a)--of--this--section~~] does not prohibit the application of a deductible, copayment, or coinsurance requirement to another service provided at the same time as the immunization.

(b) Benefits required under Section 4 of this article may be subject to copayment and coinsurance requirements, but may not be subject to a deductible requirement or dollar limit. The requirements of this subsection must be stated in the coverage document.

Sec. 7. RULES. The commissioner may adopt rules as necessary to implement this article.

SECTION 5. The heading of Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, is amended to read as follows:

Art. 21.53F. COVERAGE FOR CERTAIN BENEFITS FOR CHILDREN

[~~CHILDHOOD IMMUNIZATIONS~~]

SECTION 6. (a) This Act takes effect September 1, 1999.

(b) Not later than May 1, 2000, each birthing facility that operates a program with at least 1,000 births in a year shall offer newborn hearing screening during the birth admission as provided by Section 47.003, Health and Safety Code, as added by this Act.

(c) Not later than April 1, 2001, each birthing facility that operates a program shall offer the hearing screening during the birth admission in accordance with Section 47.003, Health and Safety Code, as added by this Act.

SECTION 7. The Texas Board of Health shall adopt the rules required by Section 47.004, Health and Safety Code, as added by this Act, not later than December 1, 1999.

SECTION 8. (a) Except as provided by Subsection (b) of this section, not later than January 1, 2000, the Health and Human Services Commission and each appropriate health and human services agency that operates part of the state medical assistance program under Chapter 32, Human Resources Code, shall adopt the rules required by Section 32.024(v), Human Resources Code, as added by this Act.

(b) If, before implementing Section 32.024(v), Human Resources Code, as added by this Act, the Health and Human Services Commission determines that a waiver or authorization from a federal agency is necessary for implementation, the commission shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 9. The change in law made by Section 4 of this Act

applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2000. A health benefit plan that is delivered, issued for delivery, or renewed before January 1, 2000, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

SECTION 10. The importance of this legislation and the crowded condition of the calendars in both houses create an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended.

ADOPTED

MAY 21 1999

Betty King
Secretary of the Senate

FLOOR AMENDMENT NO. 1 BY [signature]

Amend H.B. No. 714 as follows:

(1) In SECTION 1 of the bill, in added Section 47.003(a), Health and Safety Code (Senate committee report, page 2, line 8), strike "if hearing loss is identified".

(2) In SECTION 1 of the bill, strike added Section 47.004(b)(5), Health and Safety Code (Senate committee report, page 2, lines 32-34), and substitute the following:

(5) provide information, as recommended by the department, to the parents on follow-up services for newborns and infants with abnormal screening results.

(3) In SECTION 1 of the bill, in added Section 47.007(c), Health and Safety Code (Senate committee report, page 3, lines 12-15), strike "a newborn is included in the information management, reporting, and tracking system or any information relating to the newborn or infant is released through the system" and substitute "any information individually identifying the newborn or infant is released through the information management, reporting, and tracking system".

(4) In SECTION 1 of the bill, in added Section 47.008(c), Health and Safety Code (Senate committee report, page 3, line 31), between "any" and "information", insert "individually identifying".

ADOPTED

MAY 21 1999

Betty King
Secretary of the Senate

COMMITTEE AMENDMENT NO. 1 BY Moncrief

Amend H. B. No.714, adding an appropriately numbered SECTION to read as follows:

"SECTION 10. This Act takes effect only if a specific appropriation for the implementation of this Act is provided in H.B. No.1 (General Appropriations Act), Acts of the 76th Legislature, Regular Session, 1999. If no specific appropriation is provided in H.B. No. 1, the General Appropriations Act, this Act has no effect."

Renumber subsequent section.

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 76th Regular Session

May 14, 1999

TO: Honorable Jane Nelson, Chair, Senate Committee on Health Services

FROM: John Keel, Director, Legislative Budget Board

IN RE: **HB714** by Naishtat (Relating to the establishment of a newborn hearing screening, tracking, and intervention program), **Committee Report 2nd House, as amended**

Estimated Two-year Net Impact to General Revenue Related Funds for HB714, Committee Report 2nd House, as amended: negative impact of $(4,297,933) through the biennium ending August 31, 2001.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

The bill would only take effect if a specific appropriation for the implementation of the bill is provided in the General Appropriations Act of the 76th Legislature. If no specific appropriation is provided in the General Appropriations Act, this bill would have no effect.

General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2000	$(2,605,906)
2001	(1,692,027)
2002	(618,005)
2003	(618,778)
2004	(619,937)

All Funds, Five-Year Impact:

Fiscal Year	**Probable Savings/(Cost) from *General Revenue Fund* 0001**	**Probable Savings/(Cost) from *Federal Funds* 0555**	**Probable Savings/(Cost) from *Local***
2000	$ (2,605,906)	$ (1,024,291)	$ (660,000)
2001	(1,692,027)	(767,647)	(660,000)
2002	(618,005)	(481,309)	(660,000)
2003	(618,778)	(482,536)	(660,000)
2004	(619,937)	(484,377)	(660,000)

Technology Impact

Software licenses for the newborn hearing screening reporting software is assumed to total $1.2 million in fiscal year 2000. The service plan for implementation of the software, according to the Department of Health, is $750,000 in fiscal year 2000 and $750,000 in fiscal year 2001.

Fiscal Analysis

The bill would require a birthing facility to offer the parents of a newborn a hearing screening for the newborn for the detection of hearing loss. The Department of Health

would be required to approve program protocols, would be allowed to maintain data on each newborn who receives services, and would be required to ensure that intervention is available to families for a newborn identified as having hearing loss. The bill would require the Department of Health to provide each birthing facility with the appropriate software for the program.

The bill would direct the Medicaid program to provide a hearing screening for infants in the Medicaid program.

The bill would direct health benefit plans to cover hearing screens.

Methodology

General Revenue and Federal Funds impact numbers in the tables above were calculated by the Department of Health.

The Department of Health assumes new costs would be incurred by the Medicaid program in association with the implementation of the provisions of this bill. Increased costs in the Program for Amplification for Children of Texas (PACT) for hearing aids, audiological assessments, etc. These would be reimbursed at the client services matching rate (approximately 39 percent state, 61 percent federal) .

The department assumes that distribution of software and technical assistance would be required. The state would receive a fifty-fifty match rate for software and training for costs allocated for Medicaid-eligible clients. Some proportion of the costs would be 100 percent General Revenue.

The department assumes some increased costs in both the Medicaid and non-Medicaid areas associated with the provisions directing follow-up. These costs are estimated to be approximately $300,000 per fiscal year in the Medicaid program and approximately $130,000 per fiscal year for non-Medicaid clients. Medicaid costs are assumed to be matched at a fifty-fifty rate and non-Medicaid costs are assumed to be 100 percent General Revenue. The bill would require the department to ensure that intervention is available to families for a newborn identified as having a hearing loss and that the intervention is managed by state programs operating under the Individuals with Disabilities Education Act.

The hospital reimbursement for the screen would become part of the Diagnosis Related Group (DRG) reimbursement in the Medicaid program. However, the Department of Health has not provided the dollar value of this impact; therefore, the cost estimates understate the impact to the General Revenue Fund.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 501 Department of Health
LBB Staff: JK, TP, KF

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 76th Regular Session

May 13, 1999

TO: Honorable Jane Nelson, Chair, Senate Committee on Health Services

FROM: John Keel, Director, Legislative Budget Board

IN RE: **HB714** by Naishtat (Relating to the establishment of a newborn hearing screening, tracking, and intervention program.), **As Engrossed**

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Fiscal Analysis

The bill would require a birthing facility to offer the parents of a newborn a hearing screening for the newborn for the detection of hearing loss. The Department of Health would be required to approve program protocols, would be allowed to maintain data on each newborn who receives services, and would be required to ensure that intervention is available to families for a newborn identified as having hearing loss. The bill would require the Department of Health to provide each birthing facility with the appropriate software for the program.

The bill would direct the Medicaid program to provide a hearing screening for infants in the Medicaid program.

The bill would direct health benefit plans to cover hearing screens.

Methodology

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The Department of Health assumes new costs would be incurred by the Medicaid program in association with the implementation of the provisions of this bill. Increased costs in the Program for Amplification for Children of Texas (PACT) for hearing aids, audiological assessments, etc. These would be reimbursed at the client services matching rate (approximately 39 percent state, 61 percent federal) .

The department assumes that distribution of software and technical assistance would be required. The state would receive a fifty-fifty match rate for software and training for costs allocated for Medicaid-eligible clients. Some proportion of the costs would be 100 percent General Revenue.

The department assumes some increased costs in both the Medicaid and non-Medicaid areas associated with the provisions directing follow-up. These costs are estimated to be approximately $300,000 per fiscal year in the Medicaid program and approximately $130,000 per fiscal year for non-Medicaid clients. Medicaid costs are assumed to be matched at a fifty-fifty rate and non-Medicaid costs are assumed to be 100 percent General Revenue. The bill would require the department to ensure that intervention is available to families for a newborn identified as having a hearing loss and that the intervention is managed by state programs operating under the Individuals with Disabilities Education Act.

The hospital reimbursement for the screen would become part of the Diagnosis Related Group (DRG) reimbursement in the Medicaid program. However, the Department of Health has not provided the dollar value of this impact; therefore, the cost estimates understate the impact to the General Revenue Fund.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 501 Department of Health
LBB Staff: JK, TP, KF

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 76th Regular Session

April 11, 1999

TO: Honorable Patricia Gray, Chair, House Committee on Public Health

FROM: John Keel, Director, Legislative Budget Board

IN RE: **HB714** by Naishtat (Relating to the establishment of a newborn hearing screening, tracking, and intervention program), **Committee Report 1st House, Substituted**

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General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2000	$(2,605,906)
2001	(1,692,027)
2002	(618,005)
2003	(618,778)
2004	(619,937)

All Funds, Five-Year Impact:

Fiscal Year	**Probable Savings/(Cost) from *General Revenue Fund* 0001**	**Probable Savings/(Cost) from *Federal Funds* 0555**	**Probable Savings/(Cost) from *Local***
2000	$ (2,605,906)	$ (1,024,291)	$ (660,000)
2001	(1,692,027)	(767,647)	(660,000)
2002	(618,005)	(481,309)	(660,000)
2003	(618,778)	(482,536)	(660,000)
2004	(619,937)	(484,377)	(660,000)

Technology Impact

5

Software licenses for the newborn hearing screening reporting software is assumed to total $1.2 million in fiscal year 2000. The service plan for implementation of the software, according to the Department of Health, is $750,000 in fiscal year 2000 and $750,000 in fiscal year 2001.

Fiscal Analysis

The bill would require a birthing facility to offer the parents of a newborn a hearing screening for the newborn for the detection of hearing loss. The Department of Health would be required to approve program protocols, maintain data on each newborn who receives services, and ensure that intervention is available to families for a newborn identified as having hearing loss. The bill would require the Department of Health to provide each birthing facility with the appropriate software for the program.

The bill would require the Medicaid program to provide a hearing screening for infants in the Medicaid program.

The bill would require that health benefit plans cover hearing screens.

Methodology

General Revenue and Federal Funds impact numbers in the tables above were calculated by the Department of Health.

The Department of Health assumes new costs would be incurred by the Medicaid program in association with the implementation of the provisions of this bill. Increased costs in the Program for Amplification for Children of Texas (PACT) for hearing aids, audiological assessments, etc. These would be reimbursed at the client services matching rate (approximately 39 percent state, 61 percent federal) .

The department assumes that distribution of software and technical assistance would be required. The state would receive a fifty-fifty match rate for software and training for costs allocated for Medicaid-eligible clients. Some proportion of the costs would be 100 percent General Revenue.

The department assumes some increased costs in both the Medicaid and non-Medicaid areas associated with the provisions requiring follow-up. These costs are estimated to be approximately $300,000 per fiscal year in the Medicaid program and approximately $130,000 per fiscal year for non-Medicaid clients. Medicaid costs are assumed to be matched at a fifty-fifty rate and non-Medicaid costs are assumed to be 100 percent General Revenue. The bill would require the department to ensure that intervention is available to families for a newborn identified as having a hearing loss and that the

intervention is managed by state programs operating under the Individuals with Disabilities Education Act. It is possible that this provision could result in increased referrals to the Interagency Council on Early Childhood Intervention, but the fiscal impact associated with this provision is not expected to be signficant.

The hospital reimbursement for the screen would become part of the Diagnosis Related Group (DRG) reimbursement in the Medicaid program. However, the Department of Health has not provided the dollar value of this impact; therefore, the cost estimates understate the impact to the General Revenue Fund.

Local Government Impact

Local costs are estimated to be approximately $660,000 per fiscal year. These costs are assumed to be the annual cost to local hospital districts in testing uninsured newborns.

Source Agencies: 501 Department of Health
LBB Staff: JK, TP, KF

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 76th Regular Session

April 6, 1999

TO: Honorable Patricia Gray, Chair, House Committee on Public Health

FROM: John Keel, Director, Legislative Budget Board

IN RE: **HB714** by Naishtat (Relating to hearing screening for newborn children.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for HB714, As Introduced: negative impact of $(230,573) through the biennium ending August 31, 2001.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2000	$(45,874)
2001	(184,699)
2002	(185,858)
2003	(186,631)
2004	(187,790)

All Funds, Five-Year Impact:

Fiscal Year	**Probable Savings/(Cost) from *General Revenue Fund* 0001**	**Probable Savings/(Cost) from *Federal Funds* 0555**
2000	$ (45,874)	$ (73,126)
2001	(184,699)	(293,301)
2002	(185,858)	(295,142)
2003	(186,631)	(296,369)
2004	(187,790)	(298,210)

Fiscal Analysis

The bill would require that a physician attending a newborn child or the person attending

8

the delivery of a newborn child ensure that the child is subjected to a screening test approved by the Department of Health for hearing impairments before the child is 181 days old.

Methodology

The Department of Health assumes that the only costs incurred by the department would be in the Medicaid program for hearing aids and audiological assessments and similar costs for children identified as having a hearing impairment.

The hospital reimbursement for the screen would become part of the Diagnosis Related Group (DRG) reimbursement in the Medicaid program. However, the Department of Health has not provided the dollar value of this impact; therefore, the cost estimates understate the fiscal impact to the General Revenue Fund.

Local Government Impact

It is likely that hospital districts would incur some additional costs to implement a universal hearing screening program for newborns.

Source Agencies: 454 Department Of Insurance, 501 Department of Health
LBB Staff: JK, TP, KF

ENROLLED

H.B. No. 714

AN ACT

relating to the establishment of a newborn hearing screening, tracking, and intervention program.

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

SECTION 1. Subtitle B, Title 2, Health and Safety Code, is amended by adding Chapter 47 to read as follows:

CHAPTER 47. HEARING LOSS IN NEWBORNS

Sec. 47.001. DEFINITIONS. In this chapter:

(1) "Birth admission" means the time after birth that a newborn remains in the birthing facility before the newborn is discharged.

(2) "Birthing facility" means:

(A) a hospital licensed under Chapter 241 that offers obstetrical services and is located in a county with a population of more than 50,000; or

(B) a birthing center licensed under Chapter 244 that is located in a county with a population of more than 50,000 and that has 100 or more births per year.

(3) "Health care provider" means a registered nurse recognized as an advanced practice nurse by the Board of Nurse Examiners or a physician assistant licensed by the Texas State Board of Physician Assistant Examiners.

(4) "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 4,000 Hz. As technological advances permit the detection of less severe hearing loss, the department may modify this definition by rule.

(5) "Infant" means a child who is at least 30 days but who is younger than 24 months old.

(6) "Intervention or follow-up care" means the early intervention services described in Part C, Individuals with Disabilities Education Act (20 U.S.C. Sections 1431-1445), as amended by Pub. L. No. 105-17.

(7) "Newborn" means a child younger than 30 days old.

(8) "Parent" means a natural parent, stepparent, adoptive parent, legal guardian, or other legal custodian of a child.

(9) "Physician" means a person licensed to practice medicine by the Texas State Board of Medical Examiners.

(10) "Program" means a newborn hearing screening, tracking, and intervention program certified by the department under this chapter.

Sec. 47.002. APPLICABILITY OF CHAPTER. This chapter does not apply to a facility operated by a midwife as defined by Section 1, Texas Midwifery Act (Article 4512i, Vernon's Texas Civil Statutes).

Sec. 47.003. NEWBORN HEARING SCREENING, TRACKING, AND INTERVENTION PROGRAM. (a) A birthing facility, through a program certified by the department under Section 47.004, shall offer the parents of a newborn a hearing screening for the newborn for the

identification of hearing loss. The screening shall be offered during the birth admission, and the parents shall be informed that information may be provided to the department upon their written consent.

(b) The department or the department's designee shall approve program protocols.

(c) The department may maintain data and information on each newborn who receives services under a program.

(d) The department shall ensure that intervention is available to families for a newborn identified as having hearing loss and that the intervention is managed by state programs operating under the Individuals with Disabilities Education Act (20 U.S.C. Section 1400 et seq.).

(e) The department shall ensure that the intervention described by Subsection (d) is available for a newborn identified as having hearing loss through the time the child is an infant.

Sec. 47.004. CERTIFICATION OF SCREENING PROGRAMS. (a) The department or the department's designee shall establish certification criteria for implementing a program.

(b) In order to be certified, the program must:

(1) provide hearing screening using equipment recommended by the department;

(2) use appropriate staff to provide the screening;

(3) maintain and report data electronically as required by the department;

(4) distribute family, health care provider, and physician educational materials standardized by the department; and

(5) provide information, as recommended by the department, to the parents on follow-up services for newborns and infants with abnormal screening results.

(c) The department may certify a program that meets and maintains the certification criteria.

(d) The department may renew the certification of a program on a periodic basis as established by board rule in order to ensure quality services to newborns and families.

(e) A fee may not be charged to certify or recertify a program.

Sec. 47.005. INFORMATION CONCERNING SCREENING RESULTS AND FOLLOW-UP CARE. (a) A birthing facility that operates a program shall distribute to the parents of each newborn who is screened educational materials that are standardized by the department regarding screening results and follow-up care.

(b) A birthing facility that operates a program shall report screening results to the parents, the newborn's attending physician or health care provider, and the department.

(c) Appropriate and necessary care for the infant who needs follow-up care should be directed and coordinated by the infant's physician or health care provider, with support from appropriate ancillary services.

Sec. 47.006. TECHNICAL ASSISTANCE BY DEPARTMENT. The department may consult with a birthing facility and provide to the facility technical assistance associated with the implementation of a certified program.

Sec. 47.007. INFORMATION MANAGEMENT, REPORTING, AND TRACKING

SYSTEM. (a) The department shall provide each birthing facility that provides newborn hearing screening under the state's medical assistance program provided under Chapter 32, Human Resources Code, with the appropriate information management, reporting, and tracking software for the program. The information management, reporting, and tracking system must be capable of providing the department with information and data necessary to plan, monitor, and evaluate the program, including the program's screening, follow-up, diagnostic, and intervention components.

(b) A qualified hearing screening provider, hospital, audiologist, or intervention specialist may access the information management, reporting, and tracking system to provide information, where available, to the department, including information relating to:

(1) infants who receive follow-up care;

(2) infants identified with hearing loss;

(3) infants who are referred for intervention services; and

(4) case level information necessary to report required statistics to the Maternal and Child Health Bureau on an annual basis.

(c) The department shall ensure that the written consent of a parent is obtained before any information individually identifying the newborn or infant is released through the information management, reporting, and tracking system.

Sec. 47.008. CONFIDENTIALITY AND GENERAL ACCESS TO DATA. (a) The information management, reporting, and tracking system

provided in accordance with this chapter must meet confidentiality requirements in accordance with required state and federal privacy guidelines.

(b) Data obtained through the information management, reporting, and tracking system under this chapter are for the confidential use of the department, the department's designee, and the persons or public or private entities that the department determines are necessary to carry out the functions of the tracking system.

(c) The department by rule shall develop guidelines to protect the confidentiality of patients in accordance with Section 5.08, Medical Practice Act (Article 4495b, Vernon's Texas Civil Statutes), and require the written consent of a parent or guardian of a patient before any individually identifying information is provided to the department as set out in this chapter. The department shall permit a parent or guardian at any time to withdraw information provided to the department under this chapter.

Sec. 47.009. IMMUNITY FROM LIABILITY. A birthing facility, a clinical laboratory, an audiologist, a health care provider, a physician, a registered nurse, or any other officer or employee of a birthing facility, a laboratory, a physician, or an audiologist is not criminally or civilly liable for furnishing information in good faith to the department or its designee as required by this chapter. This section does not apply to information gathered and furnished after a parent of a newborn or infant declined screening offered through a program.

SECTION 2. Section 36.004, Health and Safety Code, is

amended by adding Subsection (i) to read as follows:

(i) A hearing screening performed under this section is in addition to any hearing screening test performed under Chapter 47.

SECTION 3. Section 32.024, Human Resources Code, is amended by adding Subsection (v) to read as follows:

(v) The department by rule shall provide a screening test for hearing loss in accordance with Chapter 47, Health and Safety Code, and any necessary diagnostic follow-up care related to the screening test to a child younger than 30 days old who receives medical assistance.

SECTION 4. Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, is amended by amending Sections 3 and 4 and adding Sections 5, 6, and 7 to read as follows:

Sec. 3. REQUIRED BENEFIT FOR CHILDHOOD IMMUNIZATIONS. [~~(a)~~] A health benefit plan that provides benefits for a family member of the insured shall provide coverage for each covered child described by Section 5 of this article [~~Subsection (b) of this section~~], from birth through the date the child is six years of age, for:

(1) immunization against:

(A) diphtheria;

(B) haemophilus influenzae type b;

(C) hepatitis B;

(D) measles;

(E) mumps;

(F) pertussis;

(G) polio;

(H) rubella;

(I) tetanus; and

(J) varicella; and

(2) any other immunization that is required by law for the child.

Sec. 4. REQUIRED BENEFITS FOR SCREENING TEST FOR HEARING IMPAIRMENT. (a) A health benefit plan that provides benefits for a family member of the insured shall provide coverage for each covered child described by Section 5 of this article for:

(1) a screening test for hearing loss from birth through the date the child is 30 days old, as provided by Chapter 47, Health and Safety Code; and

(2) necessary diagnostic follow-up care related to the screening test from birth through the date the child is 24 months old.

(b) The commissioner may adopt rules to implement the requirement of this section.

(c) This section applies to any health benefit plan that provides coverage or benefits to a resident of this state, without regard to whether the issuer of the health benefit plan is located within or outside this state. This section does not require the issuer of a health benefit plan to provide coverage under this section for the child of a resident of this state who:

(1) is employed outside of this state; and

(2) is covered under a health benefit plan maintained for the individual by the individual's employer as an employment benefit.

Sec. 5. COVERED CHILDREN. [~~(b)~~] A child is entitled to benefits under this article [~~section~~] if the child, as a result of the child's relationship to an enrollee in the health benefit plan, would be entitled to benefits under an accident and sickness insurance policy under Subsection (K), (L), or (M), Section 2, Chapter 397, Acts of the 54th Legislature, 1955 (Article 3.70-2, Vernon's Texas Insurance Code).

Sec. 6 [~~4~~]. APPLICATION OF DEDUCTIBLE, COPAYMENT, OR COINSURANCE REQUIREMENT [~~FIRST--DOLLAR--COVERAGE--REQUIRED~~]. (a) Benefits required under Section 3 of this article may not be made subject to a deductible, copayment, or coinsurance requirement. This subsection [~~(b)-Subsection--(a)--of--this--section~~] does not prohibit the application of a deductible, copayment, or coinsurance requirement to another service provided at the same time as the immunization.

(b) Benefits required under Section 4 of this article may be subject to copayment and coinsurance requirements, but may not be subject to a deductible requirement or dollar limit. The requirements of this subsection must be stated in the coverage document.

Sec. 7. RULES. The commissioner may adopt rules as necessary to implement this article.

SECTION 5. The heading of Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, is amended to read as follows:

Art. 21.53F. COVERAGE FOR CERTAIN BENEFITS FOR CHILDREN [~~CHILDHOOD-IMMUNIZATIONS~~]

SECTION 6. (a) This Act takes effect September 1, 1999.

(b) Not later than May 1, 2000, each birthing facility that operates a program with at least 1,000 births in a year shall offer newborn hearing screening during the birth admission as provided by Section 47.003, Health and Safety Code, as added by this Act.

(c) Not later than April 1, 2001, each birthing facility that operates a program shall offer the hearing screening during the birth admission in accordance with Section 47.003, Health and Safety Code, as added by this Act.

SECTION 7. The Texas Board of Health shall adopt the rules required by Section 47.004, Health and Safety Code, as added by this Act, not later than December 1, 1999.

SECTION 8. (a) Except as provided by Subsection (b) of this section, not later than January 1, 2000, the Health and Human Services Commission and each appropriate health and human services agency that operates part of the state medical assistance program under Chapter 32, Human Resources Code, shall adopt the rules required by Section 32.024(v), Human Resources Code, as added by this Act.

(b) If, before implementing Section 32.024(v), Human Resources Code, as added by this Act, the Health and Human Services Commission determines that a waiver or authorization from a federal agency is necessary for implementation, the commission shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 9. The change in law made by Section 4 of this Act applies only to a health benefit plan that is delivered, issued for

delivery, or renewed on or after January 1, 2000. A health benefit plan that is delivered, issued for delivery, or renewed before January 1, 2000, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

SECTION 10. This Act takes effect only if a specific appropriation for the implementation of this Act is provided in H.B. No. 1 (General Appropriations Act), Acts of the 76th Legislature, Regular Session, 1999. If no specific appropriation is provided in H.B. No. 1, the General Appropriations Act, this Act has no effect.

SECTION 11. The importance of this legislation and the crowded condition of the calendars in both houses create an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended.

President of the Senate

Speaker of the House

I certify that H.B. No. 714 was passed by the House on May 8, 1999, by a non-record vote; and that the House concurred in Senate amendments to H.B. No. 714 on May 26, 1999, by a non-record vote.

Chief Clerk of the House

I certify that H.B. No. 714 was passed by the Senate, with amendments, on May 21, 1999, by a viva-voce vote.

Secretary of the Senate

APPROVED:

Date

Governor

76TH LEGISLATURE

COAUTHOR AUTHORIZATION
(please request your coauthors to sign this form in lieu of the front or the back of the original bill)

For chief clerk use only
Bill or Resolution Number: HB 714

signature of **primary** author	printed name of **primary** author	Date
[signature]	Elliott Naishtat	1-15-99

PERMISSION TO SIGN HB 714 (bill or resolution #) HAS BEEN GIVEN TO **(check only one of the following)**:

✓ ALL REPRESENTATIVES

____ THE FOLLOWING REPRESENTATIVE(S): _____

I authorize the Chief Clerk to include my name as a coauthor of the legislation indicated above:

A2120 Alexander	Date	A2600 Counts	Date	A2795 Farabee	Date
A2115 Allen	Date	A2605 Crabb	Date	A2810 Farrar	Date
A2105 Alvarado	Date	A2610 Craddick	Date	A2840 Flores	Date
A2135 Averitt	Date	A2615 Crownover	Date	A2920 Gallego	Date
A2160 Bailey	Date	A2645 Cuellar	Date	A2930 Garcia	Date
A2205 Berman	Date	A2635 Culberson	Date	A2940 George	Date
A2250 Bonnen	Date	A2670 Danburg	Date	A2935 Giddings	Date
A2275 Bosse	Date	A2620 Davis, John	Date	A2880 Glaze	Date
A2260 Brimer	Date	A2625 Davis, Yvonne	Date	A2985 Goodman	Date
A2265 Brown, Betty	Date	A2680 Delisi	Date	A2990 Goolsby	Date
A2270 Brown, Fred	Date	A3385 Denny	Date	A3005 Gray	Date
A2255 Burnam	Date	A2690 Deshotel	Date	A3000 Green	Date
A2300 Capelo	3/6/99 Date	A2705 Driver	Date	A3010 Greenberg	Date
A2400 Carter	Date	A2665 Dukes	Date	A3020 Grusendorf	Date
A2585 Chavez	Date	A2660 Dunnam	Date	A3030 Gutierrez	Date
A2480 Chisum	Date	A2650 Dutton	Date	A3035 Haggerty	Date
A2525 Christian	Date	A2770 Edwards	Date	A2695 Hamric	Date
A2520 Clark	Date	A2760 Ehrhardt	Date	A3160 Hardcastle	Date
A2435 Coleman	Date	A2775 Eiland	Date	A3170 Hartnett	Date
A2565 Cook	Date	A2785 Elkins	Date	A3345 Hawley	Date
A2595 Corte	Date	A2790 Ellis, Dan	Date	A3180 Heflin	Date

For chief clerk use only
Bill or Resolution Number: HB 714

A3310 Hilbert	Date	A3715 Madden	Date	A4435 Shields	Date
A3250 Hilderbran	Date	A3750 Marchant	Date	A4445 Siebert	Date
A3275 Hill	Date	A2700 Maxey	Date	A4525 Smith	Date
A3270 Hinojosa	Date	A3665 McCall	Date	A4530 Smithee	Date
A3305 Hochberg	Date	A3650 McClendon	Date	A4550 Solis, Jim	Date
A3290 Hodge	Date	A3845 McReynolds	Date	A4560 Solis, Juan	Date
A3325 Homer	Date	A3840 Merritt	Date	A4505 Solomons	Date
A3320 Hope	Date	A3855 Moreno, Joe	Date	A4515 Staples	Date
A3315 Howard	Date	A3860 Moreno, Paul	Date	A4570 Swinford	Date
A3355 Hunter	Date	A3870 Morrison	Date	A4585 Talton	Date
A3360 Hupp	Date	A3865 Mowery	Date	A4605 Telford	Date
A3375 Isett	Date	A3885 Naishtat	Date	A4630 Thompson	Date
A3415 Janek	Date	A3890 Najera	Date	A4635 Tillery	Date
A3410 Jones, Charles	Date	A3895 Nixon, Joe	Date	A4650 Truitt	Date
A3405 Jones, Delwin	Date	A3900 Noriega	Date	A2730 Turner, Bob	Date
A3400 Jones, Jesse	Date	A3880 Oliveira	Date	A4685 Turner, Sylvester	Date
A3440 Junell	Date	A3886 Olivo	Date	A4690 Uher	Date
A3475 Keel	Date	A4010 Palmer	Date	A4695 Uresti	Date
A3480 Keffer	Date	A4180 Pickett	Date	A4720 Van de Putte	Date
A3470 King, Phil	Date	A4185 Pitts	Date	A4990 Walker	Date
A3465 King, Tracy	Date	A4200 Puente	Date	A4995 West, George "Buddy"	Date
A3485 Krusee	Date	A4210 Ramsay	Date	A5035 Williams	Date
A3450 Kuempel	Date	A4240 Rangel	Date	A5000 Wilson	Date
A3510 Laney	Date	A4245 Reyna, Arthur	Date	A5020 Wise	Date
A3520 Lengefeld	Date	A4236 Reyna, Elvira	Date	A5015 Wohlgemuth	Date
A3605 Lewis, Glenn	Date	A4250 Ritter	Date	A4980 Wolens	Date
A3600 Lewis, Ron	Date	A4370 Sadler	Date	A5005 Woolley	Date
A3615 Longoria	Date	A4380 Salinas	Date	A5025 Yarbrough	Date
A3620 Luna,Vilma	Date	A4420 Seaman	Date	A5040 Zbranek	Date

3/9/99

for chief clerk use only
Bill or Resolution Number: HB 714

JOINT AUTHOR AUTHORIZATION

As primary author of HB 714 I hereby authorize the following joint author(s):
(bill or resolution #)

Garnet Coleman
printed name of joint author #1

signature of joint author #1

Dawnna Dukes
printed name of joint author #2

signature of joint author #2

Jaime Capelo
printed name of joint author #3

signature of joint author #3

printed name of joint author #4

signature of joint author #4

signature of primary author

3-1-99
date

President of the Senate

Speaker of the House

I certify that H.B. No. 714 (1) was passed by the House on MAY 8 (2), 1999, by a non-record vote; and that the House concurred in Senate amendments to H.B. No. 714 on MAY 26 (3), 1999, by a non-record vote.

Chief Clerk of the House

**** Preparation: CT47;

I certify that H.B. No. 714 (1) was passed by the Senate, with amendments, on MAY 21 (2), 1999, by a viva-voce vote.

Secretary of the Senate

APPROVED:

Date

Governor

**** Preparation: CT33;

H.B. No. 714

By Nowshtat

A BILL TO BE ENTITLED
AN ACT

Relating to hearing screening for newborn children.

JAN 18 1999 Filed with the Chief Clerk

FEB 08 1999 Read first time and referred to Committee on Public Health

APR 07 1999 Reported ___ favorably ([redacted]d)
(as substituted)

APR 19 1999 Sent to Committee on (Calendars)
([redacted]ars)

MAY 07 1999 Read second time (comm. subst.) (amended); passed to third reading ([redacted]) by a (non-record vote)
([redacted]g)

_____ Constitutional rule requiring bills to be read on three several days suspended (failed to suspend) by a vote of _____ yeas, _____ nays, _____ present, not voting

MAY 08 1999 Read third time ([redacted]); finally passed ([redacted]) by a (non-record vote)
([redacted])

MAY 10 1999 Engrossed

MAY 10 1999 Sent to Senate

Sharon Carter
CHIEF CLERK OF THE HOUSE

OTHER HOUSE ACTION:

MAY 10 1999 Received from the House

MAY 10 1999 Read and referred to Committee on HEALTH SERVICES

MAY 14 1999 Reported favorably as amended

_____ Reported adversely, with favorable Committee Substitute; Committee Substitute read first time

_____ Ordered not printed

_____ Laid before the Senate

MAY 21 1999 Senate and Constitutional Rules to permit consideration suspended by (unanimous consent)
(_____ yeas, _____ nays)

MAY 21 1999 Read second time, amended, and passed to third reading by (unanimous consent)
(~~a viva voce vote~~)
(_____ yeas, _____ nays)

MAY 21 1999 Senate and Constitutional 3 Day Rules suspended by a vote of 30 yeas, 0 nays

MAY 21 1999 Read third time, _____, and passed by (a viva voce vote)
(_____ yeas, _____ nays)

May 21, 1999 Returned to the House

Betty King
SECRETARY OF THE SENATE

OTHER SENATE ACTION:

MAY 21 1999 Returned from the Senate ~~(as substituted)~~ ~~(with amendments)~~

MAY 26 1999 House concurred in Senate amendments by a (non-record vote) (~~record vote of~~ _____ ~~yeas,~~ _____ ~~nays,~~ _____ ~~present, not voting~~)

_____ House refused to concur in Senate amendments and requested the appointment of a conference committee by a (non-record vote) (record vote of _____ yeas, _____ nays, _____ present, not voting)

_____ House conferees appointed: _____, Chair; _____,

_____, _____, _____

_____ Senate granted House request. Senate conferees appointed: _____, Chair;

_____, _____, _____, _____

_____ Conference committee report adopted (rejected) by the House by a (non-record vote) (record vote of _____ yeas, _____ nays, _____ present, not voting)

_____ Conference committee report adopted (rejected) by the Senate by a (viva voce vote) (record vote of _____ yeas, _____ nays)

99 MAY 22 AM 12:34
HOUSE OF REPRESENTATIVES