

**10 GCA HEALTH AND SAFETY
CH. 4 UNIVERSAL NEWBORN HEARING SCREENING
AND INTERVENTION ACT (UNHSIA) OF 2004**

**CHAPTER 4
UNIVERSAL NEWBORN HEARING SCREENING
AND INTERVENTION ACT (UNHSIA) OF 2004**

SOURCE: This new Chapter added by P.L. 27-150 as a new Chapter 5. However, Chapter 5 was already occupied by P.L. 27-122. Therefore, the new chapter added by P.L. 27-150 was renumbered by the Compiler to Chapter 4 which was then vacant.

- § 4101. Short Title.
- § 4102. Legislative Findings and Intent.
- § 4103. Definitions.
- § 4104. Newborn and Infant Hearing Screening Programs.
- § 4105. Confidentiality.
- § 4106. Coverage and Reimbursement.
- § 4107. Delivery of Policy.
- § 4108. Applicability.
- § 4109. Duties and Responsibilities.
- § 4110. Promulgation of Rules and Regulations.
- § 4111. Severability.

§ 4101. Short Title.

This Act shall be known and may be cited as the 'Universal Newborn Hearing Screening and Intervention Act (UNHSIA) of 2004.

§ 4102. Legislative Findings and Intent.

I Liheslaturan Guðhan hereby finds that significant hearing loss is one of the most common major abnormalities present at birth and, if undetected, will impede the child's speech, language, and cognitive development. Screening by high-risk characteristics alone (e.g., family history of deafness) only identifies approximately fifty percent (50%) of newborns with significant hearing loss. Reliance solely on physician and/or parental observation fails to identify many cases of significant hearing loss in newborns and infants. There is evidence that children with hearing loss, who are identified at birth and receive intervention services shortly thereafter, have significantly better learning capacity than children who are identified with hearing loss later than six (6) months after birth. Legislation is needed to provide for the early detection of hearing loss in newborns and infants and to prevent or mitigate the developmental delays associated with late identification of hearing loss. Through tracking and surveillance of

10 GCA HEALTH AND SAFETY
CH. 4 UNIVERSAL NEWBORN HEARING SCREENING
AND INTERVENTION ACT (UNHSIA) OF 2004

infants with hearing impairments, the loss to follow-up services is alleviated.

It is therefore the intent of *I Liheslaturan Guåhan* to provide for the early detection and intervention of hearing loss in newborn children at the hospital or as soon after birth as possible, to enable these children and their families/caregivers to obtain needed multi-disciplinary evaluation, treatment, and intervention services at the earliest opportunity and to prevent or mitigate the developmental delays and academic failures associated with late identification of hearing loss. Furthermore, *I Liheslaturan Guåhan* intends to provide the community of Guam with the information necessary to effectively plan, establish, and evaluate a comprehensive system of appropriate services for newborns and infants who have a hearing loss or are deaf and to further provide assurance that a smooth transition from the current Federally-funded health initiative in hearing screening, detection, and intervention is made from the University of Guam, Center for Excellence in Developmental Disabilities Education, Research, and Services (UOG CEDDERS) to the Department of Public Health and Social Services (DPH&SS).

§ 4103. Definitions.

- (a) 'Infant' means a child who is not a newborn and has not attained the age of one (1) year.
- (b) 'Newborn' means a child up to twenty-eight (28) days old.
- (c) 'Child' means a person up to twenty-one (21) years of age.
- (d) 'Parent' means a natural parent, stepparent, adoptive parents, guardian, or custodian of a newborn or infant.
- (e) 'Birth Admission' means the time after birth that the newborn remains in the hospital nursery prior to discharge.
- (f) 'ICC Subcommittee' means the subcommittee of the Guam Interagency Coordinating Council of the Guam Early Intervention System tasked with monitoring newborn hearing screening, tracking, and intervention.
- (g) 'False Positive Rate' means the proportion of infants identified as having a significant hearing loss by the screening process who are ultimately found to not have a significant hearing loss.

10 GCA HEALTH AND SAFETY
CH. 4 UNIVERSAL NEWBORN HEARING SCREENING
AND INTERVENTION ACT (UNHSIA) OF 2004

(h) 'False Negative Rate' means the proportion of infants not identified as having a significant hearing loss by the screening process who are ultimately found to have a significant hearing loss.

(i) 'Health Care Insurer' means any entity regulated by the Commissioner of Banking and Insurance, including, but not limited to, health care insurers; health, hospital or medical service plan corporations; or health maintenance organizations. Health care insurer does not include self-insured plans or groups regulated by the Employment Retirement Income Security Act of 1974 ('ERISA'), to the extent that Guam regulation of such plans is preempted by ERISA.

(j) 'Health Insurance Policy' means any health insurance policy, contract, plan, or evidence of coverage issued by a health care insurer, which provides medical coverage on an expense incurred, service or prepaid basis.

(k) 'Hearing Screening Test' means automated auditory brainstem response, otoacoustic emissions, or any other appropriate screening test as recommended by national professional medical and health organizations and approved by the DPH&SS.

(l) 'Health Care Facility' means any institution, building or agency whether public or private (for-profit or non-profit) that is used or designed to provide health care services, medical treatment or preventive care to any person or persons.

(m) 'Hearing Loss' means a hearing loss of twenty-five (25) dB HL or greater in the frequency region important for speech recognition and comprehension in one or both ears (approximately 500 through 4000 Hz).

§ 4104. Newborn and Infant Hearing Screening Programs.

(a) Each health care facility shall establish a universal newborn hearing screening program which shall include, but not be limited to:

(1) in advance of any hearing screening testing, providing to the newborn's or infant's parent(s), information concerning the nature of the screening procedure, applicable costs of the screening procedure (including information concerning insurance coverage and co-payment obligations), the potential risk and effects of hearing loss, and the benefits of early detection and intervention;

10 GCA HEALTH AND SAFETY
CH. 4 UNIVERSAL NEWBORN HEARING SCREENING
AND INTERVENTION ACT (UNHSIA) OF 2004

(2) providing a hearing screening test for every newborn born in the health care facility for identification of hearing loss, regardless of whether or not the newborn has known risk factors suggesting hearing loss;

(3) developing screening protocols and select screening method(s) designed to detect newborns and infants with a significant hearing loss, as recommended by professional health and medical organizations;

(4) providing for appropriate training and monitoring of the performance of individuals responsible for performing hearing screening tests who shall be trained properly in:

(i) the performance of the tests;

(ii) the risks of the tests, including psychological stress for the parent(s);

(iii) infection control practices; and

(iv) the general care and handling of newborns and infants in hospital settings.

(5) performing the hearing testing prior to the newborn's discharge; if the newborn is expected to remain in the health care facility for a prolonged period, testing shall be performed prior to the date on which he or she attains the age of three (3) months;

(6) developing and implementing procedures for documenting the results of all hearing screening tests;

(7) informing the newborn's or infant's parents and primary care physician of the results of the hearing screening test, or if the newborn or infant was not successfully tested. Whenever possible, such notification shall occur prior to discharge; if this is not possible, notification shall occur no later than ten (10) days following the date of testing. Notification shall include information regarding appropriate follow-up for a screening failure or a missed screening, and referral information for confirmatory testing. If a hearing screening test indicates the possibility of a significant hearing loss, the health care facility shall ensure that the physician, or other persons attending the newborn or infant, is made aware of the community resources available for confirmatory testing and process of referral to early intervention services; and

10 GCA HEALTH AND SAFETY
CH. 4 UNIVERSAL NEWBORN HEARING SCREENING
AND INTERVENTION ACT (UNHSIA) OF 2004

(8) collecting performance data specified and recommended by the Center for Disease Control, Early Detection and Intervention Program Guidance Manual to insure that each health care facility is in compliance with reporting:

- (i) the number of newborns born in the hospital;
- (ii) the number of newborns and infants recommended for diagnostic audiological evaluation;
- (iii) the number of newborns screened on birth admission;
- (iv) the number of newborns who passed the birth admission screening, *if* administered;
- (v) the number of newborns who did not pass the birth admission screening, *if* administered;
- (vi) the number of newborns recommended for monitoring, intervention, and follow-up care;
- (vii) the number of newborns and infants who return for follow-up rescreening;
- (viii) the number of newborns and infants who pass the follow-up rescreening; and
- (ix) National Testing Performance Standards as adopted by the American Academy of Pediatrics.

(b) The Department of Public Health & Social Services shall exercise oversight responsibility for health care facilities, including establishing a performance data set and reviewing performance data collected pursuant thereto by each health care facility.

§ 4105. Confidentiality.

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

§ 4106. Coverage and Reimbursement.

(a) Any health insurance policy which is delivered, issued for delivery, renewed, extended, or modified in Guam by any health care insurer and

10 GCA HEALTH AND SAFETY
CH. 4 UNIVERSAL NEWBORN HEARING SCREENING
AND INTERVENTION ACT (UNHSIA) OF 2004

which provides coverage for a child shall be deemed to provide coverage for hearing screening tests of newborns and infants provided by a health care facility before discharge.

(b) A health care insurer delivering a health insurance policy regulated under this Act shall provide each insured with notice of the provisions of this Act upon the effective date of coverage and annually thereafter.

(c) The amount of reimbursement for newborn or infant hearing screening provided under such a policy shall be consistent with reimbursement of other medical expenses under the policy, including the imposition of co-payment, co-insurance, deductible, or any dollar limit or other cost-sharing provisions otherwise applicable under the policy.

§ 4107. Delivery of Policy.

Any health insurance policy, whether purchased on Guam or off-island that provides coverage or benefits to a resident of Guam shall be deemed to be delivered in Guam within the meaning of this Act.

§ 4108. Applicability.

This Act applies to health insurance policies delivered, issued for delivery, renewed, extended or modified after September 30, 2005.

§ 4109. Duties and Responsibilities.

(a) UOG CEDDERS: It will be the duty and responsibility of the Director of UOG CEDDERS to work in collaboration with DPH&SS, Department of Education (DOE), ICC Subcommittee, and the health care facilities to implement universal hearing screening and intervention programs through a four (4) year Federal grant under the United States Department of Health & Human Services, Health Resources and Services Administration, Maternal Child Health Bureau (H61 MC 00094-03-00). It will also be the duty and responsibility for UOG CEDDERS to develop the tracking and surveillance database monitoring system through a 2-year Cooperative Agreement with the Center of Disease Control in Atlanta, Georgia (UR3/CCU923118-02). UOG CEDDERS shall develop a plan for the collection of data and evaluation of the program in relation to the duties and responsibilities of the departments and the health care facilities with guidelines for the screening, identification, diagnosis, and monitoring of infants hearing impairment and infants at risk for delayed onset of hearing impairment. At the conclusion of this initial development and

10 GCA HEALTH AND SAFETY
CH. 4 UNIVERSAL NEWBORN HEARING SCREENING
AND INTERVENTION ACT (UNHSIA) OF 2004

implementation, UOG CEDDERS will transition all information, materials, and data on infant hearing screening and intervention to the DPH&SS.

(b) DPH&SS: It is the duty and responsibility of the Director of DPH&SS to collaborate with UOG CEDDERS, DOE, ICC Subcommittee, and the health care facilities during this developmental phase to establish Guam's universal newborn hearing screening programs to ensure a smooth transition from UOG CEDDERS and the DPH&SS. Once the transition is completed, DPH&SS shall be responsible for maintaining universal newborn hearing screening programs, tracking and surveillance systems and the evaluation of an island-wide program for early identification of and intervention for infants with hearing impairments. The DPH&SS shall conduct a community outreach and awareness campaign to inform medical providers, pregnant women, and families of newborns and infants of the availability of newborn hearing screening programs and the value of early hearing testing.

(c) Health Care Facilities: It is the duty and responsibility of the Administrator, Director, or whomever is in charge of the health care facility to collaborate with UOG CEDDERS, DPH&SS, ICC Subcommittee, and DOE to insure that one hundred percent (100%) of all hearing screening of all newborns on Guam is part of the standard of care. Health care facilities shall maintain hearing screening data and shall report hearing results to the UOG CEDDERS and/or DPH&SS on an annual basis. Health care facilities shall work in collaboration with the DPH&SS to continue training of health care providers in conducting infant hearing screening, including cutting edge techniques, updated technical advances in early hearing screening and detection, and ongoing personnel training on the importance of early identification of hearing loss.

(d) ICC Subcommittee: It is the duty and responsibility of the Chairperson of the ICC Subcommittee to collaborate with UOG CEDDERS, DPH&SS, health care facilities, and DOE to monitor service delivery of all infants with hearing loss, assuring that state of the art hearing screening and diagnostic equipment are being used by health care facilities to identify children with hearing impairments. In addition, the ICC Subcommittee shall submit annual reports of Guam's hearing screening efforts to the Guam Interagency Coordinating Council.

(e) DOE: It is the duty and responsibility of the Superintendent of the Department of Education to collaborate with UOG CEDDERS, DPH&SS,

10 GCA HEALTH AND SAFETY
CH. 4 UNIVERSAL NEWBORN HEARING SCREENING
AND INTERVENTION ACT (UNHSIA) OF 2004

ICC Subcommittee, and the health care facilities to insure that all infants identified with hearing impairments, and those at risk, receive appropriate early intervention services, which includes transdisciplinary diagnostic assessments, development of an Individualized Family Service Plan, and follow-up with the appropriate medical home. DOE will work in collaboration with UOG CEDDERS, DPH&SS, ICC Subcommittee, and the health care facilities in planning future data system linkages so that no infant born on Guam is lost to follow-up and intervention services.

2009 NOTE: P.L. 28-045:10 (June 6, 2005) changed the name of the Department of Education to the Guam Public School System. P.L. 30-050:2 (July 14, 2009) reverted the name of the Guam Public School System to the Department of Education. References to Guam Public School System have been changed to Department of Education pursuant to P.L. 30-050:3.

§ 4110. Promulgation of Rules and Regulations.

The DPH&SS shall promulgate the Rules and Regulations no later than sixty (60) days upon enactment of this Act.

§ 4111. Severability.

If any provision of this Act or its application to any person or circumstance is found to be invalid or contrary to law, such invalidity shall not affect other provisions or applications of this Act which can be given effect without the invalid provisions or applications, and to this end the provisions of this Act are severable.
