

## **BILL ANALYSIS**

C.S.S.B. 229  
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Public Health  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

Detecting hearing loss in newborns can help prevent delays in speaking, learning, and other forms of development. Current state law requires birthing facilities to offer newborn hearing screening, but limits this requirement to birthing facilities and birthing centers located in counties with a population of more than 50,000. This means that children born in smaller counties, of which there are many in Texas, may not receive a hearing screening.

C.S.S.B. 229 seeks to expand the applicability of hearing screening requirements and amend current law relating to newborn hearing screenings and hearing services for certain children.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

C.S.S.B. 229 amends the Health and Safety Code to redefine "birthing facility," for purposes of provisions of law relating to hearing loss in newborns, to remove the conditions that a licensed hospital offering obstetrical services be located in a county with a population of more than 50,000 and that a licensed birthing center be located in a county with a population of more than 50,000 and have 100 or more births per year for such a hospital or birthing center to qualify as a birthing facility and to include in the meaning of the term a children's hospital or a facility that is maintained or operated by the state or an agency of the state and that provides obstetrical services.

C.S.S.B. 229 establishes that a midwife who attends the birth of a newborn is not required to offer the parents of a newborn a hearing screening for the newborn for the identification of hearing loss and requires the midwife to refer the parents of the newborn to a birthing facility or a provider that participates in a newborn hearing screening, tracking, and intervention program certified by the Department of State Health Services (DSHS). The bill provides for the meaning of "midwife" by reference to the Occupations Code.

C.S.S.B. 229 requires DSHS to provide each birthing facility that provides newborn hearing screening under Medicaid with access to the appropriate information management, reporting, and tracking system for the newborn hearing screening, tracking, and intervention program, rather than to provide such a birthing facility with the appropriate information management, reporting, and tracking software for the newborn hearing screening, tracking, and intervention program. The bill requires a birthing facility that receives such access to report the resulting information in the format and within the time frame specified by DSHS.

C.S.S.B. 229 requires a qualified hearing screening provider, audiologist, intervention specialist, educator, or other person who receives a referral from a newborn hearing screening, tracking, and intervention program certified by DSHS to provide the services needed by the child or refer

the child to a person who provides the services needed by the child and to provide to DSHS or the department's designee, with the consent of the child's parent, results of follow-up care, results of audiologic testing of infants identified with hearing loss, and reports on the initiation of intervention services.

C.S.S.B. 229 requires a qualified hearing screening provider, audiologist, intervention specialist, educator, or other person who provides services to infants who are diagnosed with hearing loss to provide to DSHS or the department's designee, with the consent of the infant's parent, results of follow-up services, results of audiologic testing of infants identified with hearing loss, and reports on the initiation of intervention services.

C.S.S.B. 229 requires a hospital that provides services relating to newborn hearing loss to use the information management, reporting, and tracking system, to which DSHS has provided the hospital with access, to report to DSHS or the department's designee, with the consent of the infant's parent, results of all follow-up services for infants who do not pass the birth admission screening if the hospital provides the follow-up services or the name of the provider or facility where the hospital refers an infant who does not pass the birth admission screening for follow-up services. The bill makes its provisions applicable only to a birth admission at a birthing facility on or after September 1, 2012.

C.S.S.B. 229 repeals Section 47.002, Health and Safety Code, exempting a facility operated by a midwife from provisions of law relating to newborn hearing loss.

#### **EFFECTIVE DATE**

September 1, 2011.

#### **COMPARISON OF ORIGINAL AND SUBSTITUTE**

C.S.S.B. 229 differs from the original, in a bill provision requiring a midwife who attends the birth of a newborn to refer the parents of the newborn to a birthing facility or a provider that participates in a newborn hearing screening, tracking, and intervention program certified by the Department of State Health Services, by omitting a condition included in the original requiring a midwife to make such a referral if the birth of the newborn does not occur at a birthing facility.