7827

IN SENATE

May 14, 2010

- Introduced by Sen. DUANE -- (at request of the Department of Health) -- read twice and ordered printed, and when printed to be committed to the Committee on Health
- AN ACT to amend the public health law, in relation to newborn hearing screening results

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Section 2500-g of the public health law, as added by chapter 585 of the laws of 1999, is amended to read as follows:

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3 S 2500-g. Newborn INFANT hearing screening. 1. The commissioner shall, within the amounts appropriated therefor, and in consultation with 4 health care providers or their representatives, establish a program to 5 screen newborn infants for hearing problems. This program shall incorpo-6 7 rate consensus medical guidelines and protocols, reflecting the most cost-effective methods for detecting hearing problems as early as possi-8 9 ble in an infant's life. The program shall provide for follow-up screen-10 including referrals for screening or care. Such program shall also inq provide for the reimbursement of health care providers performing 11 such 12 services under the program.

13 shall be the duty of the administrative officer[,] or other 2. Ιt 14 designated person[,] at each [institution] FACILITY LICENSED PURSUANT TO ARTICLE TWENTY-EIGHT OF THIS CHAPTER caring for newborn infants, to 15 either administer [such a program or] A HEARING SCREENING UPON EACH SUCH 16 IF THE FACILITY IS NOT REASONABLY ABLE TO SCREEN A 17 NEWBORN INFANT OR, 18 NEWBORN INFANT PRIOR TO DISCHARGE, provide a referral for the [patient] 19 INFANT to obtain the service following discharge. NEWBORN FACILITIES 20 SUBJECT TO THE PROVISIONS OF THIS SECTION THAT ADMINISTER A NEWBORN 21 INFANT HEARING SCREENING SHALL REPORT TO THE DEPARTMENT IN A MANNER AND 22 FORMAT REQUIRED BY THE COMMISSIONER:

23 (A) THE RESULTS OF EACH NEWBORN INFANT HEARING SCREENING PERFORMED;

24 (B) INSTANCES IN WHICH A NEWBORN INFANT HEARING SCREENING IS NOT 25 PERFORMED ON A NEWBORN INFANT BEFORE SUCH INFANT IS DISCHARGED FROM THE 26 FACILITY; AND

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets
[] is old law to be omitted.

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S. 7827

(C) SUCH OTHER INFORMATION OR DATA AS MAY BE REOUIRED BY THE COMMIS-1 2 SIONER PURSUANT TO REGULATION TO FULFILL THE PURPOSES OF THIS SECTION. 3 3. ANY PERSON WHO PERFORMS A NEWBORN INFANT HEARING SCREENING, MEANING A HEARING SCREENING PERFORMED UPON A NEWBORN INFANT, OTHER THAN A HEAR-4 5 ING SCREENING ADMINISTERED BY A FACILITY PURSUANT TO SUBDIVISION TWO OF THIS SECTION, OR UPON A CHILD UNDER SIX MONTHS OF AGE, SHALL REPORT TO 6 7 THE DEPARTMENT, IN A MANNER AND FORMAT REOUIRED BY THE COMMISSIONER 8 PURSUANT TO REGULATION: 9 (A) THE RESULTS OF EACH NEWBORN INFANT HEARING SCREENING PERFORMED; 10 AND 11 (B) SUCH OTHER INFORMATION OR DATA AS MAY BE REQUIRED BY THE COMMIS-12 SIONER TO FULFILL THE PURPOSES OF THIS SECTION. 4. THE DEPARTMENT SHALL COLLECT AND MAINTAIN THE NEWBORN INFANT HEAR-13 14 ING RESULTS AND INFORMATION PROVIDED PURSUANT TO SUBDIVISIONS TWO AND THREE OF THIS SECTION IN A STATEWIDE INFORMATION SYSTEM DEVELOPED BY THE 15 16 DEPARTMENT FOR SUCH PURPOSE. 17 5. THE DEPARTMENT SHALL PROVIDE ACCESS TO NEWBORN INFANT HEARING SCREENING RESULTS AND OTHER INFORMATION OR DATA AS DETERMINED BY THE 18 19 DEPARTMENT TO THE FOLLOWING PERSONS OR ENTITIES FOR THE FOLLOWING 20 PURPOSES: 21 (A) THE COMMISSIONER OF HEALTH FOR THE PURPOSES OF OUTREACH, QUALITY IMPROVEMENT AND ACCOUNTABILITY, RESEARCH, AND EPIDEMIOLOGICAL STUDIES 22 23 AND DISEASE CONTROL; 24 (B) THE COMMISSIONER OF HEALTH AND MENTAL HYGIENE FOR THE CITY OF NEW 25 YORK AND LOCAL HEALTH DEPARTMENTS FOR PURPOSES OF OUTREACH, QUALITY 26 IMPROVEMENT AND ACCOUNTABILITY, RESEARCH, EPIDEMIOLOGICAL STUDIES AND 27 DISEASE CONTROL; 28 (C) HEALTH CARE PROFESSIONALS LICENSED UNDER TITLE EIGHT OF THE EDUCA-TION LAW AND THEIR DESIGNEES FOR THE PURPOSES OF DETERMINING, WITH 29 RESPECT TO NEWBORN INFANTS OR CHILDREN UNDER THEIR CARE, WHETHER A 30 NEWBORN INFANT HEARING SCREENING WAS PERFORMED, WHETHER A RE-SCREENING 31 32 OR OTHER FOLLOW-UP IS NECESSARY, TO ENTER NEWBORN INFANT HEARING SCREEN-ING RESULTS AND DATA, AND FOR TREATMENT PURPOSES; 33 (D) A FACILITY LICENSED UNDER ARTICLE TWENTY-EIGHT OF THIS CHAPTER 34 35 THAT ADMINISTERS A NEWBORN INFANT HEARING SCREENING FOR THE PURPOSES OF ENTERING NEWBORN INFANT HEARING SCREENING RESULTS AND DATA INTO 36 THE 37 STATEWIDE INFORMATION SYSTEM AND DETERMINING WHETHER A SCREENING, 38 RE-SCREENING OR OTHER FOLLOW-UP IS NECESSARY; 39 (E) THIRD PARTY PAYERS AS DEFINED IN PARAGRAPH (F) OF SUBDIVISION TWO 40 SECTION TWENTY-ONE HUNDRED SIXTY-EIGHT OF THIS CHAPTER FOR THE OF PURPOSES OF QUALITY ASSURANCE, ACCOUNTABILITY AND OUTREACH RELATING TO 41 ENROLLEES COVERED BY THE THIRD PARTY PAYER; AND 42 43 (F) A COMMISSIONER OF A LOCAL SOCIAL SERVICES DISTRICT WITH REGARD TO NEWBORN INFANTS OR CHILDREN IN HIS OR HER LEGAL CUSTODY. 44 45 6. ALL NEWBORN HEARING SCREENING RESULTS AND OTHER INFORMATION OR DATA MAINTAINED BY THE DEPARTMENT SHALL BE CONFIDENTIAL AND SHALL NOT BE 46 47 DISCLOSED EXCEPT AS PROVIDED FOR IN THIS SECTION. THE PARENT OR GUARDI-48 AN OF A NEWBORN INFANT OR CHILD FOR WHOM A NEWBORN INFANT HEARING 49 SCREENING WAS PERFORMED MAY OBTAIN A COPY OF THE NEWBORN INFANT HEARING 50 SCREENING RESULTS FROM: 51 (A) THE FACILITY THAT ADMINISTERED THE NEWBORN INFANT HEARING SCREEN-52 ING; 53 (B) THE PERSON WHO PERFORMED THE SCREENING, IF THE SCREENING WAS NOT 54 ADMINISTERED AT A FACILITY SUBJECT TO THE PROVISIONS OF THIS SECTION; OR

1 (C) THE STATEWIDE INFORMATION SYSTEM THAT MAINTAINS THE RESULTS BY 2 REQUESTING THE RECORD PURSUANT TO PROCEDURES ESTABLISHED BY THE COMMIS-3 SIONER IN REGULATION.

4 S 2. Paragraph (c) of subdivision 4 of section 2168 of the public 5 health law, as amended by section 7 of part A of chapter 58 of the laws 6 of 2009, is amended and a new paragraph (c-1) is added to read as 7 follows:

8 (c) Any data collected by the department may be included in the state-9 wide immunization information system and the statewide registry of lead 10 levels of children if collection, storage and access of such data is otherwise authorized. Such data may be disclosed to the statewide immun-11 ization information system only if provided for in statute [and] OR 12 regulation, and shall be subject to any provisions in such statute or 13 14 regulation limiting the use or redisclosure of the data. Nothing contained in this paragraph shall permit inclusion of data in the state-15 wide immunization information system if that data could not otherwise be 16 accessed or disclosed in the absence of the system. For the city of New 17 18 York the commissioner of health and mental hygiene may include data 19 collected in the citywide immunization registry as provided in this 20 paragraph.

(C-1) THE DEPARTMENT MAY REQUIRE THE COLLECTION OF, MAINTENANCE AND
 ACCESS TO NEWBORN INFANT HEARING SCREENING DATA AND RESULTS THROUGH THE
 STATEWIDE IMMUNIZATION INFORMATION SYSTEM IN ACCORDANCE WITH SECTION
 TWENTY-FIVE HUNDRED-G OF THIS CHAPTER.

25 S 3. This act shall take effect January 1, 2011.