

**SCREEN INFANTS FOR HEARING  
IMPAIRMENT**

**House Bill 4278**  
**Sponsor: Rep. Mike Kowall**  
**Committee: Health Policy**

**Complete to 4-19-01**

**A SUMMARY OF HOUSE BILL 4278 AS INTRODUCED 2-15-01**

The bill would add a new part (94c) to the Public Health Code titled “hearing impaired infants” to require that infants up to one year old be screened for hearing impairment and to require that the results be sent to certain agencies and people.

Required screening. Beginning not later than October 1, 2002, each hospital that provided birthing services, and each health professional that provided birthing services outside of a hospital, would be required to have a health professional (someone licensed, registered, or otherwise authorized in a health profession under the health code) or an audiologist (someone who had a master’s or doctorate degree in audiology from an approved accredited university) perform a hearing impairment screening for each newborn infant before the infant were discharged from the hospital or before the health professional left the out-of-hospital birthing site. (“Newborn infant” would be defined to mean an infant less than 30 days old, while “infant” would mean a minor more than 30 days old but less than one year old.) Hospitals with 100 or fewer births a year could have the required screening done at another facility.

If the screening were not performed at the required times “due to exigent circumstances,” the hospital or health professional would be required to arrange for the screening within 90 days after the infant’s birth. The bill would define “hearing impairment screening” to mean the employment of up to three specified tests (“auditory brain stem response,” “otoacoustic emissions,” and a test approved by the Department of Community Health) to identify whether an infant were a “hearing impaired infant” (defined, in turn, to mean an infant up to one year old who had a disorder of the auditory system of a type or degree that causes a hearing impairment that interfered with the development of the infant’s language and speech skills).

Reporting results. Each hospital and each health professional who provided birthing services as described in the bill would be required to transmit the results of the hearing impairment screening to the Department of Community Health, the infant’s parents or guardian, the infant’s primary care physician, and, if known, the infant’s “provider of audiological services.”

Abnormal results. When abnormal results on one or more of the tests used in the hearing impairment screening were abnormal, the health professional or audiologist doing the screening would be required to (a) recommend to the infant’s parent or guardian that the infant undergo an audiological evaluation as soon as practicable after the abnormal test result were obtained and (b) provide the parent or guardian with a list of available audiological evaluation services.

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Rules promulgation. The bill would allow the Department of Community Health to promulgate administrative rules to implement the bill.

MCL 333.9481, 333.9483, and 333.9485

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