

26-10-6 Testing of newborn infants.

- (1) Except in the case where parents object on the grounds that they are members of a specified, well-recognized religious organization whose teachings are contrary to the tests required by this section, each newborn infant shall be tested for:
 - (a) phenylketonuria (PKU);
 - (b) other heritable disorders which may result in an intellectual or physical disability or death and for which:
 - (i) a preventive measure or treatment is available; and
 - (ii) there exists a reliable laboratory diagnostic test method;
 - (c)
 - (i) an infant born in a hospital with 100 or more live births annually, hearing loss; and
 - (ii) an infant born in a setting other than a hospital with 100 or more live births annually, hearing loss; and
 - (d) beginning October 1, 2014, critical congenital heart defects using pulse oximetry.
- (2) In accordance with Section 26-1-6, the department may charge fees for:
 - (a) materials supplied by the department to conduct tests required under Subsection (1);
 - (b) tests required under Subsection (1) conducted by the department;
 - (c) laboratory analyses by the department of tests conducted under Subsection (1); and
 - (d) the administrative cost of follow-up contacts with the parents or guardians of tested infants.
- (3) Tests for hearing loss under Subsection (1) shall be based on one or more methods approved by the Newborn Hearing Screening Committee, including:
 - (a) auditory brainstem response;
 - (b) automated auditory brainstem response; and
 - (c) evoked otoacoustic emissions.
- (4) Results of tests for hearing loss under Subsection (1) shall be reported to:
 - (a) parents when results of tests for hearing loss under Subsection (1) suggest that additional diagnostic procedures or medical interventions are necessary; and
 - (b) the department.
- (5)
 - (a) There is established the Newborn Hearing Screening Committee.
 - (b) The committee shall advise the department on:
 - (i) the validity and cost of newborn infant hearing loss testing procedures; and
 - (ii) rules promulgated by the department to implement this section.
 - (c) The committee shall be composed of at least 11 members appointed by the executive director, including:
 - (i) one representative of the health insurance industry;
 - (ii) one pediatrician;
 - (iii) one family practitioner;
 - (iv) one ear, nose, and throat specialist nominated by the Utah Medical Association;
 - (v) two audiologists nominated by the Utah Speech-Language-Hearing Association;
 - (vi) one representative of hospital neonatal nurseries;
 - (vii) one representative of the Early Intervention Baby Watch Program administered by the department;
 - (viii) one public health nurse;
 - (ix) one consumer; and
 - (x) the executive director or his designee.

- (d) Of the initial members of the committee, the executive director shall appoint as nearly as possible half to two-year terms and half to four-year terms. Thereafter, appointments shall be for four-year terms except:
 - (i) for those members who have been appointed to complete an unexpired term; and
 - (ii) as necessary to ensure that as nearly as possible the terms of half the appointments expire every two years.
- (e) A majority of the members constitute a quorum and a vote of the majority of the members present constitutes an action of the committee.
- (f) The committee shall appoint a chairman from its membership.
- (g) The committee shall meet at least quarterly.
- (h) A member may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:
 - (i) Section 63A-3-106;
 - (ii) Section 63A-3-107; and
 - (iii) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.
- (i) The department shall provide staff for the committee.
- (6) Prior to implementing the test required by Subsection (1)(d), the department shall conduct a pilot program for testing newborns for critical congenital heart defects using pulse oximetry. The pilot program shall include the development of:
 - (a) appropriate oxygen saturation levels that would indicate a need for further medical follow-up; and
 - (b) the best methods for implementing the pulse oximetry screening in newborn care units.

Amended by Chapter 132, 2013 General Session