WEST VIRGINIA LEGISLATURE
FIRST REGULAR SESSION, 1991

- - - -

ENROLLED
Com. Sub. for
HOUSE BILL No. 2616

(By Mr. Del Spence and Kessell)

- - - -

Passed March 9, 1991

In Effect 90 Days From Passage
AN ACT to amend and reenact section twelve-a, article five, chapter sixteen of the code of West Virginia, one thousand nine hundred thirty-one, as amended, relating to registration of newborn infants and minors with a hearing impairment or with risk of developing a hearing impairment; requiring that such information be recorded and reported to the commission on the hearing impaired on forms provided by the commission.

Be it enacted by the Legislature of West Virginia:

That section twelve-a, article five, chapter sixteen of the code of West Virginia, one thousand nine hundred thirty-one, as amended, be amended and reenacted to read as follows:

ARTICLE 5. VITAL STATISTICS.

§16-5-12a. Registration of infants born with specified birth defects; requiring physician or midwife to check for defects, registration of minors with previously undiagnosed birth defects; form for reporting birth defects to be provided by and filed with registrar of vital statistics; confidentiality; exceptions; parental consent to subsequent reporting to various agencies; form for hearing impair-
ment to be provided by and filed with commission on hearing impaired; definitions; registration of infants born with hearing impairments or risk of hearing impairment; registration of minors with previously undiagnosed hearing impairments.

(a) When a live birth occurs, the physician or midwife in attendance at, or present immediately after, the birth shall examine the infant for any of the following birth defects:

1. Anencephaly;
2. Spina bifida;
3. Hydrocephaly;
4. Cleft palate;
5. Total cleft lip;
6. Esophageal atresia and atenosis;
7. Rectal and anal atresia;
8. Hypospadias;
9. Reduction and deformity — upper limb;
10. Reduction and deformity — lower limb;
11. Congenital dislocation of the hip;
12. Down's syndrome;
13. Visual impairments; and
14. Others as may be requested by the director of health.

(b) If any such impairment is found in an infant, and/or if such impairment is found in any subsequent examination of any minor which has not been previously diagnosed, the examining physician, midwife or other health care provider licensed under chapter thirty of the code shall within thirty days of the examination make a report of the diagnosis to the state registrar of vital statistics on forms provided by the state registrar of vital
vital statistics. The report shall include the name of the
child, the name or names of the parents or parent or
guardian and a description of the impairment.

(c) The information received by the state registrar
pursuant to this section pertaining to the identity of the
persons named shall be kept confidential: Provided,
That if consent of the parents, or if only one of the
parents exists, of the parent, or of the guardian is
obtained, the registrar may provide such information to
the division of health, the division of human resources,
the department of education, the division of vocational
rehabilitation, and the school for the deaf and the blind
so that such information can be utilized to provide
assistance or services for the benefit of the child.

(d) The commission on the hearing impaired as
provided for in section one, article fourteen, chapter five
of this code shall develop and provide a form, to every
physician or midwife attending a birth or providing
medical care to a newborn infant, which assists the
physician or midwife in collecting information from the
infant's family about the infant's potential for a hearing
impairment. The form shall identify an infant with a
hearing impairment or at risk of developing a hearing
impairment. For purposes of this section, an infant with
a hearing impairment is a child at birth with a
significant hearing loss which prevents the acquisition
of speech and language through normal channels. An
infant at risk of being hearing impaired is a child at
birth who is at a higher risk than normal of being
hearing impaired due to one or more of the following
factors present at birth:

(1) Family history of a congenital hearing loss;
(2) Rubella or virus during pregnancy;
(3) Congenital ear, nose or throat anomalies;
(4) Below normal birth weight;
(5) Abnormal level of jaundice;
(6) Anoxia or apnea; and
(7) A low APGAR score derived from the evaluation
of the infant’s color, muscle tone, reflexes, pulse rate and respiration.

(e) If any such hearing impairment or risk of hearing impairment is found in an infant, and/or if such impairment or risk of hearing impairment is found in any subsequent examination of any minor which has not been previously diagnosed, the examining physician, midwife shall within thirty days of the examination make a report of the diagnosis to the commission on the hearing impaired on the forms provided by the commission on the hearing impaired. The report shall include the name of the child, the name or names of the parents or parent or guardian and a description of the hearing impairment or of the risk of hearing impairment.
The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

Chairman Senate Committee

Chairman House Committee

Originating in the House.

Takes effect ninety days from passage.

Clerk of the Senate

Clerk of the House of Delegates

President of the Senate

Speaker of the House of Delegates

The within is approved this the 27th day of June, 1991.

Governor