

2026 Regular Session

SENATE BILL NO. 451

BY SENATOR KLEINPETER

HEALTH CARE. Provides relative to newborn hearing screening. (8/1/26)

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AN ACT

To amend and reenact the heading of Chapter 30-A of Title 46 of the Louisiana Revised Statutes of 1950 and R.S. 46:2261, 2262, the introductory paragraph of 2262.1, 2262.1(4) and (12), and 2263 through 2267, relative to newborn hearing screening; to update terminology and definitions; to provide for the purpose of early hearing detection and intervention; to provide for the membership, terms, and reimbursement for the advisory council; to provide for powers and duties of the advisory council; to update rulemaking authority; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. The heading of Chapter 30-A of Title 46 of the Louisiana Revised Statutes of 1950 and R.S. 46:2261, 2262, the introductory paragraph of 2262.1, 2262.1(4) and (12), and 2263 through 2267 are hereby amended and reenacted to read as follows:

CHAPTER 30-A. IDENTIFICATION OF EARLY HEARING  
~~LOSS IN INFANTS LAW~~ DETECTION AND INTERVENTION

§2261. Short title

This Chapter may be cited as the "~~Identification of Hearing Loss in Infants Law~~" "Newborn Hearing Screening Law".

1 §2262. Purpose

2 A. The purpose of the program for early ~~identification of hearing loss~~ is to  
3 ~~identify deaf or hard of hearing infants at the earliest possible time so that medical~~  
4 ~~treatment, early audiological evaluation, selection of amplification, and early~~  
5 ~~educational intervention can be provided.~~ hearing detection and intervention is to  
6 support the early identification of infants who are d/Deaf, hard of hearing, or  
7 present a risk factor for developing hearing loss through screening and  
8 audiological evaluation and to ensure that parents and guardians of such infants  
9 are provided an opportunity for referral to early intervention and family  
10 support services. Early detection and intervention ensures the language and  
11 communication needs of children who are d/Deaf or hard of hearing are  
12 addressed as early as possible.

13 B. Early hearing detection, ~~educational~~ intervention, and coordinated  
14 systems of care ~~early audiological services~~ are required under Section 399M of the  
15 Public Health Service Act, 42 U.S.C. 280g-1, as amended by the Early Hearing  
16 Detection and Intervention (EHDI) Act of 2010, EHDI Act of 2017, Public Law  
17 115-71, EHDI Act of 2022, Public Law 117-241, and the Education of the  
18 Handicapped Act, Amendments of 1986, Public Law 99-457.

19 C. Early identification and ~~management of the deaf~~ coordinated support for  
20 infants who are d/Deaf or hard of hearing ~~infant~~ are essential if that infant is to  
21 acquire the vital language and speech skills needed to achieve maximum potential  
22 educationally, emotionally, and socially. are critical for maximizing opportunities  
23 for communicative and linguistic competencies and providing access to literacy,  
24 education, and social-emotional development.

25 D. Appropriate Newborn hearing screening and early identification of  
26 ~~newborns and infants with hearing loss~~ who are d/Deaf or hard of hearing and  
27 subsequent opportunities for referral to early intervention and family support  
28 services will therefore serve the public purpose of promoting the healthy  
29 development of children and reducing public expenditures for health care, special

1 education, and related services.

2 §2262.1. Bill of Rights

3 In order to ensure that children who are ~~deaf~~ **d/Deaf** or hard of hearing have  
4 the same rights and potential to become independent and self-actualizing as children  
5 who are not ~~deaf~~ **d/Deaf** or hard of hearing, the ~~Deaf~~ **d/Deaf and Hard of Hearing**  
6 Child's Bill of Rights is established so that children who are ~~deaf~~ **d/Deaf** or hard of  
7 hearing are entitled:

8 \* \* \*

9 (4) To adult role models who are ~~deaf~~ **d/Deaf** or hard of hearing.

10 \* \* \*

11 (12) Where appropriate, to have ~~deaf~~ **d/Deaf** and hard of hearing adults  
12 directly involved in determining the extent, content, and purpose of all programs that  
13 affect their education.

14 §2263. Definitions

15 Except where the context clearly indicates otherwise, in this Chapter:

16 (1) "Advisory council" means the advisory council created pursuant to R.S.  
17 46:2265.

18 (2) **"Congenital deafness" means the presence of deafness at birth.**

19 (3) **"Deaf" means a hearing level identified as severe to profound, with**  
20 **some or complete absence of auditory sensitivity, and is most often represented**  
21 **with a lowercase letter "d". The term "Deaf", when written or expressed with**  
22 **an uppercase letter "D", specifically refers to a group of deaf individuals who**  
23 **identify as a cultural and linguistic minority with specific languages, namely**  
24 **visual or tactile methods of communication, and social mores.**

25 (4) "Department" means the Louisiana Department of Health.

26 (5) **"Early intervention" means appropriate services for a child who is**  
27 **d/Deaf or hard of hearing, in accordance with the EHDI Act of 2017, including**  
28 **nonmedical services and ensuring that the family of the child is:**

29 (a) **Provided comprehensive, consumer-oriented information about the**

1 full range of family support, training, information services, and language  
2 acquisition in oral and visual modalities.

3 (b) Given the opportunity to consider and obtain the full range of such  
4 appropriate services, educational and program placements, and other options  
5 for the child from highly qualified providers.

6 (6) "Hard of hearing" means a hearing level identified as ranging from  
7 mild to severe, with some absence of auditory sensitivity.

8 (7) "Hearing screening" means utilizing hearing screening technology  
9 to identify infants in need of additional audiological testing to determine  
10 hearing status. Procedures may include auditory brainstem response (ABR)  
11 screening, otoacoustic emissions (OAE) screening, and other devices approved  
12 by the office upon recommendation of the advisory council.

13 ~~(3)~~**(8) "Deaf Infant who is d/Deaf or hard of hearing infant"** means an infant  
14 who has a disorder of the auditory system of any type or degree, causing hearing loss  
15 sufficient to interfere with the development of language and speech skills. is d/Deaf  
16 or hard of hearing from a congenital or acquired nature, unilateral or bilateral,  
17 of any degree from minimal to profound, and of any type, including conductive,  
18 sensory, sensorineural, auditory neuropathy dyssynchrony, and mixed hearing  
19 condition.

20 ~~(4)~~**(9) "Infants susceptible to a hearing disability with risk factors"** means  
21 those infants who are susceptible to hearing loss because they have one or more risk  
22 factors for developing delayed onset or progressive permanent childhood  
23 hearing loss.

24 (10) "Joint Committee on Infant Hearing" or "JCIH" means a national  
25 group of representatives that work to address issues that are important to the  
26 early identification, intervention, and follow-up care of infants who are d/Deaf  
27 or hard of hearing.

28 (11) "Language" means a system of conventional spoken, signed, or  
29 written means by which human beings, as members of a social group and

1 participants in its culture, express themselves. The functions of language in this  
 2 context include communication, identity, connection, cognition, and advocacy.

3 (12) "Language systems" means a system of communication approaches  
 4 including but not limited to American Sign Language, spoken English, Pidgin  
 5 Signed English, Manually Coded English, bilingual-bimodal, total  
 6 communication, and cued speech.

7 ~~(5)~~**(13)** "Office" means the office of public health within the department  
 8 Louisiana Department of Health.

9 ~~(6)~~**(14)** "Program" means the program that the office of public health  
 10 establishes to provide for the early identification and follow-up of infants susceptible  
 11 to a hearing disability, of deaf or hard of hearing infants, and of infants who have a  
 12 risk factor for developing progressive hearing loss: support the early detection of  
 13 infants who are d/Deaf or hard of hearing through newborn hearing screening,  
 14 outpatient follow-up screening, audiological evaluation, and referral to and  
 15 enrollment in early intervention and family support services.

16 (15) "Refer" means the result of newborn hearing screening that  
 17 indicates further testing is needed.

18 ~~(7)~~**(16)**(a) "Risk factors" means those criteria or factors, ~~any one of which~~  
 19 identifies an infant as being susceptible to as classified by JCIH which may result  
 20 in early, progressive, or delayed onset permanent childhood hearing loss.

21 (b) ~~The risk factors that identify those neonates, infants from birth through~~  
 22 ~~the first twenty-eight days, who are susceptible to sensorineural hearing loss~~  
 23 Perinatal risk factors, as classified by JCIH guidelines include the following:

24 (i) ~~Family history of congenital or delayed onset childhood sensorineural~~  
 25 ~~impairment~~ early, progressive, or delayed onset permanent childhood hearing  
 26 loss.

27 (ii) ~~Congenital infection known or suspected to be associated with~~  
 28 ~~sensorineural hearing loss such as toxoplasmosis, syphilis, rubella, cytomegalovirus,~~  
 29 ~~and herpes~~ Neonatal intensive care of more than five days.

1 (iii) Craniofacial anomalies including morphologic abnormalities of the pinna  
2 and ear canal, absent philtrum, low hairline, et cetera **Hyperbilirubinemia with**  
3 **exchange transfusion regardless of length of stay.**

4 (iv) Birth weight less than one thousand five hundred grams or less than three  
5 and three tenths pounds **Aminoglycoside administration for more than five days.**

6 (v) Hyperbilirubinemia at a level exceeding indication for exchange  
7 transfusion **Asphyxia of Hypoxic Ischemic Encephalopathy.**

8 (vi) Ototoxic medications, including but not limited to the aminoglycosides  
9 used for more than five days, such as gentamicin, tobramycin, kanamycin,  
10 streptomycin, and loop diuretics used in combination with aminoglycosides  
11 **Extracorporeal membrane oxygenation (ECMO).**

12 (vii) Bacterial meningitis **In utero infections, such as herpes, rubella,**  
13 **syphilis, toxoplasmosis, Zika, and cytomegalovirus (CMV).**

14 (viii) Severe depression at birth, which may include infants with Apgar scores  
15 of zero to three at five minutes or those who fail to initiate spontaneous respiration  
16 by ten minutes or those with hypotonia persisting to two hours of age **Certain birth**  
17 **conditions or findings such as craniofacial malformations including**  
18 **microtia/atresia, ear dysplasia, oral facial clefting, white forelock,**  
19 **microphthalmia, congenital microcephaly, congenital or acquired**  
20 **hydrocephalus, and temporal bone abnormalities.**

21 (ix) Prolonged mechanical ventilation for a duration equal to or greater than  
22 ten days, such as persistent pulmonary hypertension.

23 ~~(x)~~**(ix)** Stigmata or other findings associated with a syndrome known to  
24 include sensorineural hearing loss, such as Waardenburg or Usher Syndrome.

25 ~~(xi)~~**(x)** Other risk factors added or deleted by the office of public health upon  
26 recommendation of the advisory council for early identification of deaf **d/Deaf** or  
27 hard of hearing children.

28 (c) The factors that identify those infants aged twenty-nine days to two years  
29 who are susceptible to sensorineural hearing loss **Perinatal or postnatal risk**

1 factors, as classified by JCIH include the following:

2 (i) ~~Parent or caregiver concerns regarding hearing, speech, language, or~~  
3 ~~developmental delay.~~ Culture-positive infections associated with sensorineural  
4 hearing loss including confirmed bacterial and viral meningitis or encephalitis,  
5 especially herpes viruses and varicella.

6 (ii) ~~Bacterial meningitis.~~ Events associated with hearing loss such as  
7 significant head trauma, basal skull or temporal bone fractures, and  
8 chemotherapy.

9 (iii) ~~Neonatal risk factors that may be associated with progressive~~  
10 ~~sensorineural hearing loss, such as cytomegalovirus, prolonged mechanical~~  
11 ~~ventilation, and inherited disorders.~~ Caregiver concern regarding hearing, speech,  
12 language, developmental delay, or developmental regression.

13 (iv) ~~Head trauma, especially with either longitudinal or transverse fracture~~  
14 ~~of the temporal bone.~~

15 (v) ~~Stigmata or other findings associated with syndromes known to include~~  
16 ~~sensorineural hearing loss, such as Waardenburg or Usher Syndrome.~~

17 (vi) ~~Ototoxic medications, including but not limited to the aminoglycosides~~  
18 ~~used for more than five days, such as gentamicin, tobramycin, kanamycin,~~  
19 ~~streptomycin, and loop diuretics used in combination with aminoglycosides.~~

20 (vii) ~~Neurodegenerative disorders such as neurofibromatosis, myoclonic~~  
21 ~~epilepsy, Werdnig-Hoffman disease, Tay-Sachs disease, infantile Gaucher's disease,~~  
22 ~~Niemann-Pick disease, any metachromatic leukodystrophy, or any infantile~~  
23 ~~demyelinating neuropathy.~~

24 (viii) ~~Childhood infectious diseases known to be associated with~~  
25 ~~sensorineural hearing loss, such as mumps or measles.~~

26 ~~(ix)~~(iv) Other risk factors added ~~or deleted~~ by the office of public health upon  
27 recommendation of the advisory council for early identification of deaf or hard of  
28 hearing children created in R.S. 46:2265.

29 (8) "Screening for hearing loss" means employing a device for identifying

1 ~~whether an infant has a disorder of the auditory system, but may not necessarily~~  
 2 ~~provide a comprehensive determination of hearing thresholds in the speech range.~~  
 3 ~~Procedures may include auditory brainstem response (ABR) screening, evoked~~  
 4 ~~otoacoustic emissions (EOAE) screening, and other devices approved by the office~~  
 5 ~~upon recommendation of the advisory council.~~

6 (17) "Sign language" means a visual-spatial communication system  
 7 consisting of manual gestures, facial expressions, and body language. Sign  
 8 language uses vision to receptively understand communication and movement  
 9 to expressively communicate.

10 (18) "Spoken language" means an audible-verbal communication system  
 11 consisting of sounds. Spoken language uses audition to receptively understand  
 12 communication and voice to expressively communicate.

13 (19) "Young adult" means an individual between eighteen to twenty-six  
 14 years of age as defined by the National Institutes of Health.

15 §2264. Identification of hearing loss in infants Early detection and intervention  
 16 for children who are d/Deaf or hard of hearing

17 A. The office shall establish, in consultation with the advice of the Louisiana  
 18 Commission for the Deaf and the advisory council created in R.S. 46:2265 and  
 19 other key constituents, a program for the early identification and follow-up of  
 20 infants susceptible to a hearing disability, deaf or hard of hearing infants, and infants  
 21 susceptible to developing progressive hearing loss hearing detection and  
 22 intervention of infants and children who are d/Deaf or hard of hearing. The  
 23 program shall, at a minimum:

24 (1) ~~Develop criteria or factors to identify those infants who are likely deaf or~~  
 25 ~~hard of hearing and infants who may develop a progressive hearing loss, including~~  
 26 ~~the risk factors set forth in this Chapter, and develop a susceptibility questionnaire~~  
 27 ~~for infant hearing loss. Collect and track data related to newborn hearing~~  
 28 ~~screening, risk factor reporting, audiological testing, and early intervention.~~

29 (2) ~~Create a susceptibility registry to include, but not be limited to, the~~

1 identification of infants susceptible to hearing loss, deaf or hard of hearing infants,  
 2 and infants susceptible to developing progressive hearing loss. **Provide access to**  
 3 **and training for the early hearing detection and intervention data management**  
 4 **system to birth hospital newborn hearing screening supervisors and birth**  
 5 **hospital staff, freestanding birth center newborn hearing screening supervisors**  
 6 **and birth center staff, outpatient audiological testing providers, and other**  
 7 **necessary providers as deemed appropriate by the program.**

8 (3) ~~Provide to the hospitals and other birthing sites the susceptibility~~  
 9 ~~questionnaire for infant hearing loss and require that the form be completed for any~~  
 10 ~~newborn prior to discharge from the hospital or other birthing site. As to infants~~  
 11 ~~susceptible to a hearing disability, copies of the completed susceptibility~~  
 12 ~~questionnaire shall be distributed to the susceptibility registry of the office, the~~  
 13 ~~parent or guardian, and, if known, the infant's primary care physician and the~~  
 14 ~~provider of audiological services. **Require all birth hospitals, freestanding birth**~~  
 15 ~~**centers, and outpatient audiological testing providers to report newborn**~~  
 16 ~~**hearing screening results, reason for no screening, outpatient screening, and**~~  
 17 ~~**results of diagnostic audiological evaluation inclusive of hearing status to the**~~  
 18 ~~**program.**~~

19 (4) Require for all newborn infants that the hospital of birth or that hospital  
 20 to which the newborn infant may be transferred provide **hearing** screening for  
 21 ~~hearing loss~~ by auditory brainstem response (ABR) screening, ~~evoked~~ otoacoustic  
 22 emissions ~~(EOAE)~~ **(OAE)** screening, or any other screening device approved by the  
 23 office before discharge **to identify children in need of further audiological**  
 24 **assessment.** The results of that screening for hearing loss shall be provided to the  
 25 susceptibility registry of the office **program,** the parent or guardian, and if known,  
 26 the primary care physician and the provider of audiological services.

27 (5) Develop and provide to the **birth** hospitals, **freestanding birth centers,**  
 28 **outpatient facilities, and pediatric diagnostic audiology centers** or other birthing  
 29 sites appropriate written materials regarding hearing loss, and require that the

1 ~~hospitals or other birthing sites provide this written material to all parents or~~  
2 ~~guardians of newborn infants~~ **for families of newborn infants, infants in need of**  
3 **follow up after newborn hearing screening, infants with risk factors, or infants**  
4 **diagnosed as d/Deaf or hard of hearing.**

5 (6) ~~Develop methods to contact parents or guardians of infants susceptible~~  
6 ~~to a hearing disability, of deaf or hard of hearing infants, and of infants susceptible~~  
7 ~~to developing progressive hearing loss.~~ **Develop and provide web-accessible early**  
8 **hearing detection and intervention guidelines that include birthing facilities**  
9 **newborn hearing screening guidelines, freestanding birth center newborn**  
10 **hearing screening guidelines, outpatient hearing screening guidelines, and**  
11 **pediatric diagnostic audiology guidelines.**

12 (7) ~~Establish a telephone hotline to communicate information about hearing~~  
13 ~~loss, hearing screening, audiological evaluation, and other services for deaf or hard~~  
14 ~~of hearing infants.~~ **Provide oversight of newborn hearing screening performance**  
15 **at each birth hospital and freestanding birth center through monitoring of**  
16 **newborn hearing screening data for completeness, accuracy, and timeliness.**  
17 **Oversight monitoring criteria may be added or deleted by the office upon**  
18 **recommendation of the advisory council created in R.S. 46:2265.**

19 (8) ~~Provide that when a screening indicates a hearing loss, audiological~~  
20 ~~evaluation shall be done as soon as practical. The parents or guardians of the infant~~  
21 ~~shall be provided with information on locations at which medical and audiological~~  
22 ~~follow up can be obtained.~~ **Maintain a website that promotes early hearing**  
23 **identification and a coordinated system of support for children who are d/Deaf**  
24 **and hard of hearing. In addition to program contacts and provider and family**  
25 **resources, materials that stress the critical nature of addressing language and**  
26 **communication development for children who are d/Deaf or hard of hearing**  
27 **shall be made available.**

28 (9) **Provide that when the result of newborn hearing screening is referred**  
29 **or further testing needed, birth facilities shall provide families and caregivers**

1 with follow up hearing testing information inclusive of reason for follow-up,  
2 what to expect, and appointment details, such as the date, time, location, and  
3 contact information for follow up, which is recommended to take place within  
4 one month. In the circumstance that an appointment for follow up is unable to  
5 be established at the time of discharge from a birth hospital or freestanding  
6 birth center, at a minimum, parents or guardians shall be provided with  
7 information on locations for audiological follow up.

8 (10) Provide that when a child is reported as d/Deaf or hard of hearing,  
9 communication with families and caregivers regarding the importance of  
10 enrolling in early intervention and referral to existing statewide opportunities  
11 for children who are d/Deaf or hard of hearing in accordance with the Early  
12 Hearing Detection and Intervention Act of 2022, 42 U.S.C. 201 and related  
13 amendments shall occur as soon as is practical.

14 (11) Communicate with and connect families and caregivers of children  
15 who are d/Deaf or hard of hearing to support services for the purpose of  
16 building empowered families in Louisiana through access to individuals with  
17 lived experience, direct emotional support, resources and training, and family  
18 and community events aimed to build connection in accordance with the 42  
19 U.S.C. 280g-1 and related amendments. No-cost, trained, and unbiased support  
20 shall be provided through:

21 (a) Family-to-family support.

22 (b) Adults who are d/Deaf or hard of hearing.

23 B. The office shall consult with the advisory council and implement the  
24 program.

25 C. ~~The office shall develop a system for the collection of data, determine the~~  
26 ~~cost-effectiveness of the program, and disseminate statistical reports to the Louisiana~~  
27 ~~Commission for the Deaf. The program shall maintain a database for the~~  
28 ~~collection of early hearing detection and intervention data, and disseminate~~  
29 ~~information to partners and stakeholders. Information shall be shared annually,~~

1 at a minimum, with the advisory council for the Early Hearing Detection and  
 2 Intervention Program and the Louisiana Commission for the Deaf board of  
 3 commissioners.

4 D. The office, in cooperation with the state Department of Education, shall  
 5 develop a plan to coordinate early educational and audiological services for infants  
 6 identified as deaf or hard of hearing.

7 E. The office shall follow current practices and applicable guidelines that are  
 8 currently utilized in Louisiana and ~~will~~ **shall** consider practices and guidelines ~~that~~  
 9 may be established by the National Institute on Deafness and other Communication  
 10 Disorders (~~NIDCD~~) **established by the JCIH.**

11 §2265. Advisory council creation; membership; terms; quorum; compensation

12 A. There is hereby created an advisory council for the program of early  
 13 identification of deaf **hearing detection and intervention for d/Deaf** or hard of  
 14 hearing infants. The council shall consist of ~~fourteen~~ **twenty-one** members as  
 15 follows:

16 (1) An otolaryngologist or otologist.

17 (2) An audiologist with extensive experience in evaluating infants.

18 (3) A neonatologist.

19 (4) A pediatrician.

20 (5) A deaf person **who is d/Deaf, DeafBlind, or hard of hearing.**

21 **(6) A young adult who is d/Deaf, DeafBlind, or hard of hearing.**

22 ~~(6)(7)~~ A hospital administrator.

23 ~~(7)(8)~~ A speech and language pathologist.

24 ~~(8)(9)~~ A school teacher or administrator certified in education of the deaf  
 25 **d/Deaf and hard of hearing.**

26 **(10) An early intervention provider who works with children who are**  
 27 **d/Deaf or hard of hearing and their families.**

28 ~~(9)(11)~~ A parent who chose the oral method for his deaf or hard of hearing  
 29 **child of a child who is d/Deaf, DeafBlind, or hard of hearing who uses spoken**

1 **language.**

2 ~~(10)~~**(12)** A parent of a deaf or hard of hearing child utilizing total  
3 communication **who is d/Deaf, DeafBlind, or hard of hearing who uses sign**  
4 **language or other mode of signed communication.**

5 ~~(11)~~ A representative of the state Department of Education designated by the  
6 superintendent of education.

7 **(13) A person who is d/Deaf, DeafBlind, or hard of hearing and is the**  
8 **parent of a child who is d/Deaf, DeafBlind, or hard of hearing.**

9 **(14) A parent of a child who is d/Deaf, DeafBlind, or hard of hearing who**  
10 **is enrolled in early intervention.**

11 **(15) A representative from a Louisiana-based family support**  
12 **organization for families whose children are d/Deaf or hard of hearing.**

13 **(16) A representative from the Louisiana Association of the Deaf.**

14 ~~(12)~~**(17)** A representative **or designee** of the office designated by the  
15 assistant secretary of the office.

16 ~~(13)~~**(18)** A representative **or designee** from the Louisiana Commission for  
17 the Deaf.

18 ~~(14)~~ A representative from the Louisiana Association of the Deaf.

19 **(19) A representative of the state Department of Education with**  
20 **experience in d/Deaf education, special education, or early childhood designated**  
21 **by the superintendent of education.**

22 **(20) A representative or designee of Louisiana Part C early intervention.**

23 **(21) A representative or designee from the Governor's Office of**  
24 **Disability Affairs.**

25 B. Members of the council in accordance with Paragraphs (A)(1) through  
26 ~~(10), (13), and (14)~~ **(16)** shall be appointed by the governor, **shall serve three year**  
27 **terms, and shall be** subject to Senate confirmation. ~~Other members are not subject~~  
28 ~~to Senate confirmation.~~

29 C. Members of the council **in accordance with Paragraphs (A)(17) through**

1        **(21)** representing offices and departments of state government shall serve four-year  
 2 terms concurrent with that of the governor **and shall not be subject to Senate**  
 3 **confirmation.** ~~Other members shall serve three-year terms, except that in making the~~  
 4 ~~initial appointments, four members shall be appointed for a one-year term, four shall~~  
 5 ~~be appointed for two-year terms, and four shall be appointed for three-year terms. No~~  
 6 ~~member may serve more than two consecutive terms.~~

7            D. Each member shall serve without compensation, **but shall be reimbursed**  
 8 **for actual travel and other expenses incurred in the performance of their duties**  
 9 **in accordance with travel regulations of the division of administration. Officers**  
 10 **of the council shall be reimbursed for necessary and other expenses incurred in**  
 11 **the performance of their duties.**

12            E. A majority of the members of the council shall constitute a quorum for the  
 13 transaction of all business.

14            F. The members of the council shall elect from their membership a chairman,  
 15 ~~and a vice chairman,~~ **and secretary.**

16 §2266. Powers, duties, functions of the advisory council

17            The advisory council shall:

18            (1) Advise and recommend risk factors or criteria for infants who are likely  
 19 ~~deaf~~ **d/Deaf** or hard of hearing and infants who may develop a **delayed onset or**  
 20 progressive hearing loss.

21            (2) Advise the office as to **newborn** hearing screening **and follow up,** setting  
 22 standards for the program, monitoring and reviewing the program, and providing  
 23 quality assurance for the program.

24            (3) Advise the office as to integrating the program for early ~~identification of~~  
 25 ~~deaf~~ **detection of d/Deaf** or hard of hearing infants with existing medical,  
 26 audiological, and early infant education programs.

27            (4) Advise the office as to materials, **resources, and information** to be  
 28 distributed to the public concerning ~~deaf or hard of hearing infants~~ **early hearing**  
 29 **detection and intervention.**

1           (5) Advise the office on the implementation of the program for early  
 2           ~~identification and follow-up of infants susceptible to a hearing disability, deaf or~~  
 3           ~~hard of hearing infants;~~ **detection and intervention for infants identified as d/Deaf**  
 4           **or hard of hearing** and infants who are at risk of developing **delayed onset or**  
 5           progressive hearing loss.

6           §2267. Effective date; rules and regulations

7           The office of public health shall, ~~by July 1, 2000;~~ adopt rules and regulations  
 8           necessary to ~~implement~~ **maintain** the program in accordance with the Administrative  
 9           Procedure Act.

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The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Senate Legislative Services. The keyword, summary, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

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DIGEST

SB 451 Engrossed

2026 Regular Session

Kleinpeter

Present law establishes the "Identification of Hearing Loss in Infants Law".

Proposed law changes the name of the law to the "Newborn Hearing Screening Law".

Present law provides for the purpose of providing early hearing detection and intervention.

Proposed law makes changes to the purpose of present law.

Present law establishes a bill of rights for children who are deaf or hard of hearing.

Proposed law updates terminology in the bill of rights.

Present law provides for definitions.

Proposed law updates and adds definitions to present law.

Present law provides for identification of hearing loss in infants.

Proposed law updates present law to provide for early detection and intervention for children who are d/Deaf or hard of hearing.

Present law creates an advisory council made of 14 members with a chairman and vice chairman as officers.

Proposed law updates the membership of the council, adds seven members, and adds a secretary as an officer.

Present law provides that members of the council serve without compensation.

Proposed law allows members will be reimbursed for travel and other expenses in accordance with travel regulations of the division of administration. Proposed law further

provides that officers of the council can be reimbursed for necessary and other expenses.

Present law provides for the powers, duties, and functions of the council.

Proposed law updates the powers, duties, and functions of the council.

Present law provides for initial rulemaking to implement the program by July 1, 2000.

Proposed law retains rulemaking authority to maintain the program.

Effective August 1, 2026.

(Amends the heading of Ch. 30-A of Title 46 of the La. Revised Statutes of 1950 and R.S. 46:2261, 2262, 2262.1(intro para), 2262.1(4) and (12), and 2263-2267)