Jeff Landry
GOVERNOR

Bruce Greenstein
SECRETARY

State of Louisiana

Louisiana Department of Health

Office of Public Health

ADVISORY COUNCIL
FOR THE EARLY IDENTIFICATION OF DEAF AND HARD OF HEARING INFANTS

Friday, October 24, 2025
12:00-2:30 p.m.

Location
Benson Tower, Suite 2024
1450 Poydras Street
New Orleans, LA 70112

Meeting link for
Council Members & Public
https://zoom.us/j/9947869194

AGENDA

I. Call to Order – Ashley Argrave-Smith, Chair
II. Roll Call – Jana Broussard, Secretary
III. Council vacancies (as of 9.25.2025) – Jana Broussard, Secretary
   a. a hospital administrator
   b. a deaf person
   c. a parent of a child who is deaf or hard of hearing using spoken language
   d. a speech and language pathologist
   e. an otolaryngologist/otologist
   f. a neonatologist
   g. a parent of a child who is deaf or hard of hearing utilizing total communication (12.5.2025)
   h. a representative from the Louisiana Commission for the Deaf (1.13.2026)
IV. Mandate review – Dana Hubbard, EHDI Program Manager
V. Approval of Agenda and Minutes – Ashley Argrave-Smith, Chair
   a. October 2025 Agenda (public comment, vote)
   b. Approval of July 2025 Minutes (public comment, vote)
VI. 2026 Officer Nominations and Election – Dana Hubbard, EHDI Program Manager
VII. Medicaid Billing Timelines for Tympanograms – Mimi Osborne, The Hearing Center
VIII. Law Workgroup – Jana Broussard, Workgroup Chair
IX. EHDI Program Updates
   a. Infrastructure Plan – Terri Ibieta, EHDI Coordinator
   b. EHDI Dashboard – Thomas Hess, Newborn Screening Epidemiologist
X. New Business
XI. Public Comment
XII. Adjourn

Note: The order of the agenda may not be followed exactly, to accommodate presenter schedules.

Presenters, members, and guests may submit requests for accessibility and accommodations prior to a scheduled meeting. Please submit a request to laehdi@la.gov at least 2 weeks prior to the meeting with details of the required accommodations.

Council members and guests attending the meeting are reminded to utilize good communication strategies, including turn taking without side conversations, to ensure accessibility of discussions. Raise your hand and wait for the Chair to call on you before speaking. Identify yourself (“This is ….”) before speaking.

CHAPTER 30-A. IDENTIFICATION OF HEARING LOSS IN INFANTS LAW

§2261. Short title

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

§2262. Purpose

A. The purpose of the program for early identification of hearing loss is to identify deaf or hard of hearing infants at the earliest possible time so that medical treatment, early audiological evaluation, selection of amplification, and early educational intervention can be provided.

B. Early educational intervention and early audiological services are required under the Education of the Handicapped Act, Amendments of 1986, Public Law 99-457.

C. Early identification and management of the deaf or hard of hearing infant are essential if that infant is to acquire the vital language and speech skills needed to achieve maximum potential educationally, emotionally, and socially.

D. Appropriate screening and identification of newborns and infants with hearing loss will therefore serve the public purpose of promoting the healthy development of children and reducing public expenditures for health care, special education, and related services.

§2262.1. Bill of Rights

In order to ensure that children who are deaf or hard of hearing have the same rights and potential to become independent and self-actualizing as children who are not deaf or hard of hearing, the Deaf Child's Bill of Rights is established so that children who are deaf or hard of hearing are entitled:

(1) To appropriate screening and assessment of hearing and vision capabilities and communication and language needs at the earliest possible age and to the continuation of screening services throughout the educational experience.

(2) To early intervention to provide for acquisition of the language base developed at the earliest possible age.

(3) To their parents' or guardians' full and informed participation in their educational planning.

(4) To adult role models who are deaf or hard of hearing.

(5) To meet and associate with their peers.

(6) To qualified teachers, interpreters, and resource personnel who communicate effectively with the child in the child's mode of communication.

(7) To placement best suited to the child's individual needs, including but not limited to social, emotional, cultural needs, age, hearing loss, academic level, modes of communication, styles of learning, motivational level, and family support.

(8) To individual considerations for free and appropriate education across a full spectrum of educational programs.

(9) To full support services provided by qualified professionals in their educational settings.

(10) To full access to all programs in their educational settings.

(11) To have the public fully informed concerning medical, cultural, and linguistic issues of deafness and hearing loss.

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

§2264. Identification of hearing loss in infants

A. The office shall establish, in consultation with the advice of the Louisiana Commission for the Deaf and the advisory council created in R.S. 46:2265, a program for the early identification and follow-up of infants susceptible to a hearing disability, deaf or hard of hearing infants, and infants susceptible to developing progressive hearing loss. The program shall, at a minimum:

(1) Develop criteria or factors to identify those infants who are likely deaf or hard of hearing and infants who may develop a progressive hearing loss, including the risk factors set forth in this Chapter, and develop a susceptibility questionnaire for infant hearing loss.

(2) Create a susceptibility registry to include, but not be limited to, the identification of infants susceptible to hearing loss, deaf or hard of hearing infants, and infants susceptible to developing progressive hearing loss.

(3) Provide to the hospitals and other birthing sites the susceptibility questionnaire for infant hearing loss and require that the form be completed for any newborn prior to discharge from the hospital or other birthing site. As to infants susceptible to a hearing disability, copies of the completed susceptibility questionnaire shall be distributed to the susceptibility registry of the office, the parent or guardian, and, if known, the infant's primary care physician and the provider of audiological services.

(4) Require for all newborn infants that the hospital of birth or that hospital to which the newborn infant may be transferred provide screening for hearing loss by auditory brainstem response (ABR) screening, evoked otoacoustic emissions (EOAE) screening, or any other screening device approved by the office before discharge. The results of that screening for hearing loss shall be provided to the susceptibility registry of the office, the parent or guardian, and if known, the primary care physician and the provider of audiological services.

(5) Develop and provide to the hospitals or other birthing sites appropriate written materials regarding hearing loss, and require that the hospitals or other birthing sites provide this written material to all parents or guardians of newborn infants.

(6) Develop methods to contact parents or guardians of infants susceptible to a hearing disability, of deaf or hard of hearing infants, and of infants susceptible to developing progressive hearing loss.

(7) Establish a telephone hotline to communicate information about hearing loss, hearing screening, audiological evaluation, and other services for deaf or hard of hearing infants.

(8) Provide that when a screening indicates a hearing loss, audiological evaluation shall be done as soon as practical. The parents or guardians of the infant shall be provided with information on locations at which medical and audiological follow up can be obtained.

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

C. The office shall develop a system for the collection of data, determine the cost-effectiveness of the program, and disseminate statistical reports to the Louisiana Commission for the Deaf.

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

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

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

A. There is hereby created an advisory council for the program of early identification of deaf or hard of hearing infants. The council shall consist of fourteen members as follows:

(1) An otolaryngologist or otologist.

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

(3) A neonatologist.

(4) A pediatrician.

(5) A deaf person.

(6) A hospital administrator.

(7) A speech and language pathologist.

(8) A school teacher or administrator certified in education of the deaf.

(9) A parent who chose the oral method for his deaf or hard of hearing child.

(10) A parent of a deaf or hard of hearing child utilizing total communication.

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

(12) A representative of the office designated by the assistant secretary of the office.

(13) A representative from the Louisiana Commission for the Deaf.

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

B. Members of the council in accordance with Paragraphs (A)(1) through (10), (13), and (14) shall be appointed by the governor, subject to Senate confirmation. Other members are not subject to Senate confirmation.

C. Members of the council representing offices and departments of state government shall serve four-year terms concurrent with that of the governor. Other members shall serve three-year terms, except that in making the initial appointments, four members shall be appointed for a one-year term, four shall be appointed for two-year terms, and four shall be appointed for three-year terms. No member may serve more than two consecutive terms.

D. Each member shall serve without compensation.

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

F. The members of the council shall elect from their membership a chairman and a vice chairman.

Acts 1992, No. 417, §1; Acts 2017, No. 146, §11.

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

The advisory council shall:

(1) Advise and recommend risk factors or criteria for infants who are likely deaf or hard of hearing and infants who may develop a progressive hearing loss.

(2) Advise the office as to hearing screening, setting standards for the program, monitoring and reviewing the program, and providing quality assurance for the program.

(3) Advise the office as to integrating the program for early identification of deaf or hard of hearing infants with existing medical, audiological, and early infant education programs.

(4) Advise the office as to materials to be distributed to the public concerning deaf or hard of hearing infants.

(5) Advise the office on the implementation of the program for early identification and follow-up of infants susceptible to a hearing disability, deaf or hard of hearing infants, and infants who are at risk of developing progressive hearing loss.

Acts 1992, No. 417, §1; Acts 2017, No. 146, §11.

§2267. Effective date; rules and regulations

The office of public health shall, by July 1, 2000, adopt rules and regulations necessary to implement the program in accordance with the Administrative Procedure Act.

Acts 1992, No. 417, §1; Acts 1999, No. 653, §1.