

(i) An infant with an apgar score of 0-3 who fails to institute spontaneous respiration within 10 minutes; or

(ii) An infant with hypotonia that persists during the 1st 2 hours of the infant's life;

(4) A bacterial meningitis, especially H. influenza;

(5) A birth weight of less than 1500 grams;

(6) A congenital perinatal infection, including cytomegalovirus, herpes, rubella, syphilis, and toxoplasmosis;

(7) A family history of a childhood hearing impairment; and

(8) A hyperbilirubinemia at a level that exceeds indications for exchange transfusion.

(c) "Hearing-impaired infant" means an infant who has an impairment that is a dysfunction of the auditory system of any type or degree which is sufficient to interfere with the acquisition and development of speech and language skills with or without the use of sound amplification.

(d) "Infant" means a child who is under the age of 1 year.

(e) "NEWBORN" MEANS A CHILD UP TO 29 DAYS OLD WHO IS BORN IN OR RECEIVES CARE IN A HOSPITAL IN THE STATE.

(f) "Program" means the program that the Secretary establishes to provide for the UNIVERSAL HEARING SCREENING OF NEWBORNS AND early identification and follow-up of hearing-impaired infants and infants who have a risk factor of developing a hearing impairment.

13-602.

(a) The Secretary shall establish a program for the UNIVERSAL HEARING SCREENING OF NEWBORNS AND early identification and follow-up of infants who have a risk factor for developing a hearing impairment.

(b) The program shall be based on the model system developed by the Department.

13-603.

(a) There is an Advisory Council for the program.

(b) (1) The Advisory Council consists of 10 members appointed by the Secretary.

(2) Of the [10] 11 members:

(i) 1 shall be a physician WITH EXPERTISE IN CHILDHOOD HEARING LOSS;

(ii) 3 shall be from the field of education: