

2004
SINCE
THE
REVIEW

Colorado Department of Regulatory Agencies
Office of Policy, Research and Regulatory Reform

Colorado Infant Hearing Advisory Committee



October 15, 2004

STATE OF COLORADO

DEPARTMENT OF REGULATORY AGENCIES

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Bill Owens
Governor

October 15, 2004

Members of the Colorado General Assembly
c/o the Office of Legislative Legal Services
State Capitol Building
Denver, Colorado 80203

Dear Members of the General Assembly:

The Colorado Department of Regulatory Agencies has completed its evaluation of the Colorado Infant Hearing Advisory Committee (CIHAC). I am pleased to submit this written report, which will be the basis for my office's oral testimony before the 2005 legislative committee of reference. The report is submitted pursuant to section 2-3-1203, of the Colorado Revised Statutes (C.R.S.), which states in part:

The department of regulatory agencies shall conduct an analysis and evaluation of the performance of each division, board, or agency or each function scheduled for termination under this section. The department of regulatory agencies shall submit a report containing such analysis and evaluation to the office of legislative legal services by October 15 of the year preceding the date established for termination.

The report discusses the question of whether there is a need for the CIHAC provided under Article 4 of Title 25, C.R.S. The report also discusses the effectiveness of the CIHAC and staff in carrying out the intent of the statutes and makes recommendations regarding the continuation of this advisory committee by the General Assembly.

Sincerely,

A handwritten signature in cursive script that reads "Tambor Williams".

Tambor Williams
Executive Director

Table of Contents

Executive Summary	1
Background	2
<i>The Sunset Process</i>	2
<i>Methodology</i>	2
Legal Framework	3
Advisory Committee Description	4
<i>Meetings and Expenditures</i>	4
<i>Advisory Committee Accomplishments</i>	5
<i>Reasons for Continuing the Colorado Infant Hearing Advisory Committee</i>	5
Analysis and Recommendations.....	6
<i>Recommendation – Continue the Colorado Infant Hearing Advisory Committee.</i>	6
Appendix A – Enabling Legislation.....	7
Appendix B – Membership of the Colorado Infant Hearing Advisory Committee .	12

2004 Sunset Review Colorado Infant Hearing Advisory Committee

Department of Regulatory Agencies

Bill Owens
Governor

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Executive Summary

Quick Facts

Why was the Colorado Infant Hearing Advisory Committee (CIHAC) Created? In 1997, the General Assembly found that hearing loss in newborn infants occurred more frequently than other health conditions for which newborn screenings were required. The CIHAC was established to collect data on which hospitals were voluntarily administering newborn screenings and to prepare a report to the General Assembly by December 1, 1998, detailing information about the number of hospitals screening infants, the number of infants screened and the pass rate of screened infants.

Has the Committee Fulfilled its Missions? CIHAC has collected data on which hospitals voluntarily administer newborn hearing screenings and submitted a report to the General Assembly in October 1998, detailing the number of hospitals screening infants, the number of infants screened and the pass rate of screened infants.

What Does it Cost? No revenues or appropriations are associated with CIHAC.

Where Do I Get the Full Report? The full sunset review can be found on the internet at:
<http://www.dora.state.co.us/opr/oprpublications.htm>

Recommendation

The CIHAC Should be Continued. CIHAC members serve on various subcommittees and task forces, seeking to promote the Colorado Department of Public Health and Environment's Health Care Program for Children with Special Needs. Early intervention with infants with hearing and other health problems reduces the long-term impacts to the infant, the family and the state. CIHAC should be continued so as to realize its own goal of screening 95 percent of Colorado's newborn infants.

Why are Advisory Committees Reviewed?

Advisory Committees created on or after July 1, 1990 are subject to a systematic review to determine which committees should be continued, which have outlived their usefulness and those that may have failed to perform the functions for which they were created.

Sunset Reviews are Prepared By:
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Background

The Sunset Process

The functions of the Colorado Infant Hearing Advisory Committee (CIHAC) in accordance with Article 4 of Title 25, Colorado Revised Statutes (C.R.S.), shall terminate on July 1, 2005, unless continued by the General Assembly. During the year prior to this date, it is the duty of the Department of Regulatory Agencies (DORA) to conduct an analysis and evaluation of the CIHAC pursuant to section 2-3-1203, C.R.S. The enabling legislation for the CIHAC is included in this report as Appendix A.

The purpose of this review is to evaluate the performance of the CIHAC and to determine whether it should be continued. During this review, the CIHAC must demonstrate that there is still a need for the CIHAC. DORA's findings and recommendations are submitted via this report to the legislative committee of reference of the Colorado General Assembly.

Methodology

Colorado law mandates that DORA review certain statutorily required information, including the names of the advisory committee members; the revenues and expenditures for the current and prior fiscal year, including per diem and travel costs; dates of meetings, including members present at each meeting; the committee's proposals with associated outcomes; and the committee's reasons as to why it should be continued.

As part of this review DORA staff attended a CIHAC meeting; interviewed CIHAC members; reviewed records, including meeting minutes; interviewed program staff; reviewed Colorado statutes and rules; and talked with interested parties.

Legal Framework

House Bill 97-1095 (Act) created the Colorado Infant Hearing Advisory Committee (CIHAC) in 1997. The CIHAC was required to have at least seven members appointed by the Executive Director of the Colorado Department of Public Health and Environment with training, experience, or interests in the area of hearing conditions in children.

The General Assembly found that hearing loss in newborn infants occurred more frequently than other health conditions for which newborn screenings were required. The Act established the CIHAC to collect data on which hospitals were voluntarily administering newborn screenings and to prepare a report to the General Assembly by December 1, 1998, detailing information about the number of hospitals screening infants, the number of infants screened and the pass rate of screened infants.

The Act established a goal of 85 percent of Colorado newborns to be screened for hearing using guidelines developed by the CIHAC. If the goal was not achieved by July 1, 1999, or if the number of screenings conducted falls below that level subsequent to that date, the Colorado Board of Health (Board) is directed to promulgate rules to require newborn infant hearing screening.

The Act requires any rules promulgated by the Board to take into consideration the needs of hospitals with low birth volumes. The Act also requires any physician, nurse, and midwife attending a birth outside of a hospital to provide to the newborn's parents information regarding hearing screening.

Advisory Committee Description

The administration of the infant screening program is performed through the Colorado Department of Public Health and Environment (CDPHE), Prevention Services Division. Infant hearing screening is one component of the Health Care Program for Children with Special Needs (HCP). The HCP combines funding from a variety of federal, state and local sources to provide health care services to special needs youth from birth through the age of 21.

The Colorado Infant Hearing Advisory Committee (CIHAC) currently consists of 24 members, appointed by the Executive Director of CDPHE, who meet the criteria of having education, training and interest in childhood hearing conditions. A complete list of the membership is included in this report as Appendix B.

Meetings and Expenditures

The CIHAC meets approximately quarterly. A list of meeting dates and attendance is found in Table 1.

Table 1
Advisory Committee Attendance

Meeting Date	Number of Members Attending
11/21/1997	20
1/23/1998	13
4/24/1998	11
7/17/1998	16
10/16/1998	15
1/15/1999	17
4/16/1999	18
7/16/1999	14
1/26/2000	15
4/21/2000	18
7/14/2000	13
10/20/2000	8
1/19/2001	13
4/27/2001	10
7/20/2001	10
10/19/2001	9
1/18/2002	14
4/26/2002	10
7/29/2002	10
10/25/2002	22
1/17/2003	13
4/18/2003	23
7/18/2003	13
10/17/2003	12
1/16/2004	20
4/16/2004	17

The CIHAC does not have an operating budget and had no expenditures during the past three years. All members serve voluntarily and are responsible for their own expenses.

Advisory Committee Accomplishments

The CIHAC adopted bylaws for its operation at the first meeting in 1997. The bylaws contain provisions for determination of a quorum, election of officers, conduct of meetings and objectives for the body.

The findings of the CIHAC related to the level of hearing screenings being conducted in the state were reported to the General Assembly in October 1998 in compliance with House Bill 97-1095 (Act). The report found that the level of voluntary screenings being conducted at that time was over the 85 percent minimum required by the Act. Therefore, no regulations requiring screenings were promulgated under the provision contained in section 25-4-1004.7(4), Colorado Revised Statutes.

The CIHAC developed guidelines for the screening of newborns as required by the Act and has revised them several times since they were created. The most recent version was proposed in December 2003, and was undergoing final approval as this sunset review was being conducted. The CIHAC has developed brochures in both English and Spanish for distribution to parents explaining the hearing screening program and the benefits of early intervention.

The CIHAC has established a statewide goal of 95 percent of newborns to be screened for hearing impairment prior to discharge from a hospital by the end of fiscal year 2005. The CIHAC, along with the CDPHE, works with local and regional health care centers to provide follow-up screenings and referrals for those infants that fail hearing screenings as well as for babies not born in hospitals.

Reasons for Continuing the Colorado Infant Hearing Advisory Committee

The CIHAC membership serves on various subcommittees and task forces to promote the HCP. It is the belief of the membership that early intervention with infants with hearing and other health problems reduces the long-term impacts to the infant, the family, and the state.

Analysis and Recommendations

The Colorado Infant Hearing Advisory Committee (CIHAC) provides a valuable service to the Colorado Department of Public Health and Environment and the approximately 54 birthing hospitals in the state. The CIHAC was originally charged with gathering data on infant hearing screening and developing guidelines for improving the percentage of infants screened for hearing problems.

The guidelines developed by the CIHAC are being used to screen approximately 90 percent of the infants in Colorado. In addition to monitoring and updating the guidelines, the diversity of the composition of the CIHAC allows for additional benefits by acting as a conduit for follow-up for those families who have an infant with a hearing impairment.

Some conditions which cause hearing impairments can be mitigated with early intervention and treatment. While hearing impairment or loss is not a life threatening condition, reducing the severity of the condition certainly benefits the infant, the family, and the state.

The CIHAC has performed its functions well since its inception in 1998. There is no additional cost to the state for the operation of the CIHAC. Although it is likely, because of the interest of the health care community, that some type of an advisory committee would continue to function without a statutory mandate, it is beneficial to continue the CIHAC in its current statutory form so that there is certainty that its valuable activities will continue.

Members of the CIHAC expressed a desire to strengthen the program by making the guidelines mandatory instead of voluntary in order to increase the number of infants screened and referred for follow-up services. Members also expressed some frustration that registered audiologists that do not follow the guidelines for infant treatment are not subject to discipline by the Department of Regulatory Agencies since guidelines are not considered part of the law to which registered audiologists are subject. Audiologists' practice act (§ 12-5.5-101, *et seq.*, Colorado Revised Statutes) is scheduled for sunset review in 2006 and this issue would be better evaluated at that time.

Recommendation – Continue the Colorado Infant Hearing Advisory Committee.

Appendix A – Enabling Legislation

CHAPTER 219

HEALTH AND ENVIRONMENT

HOUSE BILL 97-1095

BY REPRESENTATIVES K. Alexander, Keller, Reeser, Chavez, Clarke, Gotlieb, Grossman, Lawrence, Mace, Musgrave, Schauer, Snyder, and Sullivant;

also SENATORS Wham, B. Alexander, Bishop, Chlouber, Dennis, Feeley, Hernandez, Hopper, J. Johnson, Linkhart, Martinez, Matsunaka, Norton, Pascoe, Perlmutter, Phillips, Reeves, Rupert, Tanner, Thiebaut, Wattenberg, and Weddig.

AN ACT

CONCERNING SCREENING PROCEDURES FOR HEARING IN NEWBORN INFANTS.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. Part 10 of article 4 of title 25, Colorado Revised Statutes, 1989 Repl. Vol., as amended, is amended BY THE ADDITION OF A NEW SECTION to read:

25-4-1004.7. Newborn hearing screening - legislative declaration - advisory committee - report - repeal. (1) (a) THE GENERAL ASSEMBLY FINDS, DETERMINES, AND DECLARES:

(I) THAT HEARING LOSS OCCURS IN NEWBORN INFANTS MORE FREQUENTLY THAN ANY OTHER HEALTH CONDITION FOR WHICH NEWBORN INFANT SCREENING IS REQUIRED;

(II) THAT EIGHTY PERCENT OF THE LANGUAGE ABILITY OF A CHILD IS ESTABLISHED BY THE TIME THE CHILD IS EIGHTEEN MONTHS OF AGE AND THAT HEARING IS VITALLY IMPORTANT TO THE HEALTHY DEVELOPMENT OF SUCH LANGUAGE SKILLS;

(III) THAT EARLY DETECTION OF HEARING LOSS IN A CHILD AND EARLY INTERVENTION AND TREATMENT HAS BEEN DEMONSTRATED TO BE HIGHLY EFFECTIVE IN FACILITATING A CHILD'S HEALTHY DEVELOPMENT IN A MANNER CONSISTENT WITH THE CHILD'S AGE AND COGNITIVE ABILITY;

(IV) THAT CHILDREN WITH HEARING LOSS WHO DO NOT RECEIVE SUCH EARLY INTERVENTION AND TREATMENT FREQUENTLY REQUIRE SPECIAL EDUCATIONAL SERVICES AND THAT SUCH SERVICES ARE PUBLICLY FUNDED FOR THE VAST MAJORITY OF CHILDREN WITH HEARING NEEDS IN THE STATE;

(V) THAT APPROPRIATE TESTING AND IDENTIFICATION OF NEWBORN INFANTS WITH HEARING LOSS WILL FACILITATE EARLY INTERVENTION AND TREATMENT AND MAY THEREFORE SERVE THE PUBLIC PURPOSES OF PROMOTING THE HEALTHY DEVELOPMENT OF CHILDREN AND REDUCING PUBLIC EXPENDITURE; AND

(VI) THAT CONSUMERS SHOULD BE ENTITLED TO KNOW WHETHER THE HOSPITAL AT WHICH THEY CHOOSE TO DELIVER THEIR INFANT PROVIDES NEWBORN HEARING SCREENING.

(b) FOR THESE REASONS THE GENERAL ASSEMBLY HEREBY DETERMINES THAT IT WOULD BE BENEFICIAL AND IN THE BEST INTERESTS OF THE DEVELOPMENT OF THE CHILDREN OF THE STATE OF COLORADO THAT NEWBORN INFANTS' HEARING BE SCREENED.

(2) (a) (I) THERE IS HEREBY ESTABLISHED AN ADVISORY COMMITTEE ON HEARING IN NEWBORN INFANTS FOR THE PURPOSE OF COLLECTING THE INFORMATIONAL DATA SPECIFIED IN PARAGRAPH (b) OF SUBSECTION (3) OF THIS SECTION AND REPORTING SUCH INFORMATION TO THE GENERAL ASSEMBLY BY DECEMBER 1, 1998, AND FOR THE PURPOSE OF PROVIDING RECOMMENDATIONS TO HOSPITALS, OTHER HEALTH CARE INSTITUTIONS, THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, AND THE PUBLIC CONCERNING, BUT NOT NECESSARILY LIMITED TO, THE FOLLOWING:

(A) APPROPRIATE METHODOLOGIES TO BE IMPLEMENTED FOR HEARING SCREENING OF NEWBORN INFANTS, WHICH METHODOLOGIES SHALL BE OBJECTIVE AND PHYSIOLOGICALLY BASED AND WHICH SHALL NOT INCLUDE A REQUIREMENT THAT THE INITIAL NEWBORN HEARING SCREENING BE PERFORMED BY AN AUDIOLOGIST;

(B) THE NUMBER OF BIRTHS SUFFICIENT TO QUALIFY A HOSPITAL OR HEALTH INSTITUTION TO ARRANGE OTHERWISE FOR HEARING SCREENINGS; AND

(C) GUIDELINES FOR REPORTING AND THE MEANS TO ASSURE THAT IDENTIFIED CHILDREN RECEIVE REFERRAL FOR APPROPRIATE FOLLOW-UP SERVICES.

(II) THE ADVISORY COMMITTEE ON HEARING IN NEWBORN INFANTS SHALL CONSIST OF AT LEAST SEVEN MEMBERS WHO SHALL BE APPOINTED BY THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT. MEMBERS APPOINTED TO THE COMMITTEE SHALL HAVE TRAINING, EXPERIENCE, OR INTEREST IN THE AREA OF HEARING CONDITIONS IN CHILDREN.

(III) THE MEMBERS OF THE ADVISORY COMMITTEE ON HEARING IN NEWBORN INFANTS SHALL SERVE WITHOUT COMPENSATION.

(IV) THE ADVISORY COMMITTEE ON HEARING IN NEWBORN INFANTS SHALL MEET AS OFTEN AS NECESSARY TO COLLECT THE INFORMATION NECESSARY AND REPORT TO THE GENERAL ASSEMBLY BY DECEMBER 1, 1998, AND TO DEVELOP AND MAKE THE RECOMMENDATIONS SPECIFIED IN SUBPARAGRAPH (I) OF THIS PARAGRAPH (a) IN A SUFFICIENTLY TIMELY MANNER TO ALLOW FOR STATEWIDE HEARING SCREENING OF NEWBORN INFANTS BY JULY 1, 1999.

(b) THIS SUBSECTION (2) IS REPEALED, EFFECTIVE JULY 1, 2005.

(3) (a) IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT BY JULY 1, 1999, NEWBORN HEARING SCREENING BE CONDUCTED ON NO FEWER THAN EIGHTY-FIVE PERCENT OF THE INFANTS BORN IN HOSPITALS, USING PROCEDURES RECOMMENDED BY THE ADVISORY COMMITTEE ON HEARING IN NEWBORN INFANTS, CREATED IN SUBSECTION (2) OF THIS SECTION. TOWARD THAT END, ON AND AFTER JULY 1, 1997, EVERY LICENSED OR CERTIFIED HOSPITAL SHALL EDUCATE THE PARENTS OF INFANTS BORN IN SUCH HOSPITALS OF THE IMPORTANCE OF SCREENING THE HEARING OF NEWBORN INFANTS AND FOLLOW-UP CARE. EDUCATION SHALL NOT BE CONSIDERED A SUBSTITUTE FOR THE HEARING SCREENING DESCRIBED IN THIS SECTION. EVERY LICENSED OR CERTIFIED HOSPITAL SHALL REPORT ANNUALLY TO THE ADVISORY COMMITTEE CONCERNING THE FOLLOWING:

(I) THE NUMBER OF INFANTS BORN IN THE HOSPITAL;

(II) THE NUMBER OF INFANTS SCREENED;

(III) THE NUMBER OF INFANTS WHO PASSED THE SCREENING, IF ADMINISTERED; AND

(IV) THE NUMBER OF INFANTS WHO DID NOT PASS THE SCREENING, IF ADMINISTERED.

(b) THE ADVISORY COMMITTEE ON HEARING IN NEWBORN INFANTS SHALL DETERMINE WHICH HOSPITALS OR OTHER HEALTH CARE INSTITUTIONS IN THE STATE OF COLORADO ARE ADMINISTERING HEARING SCREENING TO NEWBORN INFANTS ON A VOLUNTARY BASIS AND THE NUMBER OF INFANTS SCREENED. THE ADVISORY COMMITTEE ON HEARING IN NEWBORN INFANTS SHALL REPORT TO THE GENERAL ASSEMBLY BY DECEMBER 1, 1998, CONCERNING THE FOLLOWING:

(I) THE NUMBER OF HOSPITALS AND OTHER HEALTH CARE INSTITUTIONS ADMINISTERING SUCH VOLUNTARY SCREENINGS;

(II) THE NUMBER OF NEWBORN INFANTS SCREENED AS COMPARED TO THE TOTAL NUMBER OF INFANTS BORN IN SUCH HOSPITALS AND INSTITUTIONS;

(III) THE NUMBER OF INFANTS WHO PASSED THE SCREENING, IF ADMINISTERED; AND

(IV) THE NUMBER OF INFANTS WHO DID NOT PASS THE SCREENING, IF ADMINISTERED.

(c) SUBJECT TO AVAILABLE APPROPRIATIONS, THE ADVISORY COMMITTEE ON HEARING IN NEWBORN INFANTS SHALL MAKE THE REPORT DESCRIBED IN PARAGRAPH (b) OF THIS SUBSECTION (3) AVAILABLE THROUGHOUT THE STATE AND SPECIFICALLY AVAILABLE TO PHYSICIANS WHOSE PRACTICE INCLUDES THE PRACTICE OF OBSTETRICS OR THE CARE OF NEWBORN INFANTS, TO CONSUMER GROUPS, TO MANAGED CARE ORGANIZATIONS, AND TO THE MEDIA.

(4) (a) IF THE NUMBER OF INFANTS SCREENED DOES NOT EQUAL OR EXCEED EIGHTY-FIVE PERCENT BY JULY 1, 1999, OR FALLS BELOW EIGHTY-FIVE PERCENT AT ANY TIME THEREAFTER, THE BOARD OF HEALTH SHALL PROMULGATE RULES REQUIRING HEARING SCREENING OF NEWBORN INFANTS PURSUANT TO SECTION 24-4-103, C.R.S., OF THE "STATE ADMINISTRATIVE PROCEDURE ACT".

(b) SUCH RULES, IF PROMULGATED, SHALL ADDRESS THOSE HOSPITALS WITH A LOW VOLUME OF BIRTHS, AS DETERMINED BY THE STATE BOARD OF HEALTH BASED UPON RECOMMENDATIONS BY THE ADVISORY COMMITTEE ON HEARING IN NEWBORN INFANTS, WHICH MAY ARRANGE OTHERWISE FOR NEWBORN INFANT HEARING SCREENING.

(5) A PHYSICIAN, NURSE, MIDWIFE, OR OTHER HEALTH PROFESSIONAL ATTENDING A BIRTH OUTSIDE A HOSPITAL OR INSTITUTION SHALL PROVIDE INFORMATION, AS ESTABLISHED BY THE DEPARTMENT, TO PARENTS REGARDING PLACES WHERE THE PARENTS MAY HAVE THEIR INFANTS' HEARING SCREENED AND THE IMPORTANCE OF SUCH SCREENING.

(6) THE DEPARTMENT SHALL ENCOURAGE THE COOPERATION OF LOCAL HEALTH DEPARTMENTS, HEALTH CARE CLINICS, SCHOOL DISTRICTS, AND ANY OTHER APPROPRIATE RESOURCES TO PROMOTE THE SCREENING OF NEWBORN INFANTS' HEARING FOR THOSE INFANTS BORN OUTSIDE A HOSPITAL OR INSTITUTION.

SECTION 2. 2-3-1203 (3), Colorado Revised Statutes, 1980 Repl. Vol., as amended, is amended BY THE ADDITION OF A NEW PARAGRAPH to read:

2-3-1203. Sunset review of advisory committees. (3) The following dates are the dates for which the statutory authorization for the designated advisory committees is scheduled for repeal:

(n) JULY 1, 2005:

(I) THE ADVISORY COMMITTEE ON HEARING IN NEWBORN INFANTS IN THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT ESTABLISHED IN SECTION 25-4-1004.7 (2), C.R.S.

SECTION 3. No appropriation. The general assembly has determined that this act can be implemented within existing appropriations, and therefore no separate appropriation of state moneys is necessary to carry out the purposes of this act.

SECTION 4. Effective date. This act shall take effect July 1, 1997.

SECTION 5. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Approved: May 28, 1997

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

Appendix B – Membership of the Colorado Infant Hearing Advisory Committee

Dion Chilberg, is a Programmer Analyst for Colorado Responds for Children with Special Needs (CRCSN).

Nancy Connor, Director of Developmental Pathways, Arapahoe County

Cheryl Deconde-Johnson, Ed.D., is the Consultant for the Colorado Department of Education & CO-Hear Regional Coordinator.

Janet DesGeorges, is a parent of a deaf/hh child and an advocate for newborn hearing screening. She is a main resource for families w/children of hearing loss. Janet also is the current President of Colorado Families for Hands & Voices.

Marion Downs, is a retired Audiologist and Professor Emeritus of the University of Colorado Health Sciences Center who is a national leader in the field of infant hearing.

Joan Eden, is the Maternal Child Health (MCH) Director.

Bob S. Feehs, MD, PC, is a local private Otology Physician Specialist who is interested in rehabilitative issues of children.

Sandy Gabbard is the past President of the Colorado Academy of Audiology which is the organization that supported the Newborn Hearing Screening legislative proposal, and the Director of Audiology at the University of Colorado Health Sciences Center.

Cathy Gunderson, is the EHDI/NEST Project Manager, NEST.

Deborah Hayes, is the Chair of Audiology, Speech Pathology, and Learning Services at The Children's Hospital. She is a national researcher and leader in audiology.

Elizabeth Soper Hepp, Colorado Department of Education, Early Childhood Initiatives, new as of 4/21/00 per Arlene & Vickie; all info added to other listings & labels.

John Hill, D.O., new member as of 8/26/02.

Christie Yoshinaga Itano, PH.D., (*Not a Board member but interested party for meetings*) has provided the efficacy research for early identification of hearing loss in infants and is chairman of the hearing and speech sciences department at the University of Colorado.

Kristina Kocsis, Children's Hospital

Bill Letson, MD, MS, FAAP, is the Director, MCH Medical Consultation & Genetic Services

Joanne McConville, MBA, is the EHDI/NEST Follow-up Coordinator.

Albert Mehl, MD, is a pediatrician with Kaiser Permanente. He has been an advisor and advocate of the Colorado Newborn Hearing Screening Project since 1994.

April Montgomery, has a Masters in Health Administration, Birth Defects Prevention Projects Coordinator for Colorado Responds for Children with Special Needs (CRCSN).

Cathie Ponce de Leon – new member as of 8/26/02.

Lisa Schwartz, M.D.,

Janet Stewart, is a Pediatric Geneticist at The Children’s Hospital who has conducted research on hearing loss and has been on the Advisory Board for the Colorado Newborn Hearing Screening Project (CNHSP) since 1992.

Arlene Stredler Brown, is the Program Director of the Colorado Home Intervention Program (CHIP) for children birth to 3 years who have hearing loss.

Laura Taylor, is the EHDI/NEST Follow-up Coordinator.

Vickie Thomson, MA, CCC-A, is the EHDI/NEST Audiology Coordinator and Co-PI for the EHDI Grant, an audiologist at Boulder Community Hospital and the Coordinator of the Colorado Newborn Hearing Screening Project (CNHSP).

Larry Wall, (*Not a Board member*) is the President of the Colorado Hospital Association.

Kathy Watters, is the Director of HCP.