

211.645 Definitions for KRS 211.647 and 211.2970.

As used in KRS 211.647 and 216.2970, unless the context requires otherwise:

- (1) "Cabinet" means the Cabinet for Health and Family Services;
- (2) "Commission" means the Commission for Children with Special Health Care Needs;
- (3) "Permanent childhood hearing loss" means a hearing deficit identified in infancy or childhood which prevents the acquisition of speech and language through normal channels;
- (4) "Auditory screening report" means a written evaluation of an auditory screening as required under KRS 216.2970; and
- (5) "Infant at high risk for late onset, progressive hearing loss, or both" means a child at birth who is at a higher risk than normal of becoming deaf or hard of hearing or having progressively worsening hearing due to one (1) or more of the following factors:
 - (a) Family history of a congenital hearing loss;
 - (b) Rubella or virus during pregnancy;
 - (c) Neonatal intensive care of more than five (5) days;
 - (d) Below-normal birth weight;
 - (e) Neonatal intensive care, regardless of the number of days, for any of the following conditions:
 1. Extracorporeal membrane oxygenation (ECMO);
 2. Assisted ventilation;
 3. Exposure to ototoxic medications, including but not limited to gentramycin and tobramycin, or loop diuretics, including but not limited to furosemide;
 4. Hyperbilirubinemia that requires an exchange transfusion;
 5. Syndromes associated with hearing loss and progressive or late onset hearing loss, including but not limited to neurofibromatosis, osteopetrosis, and Usher, Waardenburg, Alport, Pendred, and Jervell and Lange-Nielson Syndromes;
 6. Congenital ear, nose, or throat anomalies, including but not limited to those involving the pinna, ear canal, ear tags, ear pits, and temporal bone; or
 7. Culture-positive postnatal infections associated with sensorineural hearing loss, including but not limited to confirmed bacterial and viral meningitis;
 - (f) An auditory screening indicating a hearing loss; or
 - (g) Any other factor identified by the American Medical Association the American Academy of Pediatrics, or the American Academy of Otolaryngology as a cause of late onset or progressive hearing loss.

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History: Amended 2009 Ky. Acts ch. 102, sec. 1, effective June 25, 2009. -- Amended 2005 Ky. Acts ch. 99, sec. 365, effective June 20, 2005. -- Amended 2000 Ky. Acts ch. 308, sec. 9, effective July 14, 2000. -- Amended 1998 Ky. Acts ch. 426, sec. 307, effective July 15, 1998. -- Amended 1994 Ky. Acts ch. 405, sec. 75, effective July 15, 1994. -- Amended 1992 Ky. Acts ch. 144, sec. 12, effective July 14, 1992. -- Amended 1990 Ky. Acts ch. 369, sec. 37, effective July 13, 1990. -- Created 1986 Ky. Acts ch. 489, sec. 2, effective July 15, 1986.