

### **211.645 Definitions for KRS 211.647 and 216.2970.**

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) "Office" means the Office 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 1n 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.

**Effective:** June 25, 2009

**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.

**Legislative Research Commission Note** (8/23/2019). In 2018 Ky. Acts ch. 114, sec. 1, the General Assembly renamed the "Commission for Children with Special Health Care Needs" as the "Office for Children with Special Health Care Needs." A reference to that "Commission" was changed to "Office" in subsection (2) of this statute. This name correction should have been addressed when 2018 Ky. Acts ch. 114 was codified, but it wasn't. This change is being made now under the authority of KRS 7.136(2).

**Legislative Research Commission Note** (7/14/2018). Under the authority of KRS 7.136(2), one or more references to the "Commission for Children with Special Health Care Needs" in this statute have been changed in codification to the "Office for Children with Special Health Care Needs" to reflect the renaming of the commission by the General Assembly in 2018 Ky. Acts ch. 114.