MINNESOTA

Operating Procedures

NEWBORN HEARING SCREENING ADVISORY COMMITTEE TO THE MINNESOTA DEPARTMENT OF HEALTH

05/2017

I. Statutory purpose

This committee is known as the Early Hearing Detection & Intervention (EHDI)/Newborn Hearing Screening Advisory Committee and was created by the Minnesota Legislature in 2007. This committee and its membership, functions, and objectives are described in Minnesota Statute section 144.966. Additional parameters affecting advisory committees are described in Minnesota Statute section 15.059.

The Advisory Committee is intended to function in an advisory capacity to the Minnesota Department of Health EHDI program and, ultimately, to the Commissioner of Health. Per Statute, they are to advise and assist the Department of Health (MDH), Department of Children, Youth, and Families (DCYF), and the Department of Education (MDE) in:

1. Developing protocols and timelines for screening, rescreening, and diagnostic audiological assessment and early medical, audiological, and educational intervention services for children who are deaf or hard-of-hearing;
2. Designing protocols for tracking children from birth through age three that may have passed newborn screening but are at risk for delayed or late onset of permanent hearing loss;
3. Designing a technical assistance program to support facilities implementing the screening program and facilities conducting rescreening and diagnostic audiological assessment;
4. Designing implementation and evaluation of a system of follow-up and tracking; and
5. Evaluating program outcomes to increase effectiveness and efficiency and ensure culturally appropriate services for children with a confirmed hearing loss and their families.

This committee is to extend and supplement the range of expertise of MDH's, DCFY's, and MDE's technical staff. It is not intended that the Advisory Committee become involved in the day-to-day operational and administrative aspects of program resources, program management, or personnel matters.

II. Membership, appointments, responsibilities

a. Membership:

1. **Commissioner appointed members:** The commissioner will appoint at least one member from the groups listed below per Minnesota Statute section 144.966, with no less than two of the members being deaf or hard-of-hearing.
    a. a representative from a consumer organization representing culturally deaf persons;
    b. a parent with a child with hearing loss representing a parent organization;
    c. a consumer from an organization representing oral communication options;
    d. a consumer from an organization representing cued speech communication options;
    e. an audiologist who has experience in evaluation and intervention of infants and young children;
    f. a speech-language pathologist who has experience in evaluation and intervention of infants and young children;
    g. two primary care providers who have experience in the care of infants and young children, one of which shall be a pediatrician;
    h. a representative from the early hearing detection intervention teams;
    i. a representative from the Department of Education resource center for the deaf and hard-of-hearing*or the representative's designee;
    j. a representative of the Commission of the Deaf, DeafBlind and Hard of Hearing;
    k. a representative from the Department of Human Services Deaf, DeafBlind, and Hard of Hearing State Services Division;
    l. one or more of the Part C coordinators from the Department of Education, the Department of Health, the Department of Children, Youth, and Families; or the Department of Human Services or the department's designees;
    m. the Department of Health early hearing detection and intervention coordinators;
    n. two birth hospital representatives from one rural and one urban hospital;
    o. a pediatric geneticist;
    p. an otolaryngologist;
    q. a representative from the Newborn Screening Advisory Committee;
    r. a representative of the Department of Education regional low-incidence facilitators;

s. a representative from the deaf mentor program;

t. a representative of the Minnesota State Academy for the Deaf from the Minnesota State Academies staff.

* The Department of Education resource center for the deaf and hard-of-hearing is no longer in existence. This position is filled the by a representative from the Department of Education specializing in deaf and hard of hearing.

2. **Ex-Officio members:** In order to make the Advisory Committee representative of the constituents it serves, and a sound resource for the commissioner on topics identified by the Advisory Committee or the commissioner, additional individuals or organizations may be invited by the Advisory Committee officers to serve on the Advisory Committee.

   An individual appointed to serve as an ex-officio member must qualify as a representative of one of the statutory categories. This position is a non-voting position.

g. Terms of appointment

1. **Commissioner appointed members:** The terms of the members shall be four years. The terms of one-half of the members shall be coterminous with the governor, and the terms of the remaining one-half of the members shall end on the first Monday in January one year after the terms of the other members expire.
2. **Ex-Officio members:** An ex-officio member's term ends on January 1 following the second full year of membership on the committee.

h. Term limits

1. **Commissioner appointed members:** Commissioner appointed members can reapply at the end of their term. Appointments may be renewed indefinitely, at the discretion of the Commissioner of Health.
2. **Ex-Officio members:** The Advisory Committee officers shall determine the term limit for individuals serving as an ex-officio member, based on the resources required for Advisory Committee activities.

i. Terminations, resignations, vacancies

1. Members may serve until their successors are appointed and qualify. If a successor has not been appointed by July 1 after the scheduled end of a member's term, the term of the member for whom a successor has not been appointed may be extended if the statutory membership position does not have representation until the first Monday in January four years after the scheduled end of the term.

2. Each member will receive notification of the expiration of his or her term at least sixty-days prior to the termination date. Notification will also be sent to the chair.
3. Certificates of Recognition will be presented to all departing members during the last meeting of the year of the ending term.
4. Commissioner appointed and ex-officio members should communicate their intent to resign in writing to the chair of the Advisory Committee and Minnesota Department of Health staff supporting the Advisory Committee. When a commissioner appointed member resigns, the commissioner will appoint a new member to serve the remainder of the term. When an ex-officio member resigns, the Advisory Committee officers will determine whether to fill the vacancy, based on the need for resources for Advisory Committee activities.
5. A commissioner appointed and ex-officio member may be removed by the commissioner at any time, at the commissioner's discretion.
6. A commissioner appointed and ex-officio member may be removed for missing three consecutive meetings. If a member misses two consecutive meetings, the Minnesota Department of Health staff supporting the Advisory Committee will notify the member in writing that the member may be removed for missing the next meeting.
7. Vacancies for commissioner appointed members are filled in the same membership category. Applications are made through the Secretary of State's Office of Open Appointments.

j. Orientation

1. Orientation will be provided by Minnesota Department of Health staff to all newly appointed members prior to the next scheduled committee meeting after their appointment to the Advisory Committee.

k. Responsibilities and expectations of Advisory Committee members

In accepting appointment to the Advisory Committee, members are expected to:

1. Attend Advisory Committee meetings and other assigned meetings.
2. Serve on committees, work groups, and other advisory groups as requested by the chair.
3. Prepare for active participation in discussions and decision-making by reviewing meeting materials.
4. Act as a liaison when appropriate between constituent groups and the Advisory Committee.

5. Inform constituent groups of Advisory Committee activities, actions, and issues.
6. Recognize the importance and value of including Advisory Committee members with diverse languages, modes of communication, hearing status, ages, education, and life experiences.
7. Conduct themselves with a high standard of professional behavior by treating each other with respect throughout the process and abide by the Guiding Principles of the EHDI/Newborn Hearing Screening Advisory Committee.
8. Abstain from voting on Advisory Committee matters that create an apparent conflict of interest. A conflict of interest is a situation in which an Advisory Committee member, her/his organization, or a family member would personally benefit based on the outcome of a particular decision, endorsement, or action taken by the Advisory Committee. A conflict of interest, apparent or real, exists if one of the following conditions applies:
    a. The member, her/his organization, or a family member has a direct financial or personal interest in the matter under consideration. Note that employees of large organizations may have little or no personal knowledge about certain financial interests of their employers. In those cases, members are required to declare only conflicts for which they have direct knowledge. They are not required to inquire about further details from their employers. In some situations, members may hold a position in which they exercise some authority with respect to projects in which they are not personally involved. In those cases, inquiry into additional information about the interest could be helpful in preventing unintentional conflicts of interests or appearances of impropriety.
    b. The member has an indirect financial or personal interest in the matter under consideration and is not so free from personal bias, prejudice, or preconceived notion as to make it possible for her/him to objectively consider the evidence presented and base her/ his decision solely on the evidence.
    c. The member has placed her/himself in a position where she/he finds it difficult, if not impossible, to devote her/himself to a consideration of the matter with complete energy, loyalty, and singleness of purpose to the general public interest.

    It should be noted that many members of the Advisory Committee will have exceptional professional or personal experience with newborn hearing screening. These qualities, by themselves, do not constitute a conflict of interest. Informed decision-making will benefit from personal experiences; however, personal interests should not distract from objective decision-making for the public good.

9. Refrain from writing letters or engaging in other kinds of communication in the name of the Advisory Committee, unless the commissioner specifically authorized such communication.

By a two-thirds ballot vote, the Committee members may recommend to the Commissioner of Health to remove any member of the Committee for violation of the *Guiding Principles of the EHDI/Newborn Hearing Screening Advisory Committee*, unprofessional conduct, or violation of the bylaws.

l. Communication

1. Advisory Committee members will follow basic Communication Ground Rules to ensure full communication access.
2. Advisory Committee members will communicate externally in ways that support the collective work and mission of this group.
3. Advisory Committee members will bring any issues or concerns related to the function of the Advisory Committee and its' mission, to the Advisory Committee to resolve.
4. Advisory Committee members will communicate with one another during the meetings and outside of the meetings, related to the Advisory Committee's work, in a respectful, professional manner and refrain from engaging in negative personal attacks in any verbal or written communication.
5. Advisory Committee members will refrain from reporting the opinions of other members without permission.
6. Advisory Committee members will characterize decisions accurately.
7. Advisory Committee members will share information with the organizations/constituents they represent and in turn bring the input of these groups back to the Advisory Committee.

III. Officers

a. Chair:

1. The chair serves a one-year term.
2. The duties of the chair are to:
    a. preside at all full Advisory Committee and interim business meetings;
    b. at the request of the commissioner, be the spokesperson and representative for the Advisory Committee;

c. establish work groups and subcommittees as needed to carry out the Advisory Committee's work plan, consulting with staff to assure staff support will be available as needed;

d. meet to conduct interim business and plan the agenda of the Advisory Committee.

3. Serve as past chair for one year.

b. Vice Chair:

1. The vice chair serves a one-year term.
2. The duties of the vice chair are to:
   a. preside at the Advisory Committee and interim business meetings in the absence of the chair;
   b. meet to conduct interim business and plan the agenda of the Advisory Committee;
   c. assist the chair as requested;
   d. serve as the next Advisory Committee chair.

c. Past Chair:

1. The past chair serves a one-year term.
2. The duties of the past chair are to:
   a. support a smooth transition for the successor to the chair;
   b. assist the chair and vice chair, as requested and appropriate;
   c. meet to conduct interim business and plan the agenda of the Advisory Committee.

d. Executive Committee

The executive committee consists of the current chair, vice chair, and past chair. The executive committee provides leadership to the Newborn Hearing Screening Advisory Committee and together with MDH and MDE representatives is responsible to ensure that the necessary business of the Committee is carried out efficiently, effectively, and in a manner appropriate for the proper conduct of public business.

IV. Meetings and reimbursement

This section applies to meetings of the Advisory Committee, subcommittees, and work groups, unless otherwise noted.

a. Frequency:

The Advisory Committee shall meet as requested by the chair as frequently as necessary and at least quarterly.

1. The number and scheduling of meetings will depend on the timing and urgency of particular issues being addressed. Any subcommittees and workgroups will meet outside of regularly scheduled meetings of the full Advisory Committee.
2. The Advisory Committee, subcommittees, and workgroups can meet more frequently, as requested by the chair or other Advisory Committee or subcommittee member.

b. Attendance:

1. Attendance at each meeting is critical to the productivity of the Advisory Committee. While it is ideal to have all members of the Advisory Committee present at meetings, this is not always feasible. Members for whom travel time and distance are prohibitive may connect to meetings by telephone. Members who make arrangements for telephone connections are strongly encouraged to attend at least one meeting each year in person.
2. If a member cannot attend a meeting, she/he is to contact the Advisory Committee's MDH staff prior to the meeting and may send a colleague to the meeting as an alternate. Alternates may represent a member's vote but may not vote on new issues that arise.

c. Cancellations:

Meetings of the Advisory Committee may be canceled and rescheduled by the Advisory Committee officers or by the commissioner in consultation with the chair. Advisory Committee members will be notified of cancellations in as timely a manner as possible.

d. Expenses:

1. The Minnesota Department of Health will reimburse Advisory Committee members for travel and other necessary expenses incurred to attend meetings as enumerated in Minnesota Statute 15.059.
2. Alternate members may receive reimbursement when attending in place of the primary member.

e. Quorum:

Decisions requiring a vote by the Advisory Committee must be distributed to the members 2 weeks prior to voting.

1. In person meetings: voting will normally be done by a show of hands and will normally be recorded as the number of ayes, number of nays, and number of abstentions. When specifically requested by a member of the Advisory Committee, the chair will take a roll call, and individual votes will be recorded.
    a. A majority (51%) of the membership must be available at a given meeting. Decisions can be made when a majority of voting members present reaches agreement on a given matter.
    b. Votes by members attending the meeting by telephone are acceptable.
2. Voting via email – After approval by the executive committee the chair shall send an email to members stating reason for the vote, provide an outline of the issue, a deadline for voting, and opportunity for discussion.
3. Ex-officio participants are allowed to participate but do not have decision-making or voting privileges. They are not appointed to the formal committee membership.
4. Voting privileges for absent members are as follows:
    a. Members participating by telephone are allowed to vote.
    b. Members may submit absentee ballots by e-mail, fax, or US mail. Ballots must be received by the MDH Newborn Screening Program at least one day prior to the meeting.
    c. Absent members may submit proxy votes to the Chair or another member beforehand. The proxy statement will declare her/his approval or rejection of the issue that will be under discussion.
    d. Absent members may submit proxy statements to the Chair or another member beforehand. The proxy statement will declare that a specific member, who must be present, serves as the absent member's delegate and has full authority to vote on a particular issue.
    e. Absent members are not allowed to designate an alternate to attend a particular meeting and vote on (either specific or all) arising issues during the meeting on their behalf.

f. Public meetings

All Advisory Committee, subcommittee, and work group meetings are open to the public. This must be kept in mind when workgroups are meeting outside of large group meetings.

V. Subcommittees and work groups

Subcommittees and workgroups will be established to assist the Advisory Committee. The chair will ask for volunteers or appoint members based on their expertise and interest to serve on a

subcommittee or workgroup. Subcommittees and workgroups will be given a specified charge and period of time to fulfill that charge and will present a final report or recommendations to the Advisory Committee for approval at completion of its charge.

The chair may ask persons who are not commissioner appointed Advisory Committee members, ex-officio members, or alternates to serve on subcommittees or workgroups as necessary to fulfill a specialized or technical charge. Each subcommittee may find it necessary to have co-chairs. These would be designated workgroup members to report to the larger Advisory Committee on specific workgroup tasks and findings.

Other methods, such as forming short-term informational groups or appointing members to other Advisory Committees within Minnesota Department of Health or other state agencies, may be utilized at the discretion of the chair and commissioner when necessary to accomplish the work plan of the Advisory Committee.

VI. Decision making process

The following summarizes the key steps involved in the Advisory Committee's decision-making process:

1. MDH staff MDH staff members, workgroups, or Advisory Committee members prepare background and supporting materials for Advisory Committee review.
    a. Members may convene workgroups or other external experts to study complex issues.
    b. Usually, the information is provided to the Advisory Committee in written form, supplemented by presentation, comments, and responses to questions during meeting discussions.
    c. During this stage, MDH staff members and Advisory Committee members begin to identify options and assess their relative merits.
2. The Advisory Committee and the state support staff develop specific recommendations based on needs identified by each group.
    a. Advisory Committee members and State agency staff discuss, and debate matters as ideas are formulated.
    b. Discussions between the Advisory Committee members and State agency staff provide an important opportunity to test members' reactions to ideas and, as appropriate, recommend alternative approaches.
    c. The Advisory Committee and State agency staff formalize their advice and recommendations. Recommendations may be recorded as a consensus opinion. Alternatively, votes may be taken, and voice reports of the majority and minority opinions may be prepared.
    d. Specific consensus recommendations are developed by the State agency staff and Advisory Committee; justification is documented.

3. The Commissioner of Health and the Commissioner of Education review recommendations and makes final decisions.
    a. MDH staff members, Advisory Committee chair and subcommittee chairs present the consensus recommendations via written report to the commissioners. Reports include the issue, background, process, recommendations, and outcome of discussion and voting on recommendations (including other motions, as appropriate).
    b. The Commissioner of Health makes the final decision based on consideration of information and recommendations received regarding screening, rescreening, and diagnostic audiological assessment and early medical, audiological intervention. The Commissioner of Education and the Commissioner of Health make the final decisions based on consideration and recommendations received regarding early childhood intervention.

VII. Amendments

Amendments to these Operating Procedures may be made only after notification of the Advisory Committee at least thirty (30) days in advance of a regularly scheduled meeting. Amendment requires a vote of two-thirds of the members present. Suspension of rules or operating procedures does not constitute amendment.

Adopted by the Newborn Hearing Screening Advisory Committee to the Minnesota Department of Health.

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