

**WEST VIRGINIA  
SECRETARY OF STATE  
JOE MANCHIN, III  
ADMINISTRATIVE LAW DIVISION**

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OFFICE WEST VIRGINIA  
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Form #6

**NOTICE OF FINAL FILING AND ADOPTION OF A LEGISLATIVE RULE AUTHORIZED  
BY THE WEST VIRGINIA LEGISLATURE**

AGENCY: Bureau for Public Health - DHHR TITLE NUMBER: 64

AMENDMENT TO AN EXISTING RULE: YES  NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: \_\_\_\_\_

TITLE OF RULE BEING AMENDED: \_\_\_\_\_

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: 83

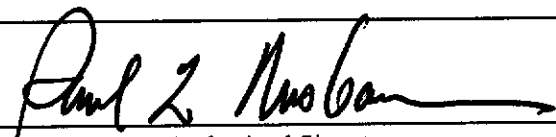
TITLE OF RULE BEING PROPOSED: Birth Score Program

THE ABOVE RULE HAS BEEN AUTHORIZED BY THE WEST VIRGINIA LEGISLATURE.

AUTHORIZATION IS CITED IN (house or senate bill number) HB 4205

SECTION 64-5-1 (g), PASSED ON March 9, 2002

THIS RULE IS FILED WITH THE SECRETARY OF STATE. THIS RULE BECOMES EFFECTIVE ON THE  
FOLLOWING DATE: July 1, 2002

  
Authorized Signature

SCANNED

**64 CSR 83  
Title 64  
Legislative Rules  
Bureau for Public Health**

**Series 83  
Birth Score Program**

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**§64-83-1. General.**

1.1 Scope. – This rule establishes the birth score program to identify newborn infants at risk for postneonatal mortality, debilitating conditions and developmental delays. This rule should be read in conjunction with W.Va. Code §16-22B-1 et seq. The W.Va. Code is available in public libraries and on the Legislature's web page, <http://www.legis.state.wv.us/>.

1.2. Authority. – W. Va. Code §§16-22B-4 and 16-1-4.

1.3. Filing Date. – April 17, 2002.

1.4. Effective Date. – July 1, 2002.

**§64-83-2. Application and Enforcement.**

2.1. Application. – This rule applies to any newborn infant born in West Virginia, to the health care provider attending the newborn infant at birth, birthing hospitals and facilities, the West Virginia University Birth Score Office, and primary care providers.

2.2. Enforcement. – This rule is enforced by the Commissioner of the Bureau for Public Health.

**§64-83-3. Definitions.**

3.1. Birth Score Program. – A system established by the Bureau for Public Health and administered by the West Virginia University Department of Pediatrics for assessing newborn infants shortly after birth.

3.2. Birth Score Developmental Risk Screen. - A medical assessment conducted immediately after birth to identify newborn infants at greatest risk within the first year of life for postneonatal mortality, debilitating conditions, and developmental delays.

3.3. Commissioner. – The Commissioner of the Bureau for Public Health or his or her lawful designee.

- 3.4. Early Discharge. - Birth admissions lasting twenty-four (24) hours or less.
- 3.5. Health Care Facility. - Any licensed medical facility that offers birthing services.
- 3.6. Health Care Provider. – A physician or licensed midwife present during or immediately after delivery of the newborn infant.
- 3.7. High Birth Score. - A total birth score indicating a newborn infant to be at high risk for post- neonatal mortality, debilitating conditions or developmental delays.
- 3.8. Low Birth Score. - A total birth score indicting a newborn infant to be at low risk for post- neonatal mortality, debilitating conditions or developmental delays.
- 3.9. Primary Care Provider (PCP). - A physician, physician's assistant, nurse, nurse practitioner or other licensed medical professional responsible for the infant's health services after discharge from the health care facility.
- 3.10. Total Birth Score. - The sum of the numerical scores of the criteria on the Birth Score Developmental Risk Screen.
- 3.11. Well Child Visits. - A comprehensive preventive evaluation of an infant's health status to assure the child is meeting physical and developmental milestones according to current national American Academy of Pediatrics standards.

**§64-83-4. Purpose and goals.**

- 4.1. The birth score program shall identify newborn infants at greatest risk for:
  - 4.1.a. Death between one (1) month and one (1) year of age;
  - 4.1.b. Debilitating conditions; and
  - 4.1.c. Developmental delays.
- 4.2. The birth score program shall link newborn infants identified as high risk with primary care providers and available medical and social services.

**§64-83-5. Protocol, Reporting and Referral.**

- 5.1. The health care provider shall, except when the parent or guardian objects on grounds of religious belief, determine the total birth score on every newborn shortly after delivery when the birth occurs in a hospital or other licensed health facility. If the birth occurs at a nonlicensed facility, the infant's primary physician shall determine the birth score within ten (10) days after birth.
- 5.2. The health care provider or the infant's primary physician shall record or

cause to be recorded in the newborn infant's medical record and on the Birth Score Developmental Risk Screen, the newborn infant's total birth score.

5.3. When a health care provider or the infant's primary physician determines a total birth score on an infant, they shall:

5.3.a. Inform the parents or guardians of the birth score findings upon completion of the scoring; and

5.3.b. Provide the parents or guardian with a copy of the Birth Score Developmental Risk Screen.

5.4. When a health care provider determines a high birth score on a newborn infant, the health care provider shall link with the infant's established local primary care provider for recommended schedule of well child visits at two (2), four (4), eight (8), twelve (12), sixteen (16) and twenty-four (24) weeks of age.

5.5. When the newborn infant does not have a primary care provider, the health care facility shall refer the infant's parent or guardian to a list of local primary care providers who perform well child visits.

5.6. The health care provider or primary physician shall send a written copy of the screening results within ten (10) days of the newborn's birth date to the Birth Score Office, West Virginia University Department of Pediatrics, P.O. Box 9214, Morgantown, WV 26506-9214.

5.7. The Birth Score Office shall collect developmental risk /newborn hearing screening data and make referrals to educational, medical, and social support services.

#### **§64-83-6. Program Monitoring.**

6.1. The Bureau for Public Health shall:

6.1.a. For each health care facility, keep on file at the Office of Maternal, Child and Family Health a written copy of the procedures that apply to the Birth Score, the Developmental Risk and the Newborn Hearing Screening programs, and the policies regarding early discharge; and

6.1.b. Monitor compliance with the Birth Score Program, taking into account early discharge trends, and shall take corrective action in accordance with the policies and procedures already established in the health care facilities.

#### **§64-83-7. Confidentiality.**

7.1. Any person who obtains confidential information while implementing W.Va. Code §16-22B-1 et seq. and this rule may disclose it only to reporting sources, persons demonstrating a need essential to health related research or care of the newborn infant,

or as required by law.

7.2. Any person who obtains confidential information while implementing W.Va. Code §16-22B-1 et seq. and this rule shall provide a written statement of confidentiality stating that he or she fully understands the privacy of the information and shall maintain it.

**§64-83-8. Penalties.**

8.1. Any person who violates the provisions of W.Va. Code §16-22B-1 et seq. or this rule is subject to the penalties provided in W.Va. Code §16-1-18.

**§64-83-9. Administrative Due Process.**

9.1. Those persons aggrieved by the enforcement of this rule may make a written request for a contested case hearing in accordance with the Division of Health rule, "Rules of Procedure for Contested Case Hearing and Declaratory Rulings," 64CSR1.