

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 540. INFANT HEARING SCREENING**

RULEMAKING ACTION:

PERMANENT final adoption

RULES:

310:540-1-2. [AMENDED]

310:540-1-3. [AMENDED]

AUTHORITY:

Commissioner of the Oklahoma State Department of Health; 63 O.S. § 1-104

SUBMISSION OF PROPOSED RULES TO GOVERNOR AND CABINET SECRETARY:

October 20, 2020

COMMENT PERIOD:

November 16, 2020 through December 16, 2020

PUBLIC HEARING:

December 18, 2020

ADOPTION:

January 25, 2021

SUBMISSION OF ADOPTED RULES TO GOVERNOR AND LEGISLATURE:

January 25, 2021

LEGISLATIVE APPROVAL:

Approved June 11, 2021 by HJR 1046

FINAL ADOPTION:

June 11, 2021

EFFECTIVE:

September 11, 2021

SUPERSEDED EMERGENCY ACTIONS:

n/a

INCORPORATIONS BY REFERENCE:

n/a

GIST/ANALYSIS:

The rule amendments removed one definition, "other qualified individual", that is no longer utilized and expanded one definition, "risk factors" for clarity and to be in alignment with national terminology. In an effort to align with the Governor's Executive Order, the proposal simplifies and clarifies language within the Guidelines section. Headings have been added for ease of use and clarity along with a refusal of screening section with details and needed documentation. The proposed rules were expanded to include detailed language regarding the responsibility of the hospital personnel, audiologist, or other health care provider regarding newborn hearing screening reporting to parents and the Oklahoma State Department of Health. Details were expanded to include instructions and form names.

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PURSUANT TO THE ACTIONS DESCRIBED HEREIN, THE FOLLOWING RULES ARE CONSIDERED FINALLY ADOPTED AS SET FORTH IN 75 O.S., SECTIONS 250.3 (5) AND 308 (E), WITH AN EFFECTIVE DATE OF SEPTEMBER 11, 2021:

310:540-1-2. Definitions

The following words or terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"**Audiologist**" means an individual holding a state licensure in the field of Audiology.

"**Discharge**" means the release of the newborn from care and custody of a perinatal licensed health facility to the parents or into the community.

"**Hearing Screening Procedure**" means the combination of physiologic hearing screening and risk factor tracking used to determine, from the total population of infants born, the infants at risk for hearing loss.

"**Newborn screening filter paper**" means a newborn screening blood spot collection kit approved by the Oklahoma State Department of Health.

"**Other health care provider**" means the health care provider who will be providing health care for the infant after birth including midwives, physician assistants, nurse practitioners, and hospital hearing screening vendors.

~~"**Other qualified individual**" means an individual working under the guidelines developed by the responsible health care facility, physician, audiologist or other health care provider.~~

"**Parent**" means a natural parent, stepparent, adoptive parent, legal guardian, or other legal custodian of a child.

"**Physician**" means an M.D. or D.O. licensed in the State of Oklahoma to practice medicine.

"**Physiologic Screening**" means the use of a bilateral physiologic screening technique to determine, from the total population of infants born, the infants at risk for hearing loss.

"**Risk Factors**" mean conditions identified by the Joint Committee on Infant Hearing (JCIH 2000 Position Statement or later) which place a newborn at risk for delayed-onset or progressive hearing loss.

"**Subsequent hearing screening**" means a hearing screening completed at minimum 72 hours after the initial hearing screening.

"**Transfer**" means release of the newborn from care and custody of one perinatal licensed health facility to another.

310:540-1-3. Guidelines

(a) **Newborns Subject to Screening.** All newborns in Oklahoma shall have a Hearing Screening Procedure completed unless the parent ~~or guardian~~ refuses because of religious or personal objections.

(b) **Screening Based on Birth Location.** Requirements for the Hearing Screening Procedure are as follows:

(1) Hospitals:

~~(1)(A)~~ (A) For facilities with a two-year average annual birth census of 15 or greater:

~~(A)(i)~~ (i) All infants will receive a physiologic and risk factor screening ~~prior to~~ before discharge.

~~(B)(ii)~~ (ii) Infants transferred to another facility will be screened by ~~that the receiving institution facility~~ that the receiving institution facility ~~prior to~~ before discharge.

~~(2)(B)~~ (B) For facilities with a two-year average annual birth census of ~~fewer than 15~~ 14 or less:

~~(A)(i)~~ (i) All infants will receive a physiologic and risk factor screening ~~prior to~~ before discharge if physiologic screening equipment is available.

~~(B)(ii)~~ (ii) Infants transferred to another facility will be screened by ~~that the receiving institution facility~~ that the receiving institution facility ~~prior to~~ before discharge.

~~(C)(iii)~~ (iii) If physiologic screening equipment is not available, the infant will: ~~be screened for risk factors and,~~

(I) be screened for risk factors; and

(II) receive a physiologic screening referral. A parent is encouraged to have the infant's screening occur within the first month of life.

~~(D) The parents will be referred for physiologic screening and encouraged to have the infant screened within the first month of life.~~

~~(3)~~(2) Out-of-Hospital Births: All infants who are not born in a hospital will have their hearing screened within the first month of life. The infant's physician or other health care provider is responsible for completing the risk factor screening and for referring the infant to a health care facility with trained personnel and appropriate equipment for a physiologic screen or an audiologist.

(c) ~~Hospital universal newborn hearing screening programs will be administered by an audiologist and/or health care facility.~~ **Refusal.** A parent may refuse the newborn hearing screening on the grounds that such examination conflicts with their religious tenets and/or practices; refusal of hearing screening shall be indicated in writing utilizing the Newborn Screening Program Refusal Form provided by the Department. The Newborn Screening Program Refusal Form must be completed in its entirety.

(d) **Physiologic Screening.** A qualified and properly trained individual, as determined by the screening facility, will perform the Hearing Screening Procedure. The physiologic screening will include the use of at least one of the following:

- (1) Auditory Brainstem Response Testing (ABR);
- (2) Otoacoustic Emissions Testing (OAE); or
- (3) Any new or improved techniques ~~deemed~~ considered appropriate for use in hearing screening procedures by the Commissioner of Health.

(e) ~~The Hearing Screening Procedure will be performed by a qualified and properly trained individual, and~~ **Sharing Results.** The hospital or midwife will ensure that hearing screening results provided will be made available to the physician or other health care provider. Notification of the screening results to parents will be given prior to discharge or immediately following the Hearing Screening Procedure.

(f) **Audiologist Referral.** ~~Newborns~~ A newborn may be referred to an audiologist for a diagnostic hearing evaluation for these reasons:

- (1) They did not pass the hearing screening;
- (2) They passed the initial or subsequent hearing screening but, based on risk factors, ~~were~~ is at risk for progressive or late onset hearing loss ~~identified by the Joint Committee on Infant Hearing or did not pass the recommended six month follow up hearing screening.~~
- (3) They did not pass the recommended six month follow hearing screening.

(g) ~~The hospital personnel, audiologist, or other health care provider involved in the screening of a newborn will provide the parents with appropriate resource information to allow the newborn to receive the medical, audiologic, and other follow up services as necessary.~~ **Parent Education.** Before discharge, a newborn's parent will receive the following information and materials:

- (1) results of the infant's hearing screening, which may include the following.
 - (A) passed physiologic hearing screening
 - (B) referred on physiologic hearing screening; or
 - (C) considered as "at risk" for hearing loss
- (2) a copy and in-person review of the Newborn Hearing Screening Parent/Guardian Information Sheet; and
- (3) appropriate resource information to allow the newborn to receive the medical, audiologic, and other follow-up services as necessary.

(h) ~~The hospital personnel, audiologist, or other health care provider involved in the initial Hearing Screening Procedure of a newborn will forward results to the Oklahoma State Department of Health via newborn screening filter paper, fax, or secure email within one week of performing the hearing screen.~~ **Reporting of Results and Quality Assurance.** It is a hospital's responsibility to ensure that the newborn screening filter paper is correctly completed and that results are forwarded to the Oklahoma State Department of Health via the newborn screening filter paper, fax, or secure email within one week of performing the hearing screen. Efforts to ensure compliance includes the following:

- (1) adhere to instructions for completion of the hearing screening section located on the newborn screening filter paper kit

(2) ensure hospital personnel involved in screening and/or reporting are properly trained using national and state resources such as in-service trainings, web trainings, or consultation with the Newborn Hearing Screening Program

(3) designate a site coordinator to ensure:

(A) every infant is screened,

(B) each infant's filter paper has been fully completed for each infant; and

(C) the detachable medical record copy is a permanent part of each infant's record.

(i) **Screening Verification.** Physicians, other health care providers, or local county health department staff who examine a child within the first three months of life will verify that the infant's hearing has been screened. Infants not screened will be referred to a health care facility with trained personnel and appropriate equipment for a physiologic screen or an audiologist.

(j) **Reporting Follow-Up Evaluations.** Health care facilities, physicians, audiologists or other health care providers involved in completing follow-up hearing screens or diagnostic evaluations will forward results and recommendations to the Oklahoma State Department of Health via fax or secure email within one week of performing the hearing screen or diagnostic evaluation.

(k) **Reporting Standards.** To facilitate the reporting of newborns and infants who have or are at risk for hearing loss, the reporting requirements will be designed to be as simple as possible and easily completed by nonprofessional and professional individuals involved in the program.

(l) **Tracking System.** The Oklahoma State Department of Health will utilize a tracking system to track infants identified at risk for hearing loss for a period up to one year in order to assure appropriate follow-up care.

(m) **Data Reporting.** The Oklahoma State Department of Health will compile and report data collected from hearing screening procedures at least annually and will share such information as directed by the Commissioner of Health.