

## SECTION .1200 - NEWBORN SCREENING PROGRAM

### 10A NCAC 43F .1201 GENERAL

The hearing screening component of the Department of Health and Human Services' Newborn Screening Program is administered by the central office staff for Children's Special Health Services. The genetic screening component of the Department's Newborn Screening Program is found in 10A NCAC 43H .0314.

*History Note:* Authority G.S. 130A-125;  
Temporary Adoption Eff. October 1, 1999;  
Eff. August 1, 2000;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 3, 2017.

**10A NCAC 43F .1202 DEFINITIONS**

As used in this Section:

- (1) "CSHS" means the Children's Special Health Services Program central office staff;
- (2) "Neonate" means any term infant less than one month of age or any preterm infant less than one month corrected age; and
- (3) "Person" means any natural person, partnership, corporation, unit of government of this State, and any unincorporated organizations.

*History Note: Authority G.S. 130A-125;  
Temporary Adoption Eff. October 1, 1999;  
Eff. August 1, 2000;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 3, 2017.*

### **10A NCAC 43F .1203 SCREENING REQUIREMENTS**

(a) Medical facilities that provide birthing or inpatient neonatal services shall:

- (1) Physiologically screen each newborn in each ear for the presence of permanent hearing loss before the infant is discharged from the medical facility after birth unless medical complications prevent such; and
- (2) Maintain the equipment necessary to physiologically screen each newborn for the presence of permanent hearing loss.

(b) Any physician that attends a newborn within 30 days of birth and determines that the newborn has not been physiologically screened in each ear for the presence of permanent hearing loss shall refer the patient for such screening within 30 days of birth or as soon as is practical.

(c) Parents or guardians may object to the hearing screening in accordance with G.S. 130A-125(b).

(d) When an attending physician has issued an order that diagnostic auditory evoked response testing be performed for an infant who exhibits medically recognized risk factors of auditory deficits, a hearing screening is not required to be performed on the infant. The outcome of the diagnostic testing procedure shall be reported in accordance with 10A NCAC 43F .1204.

*History Note: Authority G.S. 130A-125; S.L. 1998, c. 131, s. 13;  
Temporary Adoption Eff. October 1, 1999;  
Eff. August 1, 2000;  
Amended Eff. August 1, 2004;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 3, 2017.*

## **10A NCAC 43F .1204 REPORTING REQUIREMENTS**

(a) All persons performing physiologic hearing screenings for infants less than six months of age shall report within five days following the screening (or date of the appointment for the screening) to the North Carolina State Laboratory for Public Health, using forms developed by the Department of Health and Human Services:

- (1) Identifying information (such as name, address, birthdate, mother's name, mother's Social Security number, mother's Medicaid number, birth hospital, physician, county of residence) for each infant, and either
- (2) The outcome of each hearing screening; or
- (3) The date of the missed scheduled appointment for such screening.

Birthing/neonatal facilities shall submit initial hearing screening outcomes simultaneously with each infant's blood specimen for genetic screening, using forms developed by the Department of Health and Human Services.

(b) All birthing/neonatal facilities performing neonatal physiologic hearing screenings shall report quarterly to the Division of Public Health, using forms developed by the Department of Health and Human Services, within 30 days after the end of each quarter in the calendar year, total unduplicated count of:

- (1) Neonates who were screened;
- (2) Neonates whose parents or guardians objected to the hearing screening;
- (3) Live births, if the report is being submitted by a medical facility;
- (4) Transfers into the facility, not previously screened; and
- (5) Neonates not screened due to transfer out of the facility, NICU complications, missed screening, death or other reasons.

(a) All persons performing diagnostic auditory evaluations and assessments for selection of amplification for infants less than twelve months of age shall report within five days of the appointment to the North Carolina State Laboratory for Public Health, using forms developed by the Department of Health and Human Services:

- (1) Identifying information (such as name, address, birthdate, mother's name, mother's Social Security number, mother's Medicaid number, birth hospital, physician, county of residence) for each child, and either
- (2) The outcome of the diagnostic evaluation and amplification selection; or
- (3) The date of the missed appointment for such evaluations or assessments.

*History Note: Authority G.S. 130A-125;  
Temporary Adoption Eff. October 1, 1999;  
Eff. August 1, 2000;  
Temporary Amendment Eff. January 8, 2001;  
Temporary Amendment Expired October 29, 2001;  
Temporary Amendment Eff. May 17, 2002;  
Amended Eff. April 1, 2003;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 3, 2017.*