

## NEWBORN HEARING SCREENING SURVEY

Please send completed survey to: Janet Farrell  
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Bureau of Family and Community Health  
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**Name of Person Completing the Survey:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**State:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_

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1. Does your state have a newborn hearing screening program?  
Yes.  
No
  
1. If yes, is it a **universal** newborn hearing screening program?  
Yes.  
No.  
Planning is in process to implement a program.
  
2. Does your state collect the results of newborn hearing screening for each infant born in your state?  
Yes.  
No, skip to question 5.  
Planning is in process to collect this information in the future.
  
3. How does your state collect these results? (Check all that apply.)  
Birth certificate.  
Registry or central data system. Specify which agency/department is responsible for collecting this information \_\_\_\_\_.  
Other. Specify \_\_\_\_\_.
  
4. If your state does not collect the results of each individual newborn screening, does your state collect aggregate data on the number of infants screened?  
Yes.

No.

5. What specific results of newborn hearing screenings are collected in your state?

Check **all** that apply.

Passed.

Did not pass in the right ear only.

Did not pass in the left ear only.

Did not pass in both ears.

Missed screen.

Unsuccessful screen.

Parents refused the screen.

Infant deceased.

Other. Specify \_\_\_\_\_.

6. For infants who do not pass a hearing screen, does your state have a tracking process to ensure diagnostic follow up?

Yes.

No.

7. What entities, if any, use this information to track the infants? Check all that apply.

None.

State department of health.

State department of education.

State department for deaf and hard of hearing.

Early Intervention.

Primary care physician.

Referring hospital.

Not reported.

Other Specify \_\_\_\_\_.

**If your state *has* a newborn hearing screening program, proceed to question 9.**

**If your state *does not* have a newborn hearing screening program, skip to question 23.**

8. How is the hearing screening program in your state funded? Check all that apply.

State.

Federal MCH.

Grant. Specify funding source \_\_\_\_\_.

Other. Specify \_\_\_\_\_.

9. If your state collects information on newborn hearing screening, what is the approximate percentage of newborns currently screened each year?

- 0%.
- 1% to 25%.
- 26% to 50%.
- 51% to 75%.
- 76% to 95%.
- 96 to 100%.

10. What proportion of your newborn hearing screening program is paid for by state funding?

- 0%.
- 1% to 25%.
- 26% to 50%.
- 51% to 75%.
- 76% to 95%.
- 96 to 100%.

11. What proportion of your newborn hearing screening program is funded by the Federal MCH block grant?

- 0%.
- 1% to 25%.
- 26% to 50%.
- 51% to 75%.
- 76% to 95%.
- 96 to 100%.

12. What proportion of your newborn hearing screening program is funded by grants?

- 0%.
- 1% to 25%.
- 26% to 50%.
- 51% to 75%.
- 76% to 95%.
- 96 to 100%.

13. What proportion of your state's newborn hearing screening program is funded by other sources?

Specify sources \_\_\_\_\_.

- 0%.
- 1% to 25%.
- 26% to 50%.
- 51% to 75%.

76% to 95%.  
96 to 100%.

14. Which method(s) of screening is used in your state? Check all that apply.

**Auditory Brainstem Response**

**Automated ABR.**

**Diagnostic ABR.**

**Otoacoustic Emissions**

**Transient Evoked OAEs.**

**Distortion Product OAEs.**

**Combination ABR/OAE**

**Other Specify \_\_\_\_\_.**

15. Are hospitals reimbursed for the cost of the newborn hearing screening?

Yes

No, skip to question 18.

17. What is the mechanism for reimbursement for hospitals performing newborn hearing screening?

State mandated health insurance coverage.

Private health insurance.

State mandated payer of last resort program. Specify agency \_\_\_\_\_.

State discretionary program. Specify agency \_\_\_\_\_.

Medicaid.

Early Intervention.

Other. Specify \_\_\_\_\_.

16. Does your state have guidelines for approved diagnostic audiological testing centers?

Yes.

No.

16. Are hospitals required to refer newborns that do not pass the hearing screening to approved audiological testing centers?

Yes.

No, skip to question 21.

16. Does your state approve the protocols used in the diagnostic audiological testing?

Yes.

No.

16. What is the mechanism for coverage for diagnostic testing? Check all that apply.
- State mandated health insurance coverage.
  - Private health insurance.
  - State mandated payer of last resort program. Specify agency\_\_\_\_\_.
  - State discretionary program. Specify agency\_\_\_\_\_.
  - Medicaid.
  - Early Intervention.
  - Private non-profit agency. e.g. United Way.
  - Service organization. e.g. Kiwanis.
  - Other. Specify\_\_\_\_\_.
16. Following confirmation of a hearing loss, to whom are the results reported?  
Check all that apply.
- State department of health.
  - State department of education.
  - State department for deaf and hard of hearing.
  - Other state department.
  - Early Intervention.
  - Primary care physician.
  - Referring hospital.
  - Not reported.
  - Other. Specify\_\_\_\_\_.
16. Does your state have a tracking system to monitor newborns identified with a confirmed hearing loss?
- Yes.
  - No, skip to Number 26.
16. What kind of information is reported in the tracking process?  
Check all that apply.
- Results of the diagnostic ABR.
  - Results of behavioral assessment.
  - OAE results.
  - Estimated hearing thresholds.
  - Configuration of the hearing loss.
  - Degree of the hearing loss.

Type of the hearing loss.  
Family history.  
Presence of other risk factors  
Other. Specify \_\_\_\_\_.

16. Do you use that information to document enrollment in your state's Early Intervention Program?

Yes.  
No.

16. For children who require hearing aids, how are they funded? Check all that apply.

State mandated health insurance coverage.  
Private health insurance.  
State mandated payer of last resort program.  
Specify agency \_\_\_\_\_.  
State discretionary program. Specify agency \_\_\_\_\_.  
Medicaid.  
Early Intervention.  
Private non-profit agency. e.g. United Way.  
Service organization. e.g. Kiwanis.  
Other. Specify \_\_\_\_\_.

16. For children who require hearing aids, how are the supplies (i.e. batteries, earmolds, earplugs, and other accessories) funded?

State mandated health insurance coverage.  
Mandated state payer of last resort program.  
Specify agency \_\_\_\_\_.  
Discretionary state program. Specify agency \_\_\_\_\_.  
Medicaid.  
Early Intervention.  
Private non-profit agency. e.g. United Way.  
Service organization. e.g. Kiwanis.  
Other. Specify \_\_\_\_\_.

16. For children who require other equipment (i.e. FM systems, microphones), how are they funded?

State mandated health insurance coverage.  
Mandated state payer of last resort program. Specify agency \_\_\_\_\_.  
Discretionary state program. Specify agency \_\_\_\_\_.

Medicaid.  
Early Intervention.  
Private non-profit agency. e.g. United Way.  
Service organization. e.g. Kiwanis.  
Other. Specify \_\_\_\_\_.

16. For families that choose cochlear implants for their infant or young child, how are they funded?

State mandated health insurance coverage.  
Mandated state payer of last resort program.  
Specify agency \_\_\_\_\_.  
Discretionary state program. Specify agency \_\_\_\_\_.  
Medicaid.  
Early Intervention.  
Private non-profit agency. e.g. United Way.  
Service organization. e.g. Kiwanis.  
Other. Specify \_\_\_\_\_.

16. Does your state require that all families whose child is identified with a hearing loss receive written information about hearing loss?

Yes.  
No, skip to 33.

16. What information is included? Check all that apply.

Type and degree of hearing loss.  
Amplification options.  
Communication methodology options.  
Early intervention options.  
Parent support groups.  
Parent advocacy groups.  
Organizations of deaf and hear of hearing individuals.

16. Is this information available in languages other than English?

Yes. Specify languages \_\_\_\_\_.  
No.

**If your state gives out information packets to families of children with a hearing loss, could you include this information with your survey when you return it? Thank you.**

16. Does your state offer genetic services (i.e. evaluation, counseling) for families with a child identified with a hearing loss?

Yes.

No.

16. Does your state have an information hotline for parents who have questions about hearing loss?

Yes. Specify agency \_\_\_\_\_.

No.

16. Does your state have a website for newborn hearing screening?

Yes. Specify site \_\_\_\_\_.

No.

**Thank you very much for completing the survey.**

**Please indicate below if you would like to receive a copy of the results.**

Yes.

No.