

ARKANSAS  
RULES AND REGULATIONS  
PERTAINING TO THE UNIVERSAL NEWBORN/INFANT  
HEARING SCREENING, TRACKING, AND INTERVENTION PROGRAM

SECTION I. AUTHORITY. These Rules and Regulations are promulgated pursuant to the authority conferred by Act 1559 of 1999, the same being Arkansas Code Annotated 20-15-1501, ex. seq.

SECTION II. PURPOSE.

- (1) To provide early detection of hearing loss by physiological measurement in newborn children at the birthing hospital or as soon after birth as possible, to enable these children and their families and care-givers to obtain needed multi-disciplinary evaluation, treatment, and intervention services at the earliest opportunity; and to prevent or mitigate the developmental delays and academic failures associated with late identification of hearing loss; and
- (2) To provide the state with the information necessary to effectively plan, establish, and evaluate a comprehensive system of appropriate services for newborns and infants who have a hearing loss.

SECTION III. DEFINITIONS

- (1) "Birth admission" means the time after birth that the newborn remains in the hospital nursery prior to discharge;
- (2) "Birthing hospital" means any hospital located within the state of Arkansas that delivers newborns;
- (3) "Board" means the Universal Newborn Hearing Screening, Tracking, and Intervention Advisory Board, unless the Board of Health or other Board is specifically cited;
- (4) "Department" means the Department of Health;
- (3) "Program coordinator" means the Arkansas Department of Health Infant Hearing Program audiologist
- (6) "Follow-up care" and "Follow-up screening" means the follow-up services provided by a licensed audiologist to diagnose a hearing loss;
- (7) "Hearing loss" means an impairment that is a dysfunction of the auditory system of any type or degree sufficient to interfere with acquisition and development of speech and language skills;
- (8) "Hearing screening" means a bilateral physiological measurement of hearing on a newborn or infant
- (9) "Newborn" means a child up to twenty-nine (29) days old;
- (10) "Infant" means a child thirty (30) days to twelve (12) months;
- (11) "Parent" means a natural parent, stepparent, adoptive parent, legal guardian, or other legal custodian of a child;
- (12) "Provider" means an audiologist licensed by the State of Arkansas who administers initial newborn/infant hearing screenings upon referral from a hospital or physician or follow-up screenings outside of the hospital setting.

SECTION IV. RESPONSIBILITY. Beginning July 1, 2000 every birthing hospital in this state with more than fifty (50) births per year shall provide or arrange for a bilateral physiological

hearing screening on each birth admission. Hospitals with fifty (50) or fewer births per year which elect to provide bilateral physiological hearing screenings are subject to the provisions set forth in these rules and regulations.

#### A. Birthing Hospitals.

- (1) Each hospital shall designate a person to be responsible for the newborn hearing screening program in that facility. This person will act as the single point of contact between the facility and the Arkansas Department of Health Infant Hearing Program. It is the responsibility of the facility to ensure that all screening personnel are appropriately trained to carry out the newborn hearing screening using appropriate technology. The hospital will communicate with a licensed audiologist with appropriate training and experience to advise the hospital about all aspects of the newborn hearing screening program, including screening, tracking, and follow-up. For hospitals that do not have access to audiologic personnel, the Arkansas Department of Health can provide the names of audiologists with experience in newborn hearing screening. Furthermore, each birthing hospital shall develop a quality/performance improvement component to ensure compliance with these rules, regulations, and guidelines.
- (2) Each hospital shall make a reasonable effort, prior to discharge, to rescreen newborns who do not pass the initial screening.
- (3) Each hospital shall forward test results on a screening report to the Department by the fifteenth (15th) day of the month following the month in which the test was conducted.
- (4) Each hospital shall disseminate written information provided by the Department to the parent prior to discharge, including locations at which audiological follow-up care and follow-up screening can be obtained by the parent or guardian of the newborn and infant.
- (5) Each hospital shall provide written results of the initial hearing screening or parent refusal to the child's primary care physician within 14 days of discharge.
- (6) If the newborn is transferred to another institution before screening is completed, the receiving institution must provide hearing screening services as required by these rules and regulations prior to discharge.
- (7) Each hospital shall calibrate the hearing screening equipment on at least an annual basis or as recommended by manufacturer guidelines.
- (8) Each hospital shall report to the Department, annual basis on July 1, and to amend any information within 30 days of a change, the following:
  - (a) the name of the person designated as the single point of contact;
  - (b) name of advising audiologist;
  - (c) equipment utilized;
  - (d) equipment calibration records;
  - (e) whether the hearing screening program is conducted with hospital personnel or is contracted to an outside entity;
  - (f) name of persons) providing staff training on the equipment;
  - (g) name(s) of persons competent to perform hearing screenings within the hospital;
  - (h) screening protocols;
  - (i) test procedures used by the facility's newborn hearing screening program;
  - (j) pass criteria that minimally meet guidelines established by the Board; and
  - (k) a description of the quality/performance improvement program. The reporting form shall be provided to hospitals by the Department.

B. ARKANSAS DEPARTMENT OF HEALTH. The Arkansas Department of Health shall:

- (1) provide information and technical assistance to birthing hospitals.
- (2) provide information and data to the Board.
- (3) collaborate with the Department of Human Services and the Department of Education to coordinate early educational and rehabilitative services for newborns and infants identified with hearing loss.

C. PROVIDERS AND PHYSICIANS. If a provider or physician is administering a follow-up screening or diagnostic evaluation, they shall forward test results to the Department by the Fifteenth (15th) day of the month following the month in which the test was conducted.

SECTION V. EXEMPTIONS. No test is to be performed if the parent of a newborn/infant dissents on the ground that the test conflicts with personal religious belief or practice.

SECTION VI. PENALTIES. Any facility or individual not adhering to these rules, regulations, and guidelines may be subject to penalties pursuant to the authority conferred by Arkansas Code Annotated 20-7-101 et. seq.

SECTION VII. SEVERABILITY. If any provision of these rules and regulations or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of these rules and regulations which can be given effect without the invalid provision or application, and to this end the provisions of these rules and regulations are declared to be severable.

#### CERTIFICATION

This is to certify that the foregoing Rules and Regulations for the University Newborn/Infant Hearing Screening, Tracing, and Intervention Program in Arkansas were adopted by the Arkansas State Board of Health at a regular session of said Board held in Little Rock, Arkansas on the 27<sup>th</sup> day of July, 2000.

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Fay Boozman, MD.  
Director, Arkansas Department of Health  
Secretary of Arkansas State Board of Health

The foregoing Rules and Regulations, copy having been filed in my office, are hereby approved on the \_\_\_\_\_ day of \_\_\_\_\_, 2000.

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Mike Huckabee  
Governor

## **GUIDELINES**

### **Pass/Refer Criteria**

To be considered a “pass”, a screening must encompass frequencies within the speech range to minimally include 2000-4000 Hz at an intensity level commensurate with normal hearing sensitivity.

Hospitals may be required by the Board to submit detailed information regarding their specific pass/refer criteria.

### **Referral Rates**

Ideal refer rates in a universal newborn hearing screening program should not exceed 5%, although hospitals with refer rates of 5-10% will be considered in compliance.

Hospitals with refer rates exceeding 10% for three (3) consecutive months will be contacted by the Department's Program Coordinator for assistance in reaching compliance with these guidelines. Failure to reach compliance within an additional three (3) months may result in penalties pursuant to the authority conferred by Arkansas Code Annotated 20-7-101 et. seq.

### **Written material to be provided to parents**

- purposes and benefits of newborn hearing screening
- milestones of auditory, speech, and language development
- procedures used for hearing screening, results of the hearing screening
- recommendations for further testing locations at which medical and audiological follow-up care and follow-up screening can be obtained