Public Health Division - Chapter 333

Division 20 EARLY HEARING DETECTION AND INTERVENTION

333-020-0125

Definitions

As used in these rules:

- (1) "Advisory committee" means the Early Hearing Detection and Intervention (EHDI) Advisory Committee.
- (2) "Authority" means the Oregon Health Authority.
- (3) "Birthing center" has the same meaning as "freestanding birthing center" in ORS 442.015.
- (4) "Birthing facility" means the location of a child's birth, including hospital or birthing center.
- (5) "Child" means any individual who is under 36 months of age.
- (6) "Congenital" means present at birth.
- (7) "Diagnostic facility" means any facility that conducts pediatric diagnostic hearing evaluations.

(8) "Diagnostic testing" means physiologic and behavioral testing on children to determine the presence or absence, type and degree of a hearing loss, using procedures specified by the Authority, for the purposes of establishing a diagnosis and serving as a basis for initiating intervention.

(9) "Director" means the Director of the Public Health Division within the Oregon Health Authority.

(10) "Early Hearing Detection and Intervention Program" or "EHDI" means the program, within the Public Health Division of the Oregon Health Authority, responsible for the implementation of ORS 433.321-433.327.

(11) "Early intervention services" or "EI" means services for children with disabilities from birth until three years of age that are designed to meet the developmental needs of children with disabilities and the needs of the family related to enhancing the child's development, and that are selected in collaboration with the parents and caregivers.

(12) "Early intervention facility" is any public or private educational institution providing early intervention services.

(13) "EI" (or, alternately, "EI/ECSE") means the Early Intervention/Early Childhood Special Education Program of the Office of Student Services of the Oregon Department of Education. EI/ECSE provides early intervention services under public supervision by personnel qualified in accordance with criteria established by rules of the State Board of Education and in conformity with an individualized family service plan, as defined in ORS 343.035.

(14) "Hearing screening" means a physiologically-based test procedure performed on both ears using technologies approved by the Authority, as described in the Hearing Screening Protocol.

(15) "Hearing Screening Protocol" means an Oregon specific protocol based on evidence and best practice for newborn hearing screening, to be implemented by all hearing screening facilities, and available from the Oregon Health Authority.
(16) "Hearing screening registry" (or, alternately, "EHDI Information System") means a database of newborn children and information related to their hearing status, including but not limited to results of hearing screenings, diagnostic testing, and early intervention referrals, designed for the purpose of contacting families and health care providers.

(17) "Hospital" means any health care facility licensed by the State of Oregon and meeting the definition of "hospital" in ORS 442.015.

(18) "Mandated facility" means any hospital or birthing center with more than 200 live births per calendar year.

(19) "Newborn" means a child less than one month of age.

(20) "Pass" means a hearing screening result that indicates that a child's hearing meets the pass criteria identified in the Hearing Screening Protocol, provided by the Oregon Health Authority EHDI program, or as determined by national best practice guidelines.

(21) "Private educational institution" means any private institution providing early intervention services as defined in ORS 343.035 or the equivalent and which have been accepted for the Office of Student Services of the Oregon Department of Education's "Approved Private Schools" list.

(22) "Public educational institution" means any public educational institution providing early intervention services, as defined in ORS 343.035.

(23) "Refer" means a child did not meet the pass criteria defined in these rules and needs more testing to determine the presence or absence of a hearing loss.

(24) "Risk factor" means any one of the risk indicators determined by the Joint Committee for Infant Hearing as being associated with either congenital or delayed-onset hearing loss.

(25) "Screening facility" means any facility that conducts hearing screenings, as defined in these rules.

(26) "Tracking and recall system" (or, alternately, "EHDI Information System") means a database of children and information related to their hearing status designed to identify and contact the parent or guardian of a child for the purposes of assisting in testing and in enrollment of the child in early intervention services.

Statutory/Other Authority: ORS 433.323

Statutes/Other Implemented: ORS 433.321–433.327 History:

PH 26-2017, amend filed 12/21/2017, effective 01/01/2018

PH 11-2011, f. & cert. ef. 10-27-11 PH 5-2011(Temp), f. & cert. ef. 7-1-11 thru 12-27-11 PH 21-2003, f. & cert. ef. 12-16-03 OHD 8-2000, f. & cert. ef. 7-20-00

333-020-0130

Requirement for Hearing Screening in Children

(1) In all mandated facilities, each newborn child shall receive a hearing screening, consistent with the Hearing Screening Protocol, prior to discharge of the child from the facility.

(2) No newborn child may be refused a hearing screening from a mandated facility because of an inability of the parent or guardian to pay for the procedure.

(3) The Authority will determine the number of live births per year by information provided by the Center for Health Statistics of the Authority.

(4) Hospitals or birthing centers which in the past have not had more than 200 births per year and which then report to the Authority more than 200 live births in a calendar year, shall be required to begin providing newborn hearing screening by July 1 of the following calendar year.

(5) Hospitals or birthing centers which in the past have had more than 200 live births per year and which then report to the Authority fewer than 200 live births in a calendar year may choose to discontinue providing newborn hearing screening on or after July 1 of the following calendar year.

(6) Hospitals or birthing centers with fewer than 200 live births per year, and which are not providing newborn hearing screening, shall provide the parent or guardian of a newborn child born in their facility with information furnished by the Authority including, but not limited to, a list of Authority recommended screening facility locations and contact information, and a statement indicating that newborn hearing screening is important to determine the presence or absence of hearing loss and is considered standard of care.

Statutory/Other Authority: ORS 433.321 Statutes/Other Implemented: ORS 433.321 History:

PH 26-2017, amend filed 12/21/2017, effective 01/01/2018 PH 21-2003, f. & cert. ef. 12-16-03 OHD 8-2000, f. & cert. ef. 7-20-00

333-020-0132 Requirements for Screening Facilities

Screening facilities shall:

(1) Provide the hearing screening results verbally and in writing within 10 days of the screening to the parent or guardian and the health care provider of the child. This notification shall include a description of the meaning of a Pass result and a Refer result, as defined in these rules.

(2) Provide the names and contact information for diagnostic facilities and a description of the importance of timely diagnosis and intervention to the parent or guardian and the health care provider of any child who needs additional testing.

(3) Provide the information described in ORS 433.321 to the parent or guardian of the child.

(4) Identify a point of contact for the facility and provide the designated staff name and contact information to the Early Hearing Detection and Intervention program.

333-020-0135

Facility Responsible for Performing the Newborn Hearing Screening

Should a newborn child be discharged from a mandated facility before the newborn hearing screening is performed or completed, it shall be the responsibility of the mandated facility to arrange for the provision of screening. (1) The timing of the screening may be delayed, if medically indicated. If delayed, the mandated facility shall be

responsible for performing the hearing screening prior to the child's discharge to home.

(2) For purposes of this rule, in the case of a newborn child admitted to a hospital as a result of transfer from another hospital or birthing center, the receiving hospital from which the child is discharged to home shall be responsible for assuring that a hearing screening is performed, according to the Hearing Screening Protocol.

Statutory/Other Authority: ORS 433.321

Statutes/Other Implemented: ORS 433.321

History:

PH 26-2017, amend filed 12/21/2017, effective 01/01/2018

PH 21-2003, f. & cert. ef. 12-16-03 OHD 8-2000, f. & cert. ef. 7-20-00

333-020-0150 Collecting and Submitting Information Related to Hearing Screening

(1) Within 10 days of screening a child, a screening facility shall report, at a minimum, the following information to the Authority via the confidential reporting mechanism(s) established by the Authority:

- (a) Full name of the child;
- (b) Child's date of birth;
- (c) Parent or guardian's name, address and contact information;
- (d) Name of birthing facility;
- (e) Name of screening facility, if different than birthing facility;
- (f) Identification number from newborn blood spot screening kit, for matching purposes;
- (g) Medical record number, for matching purposes;
- (h) Ear specific results of the hearing screening or status of the newborn hearing screening, if not completed;
- (i) Type of screening performed;
- (j) Date that screening was performed;
- (k) Name of child's primary health care provider, for any child who does not pass the screening, does not receive a complete hearing screening, or has a risk factor for hearing loss; and

(I) Name of secondary point of contact for any child who does not pass the screening, does not receive a complete hearing screening, or has a risk factor for hearing loss.

(2) The Authority may request that screening facilities report additional information deemed necessary to:

(a) Match the hearing screening result or status with the appropriate child in the Early Hearing Detection and Intervention Information System;

(b) Assist in tracking and follow up for children needing additional testing; and

(c) Identify children with risk factors for hearing loss.

Statutory/Other Authority: ORS 433.323

Statutes/Other Implemented: ORS 433.321–433.327 History:

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PH 21-2003, f. & cert. ef. 12-16-03 OHD 8-2000, f. & cert. ef. 7-20-00

333-020-0151 Collecting and Submitting Information Related to Diagnostic Testing for Hearing Loss in Children

(1) Within 10 days of testing of a child who has a "REFER" result on the hearing screening, or who presents for an initial or completion of a hearing screening, or who is diagnosed with a permanent hearing loss, the diagnostic facility conducting the testing shall report, at a minimum, the following information to the Authority via the confidential reporting mechanism(s) established by the Authority:

(a) Full name of the child;

- (b) Child's date of birth;
- (c) Name of birthing facility, if known;
- (d) Parent or guardian's name, address, and contact information;
- (e) Name of child's primary health care provider;
- (f) Newborn hearing screening results, if not already known;
- (g) Name of diagnostic facility;
- (h) Type of diagnostic tests performed;
- (i) Date that diagnostic testing was performed;
- (j) Ear specific results, including type and degree of hearing loss, if applicable;
- (k) Disposition, including referrals indicated for early intervention or other services;
- (I) Name and contact information for person completing diagnostic hearing evaluation; and
- (m) For those diagnosed with permanent hearing loss, the complete evaluation report.
- (2) The Authority may request that diagnostic facilities report additional information deemed necessary to:
- (a) Match the follow-up test result or status with the appropriate child in the Early Hearing Detection and Intervention Information System; and
- (b) Provide or offer follow-up services to children identified with hearing loss or at-risk of hearing loss.
- Statutory/Other Authority: ORS 433.323
- Statutes/Other Implemented: ORS 433.321-433.327

History:

PH 26-2017, amend filed 12/21/2017, effective 01/01/2018 PH 21-2003, f. & cert. ef. 12-16-03

333-020-0155 Responsibility for Issuing Reports

The Authority shall issue an annual report and analysis of aggregated data submitted by all screening, diagnostic and early intervention facilities.

Statutory/Other Authority: ORS 433.323 Statutes/Other Implemented: ORS 433.321–433.327 History: PH 26-2017, amend filed 12/21/2017, effective 01/01/2018 PH 21-2003, f. & cert. ef. 12-16-03

OHD 8-2000, f. & cert. ef. 7-20-00

333-020-0160 Appointment of an Advisory Committee

- (1) The Director shall appoint an advisory committee.
- (2) At a minimum, the advisory committee shall include representatives from each of the following categories:
- (a) Parent or guardian of a child with hearing loss;
- (b) Adult with childhood hearing loss;
- (c) Pediatric health care provider;
- (d) Clinical audiologist representing a diagnostic facility;
- (e) Hospital newborn hearing screening program representative;
- (f) Early intervention program representative;
- (h) Local public health agency representative; and

(i) Speech-language pathologist.
Statutory/Other Authority: ORS 433.323
Statutes/Other Implemented: ORS 433.321–433.327
History:

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333-020-0165

Religious Exemption from Hearing Screening

(1) A hospital or birthing center directed to provide hearing screening under these administrative rules is exempt from providing such services if the parent or guardian of the newborn child objects to the procedure on the grounds that the procedure conflicts with the religious tenets and practices of the parent or guardian.

(2) The parent or guardian must sign a statement that the hearing screening is waived for religious reasons.

Statutory/Other Authority: ORS 433.323

Statutes/Other Implemented: ORS 433.321–433.327 History:

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