

Wyoming Administrative Rules

Health, Department of

Mandatory Screening of Newborn Infants

Chapter 2: Mandatory Screening of Newborn Infants for Inborn Errors in Hearing

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CHAPTER 2

MANDATORY SCREENING OF NEWBORN INFANTS FOR INBORN ERRORS OF HEARING

Section 1. Authority.

The statutory authority for these regulations is contained in W.S. 35-4801 and 35-4-802. The Statute and Regulations are administered by the Wyoming Department of Health.

Section 2. Purpose and Applicability.

(a) This Chapter defines the process for the mandatory newborn hearing screening for infants.

(b) The Department may issue materials to providers and/or other affected parties to interpret the provisions of this Chapter. Such materials shall be consistent with and reflect the rules and regulations contained within this Chapter. The provisions contained in the materials shall be subordinate to the provisions of this Chapter.

Section 3. General Provisions.

Except as otherwise specified, the terminology used in this Chapter is the standard terminology and has the standard meaning used in accounting and healthcare, including newborn metabolic and hearing screening.

Section 4. Hearing Screening.

(a) Hearing screening shall be given to every child born in the State of Wyoming.

(b) If the child is not born in a hospital, the attending physician, midwife, or person attending the delivers shall offer to arrange a hearing screening for the child at a Wyoming birthing hospital.

(c) If a newborn is transferred to another Wyoming birthing hospital, the hospital that discharges the child shall be responsible for ensuring that the hearing screening takes place. If a Wyoming resident newborn is transferred to a hospital outside of Wyoming, the discharging Wyoming hospital shall ensure that hearing screening takes place either prior to discharge or upon the infant's return to Wyoming.

(d) Newborn hearing screening and/or re-screening may be delayed due to transfers and/or medical contraindications. The hospital must document the delays, and

ensure hearing screening has taken place prior to ultimate discharge.

(e) All screening results shall be reported at least monthly to the Wyoming Department of Health and be reviewed by a State approved audiology consultant. The reported data shall include:

- (i) total number of births;
- (ii) the number of newborns initially screened before discharge;
- (iii) the number of newborns rescreened upon returning to the hospital;
- (iv) the pass-fail results of all screenings;
- (v) the number of newborns not screened due to parental/legal guardian waiver, medical contraindications, or lost to follow-up; and
- (vi) any other screening results deemed as useful by the Wyoming Department of Health.

(f) Each birthing hospital shall establish a system to facilitate the referral for diagnostic audiological assessment for neonates who fail the newborn hearing screening. This includes, but is not limited to:

(i) Written notification to the primary care physician that the child has failed the newborn hearing screening and that diagnostic audiological assessment is recommended;

and

(ii) Written notification to the parent(s)/legal guardian(s) that the child has failed the newborn hearing screening, diagnostic audiological assessment is recommended, and the primary care physician has been notified.

Section 5. Chronology of Newborn Hearing Screening.

- (a) Each newborn's hearing shall be screened before discharge from the hospital.
- (b) If a newborn fails the first screening, the screening procedure shall be immediately repeated before discharge from the hospital.

Section 6. Rescreening.

- (a) Each newborn failing both initial screen(s) will be rescreened within seven (7) to ten (10) days of the initial screen(s).

Section 7. Method of Screening.

- (a) Newborn screening and the documentation and dissemination of screening results shall be done by trained personnel, under the supervision of a State approved audiology consultant. Training procedure information will be audiotically approved and accepted.
- (b) All screenings shall involve both ears.
- (c) Birthing hospitals shall use one of the following screening methods:
 - (i) Auditory Brainstem Responses (ABR);
 - (ii) Automated Auditory Brainstem Responses (AABR); or
 - (iii) Otoacoustic Emissions (OAE), either Transient Evoked OAE (TEOAE) or Distortion Product OAE (DPOAE).
- (d) Instrumentation, electrode array, and transducer arrangements shall be in accordance with recommendations/specifications from the manufacturer of the screening device.

Section 8. Criteria to Pass Hearing Screening.

- (a) Normal ABR for click stimuli at 35 dBnHL (decibels of normal hearing levels) or less in each ear; or
- (b) Normal TEOAE for click stimulus at 84 dB SPL (decibels of sound pressure levels) presentation level or less in each ear; or
- (c) Normal DPOAE for 1500-6000 Hz (hertz) stimuli at 65-55 dB SPL or less in each ear.

Section 9. Consent for Newborn Hearing Screening.

- (a) Parental/legal guardian consent for screening shall be obtained pursuant to *Rules, Wyoming Department of Health, Mandatory Screening of Newborn Infants*, Chapter 1, §7 (2017).

Section 10. Fees.

The Wyoming Department of Health will assess all hospitals a fee of \$50.00 for the initial newborn hearing screen. Said amount is assessed to cover the costs of hearing screening, follow-up care, and referrals when the initial screen detects a potential abnormality, screening equipment costs and educational programs and training. The assessed fees will only be used to provide the services necessary to maintain functionality and

sustainability of the Early Hearing Detection and Intervention Program, which is a self-funded program. The Wyoming Department of Health, in consultation with the designated committee, may increase the above assessment, if it is determined that the costs of the program necessitate such increase, but in no instance may this fee be increased more than ten percent (10%).