

CHAPTER 19

NEWBORN HEARING SCREENING PROGRAM

Authority

N.J.S.A. 26:2-103.1 et seq., particularly 103.9.

Source and Effective Date

R.2005 d.346, effective September 20, 2005.
See: 37 N.J.R. 1661(a), 37 N.J.R. 4018(a).

Chapter Expiration Date

Chapter 19, Newborn Hearing Screening Program, expires on September 20, 2010.

Chapter Historical Note

Chapter 19, Newborn Screening Program, was adopted as R.1980 d.173, effective July 1, 1980. See: 12 N.J.R. 10(d), 12 N.J.R. 273(d).

Pursuant to Executive Order No. 66(1978), Chapter 19, Newborn Screening Program, was readopted as R.1985 d.380, effective June 28, 1985. See: 17 N.J.R. 869(a), 17 N.J.R. 1892(a).

Subchapter 2, Newborn Biochemical Screening, was adopted as R.1990 d.146, effective March 5, 1990. See: 21 N.J.R. 3633(b), 22 N.J.R. 844(a).

Pursuant to Executive Order No. 66(1978), Chapter 19, Newborn Screening Program, was readopted as R.1990 d.289, effective May 11, 1990. See: 22 N.J.R. 733(a), 22 N.J.R. 1764(a).

Pursuant to Executive Order No. 66(1978), Chapter 19, Newborn Screening Program, was readopted as R.1995 d.274, effective May 8, 1995. See: 27 N.J.R. 807(a), 27 N.J.R. 2213(a).

Pursuant to Executive Order No. 66(1978), Chapter 19, Newborn Screening Program, was readopted as R.2000 d.200, effective April 19, 2000. See: Source and Effective Date. See, also, section annotations.

Chapter 19, Newborn Hearing Screening Program, was readopted by R.2005 d.346, effective September 20, 2005. Chapter was "Newborn Screening Program". Subchapter 2, Newborn Biochemical Screening, was recodified as N.J.A.C. 8:18-1, effective October 17, 2005. See: Source and Effective Date.

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SUBCHAPTER 1. NEWBORN HEARING SCREENING

8:19-1.1 Hearing development literature supplied to parents

Prior to the discharge of a live newborn from any hospital or birthing center in the State of New Jersey, the hospital nursery, neonatal intensive care unit or birthing center shall

provide all parents or legal guardians of the newborn with literature provided by the Department of Health and Senior Services (hereafter, the Department) describing the normal development of auditory function and the Newborn Hearing Screening Program. Such literature will be designed to provide parents with an understanding of the implications of hearing loss on the development of speech-language and provide information regarding normal auditory behavior. All literature shall be furnished to hospitals and birthing centers by the Department.

Amended by R.2000 d.200, effective May 15, 2000.

See: 31 N.J.R. 3943(b), 32 N.J.R. 1785(b).

Deleted "free of charge" following "furnished" in the last sentence.

8:19-1.2 Modules 3, 5, and 6 of the Electronic Birth Certificate System

(a) All hospital nurseries, including neonatal intensive care units and birthing centers, shall complete Modules 3, 5, and 6 of the Electronic Birth Certificate (EBC) System on all live newborns regardless of the presence or absence of indicators associated with hearing loss. Modules 3, 5, and 6 contain indicators associated with possible hearing loss. These indicators are defined in N.J.A.C. 8:19-1.6. Registered nurses in the hospital nursery and neonatal intensive care unit or the birth attendant shall complete Modules 3, 5, and 6. If the hospital or birthing center has designated them to do so, licensed audiologists shall complete information regarding electrophysiological screening on Module 5, and the Parental Informed Consent section and document parental/legal guardian refusal to participate in the Newborn Hearing Program for religious reasons on Module 6.

(b) Effective May 15, 2000, all newborns with one or more indicators associated with hearing loss as described in N.J.A.C. 8:19-1.6 shall be required to have an electrophysiological hearing screening done prior to discharge or before one month of age. The electrophysiologic hearing screening measure used is to be determined by the hospital, birthing center or pediatrician. Results of electrophysiologic hearing screening measures shall be documented on Module 5 of the EBC.

(c) Effective January 1, 2002, all newborns, regardless of risk status, shall be required to be screened for hearing impairment with electrophysiologic measures prior to discharge or before one month of age. The electrophysiologic hearing screening measure used is to be determined by the hospital, birthing center or pediatrician. Results of the electrophysiologic hearing screening measures shall be documented on Module 5 of the EBC.

(d) If a birth occurs outside a hospital or birthing center and the baby is then transferred to a hospital or birthing center, it shall be the responsibility of these receiving facilities to ensure that Modules 3, 5, and 6 are completed. From May 15, 2000 to December 31, 2001, if one or more of the indicators associated with hearing loss as described in N.J.A.C. 8:19-1.6 are present, an electrophysiologic hearing

screening shall be done. Beginning January 1, 2002, all newborns, regardless of the presence or absence of an indicator associated with hearing loss, shall have an electrophysiologic hearing screening done prior to discharge or before one month of age.

(e) From May 15, 2000 to December 31, 2001, if a birth occurs outside a hospital or birthing center and the baby is not transferred to a hospital or birthing center, or a newborn is discharged before electrophysiological hearing screening is done, then the midwife or pediatrician caring for the newborn shall ensure that an electrophysiologic hearing screening is performed prior to one month of age, if one or more of the indicators associated with hearing loss as described in N.J.A.C. 8:19-1.6 are present. Beginning January 1, 2002, all newborns, regardless of the presence or absence of an indicator associated with hearing loss, shall have an electrophysiologic hearing screening done prior to one month of age.

(f) The hospital nursery, neonatal intensive care unit, birthing center or facility to which a newborn is transferred shall, upon discharge or transfer and regardless of the presence or absence of an indicator associated with hearing loss, forward Modules 3, 5, and 6 of the EBC to the Department via modem at PO Box 360, Trenton, New Jersey 08625-0360. The hospital or birthing center shall submit Modules 3, 5, and 6 of the EBC to the Department within one week of discharge or transfer.

(g) The hospital nursery, including neonatal intensive care units, and birthing centers shall assure that the newborn's parent, legal guardian or custodian is informed of the purpose and need for newborn hearing screening, shall obtain consent from the parent, legal guardian or custodian and shall document consent by obtaining the legal guardian's or custodian's signature on Module 6 of the EBC. When a parent, legal guardian or custodian objects to the screening on the grounds screening would conflict with his or her religious tenets or practices, such refusal shall be documented on Module 6. Module 6 shall be placed in the newborn's permanent medical record.

Amended by R.2000 d.200, effective May 15, 2000.
See: 31 N.J.R. 3943(b), 32 N.J.R. 1785(b).
Rewrote the section.

8:19-1.3 Hearing screening follow-up

The hospital or birthing center shall inform the parent, legal guardian or custodian of an infant who failed electrophysiological hearing screening of the need for follow-up screening by three months of age by a licensed physician, licensed audiologist or person(s) under their direction or supervision, and provide the parent, legal guardian or custodian with a Newborn Hearing Follow-Up Report (see N.J.A.C. 8:19-1.4). If diagnostic testing is indicated, personnel providing the testing shall include a licensed physician and a licensed audiologist. The hospital shall provide information regarding resources for referrals

including the Special Child Health Services County Case Management offices.

Repeal and New Rule, R.2000 d.200, effective May 15, 2000.
See: 31 N.J.R. 3943(b), 32 N.J.R. 1785(b).
Section was "High risk infant registry".

8:19-1.4 Newborn hearing follow-up report

(a) The person completing the Newborn Hearing Follow-up Report for infants who failed electrophysiological screening prior to discharge or before one month of age, shall report their results to Special Child, Adult and Early Intervention Services, New Jersey Department of Health and Senior Services, PO Box 364, Trenton, New Jersey 08625-0364. The Newborn Hearing Follow-up Report shall be submitted when a formal diagnostic impression is obtained or by six months of age. When a hearing loss is confirmed, the person completing the Newborn Hearing Follow-up Report shall register the child with the Special Child Health Services Registry and indicate this by checking "yes": The child has been registered with Special Child Health Services Registry in the "Impressions" section of the follow-up form. A Newborn Hearing Follow-up Report shall be provided at no cost by Special Child, Adult and Early Intervention Services to the parents of infants who are to be screened and to any other persons who may request such forms.

(b) If a newborn is not screened prior to discharge from a hospital or birthing center or is born outside a hospital or birthing center and not transferred to a hospital or birthing center, the baby shall be screened with electrophysiological measures prior to one month of age. The pediatrician or midwife shall ensure that the electro-physiological screening is done and that the "Electrophysiological Responses" section of the Newborn Hearing Follow-up Report is completed and sent to Special Child, Adult and Early Intervention Services, New Jersey Department of Health and Senior Services, PO Box 364, Trenton, New Jersey 08625-0364. The Newborn Hearing Follow-up Report shall be sent to the Department within one week of the screening/testing.

(c) The Newborn Hearing Program shall establish a system to evaluate the extent to which infants who fail the electrophysiologic screen are receiving timely diagnostic testing.

Amended by R.2000 d.200, effective May 15, 2000.
See: 31 N.J.R. 3943(b), 32 N.J.R. 1785(b).
Rewrote the section.

8:19-1.5 Screening/testing personnel

Personnel designated by hospitals and birthing centers to do electrophysiological screening include licensed physicians and licensed audiologists, and persons under their supervision. Personnel designated by the hospitals and birthing centers to do diagnostic testing include licensed physicians and licensed audiologists.

New Rule, R.2000 d.200, effective May 15, 2000.
See: 31 N.J.R. 3943(b), 32 N.J.R. 1785(b).

Former N.J.A.C. 8:19-1.5, High risk conditions, recodified to N.J.A.C. 8:19-1.6.

8:19-1.6 High risk indicators

(a) The indicators in (b), (c) and (d) below are associated with possible hearing loss.

(b) The following indicators are for use with newborns (birth through age 28 days), when universal newborn hearing screening is not in effect, and shall be described in the literature as required by N.J.A.C. 8:19-1.1:

1. Apgar score 0-4 at one minute or 0-6 at five minutes;
2. Birth weight less than 1,500 grams;
3. Meningitis (bacterial or viral);
4. Craniofacial anomalies exclusive of isolated skin tags including, but not limited to, abnormalities of the pinna and ear canal, low hairline, cleft palate;
5. Stigmata or other findings associated with a syndrome known to include a sensorineural and/or conductive hearing loss, including, but not limited to, Waardenberg, Klippel-Feil, Down;
6. Hyperbilirubinemia requiring exchange transfusion;
7. Ototoxic drugs given to baby, including, but not limited to, the aminoglycosides, used in multiple courses or in combination with loop diuretics, for example, gentamicin, kanamycin; furosemide;
8. ECMO (extra corporeal membrane oxygenation);
9. Prolonged mechanical ventilation five days or longer;
10. Persistent pulmonary hypertension;
11. In utero infection (TORCH); and
12. Family history of hereditary childhood sensorineural hearing loss.

(c) The following indicators for use with infants (age 29 days through two years) when certain health conditions develop that require rescreening:

1. Parent/care giver concern regarding hearing, speech, language and/or developmental delay;
2. Meningitis and other infections associated with sensorineural hearing loss;
3. Head trauma associated with loss of consciousness or skull fracture;
4. Stigmata or other finding associated with a syndrome known to include a sensorineural and/or conductive hearing loss;

5. Ototoxic medications, including, but not limited to, chemotherapeutic agents or aminoglycosides, used in multiple courses or in combination with loop diuretics; and

6. Recurrent or persistent otitis media with effusion for at least three months.

(d) The following indicators are for use with infants (age 29 days through three years) who require periodic monitoring of hearing to detect delayed-onset sensorineural and/or conductive hearing loss. These infants require hearing evaluation at least every six months until three years of age, and at appropriate intervals after three years of age.

1. Indicators associated with delayed-onset sensorineural hearing loss include:

- i. Family history of hereditary childhood hearing loss;
- ii. In utero infection, such as cytomegalovirus, rubella, syphilis, herpes, or toxoplasmosis; and
- iii. Neurofibromatosis Type II and neurodegenerative disorders.

2. Indicators associated with conductive hearing loss include:

- i. Recurrent or persistent otitis media with effusion;
- ii. Anatomic deformities and other disorders that affect eustachian tube function; and
- iii. Neurodegenerative disorders.

Recodified from N.J.A.C. 8:19-1.5 and amended by R.2000 d.200, effective May 15, 2000.

See: 31 N.J.R. 3943(b), 32 N.J.R. 1785(b).

Rewrote the section. Former N.J.A.C. 8:19-1.6, Confidentiality of reports, repealed.

8:19-1.7 Education and follow-up

(a) The hospital or birthing facility shall establish guidelines for the provision of follow-up services for newborns who have or are at risk of developing a hearing loss and are so identified. Follow-up services shall include, but are not limited to, confirmatory pediatric audiologic assessment and diagnosis of newborns with abnormal or inconclusive test results, submission of the completed Newborn Hearing Follow-Up Report to Special Child, Adult and Early Intervention Services (see N.J.A.C. 8:19-1.4), counseling and educational services for the parent(s), guardian(s), or custodian(s), and an explanation of the potential effects of hearing loss on the development of a newborn's speech, language and cognitive skills as well as the potential benefits of early identification and intervention.

(b) The Department shall collaborate with the Early Intervention Program, Special Child Health County Case Management, and the New Jersey Department of Education to:

1. Determine unmet needs of families of children with hearing loss;
2. Plan and implement solutions to meet these needs;
3. Establish appropriate and comprehensive tracking and follow-up programs;
4. Evaluate appropriateness, availability and accessibility of identification and intervention services; and
5. Evaluate tracking, follow-up and outcomes from identification and intervention services.

New rule, R.2000 d.200, effective May 15, 2000.
See: 31 N.J.R. 3943(b), 32 N.J.R. 1785(b).

8:19-1.8 Confidentiality of reports

Any forms and reports furnished to the Department as required by this subchapter shall not be made public so as to disclose the identity of the person to whom they relate. Information obtained from forms and reports furnished to the Department shall be used by the Department for purposes of follow-up of high risk infants including those failing electrophysiological screening.

New rule, R.2000 d.200, effective May 15, 2000.
See: 31 N.J.R. 3943(b), 32 N.J.R. 1785(b).