NEW JERSEY ADMINISTRATIVE CODE

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TITLE 8. HEALTH AND SENIOR SERVICES
CHAPTER 19. NEWBORN HEARING SCREENING PROGRAM

N.J.A.C. 8:19 (2011)

Title 8, Chapter 19 -- Chapter Notes

CHAPTER AUTHORITY:

N.J.S.A. 26:2-103.1 et seq., particularly 103.3, 103.4, 103.6 and 103.9; see also *N.J.A.C. 13:44C-7.2B.*

CHAPTER SOURCE AND EFFECTIVE DATE:

R.2011 d.188, effective June 9, 2011.

See: *43 N.J.R. 105(a), 43 N.J.R. 257(a), 43 N.J.R. 1524(a).*

CHAPTER EXPIRATION DATE:

Chapter 19, Newborn Hearing Screening Program, expires on June 9, 2018.

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

Chapter 19, Newborn Screening Program, was readopted as R.2005 d.346, effective September 20, 2005. As a part of R.2005 d.346, Chapter 19, Newborn Screening Program was renamed Newborn Hearing Screening Program; and Subchapter 2, Newborn Biochemical Screening, was recodified as N.J.A.C. 8:18-1, effective October 17, 2005. See: *37 N.J.R. 1661(a), 37 N.J.R. 4018(a).*

Chapter 19, Newborn Screening Program, was repealed and Chapter 19, Newborn Hearing Screening Program, was adopted as new rules by R.2005 d.432, effective December 19, 2005. See: *36 N.J.R. 5058(a), 36 N.J.R. 5639(a), 37 N.J.R. 4913(a)*.

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 19, Newborn Hearing Screening Program, was scheduled to expire on June 17, 2013. See: *43 N.J.R. 1203(a)*.

Chapter 19, Newborn Hearing Screening Program, was readopted as R.2011 d.188, effective June 9, 2011. As a part of R.2011 d.188, Appendix C, Lost to Hearing Follow-Up Report, was adopted as new rules, effective July 5, 2011. See: Source and Effective Date. See, also, section annotations.

NOTES:
Chapter Notes

§ 8:19-1.1 Definitions

The following words and terms, when used in this chapter, have the following meanings unless the context clearly indicates otherwise:

"Act" means P.L. 2001, c. 373 (approved January 8, 2002, effective January 1, 2001), codified in part at *N.J.S.A. 26:2-103.1* et seq.

"Audiologic evaluation" means audiologic evaluation as that term is described in the JCIH Position Statement.

"Auditory Brainstem Response" or "ABR" means a physiologic measure used for detecting unilateral or bilateral hearing loss by measuring the activity of the cochlea, auditory nerve, and auditory brainstem pathways.

"Birth attendant" means a person who attends and assists during the birth of a child.

"Birthing center" means an ambulatory care facility or a distinct part of a facility that is separately licensed as an ambulatory care facility and provides routine prenatal and intrapartal care. These facilities provide care to low-risk maternity patients who are expected to deliver neonates of a weight greater than 2,499 grams and at least 37 weeks gestational age and who require a stay of less than 24 hours after birth.

"Birthing facility" means a health care facility that provides birthing and newborn care services and includes birthing centers.

"Commissioner" means the Commissioner of Health and Senior Services.

"Decibel" or "dB" means a unit of sound intensity, based on a logarithmic relationship of one intensity to a reference intensity.

"Decibels hearing level" or "dBHL" means decibel notation used on the audiogram that is referenced to audiometric zero.

"Decibels normalized hearing level" or "dBnHL" means decibel notation referenced to behavioral thresholds of a sample of normal hearing persons, used most often to describe the intensity level of click stimuli used in evoked potential audiometry.

"Department" means the Department of Health and Senior Services.

"Distortion product otoacoustic emissions" or "DPOAE" means responses generated in response to two continuous pure-tones, referred to as "primaries," and occurring at frequencies that relate mathematically to the frequency of the primaries.

"EBC" means the Electronic Birth Certificate or the Electronic Birth Certificate Registration System.

"EHDI module" means the part of the NJIIS that is enabled to receive results of newborn hearing screening, rescreening and audiologic evaluation and to receive lost to hearing follow-up reports.

"Facility" means a licensed healthcare facility.

"Hearing loss" means a hearing loss of 30dB or greater in the frequency region important for speech recognition and comprehension in one or both ears, which is approximately 500 through 4,000 hertz (Hz).

"Hearing screening" means the application of a physiologic hearing screening measure.

"JCIH Position Statement" means the "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs," of the Joint Committee on Infant Hearing (JCIH), incorporated herein by reference, as amended and supplemented, published in Pediatrics, Vol. 120, No. 4, pp. 898-921 (October 2007), available by writing to the American Academy of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, IL 60007-1098, telephone: (888) 227-1770, and available for download from the JCIH website at http://www.jcih.org, and from the American Academy of Pediatrics website at http://pediatrics.aappublications.org/cgi/content/full/120/4/898, and available upon request to the Division of Family Health Services of the Department.

"Lost to Hearing Follow-up Report" means submission of either the form at *N.J.A.C. 8:19* Appendix C, incorporated herein by reference, to the EHDI, or the information required therein by means of the NJIIS.

1. The form is available upon request from the EHDI and can be downloaded from the Department website at www.nj.gov/health/forms.

"Medical home" means an approach to providing healthcare that is defined by care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally competent.

"Midwife" means a person trained to assist a woman during childbirth.

"Neonatal intensive care unit" or "NICU" means the intensive care nursery of a community perinatal center holding CPC-intensive or regional perinatal center level-of-care designation, pursuant to *N.J.A.C. 8:43G-19.1(b)* and *19.18*.

"Newborn" means a child up to 28 days old.

"Newborn Hearing Follow-up Report" means submission of either the form at *N.J.A.C. 8:19* Appendix A, incorporated herein by reference, to the EHDI, or the information required therein by means of the NJIIS.

1. The form is available upon request from the EHDI, and can be downloaded from the Department website at www.nj.gov/health/forms.

"New Jersey Early Hearing Detection and Intervention Program" or "EHDI" means the program within the Department that implements the Universal Newborn Hearing Screening program pursuant to P.L. 2001, c. 373, for which the contact information is PO Box 364, Trenton, NJ 08625-0364, telephone (609) 292-5676, TTY (609) 984-1343, website http://www.nj.gov/health/fhs/ehdi.

"New Jersey Immunization Information System" or "NJIIS" means the New Jersey Immunization Information System established pursuant to P.L. 2004, c. 138 (*N.J.S.A. 26:4-131* et seq.) and N.J.A.C. 8:57-3.

"Otoacoustic emissions" (OAE) means a physiologic measure used for detecting unilateral or bilateral hearing loss by measuring the responses generated within the cochlea by the outer hair cells, by means of either DPOAE or TEOAE. OAE evaluation does not detect neural dysfunction.

"Ototoxic drug monitoring procedures" means the procedures for monitoring patients who are treated with ototoxic medications.

"Ototoxic medication" means a medication that has a toxic action upon the ear resulting in possible hearing loss.

"Parent" means a biological parent, stepparent, adoptive parent, legal guardian or other legal custodian of the child.

"Pass" means, with respect to hearing screening or rescreening, achieve a result that indicates adequate hearing for normal speech and language development using either:

1. DPOAE or TEOAE; or

2. ABR screening at or below an intensity level of 35 dBnHL.

"Physiologic hearing screening measure" means the electrical result of the application of physiologic agents by means of either ABR or OAE, and is also known as electrophysiologic hearing screening measure, as used in *N.J.S.A. 26:2-103.2*.

"Rescreening" means the application of a physiologic hearing screening measure subsequent to the performance of an initial hearing screening.

"Responsible physician" means the infant's medical home or the physician that will be providing well child care for the infant.

"Special Child Health Services Registration" means Department form number SCH-0 with this title, used for reporting children with special health care needs, which appears at subchapter Appendix B, incorporated herein by reference. The form is also available upon request from the EHDI. The form can be downloaded from the Department website as a Word document at http://www.state.nj.us/health/forms/sch-0.dot or as an Adobe Acrobat file at http://www.state.nj.us/health/forms/sch-0.pdf.

"Transient Evoked Otoacoustic Emissions" or "TEOAE" means frequency-specific responses evoked by brief acoustic stimuli, such as clicks or tone bursts, that generally appear up to 20 milliseconds after stimuli are delivered to the ear.

HISTORY:

Amended by R.2011 d.188, effective July 5, 2011.

See: *43 N.J.R. 105(a), 43 N.J.R. 1524(a).*

In the introductory paragraph, substituted "chapter," for "subchapter, shall"; added definitions "Act", "EHDI module", "Facility", "Hearing screening", "Lost to Hearing Follow-up Report", "Neonatal intensive care unit", "New Jersey Immunization Information System", "Pass", and "Rescreening"; rewrote definitions "JCIH Position Statement"; "Newborn Hearing Follow-up Report", and "New Jersey Early Hearing Detection and Intervention Program"; and deleted definition "Newborn Hearing Lost to Follow-up form".

NOTES:
Chapter Notes

§ 8:19-1.2 Hearing development literature supplied to parents

(a) Upon or prior to the admission of a newborn to a birthing facility in the State, the birthing facility shall provide all parents of the newborn with literature provided by the Department describing the normal development of auditory function and the New Jersey Early Hearing Detection and Intervention Program.

(b) The literature will be designed to provide parents with an understanding of the implications of hearing loss on the development of speech and language and provide information regarding normal auditory response behaviors.

(c) The Department shall furnish the literature to birthing facilities in languages that are most representative of the New Jersey population.

(d) The literature is available for download from the EHDI program website.

HISTORY:

Amended by R.2011 d.188, effective July 5, 2011.

See: *43 N.J.R. 105(a), 43 N.J.R. 1524(a).*

Added (d).

NOTES:
Chapter Notes

§ 8:19-1.3. Universal newborn hearing screening

(a) Each newborn shall receive hearing screening in accordance with this chapter by no later than the infant attaining the 28th day of life unless the infant has not been medically cleared to receive hearing screening before or as of the infant attaining the 28th day of life, in which case the infant shall receive hearing screening as soon as the infant is medically cleared for hearing screening.

(b) Subject to (b)1 below, the birthing facility, audiologist, midwife or responsible physician, as applicable, performing initial hearing screening in accordance with (a) above shall have discretion to determine the type of physiologic hearing screening measure to be used.

1. The birthing facility, audiologist or responsible physician, as applicable, shall use ABR in screening infants who, prior to the first discharge home, have been patients in the neonatal intensive care unit of one or more birthing facilities for a combined total of longer than five days.

(c) If a birth occurs outside a birthing facility, such as at home, and the newborn is not transferred to a birthing facility, then the midwife or responsible physician shall advise the parent of the availability of newborn hearing screening, and take such action as needed, so as to facilitate the performance of hearing screening of the newborn pursuant to (a) above.

1. If the responsible physician or midwife performs hearing screening on the newborn, the responsible physician or midwife, as applicable, shall make a Newborn Hearing Follow-up Report within 10 business days of the screening, in accordance with N.J.A.C. 8:19-1.10.

(d) Each birthing facility shall file a plan with the EHDI program detailing how the birthing facility will implement newborn hearing screening in accordance with this chapter by July 31st of each year. The plan shall include, at a minimum:

1. The physiologic hearing screening measure to be performed;

2. The make and model of the hearing screening equipment the birthing facility will use in performing newborn hearing screening;

3. The time frame after birth that the initial screening is to be performed;

4. The qualifications of and training received by personnel designated to perform the physiologic hearing screening measure;

5. The establishment of quality assurance protocols to determine and evaluate the effectiveness of the program in ensuring that all newborns are screened for hearing loss;

6. The month designated for annual performance evaluation of the hearing screening equipment identified in (d)2 above by a technician authorized by the device manufacturer to confirm and, as necessary, provide service and adjustment to ensure, that the device is performing to the manufacturer's specifications;

7. The name of the licensed audiologist or physician designated pursuant to N.J.A.C. 8:19-1.5(a);

8. The mechanism by which the birthing facility shall ensure the performance of newborn screening in accordance with N.J.A.C. 8:19-1.4 upon an infant who requires transfer to another facility prior to the performance of newborn screening;

9. Guidelines for the provision of follow-up services for newborns who do not pass initial audiologic screening, who are not screened prior to nursery discharge and/or who are at risk for developing late-onset hearing loss;

10. The events or occurrences upon which a birthing facility shall base a determination that an infant is lost to follow-up, and triggering the birthing facility's reporting obligation pursuant to N.J.A.C. 8:19-1.10(c).

11. The educational and counseling services to be provided to the parents of newborns identified as having, or being at risk for developing, hearing loss;

12. The guidelines for entering hearing screening results and risk indicators for late-onset hearing loss into the EBC system;

13. The protocol to be followed to ensure the confidentiality of any patient-specific information to be reported to the Department pursuant to this chapter; and

14. Ototoxic drug screening procedures for infants and children under the age of three who are admitted to the hospital for medical conditions that require administration of ototoxic medication.

(e) In addition to annually filing a plan with the Department pursuant to (d) above, a birthing facility shall notify the Department within 10 business days of a change to the plan on file with the Department with respect to one or more of the components of the plan required by (d)1, 2, 6, and/or 7 above.

(f) Infants who are too medically unstable to undergo screening by one month of age shall be screened when medically cleared and before discharge to home.

(g) If, upon initial hearing screening, a non-passing result is obtained for one or both of an infant's ears and a birthing facility performs rescreening prior to the infant's first discharge home, the birthing facility, in performing rescreening, shall rescreen both ears.

(h) If, upon initial hearing screening, a non-passing result using ABR is obtained for one or both of an infant's ears and a birthing facility performs rescreening prior to an infant's first discharge home, the facility shall use ABR in performing rescreening.

(i) If, upon initial hearing screening, a non-passing result using OAE is obtained for one or both of an infant's ears and a birthing facility performs rescreening prior to an infant's first discharge home, the facility shall use either OAE or ABR in performing rescreening.

(j) A birthing facility shall rescreen an infant who was discharged home and thereafter is readmitted to a birthing facility, regardless of the result of the infant's initial hearing screening or rescreening, if the readmission is for:

1. Hyperbilirubinemia that requires exchange transfusion; or

2. Culture-positive sepsis.

(k) Subject to (k)1 below, if, upon either initial hearing screening or rescreening, a birthing facility or, as applicable, a responsible physician or midwife, identifies an infant to be in need of rescreening or audiologic evaluation, the person or entity making the identification shall refer the infant for rescreening or audiologic evaluation to individuals who are licensed and trained to perform rescreening or audiologic evaluation pursuant to N.J.A.C. 8:19-1.5(b).

1. Upon initial hearing screening or rescreening, pursuant to (b)1 above, of infants who, prior to the first discharge home, have been patients in the neonatal intensive care unit of one or more birthing facilities for a combined total of longer than five days, a birthing facility, audiologist or responsible physician, as applicable, shall refer infants who do not pass to an audiologist licensed pursuant to N.J.S.A. 45:3B-1 et seq. and N.J.A.C. 13:44C.

HISTORY:

Amended by R.2011 d.188, effective July 5, 2011.

See: 43 N.J.R. 105(a), 43 N.J.R. 1524(a).

Rewrote the section.

NOTES:
Chapter Notes

§ 8:19-1.4 Transferred infants

(a) If, before an infant receives initial hearing screening, the infant is transferred to another in-State birthing facility that holds a community perinatal center level-of-care designation (that is, CPC-basic, CPC-intermediate, CPC-intensive

or regional perinatal center) pursuant to *N.J.A.C. 8:43G-19.1(b)* and *19.16*, *19.17* and *19.18* that is higher than the community perinatal center level-of-care designation of the transferring facility, the birthing facility that holds the higher community perinatal center level-of-care designation shall either perform hearing screening of the infant or ensure that the infant receives hearing screening, in accordance with this chapter.

1. If an infant is transferred between birthing facilities with equivalent community perinatal center level-of-care designations, the birthing facility that discharges the infant to home shall either perform hearing screening of the infant or ensure that the infant receives hearing screening in accordance with this chapter.

(b) If an infant is transferred from a birthing facility to an in-State non-birthing facility, the transferring facility shall either perform hearing screening of the infant or ensure that the infant receives hearing screening in accordance with this chapter.

(c) Birthing facilities shall include Newborn Hearing Follow-up Reports in medical records of infants transferred to out-of-State health care facilities prior to transfer to encourage these out-of-State health care facilities to forward hearing screening and/or audiologic evaluation results to the New Jersey Early Hearing Detection and Intervention Program.

(d) If an infant receives and obtains a passing result upon the performance of hearing screening or rescreening prior to transfer to an in-State birthing facility, the receiving facility shall rescreen the infant in both ears if the infant:

1. Has hyperbilirubinemia at levels that require exchange transfusion; or

2. Is or has been a patient in the neonatal intensive care unit of one or more birthing facilities for a combined total of longer than five days and has:

i. Extracorporeal membrane oxygenation treatment;

ii. Ototoxic medication treatment;

iii. Culture-positive sepsis;

iv. Culture-positive meningitis; or

v. Congenital infections of toxoplasmosis, rubella, cytomegalovirus, herpes or syphilis.

HISTORY:

Amended by R.2011 d.188, effective July 5, 2011.

See: *43 N.J.R. 105(a)*, *43 N.J.R. 257(a)*, *43 N.J.R. 1524(a)*.

Rewrote (a) and (b); and added (d).

NOTES:
Chapter Notes

§ 8:19-1.5 Personnel performing newborn hearing screening

(a) Each birthing facility shall designate a licensed audiologist or physician who shall oversee the birthing facility's newborn hearing screening program, and who shall ensure the implementation of the following:

1. Training and supervision of the individuals performing the screening in accordance with (b) and (c) below;

2. Recording of screening results;

3. Reporting EBC data;

4. Educating and counseling parents;

5. Developing effective strategies for communicating the hearing screening results to parents and responsible physicians;

6. Coordinating follow-up services including referrals for re-screening or audiologic evaluation as appropriate; and

7. Annually reviewing policies and procedures.

(b) Only licensed audiologists or physicians, or other examiners under the direction and supervision of either licensed audiologists or physicians, shall conduct newborn hearing screening in accordance with the requirements of this subchapter.

1. All personnel who conduct newborn hearing screening shall undergo an annual competency evaluation on their screening administration and documentation skills as well as adherence to infection control procedures.

(c) All personnel performing newborn hearing screening shall be supervised and trained in the performance of newborn hearing screening. Training shall include the following:

1. The performance of newborn hearing screening;

2. Infection control practices;

3. The general care and handling of newborns in hospital settings according to established hospital policies and procedures;

4. The documentation of screening results as directed; and

5. Maintenance of confidentiality of records.

HISTORY:

Amended by R.2011 d.188, effective July 5, 2011.

See: *43 N.J.R. 105(a), 43 N.J.R. 1524(a).*

Section was "Screening/testing personnel". In (c)5, inserted the first occurrence of "of"; and deleted (d) and (e).

NOTES:
Chapter Notes

§ 8:19-1.6 Reporting by means of the Electronic Birth Certificate

(a) For each live newborn born at, or transferred to, a birthing facility that has elected to participate in the reporting of births to the State Registrar of Vital Statistics electronically by means of the Electronic Birth Certificate Registration System, the birthing facility shall report, within one week of the newborn's discharge or transfer, the EBC fields or information identified below by means of the Electronic Birth Certificate Registration System in the manner prescribed by the State Registrar of Vital Statistics for the submission of EBCs:

1. The mother's first name;

2. The mother's last name;

3. The child's first name;

4. The child's last name;

5. Sex;

6. Race;

7. Primary language;

8. Hearing screening results for each ear;

9. The screening methodology used for each ear;

10. The date of screening for each ear; and

11. The existence or occurrence of the following neonatal conditions and procedures, as applicable:

i. Family history of hearing loss;

ii. Congenital infections of toxoplasmosis, rubella, cytomegalovirus, herpes or syphilis;

iii. Persistent pulmonary hypertension;

iv. Stigmata and/or syndromes associated with hearing loss;

v. Hyperbilirubinemia;

vi. Meningitis;

vii. Exchange transfusion;

viii. Extracorporeal membrane oxygenation;

ix. Ototoxic medication;

x. Mechanical ventilation (indicate number of days);

xi. One- and five-minute Apgar scores;

xii. Birthweight; and/or

xiii. NICU admission and discharge dates.

(b) For each live newborn born outside a birthing facility, such as at home, who subsequently is transferred to a birthing facility, the receiving facility shall ensure that the report required in (a) above is made, if the receiving facility has elected to participate in the submission of birth certificates electronically by means of the Electronic Birth Certificate Registration System.

(c) For each newborn transferred to another in-State birthing facility, the sending facility shall complete an EBC transfer abstract within one week of the transfer and shall send the abstract to the receiving facility, if the sending facility has elected to participate in the submission of birth certificates electronically by means of the Electronic Birth Certificate Registration System.

HISTORY:

Amended by R.2011 d.188, effective July 5, 2011.

See: *43 N.J.R. 105(a), 43 N.J.R. 1524(a).*

In the introductory paragraph of (a), inserted a comma following "transferred to", substituted "reporting of births" for "submission of birth" and "to the State Registrar of Vital Statistics" for "certificates", and deleted "to the Department" following "below"; in (a)10, inserted "and" at the end; deleted former (a)11 through (a)13; recodified (a)14 as (a)11; and rewrote (a)11.

NOTES:
Chapter Notes

§ 8:19-1.7 Exemption from screening

(a) This chapter shall not apply in the case of any newborn whose parent objects to hearing screening on the grounds that screening would conflict with the parent's bona fide religious tenets or practices.

(b) In case of refusal to screening pursuant to (a) above, the birthing facility, or in the event of a home birth, the attending physician or midwife, shall ensure that documentation of refusal to have the newborn's hearing screened is signed by the parent, becomes part of the infant's permanent medical record, and, if the birth occurs at a birthing facility that has elected to participate in the submission of birth certificates electronically by means of the Electronic Birth Certificate Registration System, is documented in the EBC.

HISTORY:

Amended by R.2011 d.188, effective July 5, 2011.

See: *43 N.J.R. 105(a), 43 N.J.R. 1524(a).*

In (a), substituted "chapter" for "subchapter" and "parent's" for "parents' ", and deleted "the" preceding "hearing"; and in (b), inserted "attending" preceding "physician", deleted "attending" preceding "midwife" and substituted the second occurrence of "birthing" for the third occurrence of "birth".

NOTES:
Chapter Notes

§ 8:19-1.8 High-risk indicators

(a) Upon receiving notice pursuant to *N.J.A.C. 8:19-1.9(f)*1 of the presence in an infant of risk indicators that the JCIH Position Statement identifies as requiring audiologic monitoring to detect progressive or late-onset hearing loss, the infant's responsible physician shall ensure the monitoring of these infants in accordance with the time intervals and other protocols identified in the JCIH Position Statement.

(b) Birthing facilities that treat infants and children up to the third birthday with ototoxic medications shall implement ototoxic drug screening procedures, established pursuant to *N.J.A.C. 8:19-1.3(d)*14.

(c) If risk indicators for late-onset hearing loss are identified after discharge from the birthing facility and at any time until a child's third birthday, the responsible physician and any audiologist who may have seen the child identifying the presence of the risk indicators shall report the risk indicators to the EHDI program by means of the Newborn Hearing Follow-up Report, and advise the parent of the need to have an audiologic evaluation, when indicated (in terms of the child's age), by the JCIH Position Statement.

1. Audiologists who identify the presence of a risk indicator for late-onset hearing loss shall inform the child's responsible physician of this condition and the need for follow-up.

2. Once informed of the newly identified risk indicator for late-onset hearing loss, the responsible physician shall advise the child's parent of the importance of the child receiving audiologic evaluation in accordance with (c) above.

HISTORY:

Amended by R.2011 d.188, effective July 5, 2011.

See: *43 N.J.R. 105(a), 43 N.J.R. 1524(a).*

Rewrote the section.

NOTES:
Chapter Notes

§ 8:19-1.9 Hearing screening follow-up

(a) If hearing screening and/or rescreening is performed on both ears of an infant prior to discharge, then, prior to the infant's discharge home, the birthing facility shall:

1. Notify the responsible physician of the results by written documentation, and

2. Notify the parent of the results via face-to-face communication along with written documentation.

(b) If hearing screening is not performed on one or both ears of an infant prior to discharge, then, prior to the infant's discharge home, the birthing facility shall:

1. Notify the responsible physician by written documentation; and

2. Notify and counsel the parent via face-to-face communication along with written documentation of the need for a follow-up hearing screening by a licensed audiologist, licensed physician, or other examiners under their direction and/or supervision.

(c) If an infant does not pass hearing screening on one or both ears prior to discharge, then, prior to the infant's discharge home, the birthing facility shall:

1. Notify the responsible physician by written documentation; and

2. Notify and counsel the parent via face-to-face communication along with written documentation of the need for follow-up hearing screening or audiologic evaluation in accordance with *N.J.A.C. 8:19-1.3(k)* and *1.5(b)*.

(d) If outpatient hearing screening, or rescreening is clinically indicated, the birthing facility shall advise the parent that screening or rescreening must be performed before the 28th day following the newborn's birth, or as soon thereafter as the infant is medically cleared for hearing screening.

(e) If outpatient audiologic evaluation is clinically indicated, the birthing facility shall advise the parent that audiologic evaluation must be performed before the 90th day following the infant's birth, or as soon as the infant is medically cleared for audiologic evaluation.

(f) If an infant presents with risk indicators associated with hearing loss as identified in the JCIH Position Statement, then, prior to the infant's discharge home, the birthing facility shall:

1. Notify the responsible physician by written documentation;

2. Notify the parents via face-to-face communication along with written documentation of the risk indicator(s) present; and

3. Counsel parents to monitor their infant's hearing according to the time intervals specified in the JCIH Position Statement.

(g) The birthing facility shall provide parents of infants for whom audiologic evaluation is clinically indicated with information identifying licensed providers of pediatric audiologic evaluation.

(h) If, prior to discharge of an infant home, the infant does not pass or receive hearing screening of one or both ears, the birthing facility shall make at least one documented attempt to remind the infant's parent of the infant's need to receive follow-up screening, rescreening, and/or audiologic evaluation by communicating to the parent by one or more of the following means:

1. Letter to the parent sent using the United States Postal Service or a commercial letter or package delivery service, using the last known address of the parent;

2. Telephone call or telefacsimile to the last known telephone or telefacsimile number of the parent, excluding busy signals or no answer; and/or

3. Electronic mail to the last known electronic mail or text messaging address of the parent, provided the electronic mail is not returned as undeliverable.

HISTORY:

Amended by R.2011 d.188, effective July 5, 2011.

See: *43 N.J.R. 105(a), 43 N.J.R. 1524(a)*.

In the introductory paragraphs of (a) and (b), deleted "a physiological" preceding "hearing"; in (a), substituted "and/or rescreening" for "measure"; in the introductory paragraphs of (b) and (c), deleted "measure" following "screening"; in the introductory paragraph of (c), deleted "the physiologic" preceding "hearing"; in (c)2, substituted "audiologic evaluation" for "diagnostic testing", inserted "1.3(k) and" and deleted "and (d)" from the end; rewrote (d), (e), (g) and (h); and deleted (i) and (j).

NOTES:
Chapter Notes

§ 8:19-1.10 Procedure for conduct and reporting of newborn hearing screening and follow-up

(a) The individuals who conduct outpatient hearing screening, rescreening or audiologic evaluation for the reasons identified in *N.J.A.C. 8:19-1.3* and *1.9* shall:

1. Perform screening, rescreening or audiologic evaluation of both ears, regardless of whether the infant previously obtained a non-passing result of only one ear upon prior hearing screening or rescreening;

2. Use ABR if the infant previously obtained a non-passing result upon the use of ABR;

3. Use ABR or OAE if the infant previously obtained a non-passing result upon the use of OAE;

4. Complete the Newborn Hearing Follow-up Report with ear-specific results, to the extent possible; and

5. Submit the completed Newborn Hearing Follow-up Report to the EHDI program and report the results to the infant's responsible physician, within 10 business days of the conduct of the outpatient screening, rescreening or audiologic evaluation.

(b) The requirements of (a)5 above apply for each screening, rescreening or audiologic evaluation that the individual performs in accordance with the JCIH Position Statement.

(c) A person or entity that has follow-up responsibilities pursuant to this chapter shall make a Lost to Hearing Follow-up Report if the person or entity determines that the child is lost to follow-up in accordance with procedures established pursuant to *N.J.A.C. 8:19-1.3(d)*10.

HISTORY:

Amended by R.2011 d.188, effective July 5, 2011.

See: *43 N.J.R. 105(a), 43 N.J.R. 1524(a).*

Section was "Reporting newborn hearing follow-up". Rewrote (a) and (b); deleted former (c) through (f); recodified (g) as (c); and rewrote (c).

NOTES:
Chapter Notes

§ 8:19-1.11 Documenting and reporting a diagnosed hearing loss

(a) When a permanent hearing loss is confirmed in a child who is a New Jersey resident, the individual making the diagnosis shall complete and submit the forms identified in (a)1 and 2 below, as applicable, within 10 business days of the diagnosis:

1. For children from birth to the third birthday, a Newborn Hearing Follow-up Report form to the EHDI program; and

2. For children from birth to the 21st birthday, a Special Child Health Services Registration form to the Special Child Health Services Registry;

i. The person submitting a Special Child Health Services Registration form pursuant to (a)2 above shall specify, in the "diagnosis" section of the form, the type and degree of hearing loss, the affected ear(s), and, if applicable and known, the syndrome related to the child's hearing loss.

(b) When a permanent hearing loss is confirmed, the audiologist shall inform the responsible physician by written documentation and parents via face-to-face communication and written documentation of the type and degree of hearing loss.

(c) Infants born with external auditory canal atresia shall be registered as such, prior to discharge from the birthing facility. By definition, these children present with hearing loss and should be afforded the opportunity to engage in Early Intervention Services. Bone conduction ABR studies should be performed prior to three months of age to determine the cochlear status of the affected ear(s).

(d) When a diagnosis of permanent hearing loss is made, the responsible physician shall advise the parents of the importance of medical and audiologic evaluations consistent with the recommendations of the JCIH Position Statement,

and shall make appropriate referrals, as necessary, for appropriate follow-up consultations to be completed by three months post-diagnosis.

1. In addition, the responsible physician shall advise the parents of the importance of ongoing audiologic reevaluation to monitor hearing status and the performance of prescribed devices such as hearing aids or cochlear implants.

2. To the extent a hearing aid is indicated, responsible physicians should refer to *N.J.S.A. 45:9A-25*, pertaining to the requirement of otolaryngologic referral as a condition of the dispensing of hearing aids to minors.

3. Responsible physicians shall also register children diagnosed with hearing loss (through 21 years of age) with the Special Child Health Services Registry.

(e) Updated Special Child Health Services Registration forms shall be submitted to the Department if new information is available during follow-up audiologic visits regarding hearing status; diagnosis of a syndromic condition; documented physical disabilities, and/or change in name, address or parent.

HISTORY:

Amended by R.2011 d.188, effective July 5, 2011.

See: *43 N.J.R. 105(a), 43 N.J.R. 1524(a).*

Rewrote (a).

NOTES:
Chapter Notes

§ 8:19-1.12 Central newborn hearing registry

Special Child Health and Early Intervention Services shall establish and maintain a central registry of infants identified as having or being at risk of developing a hearing loss. The information in the central registry shall be used for the purposes of compiling statistical information and providing follow-up counseling, intervention and educational services to the parents of the infants listed in the registry.

HISTORY:

Amended by R.2011 d.188, effective July 5, 2011.

See: *43 N.J.R. 105(a), 43 N.J.R. 1524(a).*

Substituted "infants" for "newborns" twice.

NOTES:
Chapter Notes

§ 8:19-1.13 Confidentiality of reports

The reports made pursuant to the Act and this chapter are to be used only by the Department and such other agencies as may be designated by the Commissioner and shall not otherwise be divulged or made public, so as to disclose the identity of any person to whom they relate; and to that end, such reports shall be deemed "information relating to medical history, diagnosis, treatment or evaluation" within the meaning of Executive Order No. 26, § 4b1 (McGreevey 2002), and, therefore, not "government records" subject to public access or inspection within the meaning of *N.J.S.A. 47:1A-1* et seq., particularly 47:1A-1.1.

HISTORY:

Amended by R.2011 d.188, effective July 5, 2011.

See: *43 N.J.R. 105(a)*, *43 N.J.R. 1524(a)*.

Inserted "pursuant to the Act and this chapter", a comma following the first occurrence of "public" and "47:" preceding "1A-1.1", and deleted a closing quotation mark from the end.

NOTES:
Chapter Notes

§ 8:19-1.14 Non-liability for divulging confidential information

No individual or organization providing information to the Department for the purpose of the Newborn Hearing Screening Program shall be deemed to be, or held liable for, divulging confidential information.

NOTES:
Chapter Notes

APPENDIX A

HISTORY:

Amended by R.2011 d.188, effective July 5, 2011.

See: *43 N.J.R. 105(a)*, *43 N.J.R. 1524(a)*.

Rewrote the appendix.

NOTES:
Chapter Notes

APPENDIX B

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NOTES:
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APPENDIX C

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Chapter Note