

TITLE 89: MENTAL HEALTH  
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES  
SUBCHAPTER E: EARLY CHILDHOOD SERVICES

PART 504  
UNIVERSAL NEWBORN HEARING SCREENING PROGRAM

Section

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Authority: Implementing and authorized by the Hearing Screening for Newborns Act [410 ILCS 213].

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Section 504.10 Newborn Hearing Screening Program Goals

- a) All infants born in Illinois will have their hearing screened.
- b) All newborns referred from the Illinois Newborn Hearing Screening Program will have diagnostic testing completed by three months of age.
- c) All infants diagnosed with significant hearing loss will receive appropriate treatment, including hearing instrumentation, and be enrolled in the Illinois Early Intervention System by six months of age.

Section 504.20 Definitions

"Audiologist" means a person licensed by the State of Illinois Department of Professional Regulation to provide audiological services.

"Auditory Brainstem Response (ABR)" means electrophysiologic measurement of the brainstem's response to the acoustic stimulation of the ear.

"Automated Auditory Brainstem Response (AABR)" means objective electrophysiologic measurement of the brainstem's response to acoustic stimulation of the ear, obtained with equipment that automatically provides a pass/refer outcome.

"DHS" means Illinois Department of Human Services.

"Diagnostic Audiological Evaluation" means, for the purposes of this Part, the physiologic and behavioral procedures required to evaluate and diagnose hearing status.

"DPA" means Illinois Department of Public Aid.

"DPH" means Illinois Department of Public Health.

"DSCC" means Division of Specialized Care for Children, at the University of Illinois at Chicago.

"Early Intervention" means a statewide, family-centered service system to find and help children under the age of 36 months who have disabilities or developmental delays. These infants and toddlers are eligible through the Illinois Early Intervention Services System for special Early Intervention Services (See 89 Ill. Adm. Code 500) defined in Part C of the Individuals With Disabilities Act (IDEA) (20 USC 1400 et. seq.).

"Hospital" means, for the purposes of this Part, a facility licensed by the State of Illinois under the Hospital Licensing Act [210 ILCS 85] providing obstetrical and neonatal services.

"MCH" means Maternal and Child Health.

"Medical Diagnostic Evaluation" means, for the purposes of this Part, the examination and medical procedures provided by an otolaryngologist, otologist, or other qualified personnel to evaluate otologic status.

"Otoacoustic Emissions Testing" means a specific test method that elicits a physiologic response from the outer hair cells in the cochlea, and may include Transient Evoked Otoacoustic Emissions (TEOAE) and/or Distortion Product Otoacoustic Emissions (DPOAE).

"Otolaryngologist" means a physician trained in the medical and surgical management and treatment of patients with diseases and disorders of the ear, nose, throat (ENT), and related structures of the head and neck.

"Otologist" means a physician who specializes in treatment of the ear.

"Screening" means the completion of one or more objective, physiologic, electronic tests administered to determine the infant's hearing status in each ear and the need for further diagnostic testing by an audiologist and physician. The screening shall be performed by individuals who have been appropriately trained in the procedure and instrumentation used by the hospital.

"Significant Hearing Loss" means a dysfunction of the auditory system of any type or degree that is sufficient to interfere with the acquisition of speech and language skills.

Section 504.30 Hospital Screening

a) Population

- 1) All hospitals performing deliveries will provide bilateral hearing screening to infants born in their institution. In the event that a newborn does not pass, the hospital shall provide another screening (rescreening). These screenings shall be provided prior to discharge.
- 2) If a newborn is transferred without written documentation of a completed hearing screening, the hearing screening will be completed by the receiving hospital, prior to discharge.
- 3) All hospitals performing deliveries will make provisions to screen infants born in the home or other location outside the hospital when requested by the parents or the child's physician.

b) Parental Information/Consent

- 1) The provisions of the Act shall not apply when the newborn's parent or guardian objects in writing on the grounds that the screening conflicts with his/her religious beliefs or practices and presents a written objection to a physician or other person whose objective it is to obtain the screening.
- 2) All hospitals shall provide information, to the parents/guardian considering refusal, about newborn hearing screening that shall include: the purposes and benefits of newborn hearing screening, indications of hearing loss, what to do if the parent/guardian suspects a hearing loss, and procedures used for hearing screening.

c) Documentation

- 1) The hospital shall provide written information to all parents giving birth or transferred to its facility and to the infant's primary care provider, when identified, that includes procedures used for hearing screening, limitations of screening procedures, and results of the

hearing screening.

- 2) In the event that an infant does not pass the screenings, the hospital shall provide written information to the parents for recommending further diagnostic testing and explaining how diagnostic tests may be obtained.
- 3) The hospital shall maintain written documentation in the infant's clinical record. The documentation shall include: procedures used for hearing screening, time and location for the screening, individual administering the screening test, outcome of the screening, and recommendation for further testing.

d) Personnel

- 1) Newborn hearing screening shall be performed by an individual, including but not limited to a licensed professional, who is appropriately trained and supervised, according to guidance provided by the Illinois Department of Human Services.
- 2) Each hospital shall identify a liaison to the Universal Newborn Hearing Screening (UNHS) program at the Department of Human Services and at the Department of Public Health.

e) Equipment

- 1) Technology for screening as set forth in this Part must:
  - A) measure a physiologic response;
  - B) be implemented with objective response criteria;
  - C) use a procedure that measures the status of the peripheral auditory system and that is highly correlated with hearing status;
  - D) be designed for newborn hearing screening.

- 2) The methodology used should detect, at a minimum, all infants with unilateral or bilateral hearing loss greater than or equal to 35 dBHL.
- 3) The methodology used should have a false-positive rate (the proportion of infants without hearing loss who are labeled incorrectly by the screening process as having significant hearing loss) of 3% or less.
- 4) The methodology used ideally should have a false-negative rate (the proportion of infants with significant hearing loss missed by the screening program) of zero.

Section 504.40 Reporting and Tracking

- a) Hospitals shall report screening results to the Illinois Department of Public Health (IDPH).
  - 1) Hospitals shall report all required data per IDPH reporting requirements and methods, including the use of IDPH forms and electronic data system at such time as it becomes available.
  - 2) On a monthly basis, hospitals shall report aggregate data regarding their universal newborn hearing screening activities. The report shall include: number of live births, number of newborns screened, number of newborns passing screening, number refused, number of newborns who do not pass screening, and number of newborns referred for further diagnostic testing.
  - 3) In order to capture all children who may have a hearing loss, infant specific information shall be reported to IDPH within 7 calendar days after the hearing rescreening for infants who do not pass the rescreening and for those who miss the hospital screening or rescreening. The infant specific information shall include the infant's name, date of birth, mother's name and address, mother's maiden name, name and address of infant's physician, when known, and date of referral for further testing.
  - 4) For those hospitals that schedule and/or perform outpatient screenings, the screenings must be completed and reported to IDPH within 30 days after the discharge of the infant.
- b) IDPH will establish a registry of infants in need of follow-up as a result of the newborn hearing screening program.

The registry will include all infants who did not pass the newborn hearing screening in the hospital and who did not file a written religious exemption.

- c) IDPH will notify the infant's physician, as indicated on the referral document. IDPH will provide written notification to both the infant's physician listed on



the hospital record and the parents/guardians, within 5 business days after the receipt of the hospital report, regarding the need for follow-up for infants failing the screening.

- d) Persons who conduct any procedure necessary to complete an infant's hearing screening or diagnostic testing shall report this information to IDPH. Diagnostic testing results shall be reported within 30 days after testing.
- e) When hearing loss is confirmed, IDPH will have a procedure for referral to the Early Intervention Program, to DSCC, and to the MCH Family Case Management Agency.
- f) IDPH will notify the local perinatal follow-up agency, in writing, of infants with no reported diagnostic testing 60 days after the initial hospital report regarding the screening failure.
- g) The local perinatal follow-up agency will provide appropriate follow-up services and report results to IDPH.

Section 504.50 Access to Diagnostic Testing

- a) DSCC shall provide assistance to families of infants referred from the Universal Newborn Hearing Screening Program in order to help them obtain diagnostic testing to the extent the families wish assistance.
- b) Referrals for children potentially eligible for Early Intervention services under the Early Intervention Services System Act [325 ILCS 20] must be made upon confirmation of hearing loss.

Section 504.60 Newborn Hearing Screening Advisory Committee

- a) The Newborn Hearing Screening Advisory Committee shall consist of representatives from:
  - 1) Audiologists;
  - 2) Chicago Department of Public Health;
  - 3) Early intervention providers;
  - 4) Health insurance plans;
  - 5) Illinois Department of Human Services;
  - 6) Illinois Department of Public Aid;
  - 7) Illinois Department of Public Health;
  - 8) Parents of children with hearing loss;
  - 9) Pediatric Associations;
  - 10) Persons with hearing loss;
  - 11) Public and private hospitals;
  - 12) Division of Specialized Care for Children at the University of Illinois at Chicago.
- b) The advisory committee shall:
  - 1) Develop and conduct training for hospitals implementing newborn hearing screening.
  - 2) Develop a tracking and follow-up program for diagnostic hearing testing for those infants failing hospital-based screening, in order to diagnose congenital hearing loss.
  - 3) Develop a referral system to early intervention services and for hearing amplification for those infants diagnosed with hearing loss.
  - 4) Develop an application process for financial assistance by the Division of Specialized Care for

Children for follow-up diagnostic hearing testing of newborns failing hospital-based screening.

- 5) Develop educational and informational materials for hospital personnel, health care professionals, and parents on appropriate follow-up procedures for infants failing hospital-based screening.
- 6) Monitor any reports made available to the State with respect to the hearing screening status of all newborns.
- 7) Monitor the availability of third party reimbursement for universal hospital-based hearing screening of newborn infants.
- 8) Review administrative rules and make recommendations to the Department regarding those rules.