

TITLE 410 INDIANA STATE DEPARTMENT OF HEALTH

Changes between Proposed Rule and Final Rule LSA # 10-504

Changes are highlighted

1. Corrected typo in 410 IAC 3-3-1(1) by adding an “and” between “Indiana’s Best Practice Guidelines for Assessment” and “who administers short-term.”

(1) "Audiologist" means an audiologist licensed by the state of Indiana pursuant to the Indiana professional licensing agency board who meets the requirements outlined in Indiana's Best Practice Guidelines for Assessment **and** who administers short-term and long-term early hearing detection and intervention (EHDI) program follow-up.

2. In 410 IAC 3-3-1(6) added “newborns or” to the definition of “EHDI follow-up” for consistency with definitions.

(6) "EHDI follow-up" means follow-up that occurs subsequent to newborn hearing screening. Children in need of EHDI follow-up include the following:

(A) **Newborns or** infants not yet screened (for any reason).

(B) **Newborns or** infants who did not pass newborn hearing screening.

(C) **Newborns or** infants who passed newborn hearing screening but have a risk indicator that could lead to late-onset hearing loss.

3. In 410 IAC 3-3-1, added definitions for “health care provider,” “midwife,” and “physician” for clarification purposes. Also renumbered the section because of new definitions.

(8) “Health care provider” means the medical professional providing care after birth.

(19) “Midwife” means an individual licensed under IC 25-23-1-13.1.

(24) “Physician” means an individual licensed under IC 25-22.5-5.

4. In 410 IAC 3-3-1(26), added a reference to section 3-3-3 and deleted the reference to “criteria above” for clarification.

(26) "Unsatisfactory blood specimen" means any of the following:

(+) (A) A filter paper kit on which an insufficient quantity of blood is obtained.

(-) (B) A filter paper kit on which an accurate analysis or interpretation cannot be performed due to improper collection, handling, **or** submission or a technical or laboratory problem.

(-) (C) Cord blood.

(-) (D) Blood from any transfused neonate.

(-) (E) A filter paper kit ~~which~~ **that** does not provide all of the information regarding the patient as required. The blood specimen within such a filter paper kit may be satisfactory according to **the criteria above. section 3 of this rule.**

5. In 410 IAC 3-3-2(a), corrected a typo to put the phrase “or both” after “providing prenatal or perinatal care”.

(a) The ~~board~~ **department** shall provide public educational materials, including descriptions of the disorders

and of the screening program, to hospitals, birthing centers, physicians, midwives, and other health care providers for distribution to patients. Physicians and midwives engaged in providing prenatal ~~and/or~~ or perinatal care, **or both**, shall provide pregnant women, prior to the estimated date of delivery, with this information.

6. In 410 IAC 3-3-2(b), deleted “or guardian” after parent because new definition of “parent” made reference to “guardian” redundant.

(b) Any parent **or guardian** who objects to the testing for reasons pertaining to religious beliefs only shall so indicate by signing a statement of informed refusal.

7. In 410 IAC 3-3-2(b) added “newborn or” before infant to more accurately reflect coverage based on definitions.

~~Such~~ **The** objection shall become part of the medical record, and the **newborn or** infant shall be exempted from the testing.

8. In 410 IAC 3-3-2.5(a) added the phrase “without additional cost” after “laboratory will furnish filter paper kits” and changed “birthing facility” to “birthing center” to be consistent with definitions.

(a) **The state-contracted newborn screening laboratory will furnish filter paper kits, without additional cost, annually to hospitals, midwives, birthing centers, and other collections sources.**

9. In 410 IAC 3-3-2.5(c) added “as follows” before listings.

(c) **The department's newborn screening program will ensure that all Indiana residents who are diagnosed with one (1) of the metabolic conditions included in the newborn screening panel have access to the appropriate metabolic formula necessary for treatment as follows:**

(1) **A single brand of metabolic formula for each metabolic condition on the newborn screen will be designated by the state-contracted metabolic geneticist and made available to all Indiana residents as appropriate.**

(2) **The appropriate metabolic formula will be made available to all Indiana residents diagnosed with one (1) of the metabolic conditions included on Indiana's newborn screening panel, regardless of the individual's ability to pay or socioeconomic status as follows:**

(A) **Payment for metabolic formula will be based on a sliding-fee scale as designated by the department.**

(B) **All efforts will be made to collect payment for metabolic formula from private insurance companies or other third-party payers.**

(C) **The department's newborn screening program will serve as a payer of last resort for patients without private insurance coverage or for whom reimbursement cannot be obtained from another third-party payer.**

10. In 410 IAC 3-3-2.5(d) replaced “birthing facility” with “birthing center.”

(d) **All other costs related to purchasing equipment or supplies that are required to perform mandated newborn screening must be covered by the hospital, birthing center, midwifery, or physician practice**

11. In 410 IAC 3-3-3 added in references to “newborns,” “infants” and “midwives” for consistency and changed “birthing facility” to “birthing center.” Also, in 410 IAC 3-3-3(d) deleted reference to an “administrator or a designated representative” and changed it to the more general “hospital or

birthing center.” Finally, deleted reference to “guardian or other legally responsible person” because those people are now included in the definition of “parent.”

Sec. 3. (a) **Except as provided for in section 2(b) of this rule**, all **newborn newborns and** infants born in the state of Indiana shall be screened for **the following**:

- (1) Phenylketonuria.
- (2) Hypothyroidism.
- (3) Galactosemia.
- (4) Homocystinuria.
- (5) Maple syrup urine disease.
- (6) Hemoglobinopathies, **including sickle cell anemia**.
- (7) Congenital adrenal hyperplasia. ~~and~~
- (8) Biotinidase deficiency. ~~except as provided for in section 2(b) of this rule.~~
- (9) **Cystic fibrosis.**
- (10) **Hearing impairment.**
- (11) **Other genetic conditions that are detectable at birth via newborn screening methods, including, but not limited to, the following:**
 - (A) **Tandem mass spectrometry (MS/MS).**
 - (B) **High volume radioimmunoassay.**
 - (C) **Hemoglobin electrophoresis.**
 - (D) **Isoelectric focusing.**
 - (E) **Bacterial inhibition assays.**
 - (F) **Immunoreactive trypsin (IRT).**
 - (G) **DNA testing.**

(b) The responsible physician, midwife, **birthing center** or hospital shall collect a specimen of the **newborn or** infant's blood on a filter paper kit approved by the ~~board.~~ **department**. The specimen shall consist of capillary blood obtained by heel puncture and applied directly to the special filter paper. All circles shall be saturated with blood from one (1) side of the filter paper only. All information requested on the form attached to the special filter paper shall be provided. The specimen shall be air dried and then inserted into the protective envelope with complete data. If multiple specimens are forwarded in one (1) envelope, care must be taken to avoid cross-contamination. Completed specimens shall be forwarded to a designated laboratory within twenty-four (24) hours after collection.

(c) The **newborn or** infant's blood for these tests shall be collected not earlier than forty-eight (48) hours after birth and not before the **newborn or** infant has been on a protein diet for at least twenty-four (24) hours, except as stated in subsection (d), and ~~no~~ **not** later than one hundred twenty (120) hours after birth, except as stated in subsection (f).

(d) When a live birth occurs in a hospital **or birthing center**, the responsible physician **or midwife** shall have a specimen of the **newborn or** infant's blood taken prior to the **newborn or** infant's discharge from the hospital. If the ~~infant~~ **newborn** is discharged from the hospital before forty-eight (48) hours after birth, or before being on a protein diet for twenty-four (24) hours, a blood specimen shall be collected regardless, but collection shall be repeated after forty-eight (48) hours and ~~no~~ **not** later than one hundred twenty (120) hours after birth. The hospital ~~administrator or a designated representative~~ **or birthing center** shall provide a written notice to the parents, ~~guardian, or other legally responsible person,~~ at or before discharge, of the requirements for ~~such~~ **the newborn** to be tested again prior to one hundred twenty (120) hours after birth.

(e) When a live birth occurs in a facility other than a licensed hospital **or birthing center**, it shall be the responsibility of the physician or midwife in attendance at the birth to assure that the newborn **or infant** is referred to an appropriate facility, such as a physician office, hospital, **birthing center** or local health department, and to make the arrangements to obtain and submit a satisfactory blood specimen in accordance with this section. In the absence of an attending physician or midwife, the registrar of births shall refer the **newborn or** infant immediately to the parent's physician or to the local health department for submission of a specimen in accordance with this section and notify the

~~MCH~~ MCH/NBS immediately.

(f) For preterm **newborns or** infants, the specimen shall be taken on the day of discharge or on the sixth day if nursery stay is prolonged beyond six (6) days. Prematurity and transfusion status shall be noted on the request form in the space provided. If the **newborn or** infant is to receive total exchange transfusion, then the specimen for the newborn screening test is to be obtained from the first draw, which represents the **newborn or** infant's own blood.

(g) For newborns or infants within the neonatal intensive care unit (NICU), the responsible physician or hospital shall follow the routine NICU rescreening guidelines and collect specimens as specified by the department.

12. In 410 IAC 3-3-4, added references to “infants” or “newborns” for consistency.

An approved laboratory must meet the following requirements in order to perform screening tests for disorders on dried blood samples from newborns **or infants**:

~~(b)~~ (2) Performs or makes reasonable assurances that it will perform each one of the above screening tests on a ~~minimum of 25,000 newborns annually.~~ **all newborns or infants born in the state of Indiana.**

(3) Performs repeat newborn screening on blood specimens annually as a follow-up to abnormal screens or screens that are not legally valid as described above.

~~(h)~~ (9) Cooperates with other relevant agencies concerned with newborn **or infant** health care.

13. In 410 IAC 3-3-5 added references to “midwife,” “newborns” and “responsible physician” for consistency. Also added references to “birthing center” and changed “birthing facility” to “birthing center.” In 410 IAC 3-3-5(5) deleted reference to “hospital” to make it “the collection source” instead of “the hospital/collection source.” Changed “physician” to “health care provider.”

Specific reporting/follow-up requirements vary based on whether the analysis indicated whether the specimen met all requirements for a valid screening test and whether the screening results were normal, unsatisfactory, abnormal, presumptive positive, or confirmed positive. The laboratory shall report as follows:

~~(a)~~ (1) Negative test results shall be reported within seven (7) days of the date of analysis ~~by mail receipt of the specimen to MCH and to the following:~~

(A) MCH/NBS.

(B) The hospital **or birthing center** submitting the specimens. ~~A copy for~~

(C) The responsible physician ~~shall be included for distribution by the hospital.~~ **or midwife.**

The report of the test results shall become part of the patient's clinical record.

(2) Presumptive positive tests shall be reported immediately by telephone to the hospital, birthing center, responsible physician, midwife, or collection source. The notification shall be recorded in the laboratory's records, specifying date and time of notification, person notified, and information provided. This shall be followed by an official report within three (3) days. The report of the test result shall become part of the patient's clinical record. If there is no known responsible physician or midwife, the appropriate state-contracted newborn screening follow-up specialist shall be notified.

~~(b)~~ (3) Confirmed positive tests shall be reported immediately by telephone to the hospital, **birthing center,** responsible physician **or midwife** and ~~to MCH.~~ ~~Such MCH/NBS.~~ The notification shall be recorded in the laboratory's records specifying date and time of notification, person notified, and information provided. This shall be followed by a ~~written~~ **an official** report within three (3) days. The report of the test result shall become part of the patient's clinical record. If there is no known responsible physician **or midwife,** the local health officer in the county of the mother's residence shall be notified.

~~(c)~~ (4) Unsatisfactory specimens shall be reported immediately by telephone to the hospital **or birthing center** and responsible physician, **midwife** or other health care provider submitting the specimen with an explanation

about the reason for rejection. In the event that the responsible physician, **midwife** or health care provider who submitted the specimen is no longer the primary health care provider, he or she shall be responsible for notifying the current primary health care provider.

~~(4)~~ **(5)** In the event a specimen is rejected for any reason as unsatisfactory, the ~~physician~~ **health care provider** responsible for the **newborn or** infant's care at the time of the report shall be responsible for the submission of an acceptable specimen within forty-eight (48) **business** hours. If the laboratory does not receive the repeat specimen within five (5) days, it shall ~~notify MCH~~ **send the collection source and responsible health care provider notification of the requirement for a repeat screen, with a copy provided for MCH/NBS. A reminder will be sent five (5) business days after the initial notification if no repeat specimen has been received. The laboratory will notify MCH/NBS immediately by telephone if no repeat specimen has been received seven (7) to ten (10) business days after the reminder letter has been sent so that public health nurse assistance can be obtained.**

~~(5)~~ **(6)** The designated laboratories performing the tests shall maintain records of the results of all screening and follow-up testing of **newborns or** infants for these conditions in accordance with Indiana requirements for records management.

14. In 410 IAC 3-3-6 changed “and” to “or.” Also, added “newborns,” “infants,” “physician” and “midwife” for consistency. Replaced some references from “physician” to “health care provider” for clarity. Deleted “or legal guardian’s” because the definition of “parent” already includes “guardians.”

Sec. 6. (a) Each hospital, ~~and~~ **or** birthing center, and midwife or physician submitting screening tests on **newborns or** infants born outside a hospital or birthing center shall maintain a newborn screening log ~~which that~~ shall contain the following:

- (1) Name of **newborn or** infant.
- (2) Attending physician **or midwife**.

(b) The log shall be reviewed daily to determine that the results of required tests have been recorded within fourteen (14) days of discharge, or that a parent's ~~or legal guardian's~~ signed ~~refusal~~ **religious waiver** has been filed in the **infant or** newborn's medical record.

(c) Whenever a hospital, birthing center, **physician** or midwife determines that a discharged newborn **or infant** has not received the mandated tests, the hospital, birthing center, **physician** or midwife shall immediately contact the responsible ~~physician~~ **health care provider** by telephone to inform him or her that a specimen must be obtained and immediately send a written notification to the responsible ~~physician~~ **health care provider** and ~~MCH-~~ **MCH/NBS**. If the responsible ~~physician~~ **health care provider** cannot be contacted within three (3) days or will not obtain a specimen, the hospital, birthing center, **physician** or midwife shall notify ~~MCH~~ **MCH/NBS** immediately by telephone and shall send written notification within three (3) days to ~~MCH.~~ **MCH/NBS**. **MCH/NBS** shall then immediately notify the local health officer, who shall arrange collection of a specimen.

(d) Whenever a hospital, birthing center, **physician** or midwife determines that a specimen has been obtained but there are no results available in the **infant or** newborn's medical record within fourteen (14) days of discharge, the hospital, birthing center, **physician** or midwife shall obtain the results from the laboratory by telephone and request that another written copy be sent. The hospital, birthing center, **physician** or midwife shall also notify ~~MCH~~ **MCH/NBS** that results have not been received. If no results are available from the laboratory, then the hospital, birthing center, **physician** or midwife shall proceed as in ~~410 IAC 3-3-7(e).~~ **section 7(c) of this rule.**

(e) When the responsible ~~physician~~ **health care provider** is notified by telephone by the hospital, birthing center, **physician** or midwife that a newborn **or infant** was discharged before a specimen was taken, or if the ~~physician~~ **health care provider** determines from his or her own records that no test has been performed or that no results are available, the responsible ~~physician~~ **health care provider** shall make every reasonable effort to have a specimen obtained within three (3) days of notification. If the responsible ~~physician~~ **health care provider** cannot obtain the specimen, the ~~physician~~ **health care provider** shall notify ~~MCH~~ **MCH/NBS** immediately by telephone. ~~Such~~ **The**

telephone notification shall be noted in the responsible **physician's health care provider's** record, specifying the date of notification, the person notified, and the information provided.

(f) When the responsible **physician health care provider** is notified by the laboratory by telephone that a specimen is inadequate, the **physician health care provider** so notified shall make every reasonable effort to have an adequate repeat specimen obtained within forty-eight (48) hours of notification. If the responsible **physician health care provider** so notified cannot obtain the repeat specimen, the **physician health care provider** shall notify **MCH MCH/NBS** immediately by telephone. ~~Such~~ **The** telephone notification shall be noted in the responsible **physician's health care provider's** records specifying the time and date of notification, the person notified, and the information provided.

(h) **MCH MCH/NBS** shall make every reasonable effort to follow up on all newborns **and infants** ~~who that~~ have been reported as not having received a completed screening in an attempt to ensure that all **newborns and** infants born in the state of Indiana will have received the required screening for disorders.

(i) Hospitals, ~~and~~ birthing centers, ~~and~~ midwives, and physicians providing home birth services shall provide monthly reports to the **board department** indicating the total number of live births and the number of newborns **or infants** for whom specimens were submitted for initial **newborn** screening. ~~for phenylketonuria, hypothyroidism, galactosemia, maple syrup urine disease, homocystinuria and hemoglobinopathy, and the total number of positive results by test with patient identifying information.~~

15. In 410 IAC 3-3-7, changed references from “physician” to “health care provider” and updated references to include “newborns” and “infants” where appropriate. Deleted “or guardian” because definition of “parent” now includes “guardian.”

(a) When the responsible **physician health care provider** is notified by telephone by the laboratory of an initial presumptive positive test result, the responsible **physician health care provider** shall obtain the ~~board~~ **department** approved repeat blood specimen from the newborn **or infant** and submit it to the designated laboratory within forty-eight (48) hours. If the blood specimen cannot be obtained within forty-eight (48) hours, the responsible **physician health care provider** shall notify **MCH MCH/NBS** by telephone. ~~Such~~ **The** telephone notification shall be noted in the responsible **physician's health care provider's** records, specifying the date of notification, the person notified, and the information provided. **MCH MCH/NBS** will notify the local health officer and provide the necessary follow-up to ensure that the repeat blood specimen is obtained.

(b) It shall be the responsibility of the responsible **physician health care provider** or, if none, the local health officer to report **the following** immediately to the **newborn or infant's parent or guardian**:

- (1) All abnormal results from the newborn screening test in order to recommend appropriate diagnostic and possible therapeutic procedures. ~~and~~
- (2) Any diagnosis of a disorder in order to recommend appropriate therapeutic procedures and psychosocial support.

(c) When the repeat blood specimen supports a presumptive diagnosis of a disorder, the laboratory shall notify **MCH MCH/NBS** and the responsible **physician health care provider** or local health officer, as appropriate.

(d) When the responsible **health care provider** is notified of a presumptive positive or abnormal newborn screening result for a **newborn or infant** in the neonatal intensive care unit (NICU), regardless of whether the specimen was an initial or routine repeat specimen, the responsible **health care provider** shall provide follow-up as outlined above.

~~(d)~~ (e) The responsible **physician health care provider** retains responsibility for the **newborn, infant or** child's case management as the primary health care provider and shall make arrangements for the necessary diagnosis, therapy, and **genetic** counseling about the clinical and etiologic nature of the disorder, the chance of recurrence in subsequent children and other family members, existing resources for comprehensive clinical management, and family

emotional and financial support. These can be provided directly by the responsible **physician health care provider** or by referral to appropriate specialists.

(f) The **board department** shall advise the responsible **physician health care provider** of the available referrals and programs for further evaluation, **genetic** counseling, and management available to the patient and family. These shall include, but are not limited to, care by **the following**:

(1) A clinical biochemical geneticist for **newborns, infants or** children with **the following**:

(A) Phenylketonuria.

(B) Galactosemia.

(C) Maple syrup urine disease. ~~and~~

(D) Homocystinuria. ~~are by~~

(E) **Other metabolic conditions included on the newborn screen.**

(2) A pediatric hematologist for **newborns, infants or** children with a clinically significant hemoglobinopathy. ~~and are by~~

(3) A **pediatric pulmonologist for newborns, infants or** children with cystic fibrosis.

(4) A pediatric endocrinologist for **newborns, infants or** children with hypothyroidism or congenital adrenal hyperplasia.

(5) An audiologist, otolaryngologist, or other specialist for **newborns, infants or** children with hearing loss.

In the case of **newborns, infants or** children identified as carriers of an inherited hemoglobin abnormality (individuals with trait), the **board department** shall recommend further evaluation of parents and appropriate counseling.

(g) All physicians **and audiologists** making an initial diagnosis of a treatable disorder for which testing is required under ~~IC 16-8-6~~ **IC 16-41-17** shall report such diagnosis and the information necessary for follow-up to the ~~board~~ **department**. **The reporting is mandatory for physicians and audiologists making the initial diagnosis and should be reported in the format and media approved by the department.** Physicians **and audiologists** caring for Indiana newborns, **infants or children** who have been diagnosed outside the state of Indiana with a disorder for which testing is required under ~~IC 16-8-6~~ **IC 16-41-17** shall report in a similar manner.

(h) The **board department** shall maintain **the following**:

(1) A tracking system for follow-up of newborn screening results. ~~and shall maintain~~

(2) A confidential registry of every **newborn or** infant born for whom the diagnosis of:

(A) phenylketonuria;

(B) hypothyroidism;

(C) galactosemia;

(D) maple syrup urine disease;

(E) homocystinuria; ~~or~~

(F) hemoglobinopathy;

(G) cystic fibrosis;

(H) hearing loss; or

(I) **another metabolic or endocrine condition;**

has been confirmed.

These records shall be utilized only for the purpose of service delivery and program administration and shall be managed in accordance with ~~the procedures described in 410 IAC 1-2-2.~~ **410 IAC 21-3.**

16. In 410 IAC 3-3-9, updated references to include “newborns” and “infants.” Changed references from “hospital birthing facility” to “hospital or birthing center” for consistency. Changed references from “facility” to “hospital or birthing center for consistency.” Changed “primary care provider” to “health care provider” for consistency. Added “2007” to the joint committee on infant hearing position statement to specifically identify the document instead of having “the most recent version.”

- (a) The department's early hearing and detection intervention (EHDI) program is:
- (1) located organizationally within the department's newborn screening program; and
 - (2) the program responsible for ensuring that all **newborns or** infants born in the state of Indiana receive appropriate newborn hearing screening and follow-up as necessary.

As the responsibilities, protocols, and reporting requirements for hearing screening differ from those for traditional heel-stick newborn screening, separate sections were created for newborn hearing screening.

(b) As outlined in section 3 of this rule, all **newborns and** infants born in the state of Indiana shall be screened for hearing loss.

(c) The department's EHDI program shall be the lead coordinating agency in Indiana responsible for development, implementation, and coordination of the EHDI system and oversight of the EHDI process. The department shall administer the EHDI program in a manner consistent with the **2007** joint committee on infant hearing (JCIH) position statement.

(e) Each hospital **or** birthing **center** shall do the following:

(1) Designate a person to be responsible for the universal newborn hearing screening (UNHS) program in that facility. This person will act as the single point of contact between the **hospital or birthing center** and the department. This person shall ensure all personnel performing UNHS are appropriately trained and develop a quality assurance/performance improvement component of the **hospital or birthing center's** UNHS program to ensure compliance with all EHDI program rules, regulations, and guidelines.

(2) Make a reasonable effort to do the following:

(A) Perform newborn hearing screening for each **newborn or** infant prior to the **newborn or** infant's discharge.

(B) Rescreen newborns **or** infants that do not pass the initial newborn hearing screening prior to the **newborn or** infant's discharge.

(3) Report newborn hearing screening results to the newborn **or** infant's **health care** provider and to the department as specified in section 12 of this rule.

17. In 410 IAC 3-3-10, changed reference from "baby" to "newborn or infant" for consistency and changed referenced from "mother or guardian" to "parent."

(c) Educational materials, including a hearing screening certificate, shall be provided to the **newborn or infant's parent** by the screening facility.

18. In 410 IAC 3-3-11, added an "or" between "newborn" and "infant." Added references to "birthing center" in addition to hospitals for clarity. Updated references from "infants" or "babies" to "newborn or infant" for consistency. Deleted reference to "guardian" because it was redundant. Changed reference from "mother" to "parent." Added "October 2010" to "Indiana's Best Practice Guidelines For Audiologic Assessment, Pediatric Amplification, and Intervention" of the Infant to specify the document. Changed references from "primary care provider" to "health care provider" for consistency. In 410 IAC 3-3-11(c), added "as follow" before a listing. In 410 IAC 3-3-11(e) changed "another hospital" to "a hospital."

(a) Prior to the hearing screening of a newborn **or** infant, the hospital **or** birthing **center** shall provide information explaining the importance of newborn hearing screening and follow-up in writing to the **newborn or** infant's **parents**.

(b) The responsible physician, midwife, **birthing center** or hospital shall conduct a hearing screening of the **newborn or** infant's ears via the recommended method or methods as accepted by the department. Hearing

screening shall mean a test to detect hearing thresholds of thirty (30) decibels (dB) or greater in the speech frequency range of each ear.

(c) The **newborn or infant's** hearing should be screened after six (6) hours of age and prior to discharge as follows:

(1) Preterm **newborns or infants** (born prior to thirty-five (35) weeks gestational age) who stay in the nursery greater than five (5) days should have hearing screening when the **newborn or infant** is medically stable, but prior to discharge.

(2) **Newborns or infants** who reside for greater than five (5) days in the neonatal intensive care unit (NICU), especially those who have complicated birth factors, are considered to be at significantly greater risk for types of neural hearing loss, such as auditory neuropathy/dyssynchrony. These **newborns or infants** should receive hearing screening or diagnostic testing, or both, as recommended by the department.

(3) When possible, inpatient diagnostic testing shall be made available to long-stay **newborns or infants** who do not pass the initial newborn hearing screening and one (1) rescreen (for a total of two (2) hearing screenings).

(d) The only acceptable reason for not screening the hearing of a **newborn or infant** is if the **parent** of the newborn **or infant** objects, in writing, to the screening based on religious beliefs.

(e) If a newborn **or infant** is transferred to a hospital prior to receiving newborn hearing screening, the responsibility for completing the newborn hearing screening is shared between the birth and transferred facilities. If newborn hearing screening occurs at the transferred hospital, hearing screening results should be shared with the birth hospital **or birthing center** via the reporting method and format specified by the department's early hearing and detection intervention (EHDI) program.

(f) If a **newborn or infant** is not successfully screened or did not receive a newborn hearing screening prior to discharge, the hospital **or birthing center** shall provide an outpatient hearing screening for this **newborn or infant**.

(g) For **newborns or infants** who do not pass the initial newborn hearing screening, hearing should be rescreened one (1) additional time in both ears (regardless of previous screening results) prior to and as close to discharge as possible (for a total of two (2) hearing screenings). Preterm infants **or newborns** (born prior to thirty-five (35) weeks gestational age) who do not pass the initial newborn hearing screening should be rescreened one (1) additional time in both ears (regardless of previous screening results) prior to and as close as possible to discharge (for a total of two (2) hearing screenings).

(h) If a **newborn or infant** does not pass:

(1) his or her newborn hearing screening; and

(2) the rescreen prior to discharge;

for a total of two (2) hearing screenings, the **birthing center or** hospital shall contact an approved diagnostic audiology Level 1 facility to schedule an appointment for an outpatient diagnostic hearing test. The **birthing center or** hospital shall provide the location, date, and time of the appointment to the infant **or newborn's parent, health care provider, and the department's EHDI program.**

(i) Inpatient diagnostic testing shall be made available, when possible, for long-stay **newborns or infants** who do not pass the initial newborn hearing screening and one (1) rescreen (for a total of two (2) hearing screenings).

(j) If a **newborn or infant** passes the newborn hearing screening, but has risk indicators for late-onset or progressive hearing loss, the hospital shall do the following:

(1) Inform the **newborn or infant's parent** in writing of the risk indicator.

(2) Provide written documentation of language and hearing milestones.

(3) Recommend a follow-up test at an approved diagnostic audiology Level 1 facility to be done when

the infant is between nine (9) and twelve (12) months of age. This information shall also be provided in writing to the **newborn or** infant's **health** care provider and to the department's EHDI program via the reporting method and format specified by the department's EHDI program.

(k) Midwives shall follow all newborn hearing screening protocols as outlined for **birthing centers and** hospitals. Newborn hearing screening should be performed on all newborns prior to one (1) month of age, using portable equipment if needed.

(1) If midwives cannot provide direct screening for the **newborns** in their care, they shall have a designated referral site for these **newborns** to receive the hearing screening prior to one (1) month of age.

(2) If a **newborn or infant** does not pass:

(A) his or her newborn hearing screening; and

(B) a second hearing screening;

the midwife shall contact an approved diagnostic audiology Level 1 facility to schedule an appointment for an outpatient diagnostic hearing test. The midwife shall provide the location, date, and time of the appointment to the **newborn or** infant's **parent, health** care provider, and the department's EHDI program.

(l) Diagnostic audiology Level 1 facilities must meet the following requirements in order to perform diagnostic hearing evaluations on **newborns or** infants referred from newborn hearing screening programs:

(1) The audiologist or audiologists:

(A) must be licensed by the state of Indiana; and

(B) shall have experience in performing diagnostic audiological assessments of newborns and infants.

(2) The facility:

(A) shall conduct the assessment in accordance with Indiana's Best Practice Guidelines For Audiologic Assessment, Pediatric Amplification, and Intervention of the Infant dated **October 2010**; and

(B) must have and routinely use recommended equipment for **newborn and** infant diagnostic testing.

19. In 410 IAC 3-3-12, changed references from “infant” and “baby” to “newborn or infant” and references from “child” to “newborn, infant or child” for consistency. Added “birthing center” to “hospital” references for consistency. Changed references from “mother or guardian” to “parent” for consistency. Changed “primary care provider” to “health care provider” for consistency. Changed “midwife facility or independent midwife” to “midwife or physician providing home birth service.” In 410 IAC 3-3-12(h) added “physician” to the proposed rules reference to “midwife.” Changed “report” to “make available” in reference to reports due to the EHDI program. Added “current” before “person” in reference to the person who is the facility point of contact. Deleted “Name or names of person or persons providing staff training on equipment” and “Name or names of person or persons competent to perform hearing screening at the screening facility” as part of the report to the EHDI program. Renumbered for deletions.

(a) Hearing screening results shall be provided in writing to the **newborn or** infant's **parent** prior to discharge.

(b) Hearing screening results (from the hearing screening equipment or from the heel-stick card) for every **newborn, infant or** child that receives a screen shall be provided to the department's early hearing detection and intervention (EHDI) program in the format, media, and time specified by the department's EHDI program.

(c) The birthing center or hospital shall report all screening exceptions within five (5) business days, including the following:

- (1) Newborns or infants who are not screened due to equipment or hospital error.
- (2) Newborns or infants who do not pass the initial newborn hearing screening and one (1) additional rescreen prior to discharge (for a total of two (2) hearing screenings).
- (3) Newborns or infants at risk for late-onset hearing loss.

(d) If a newborn or infant is not successfully screened or did not receive a newborn hearing screening prior to discharge, the birthing center or hospital shall report these results as follows:

- (1) To the newborn or infant's parent orally and in writing.
- (2) To the newborn or infant's health care provider and the department's EHDI program.

(e) If a newborn or infant does not pass his or her newborn hearing screening and does not pass the rescreen prior to discharge (for a total of two (2) hearing screenings), the birthing center or hospital shall report these results as follows:

- (1) To the newborn or infant's parent orally and in writing.
- (2) To the newborn or infant's health care provider and the department's EHDI program.
- (3) The birthing center or hospital shall also contact an approved diagnostic audiology Level 1 facility and schedule an appointment for an outpatient diagnostic hearing test. The location, date, and time of the appointment shall be provided to the newborn or infant's health care provider and the department's EHDI program.

(f) If a newborn or infant passes the newborn hearing screening, but has risk indicators for late-onset or progressive hearing loss, the birthing center or hospital shall do the following:

- (1) Inform the newborn or infant's parent of the risk indicator in writing.
- (2) Provide the newborn or infant's parent with written documentation of language and hearing milestones.
- (3) Recommend a follow-up test at an approved diagnostic audiology Level 1 facility to be done when the infant is between nine (9) and twelve (12) months of age.
- (4) Provide documentation of the hearing screening results, risk indicator, language and hearing milestones, and recommendation for follow-up test to the newborn, infant or child's health care provider in writing.
- (5) Report the hearing screening results and risk indicator to the department's EHDI program.

(g) Each birthing center or hospital shall complete and submit to the department's EHDI program a monthly summary report (MSR) by the fifteenth day of the following month. MSR data shall be submitted in the format and media specified by the department's EHDI program.

(h) Newborn hearing screening reports to be completed by physicians or midwives providing home birth services shall comply with the following:

- (1) Midwives or physicians shall report all newborn hearing screening results to the newborn, infant or child's health care provider (if designated) and to the department's EHDI program.
- (2) Midwives or physicians shall report all newborns or infants who:
 - (A) did not receive a newborn hearing screening;
 - (B) did not pass a newborn hearing screening; or
 - (C) passed the newborn hearing screening but have a risk indicator for late-onset hearing loss;to the department's EHDI program.
- (3) Each midwife or physician providing home birth services must complete an MSR by the fifteenth day of the following month.

(j) Each screening facility shall make available the following items to the department's EHDI program in the reporting method and format specified by the department:

- (1) The name of the current person at the screening facility designated as the point of contact.
- (2) The type of hearing screening equipment utilized.

- (3) Equipment calibration records.**
- (4) Whether the hearing screening program at that screening facility is conducted by screening facility personnel or is contracted to an outside entity.**
- (5) Hearing screening protocols.**
- (6) Test procedure or procedures used by the screening facility's universal newborn hearing screening program.**
- (7) Pass criteria that minimally meet guidelines established by the department's EHDI program.**
- (8) A description of the screening facility quality assurance/quality improvement program.**

20. In 410 IAC 3-3-13 added “newborns or” to “infants” for consistency.

(a) The program involving the department and MCH/NBS as described in this rule shall be funded by the collection of a newborn screening fee for each initial newborn screening performed. The designated laboratory shall assess and collect the full amount of the newborn screening fee from hospitals, birthing centers, public health nurses, physicians, and midwives submitting newborn screening specimens. No surcharge will be assessed, collected, or reported for **newborns or** infants receiving repeat screens. The accumulated collections from the newborn screening fees shall be submitted on a monthly basis by the designated laboratory to the division of finance at the department. Payments shall be postmarked not later than five (5) days after the close of the preceding month. The designated laboratory shall also submit a monthly report on the number of newborns screened. Revenues submitted by the laboratory shall correspond with the number of newborns screened.