

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

December 31, 2024

Mr. Brandon Metzler
Clerk of the Legislature
P.O. Box 94604
Lincoln, NE 68509

Subject: Newborn Screening and Early Hearing Detection and Intervention Report

Dear Mr. Metzler:

In accordance with Nebraska Revised Statute § 71-4741(1), the Division of Public Health in the Department of Health and Human Services submits the 2023 Early Hearing Detection and Intervention Report. This report provides the number of birthing facilities administering voluntary hearing screening tests during birth admission; newborns screened as compared to the total number of newborns born in such facilities; newborns who passed a hearing screening test during birth admission if administered; newborns who did not pass a hearing screening test during birth admission if administered; and newborns recommended for follow-up care in 2023.

Sincerely,

A handwritten signature in blue ink that reads "Charity Menefee".

Charity Menefee
Director, Division of Public Health

Attachment

Division of Public Health

Newborn Screening and Early Hearing Detection and Intervention Report

December 2024

Neb. Rev. Stat. § 71-4741

Nebraska Early Hearing Detection and Intervention

The Nebraska Early Hearing Detection and Intervention Program (NE-EHDI) develops, promotes, and supports systems to ensure all newborns in Nebraska receive hearing screenings, family-centered evaluations, and early intervention as appropriate. One to three in 1,000 babies are born with permanent hearing loss, making hearing loss one of the most common birth defects in America. Early detection and intervention provide the opportunity to engage in early intervention to reduce delays in language acquisition, academic achievement, and social and emotional development.

Nebraska Infant Hearing Act

The Infant Hearing Act became a state law in Nebraska in 2000 and required the hearing screening of newborns in birthing facilities in Nebraska as a standard of care. Also, in 2000, the Nebraska Department of Health and Human Services started the Nebraska Newborn Hearing Screening Program. Today, the program is known as the NE-EHDI and is funded through federal grants. This program strives to fulfill the following four primary purposes of the Infant Hearing Act (Neb. Rev. Stat. § 71-4735):

- To provide early detection of hearing loss in newborns at the birthing facility or as soon after birth as possible for those children born outside a birthing facility.
- This will enable these children, their families, and other caregivers to obtain needed multidisciplinary evaluation, treatment, and intervention services as soon as possible.
- To prevent or mitigate the developmental delays and academic failures associated with late detection of hearing loss.
- To provide the state with the information necessary to effectively plan, establish, and evaluate a comprehensive system for identifying newborns and infants with hearing loss.

The Act also requires birthing facilities to educate parents about newborn hearing screening and any necessary follow-up care. The education includes information about the hearing screening test, the likelihood of the newborn having a hearing loss, follow-up procedures, and community resources, including referral for early intervention and a description of children's normal auditory, speech, and language developmental process. In addition, the Act requires regulations be promulgated to mandate newborn hearing screening if less than 95% of newborns in the state receive a hearing screening.

Birthing Facility Screening Programs

Since 2003, 100% of the birthing facilities in Nebraska have been conducting hearing screenings, consistent with the Neb. Rev. Stat. § 71-4742 requirement of a hearing screening test included as part of the standard of care for newborns. In 2023, 43 birthing facilities were conducting hearing screenings.

Recommending a hearing screening has been defined as educating parents about newborn hearing screening, hearing loss, and normal communication development as required by Neb. Rev. Stat. § 71-4740. The NE-EHDI provides free print and video educational materials to hospitals to help fulfill this requirement. Print materials are available in 14 languages.

Birthing facilities reported educating over 99% of parents about newborn hearing screening, hearing loss, and typical speech and language development in 2023. The statute also requires the Nebraska Department of Health and Human Services to educate parents of newborns not born in a birthing facility about the importance of newborn hearing screening and to provide information to assist them in having the screening performed within one month after the child's birth. Education to various stakeholders is accomplished through letters, phone calls, and printed materials to parents.

Parent Education

When an infant is identified as deaf or hard of hearing, parent(s) receive the Parent Resource Guide from the audiologist, and a notification letter is sent to the primary health care provider. Hands & Voices/Guide by Your Side Parent Guides also discuss the Parent Resource Guide with families to provide support and stress the importance of starting early intervention as soon as possible. The Parent Resource Guide was developed by NE-EHDI with the collaboration of many partners and is available in print or online at <http://dhhs.ne.gov/EHDI-PRG>.

Financing

The NE-EHDI is funded entirely by federal grants from the Health Resources and Services Administration/Maternal and Child Health Bureau, the Centers for Disease Control and Prevention, and the Maternal and Child Health Title V Block Grant. The Health Resources and Services Administration/Maternal and Child Health Bureau grant funds the basic operations of the NE-EHDI. The CDC cooperative agreement primarily funds the development, implementation, and maintenance of the integrated electronic data reporting and tracking system. The Maternal and Child Health Title V Block Grant supplements funding for a small amount of the necessary operations costs for the NE-EHDI.

Hearing Screening Results

In 2023, 22,819 infants (98%) in Nebraska passed the inpatient hearing screening, which is typically conducted before discharge from the hospital. However, an outpatient hearing screening or audiology evaluation is recommended for infants who either did not pass the inpatient screening or were not screened as inpatients.

The total number of infants who passed either the screening or the follow-up diagnostic testing was 23,760. This larger number includes those who passed an outpatient hearing screening or confirmatory diagnostic test after initially not passing or missing the inpatient screening.

Passed the screening or diagnostic testing	23,760
Expired inpatient or outpatient	103
Pending final screening or diagnostic testing	182
Diagnosed deaf or hard of hearing	32
Parents refused screening and/or diagnostic testing	13
Unresponsive (Parents did not complete protocol after communication with NE-EHDI program)	219
Lost (no response to NE-EHDI letters and phone calls)	4
Moved out of Nebraska	46
Late-onset Deaf or hard of hearing (passed initial screening)	3
Total Births	24,362

Timeliness

The Joint Committee on Infant Hearing (JCIH) has established guidelines for the early identification and intervention of infants with hearing loss, recommending a hearing screening occur by one month of age, audiologic diagnostic evaluation by three months, and enrollment in early intervention services by six months. In Nebraska, over 95% of infants met the hearing screening guideline in 2023, and 34% of newborns recommended for further assessment received the diagnostic evaluation by three months.

However, this percentage may fluctuate as some infants undergo multiple assessments.

Regarding early intervention, 42.9% of infants diagnosed as deaf or hard of hearing in Nebraska were enrolled in early intervention services by six months of age, based on data from the state's Early Development Network. This figure reflects families who accepted Part C of the Individuals with Disabilities Education Act services, and the data is subject to change as more information becomes available.