



Nevada Newborn Hearing Screening Annual Report 2005

Bureau of Family Health Services

Nevada State Health Division

Department of Human Resources

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Nevada Newborn Hearing Screening

The Nevada Newborn Hearing Screening Program was initiated on January 1, 2002 following legislative enactment of NRS 442.500-590. This law mandated that all hospitals providing care of newborn children do hearing screening on all newborns prior to discharge. The infants are then referred for follow up as needed. (The requirements do not apply to a hospital in which fewer than 500 childbirths occur annually.) The legislation also required an annual report to be sent to the Governor. The original bill, Attachment A; the legislation, Attachment B; and the regulation Attachment C, are included at the conclusion of the report.

The Nevada State Health Division (NSHD), Bureau of Family Health Services (BFHS) staff met with representatives of mandated hospitals from around the state during the summer and fall of 2001 to work on developing a system of data collection and reporting. Hospital and NSHD staff agreed on the type of data to be collected and how it is to be reported for the annual report to the Governor. New state regulations needed to be developed in order to implement the legislation, and hospital representatives and NFHS staff were heavily involved in the process. Health Division staff developed a computerized database, capable of interfacing with existing databases, to collect hearing screening data. Hospital staff consistently indicated their willingness to meet as often as necessary to discuss problems/solutions and ways to enhance and maintain the quality of the program. The State Board of Health considered the proposed regulation and listened to two medical providers who were opposed. The State Board of Health determined that those who were opposed were actually opposed to the legislation, which, since it was already in place, had no bearing on the passage of regulations to implement the law. The State Board of Health voted to adopt the regulation

The Nevada State Health Division, Bureau of Family Health Services staff developed a brochure in both English and Spanish that could be used by hospitals to advise families about the importance of hearing screening. The Bureau also developed a form for use in cases when a family decides to refuse hearing screening. These brochures and the refusal form were placed on the Health Division –BFHS website at:

<http://health2k.state.nv.us/mch/screening.htm>

In order to keep the costs of the testing low for families, many of the hospitals purchased equipment and trained staff to provide this service. This was largely due to the efforts of existing hospital staff who felt strongly about the merits of hearing screening and the benefit for Nevada's babies.

The Nevada State Health Division is proud of the results of this program. Estimates for newborn hearing screening completed in the years prior to the initiation of the program were at 40 percent of infants born in the state were checked for hearing disorders. As a result of the combined efforts of professionals from around the state, the program has made a difference for babies. In the first year of operation, despite problems due to the rapid implementation, fast track training of staff and the late delivery of equipment, the final birth numbers as of July, 2003 indicated that 90.8 percent of all infants born in

Nevada received a hearing screening. This year, the data shows that 96.5 percent of babies born in mandated hospitals received a hearing screening prior to discharge. Nationally, approximately three (3) percent of infants are referred for further evaluation, and one (1) percent are determined to have a confirmed hearing disability. Nevada's referral rate is 2.9 percent. Health Division staff are working with hospitals to determine the outcome of those babies referred for evaluations, and funneling these children into the Children with Special Health Care Needs Program (CSHCN), Early Intervention Services (EI), and other existing resources. Technical assistance is provided when necessary, and hospitals are being provided with feedback data to assist them to do quality assurance comparisons.

The next step is to improve the process for adequate follow up and outcome determination of each infant needing further evaluation and diagnostic services. Health Division staff is working with hospitals to improve the timeliness of reporting to enable staff to contact families and determine if the infant has/has not received appropriate follow up and diagnosis within specified time frames. The nature of the hospital workplace and current staffing has made reporting more often than quarterly difficult. However, contact with hospital staff indicates a willingness to work on this problem. Staff is also working to develop contact with physicians and audiologists who are involved with the definitive diagnosis and treatment of these children to better track those children who are determined to have a true hearing disorder and are in need of treatment and services. Newborn Hearing Screening staff and Early Intervention Services staff are also collaborating to identify those children with a hearing disorder who may already be receiving services. Since the inception of this system of "cross matching" – three children have been identified and referred to the Children with Special Health Care Needs program for medical intervention.

The Nevada State Health Division is proud that the Federal Health Resource and Services Administration notified program staff in Nevada that they will again be awarded a three year grant to continue the program, and to improve the follow up capacity of the Newborn Screening Program in Nevada.

The success of the program is such that hospitals - both new and old - which are not mandated to provide hearing screening – have contacted staff expressing a desire to participate. Thus, it is anticipated that the success of the program will continue into the next year. This type of enthusiasm and collaboration has made this program a true success story, and shows how Nevada truly cares for its babies.

Recommendation

The Nevada State Health Division will work with the physicians, audiologists and hearing aide providers to discuss strategies that can be implemented to increase the percentage of newborns that receive full diagnostic hearing evaluations and insure timely follow up services.

Newborn Hearing Screening by Hospital, Nevada,
Year 2005 Summary (Preliminary)

Hospital	Screened	Births*	Percent Screened	Referred for Diagnostic Evaluation	Percent Referred**	Refused
Carson Tahoe	916	975	93.9%	0	0.0%	13
Churchill	347	441	78.7%	22	6.3%	44
Humboldt	199	207	96.1%	3	1.5%	0
Mike O'Collaghan	510	644	79.2%	29	5.7%	0
Mountain View	2,652	2,828	93.8%	43	1.6%	41
North Vista	1,361	1,420	95.8%	3	0.2%	0
Northeastern	450	571	78.8%	52	11.6%	40
St. Mary's	2,127	2,071	100^	0	0.0%	4
St. Rose Dominican	918	919	99.9%	9	1.0%	0
St. Rose Sienna	2,734	2,738	99.9%	87	3.2%	0
Southern Hills	539	610	88.4%	8	1.5%	17
Spring Valley	1,504	1,634	92.0%	29	1.9%	34
Summerlin	2,487	2,749	90.5%	25	1.0%	169
Sunrise	4,661	4,654	100^	172	3.7%	0
UMC	5,825	5,889	98.9%	457	7.8%	0
Valley	3,337	3,465	96.3%	73	2.2%	59
Washoe	4,494	4,490	100^	16	0.4%	0
William Bee	55	72	76.4%	7	12.7%	
Annual State Total***	35,116	36,377	96.5%	1,035	2.9%	421

Note: Nevada birth certificate numbers are "preliminary" due to a lag in reporting. Thus, those hospitals where the total number screened appears to exceed the number in the birth files is being shown as "100^".

* Preliminary birth data (as of March 29, 2006) is from the Nevada State Birth Registry.

** Based on those screened, not births.

++ This chart includes hospitals that are, and are not required by state law to provide newborn hearing screening to infants.

Newborn Hearing Screening by Hospital, Nevada,
1st Quarter 2005 Summary (Preliminary)

Hospital	Screened	Births*	Percent Screened	Referred for Diagnostic Evaluation	Percent Referred**	Refused
Carson Tahoe	218	230	94.8%	0	0.0%	2
Churchill	84	109	77.1%	1	1.2%	13
Humboldt	45	45	100.0%	0	0.0%	0
Mike O'Collaghan	130	146	89.0%	10	7.7%	0
Mountain View	557	646	86.2%	12	2.2%	15
North Vista	265	277	95.7%	0	0.0%	0
Northeastern	75	124	60.5%	10	13.3%	11
St. Mary's	536	516	100^	0	0.0%	1
St. Rose Dominican	192	194	99.0%	4	2.1%	0
St. Rose Sienna	626	623	100^	19	3.0%	0
Southern Hills	133	150	88.7%	4	3.0%	1
Spring Valley	288	349	82.5%	11	3.8%	9
Summerlin	602	653	92.2%	6	1.0%	28
Sunrise	1,132	1,101	100^	26	2.3%	0
UMC	1,455	1,474	98.7%	163	11.2%	0
Valley	789	829	95.2%	22	2.8%	12
Washoe	982	1,004	97.8%	4	0.4%	0
William Bee	11	19	57.9%	2	18.2%	0
State Total***	8,120	8,489	95.7%	294	3.6%	92

Note: Nevada birth certificate numbers are "preliminary" due to a lag in reporting. Thus, those hospitals where the total number screened appears to exceed the number in the birth files is being shown as "100^".

* Preliminary birth data (as of March 29, 2006) is from the Nevada State Birth Registry.

** Based on those screened, not births.

++ This chart includes hospitals that are, and are not required by state law to provide newborn hearing screening to infants.

Newborn Hearing Screening by Hospital, Nevada,
2nd Quarter 2005 Summary (Preliminary)

Hospital	Screened	Births*	Percent Screened	Referred for Diagnostic Evaluation	Percent Referred**	Refused
Carson Tahoe	214	231	92.6%	0	0.0%	6
Churchill	84	115	73.0%	1	1.2%	13
Humboldt	45	46	97.8%	0	0.0%	0
Mike O'Collaghan	146	166	88.0%	7	4.8%	0
Mountain View	684	706	96.9%	17	2.5%	1
North Vista	307	322	95.3%	1	0.3%	0
Northeastern	122	138	88.4%	8	6.6%	14
St. Mary's	573	523	100^	0	0.0%	0
St. Rose Dominican	255	259	98.5%	2	0.8%	0
St. Rose Sienna	678	690	98.3%	23	3.4%	0
Southern Hills	115	136	84.6%	1	0.9%	0
Spring Valley	388	406	95.6%	10	2.6%	0
Summerlin	604	638	94.7%	8	1.3%	15
Sunrise	1,163	1,132	100^	44	3.8%	0
UMC	1,383	1,397	99.0%	107	7.7%	0
Valley	792	822	96.4%	15	1.9%	19
Washoe	1,141	1,164	98.0%	7	0.6%	0
William Bee	14	19	73.7%	3	21.4%	0
State Total***	8,708	8,910	97.7%	254	2.9%	68

Note: Nevada Birth certificate numbers are "preliminary" due to a lag in reporting. Thus, those hospitals where the total number screened appears to exceed the number in the birth files is being shown as "100^".

* Preliminary birth data (as of March 29, 2006) is from the Nevada State Birth Registry.

** Based on those screened, not births.

++ This chart includes hospitals that are, and are not required by state law to provide newborn hearing screening to infants.

3rd Quarter 2005 Summary (Preliminary)

Hospital	Screened	Births*	Percent Screened	Referred for Diagnostic Evaluation	Percent Referred**	Refused
Carson Tahoe	257	269	95.5%	0	0.0%	1
Churchill	81	110	73.6%	16	19.8%	12
Humboldt	57	59	96.6%	1	1.8%	0
Mike O'Collaghan	130	167	77.8%	8	6.2%	0
Mountain View	726	755	96.2%	9	1.2%	8
North Vista	414	433	95.6%	1	0.2%	0
Northeastern	138	158	87.3%	21	15.2%	11
St. Mary's	530	536	98.9%	0	0.0%	2
St. Rose Dominican	237	235	100^	1	0.4%	0
St. Rose Sienna	762	764	99.7%	36	4.7%	0
Southern Hills	134	143	93.7%	2	1.5%	2
Spring Valley	447	467	95.7%	6	1.3%	5
Summerlin	665	754	88.2%	6	0.9%	56
Sunrise	1,210	1,260	96.0%	76	6.3%	0
UMC	1,548	1,560	99.2%	107	6.9%	0
Valley	854	886	96.4%	18	2.1%	15
Washoe	1,216	1,214	100^	3	0.2%	0
William Bee	11	13	84.6%	2	18.2%	0
State Total***	9,417	9,783	96.3%	313	3.3%	112

Note: Nevada birth certificate numbers are "preliminary" due to a lag in reporting. Thus, those hospitals where the total number screened appears to exceed the number in the birth files is being shown as "100^".

* Preliminary birth data (as of March 29, 2006) is from the Nevada State Birth Registry.

** Based on those screened, not births.

++ This chart includes hospitals that are, and are not required by state law to provide newborn hearing screening to infants.

Newborn Hearing Screening by Hospital, Nevada,
4th Quarter 2005 Summary (Preliminary)

Hospital	Screened	Births*	Percent Screened	Referred for Diagnostic Evaluation	Percent Referred**	Refused
Carson Tahoe	227	245	92.7%	0	0.0%	4
Churchill	98	107	91.6%	4	4.1%	6
Humboldt	52	57	91.2%	2	3.8%	0
Mike O'Collaghan	104	165	63.0%	4	3.8%	0
Mountain View	685	721	95.0%	5	0.7%	17
North Vista	375	388	96.6%	1	0.3%	0
Northeastern	115	151	76.2%	13	11.3%	4
St. Mary's	488	496	98.4%	0	0.0%	1
St. Rose Dominican	234	231	100^	2	0.9%	0
St. Rose Sienna	668	661	100^	9	1.3%	0
Southern Hills	157	181	86.7%	1	0.6%	14
Spring Valley	381	412	92.5%	2	0.5%	20
Summerlin	616	704	87.5%	5	0.8%	70
Sunrise	1,156	1,161	99.6%	26	2.2%	0
UMC	1,439	1,458	98.7%	80	5.6%	0
Valley	902	928	97.2%	18	2.0%	13
Washoe	1,155	1,108	100^	2	0.2%	0
William Bee	19	21	90.5%	0	0.0%	0
State Total***	8,871	9,195	96.5%	174	2.0%	149

Note: Nevada birth certificate numbers are "preliminary" due to a lag in reporting. Thus, those hospitals where the total number screened appears to exceed the number in the birth files is being shown as "100^".

* Preliminary birth data (as of March 29, 2006) is from the Nevada State Birth Registry.

** Based on those screened, not births.

++ This chart includes hospitals that are, and are not required by state law to provide newborn hearing screening to infants.

Joint Sponsor: Senator Care

CHAPTER 510

AN ACT relating to health care; requiring hearing screenings for newborn children or referrals for such screenings; providing exceptions; establishing the duties of hospitals and obstetric centers concerning the provision of hearing screenings; requiring the state board of health to adopt certain regulations; requiring the health division of the department of human resources to create brochures concerning hearing screenings of newborn children for distribution to the parents and legal guardians of newborn children; and providing other matters properly relating thereto.

[Approved: June 8, 2001]

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN SENATE
AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Chapter 442 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 11, inclusive, of this act.

Sec. 2. *As used in sections 2 to 11, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 3, 4 and 5 of this act have the meanings ascribed to them in those sections.*

Sec.3. *"Hearing screening" means a test or battery of tests administered to determine the need for an in-depth hearing diagnostic evaluation.*

Sec. 4. *"Hospital" has the meaning ascribed to it in NRS 449.012.*

Sec. 5. *"Provider of hearing screenings" means a health care provider who, within the scope of his license or certificate, provides for hearing screenings of newborn children in accordance with sections 2 to 11, inclusive, of this act. The term includes a licensed audiologist, a licensed physician or an appropriately supervised person who has documentation that demonstrates to the state board of health that he has completed training specifically for conducting hearing screenings of newborn children.*

↓2001 Statutes of Nevada, Page 2461↓

Sec. 6. 1. *Except as otherwise provided in this section and section 8 of this act, a licensed hospital in this state that provides services for maternity care and the care of newborn children and a licensed obstetric center in this state shall not discharge a newborn child who was born in the facility until the newborn child has undergone a hearing screening for the detection of hearing loss to prevent the consequences of unidentified disorders, or has been referred for such a hearing screening.*

2. *The requirements of subsection 1 do not apply to a hospital in which fewer than 500 childbirths occur annually.*

3. *The state board of health shall adopt such regulations as are necessary to carry out the provision.~ of sections 2 to n, inclusive, of this act.*

Sec. 7. J. *A hearing screening required by section 6 of this act must be conducted by a provider of hearing screenings.*

2. *A licensed hospital and a licensed obstetric center shall hire, contract with or enter into a written memorandum of understanding with a provider of hearing screenings to:*

(a) Conduct a program for hearing screenings on newborn children in accordance with sections 2 to 11, inclusive, of this act;

(b) Provide appropriate training for the staff of the hospital or obstetric center;

(c) Render appropriate recommendations concerning the program for hearing screenings; and

(d) Coordinate appropriate follow-up services.

3. *Not later than 24 hours after a hearing screening is conducted on a newborn child, appropriate documentation concerning the hearing screening, including, without limitation, results, interpretations and recommendations, must be placed in the medical file of the newborn child.*

4. *A licensed hospital and a licensed obstetric center shall annually prepare and submit to the health division a written report concerning hearing screenings of newborn children in accordance with regulations adopted by the state board of health. The report must include, without limitation, the number*

of newborn children screened and the results of the screenings.

5. *The health division shall annually prepare and submit to the -governor a written report relating to hearing tests for newborn children. The written report must include, without limitation:*

(a) A summary of the results of hearing screenings administered to newborn children and any other related information submitted in accordance with the regulations of the state board of health;

(b) An analysis of the effectiveness of the provisions of sections 2 to 11, inclusive, of this act in identifying loss of hearing in newborn children; and

(c) Any related recommendations for legislation.

Sec. 8. *A newborn child may be discharged from the licensed hospital or obstetric center in which he was born without having undergone a required hearing screening or having been referred for a hearing screening if a parent or legal guardian of the newborn child objects in writing to the hearing screening. The hospital or obstetric center shall place the written objection of the parent or legal guardian to the hearing screening in the medical file of the newborn child.*

↓**2001 Statutes of Nevada, Page 2462**↓

Sec. 9. *If a hearing screening conducted pursuant to section 6 of this act indicates that a newborn child may have a hearing loss, the physician attending to the newborn child shall recommend to the parent or legal guardian of the newborn child that the newborn child receive an in-depth hearing diagnostic evaluation.*

Sec. 10. *A licensed hospital and a licensed obstetric center shall formally designate a lead physician or audiologist to be responsible for:*

1. The administration of the program for conducting hearing screenings of newborn children; and

2. Monitoring the scoring and interpretation of the test results of the hearing screenings.

Sec. 11. 1. *The health division shall create written brochures that use terms which are easily understandable to a parent or legal guardian of a newborn child and include, without limitation:*

(a) Information concerning the importance of screening the hearing of a newborn child; and

(b) A description of the normal development of auditory processes, speech and language in children. 2.

The health division shall provide the brochure~' created pursuant to subsection 1 to each licensed hospital and each licensed obstetric center in this state. These facilities shall provide the brochures to the parents or legal guardians of a newborn child.

Sec. 12. *(Deleted by amendment.)*

Sec. 13. *The state board of health shall adopt regulations to carry out the provisions of this act by January 1, 2002.*

Sec. 14. 1. *This section becomes effective on July 1, 2001.*

2. Sections] to 13, inclusive, of this act become effective:

(a) On July1, 2001, for the purpose of adopting regulations by the state board of health to carry out the provisions of this act; and

(b) On January 1, 2002, for all other purposes.

SCREENING OF HEARING OF NEWBORN CHILDREN

NRS 442.500 Definitions. As used in [NRS 442.500](#) to [442.590](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 442.510](#), [442.520](#) and [442.530](#) have the meanings ascribed to them

in those sections.

(Added to NRS by [2001, 2460](#))

NRS 442.510 “Hearing screening” defined. “Hearing screening” means a test or battery of tests administered to determine the need for an in-depth hearing diagnostic evaluation.

(Added to NRS by [2001, 2460](#))

NRS 442.520 “Hospital” defined. “Hospital” has the meaning ascribed to it in [NRS 449.012](#).

(Added to NRS by [2001, 2460](#))

NRS 442.530 “Provider of hearing screenings” defined. “Provider of hearing screenings” means a health care provider who, within the scope of his license or certificate, provides for hearing screenings of newborn children in accordance with [NRS 442.500](#) to [442.590](#), inclusive. The term includes a licensed audiologist, a licensed physician or an appropriately supervised person who has documentation that demonstrates to the State

Board of Health that he has completed training specifically for conducting hearing screenings of newborn children.

(Added to NRS by [2001, 2460](#))

NRS 442.540 Certain medical facilities prohibited from discharging newborn child born in facility until child has undergone or been referred for hearing screening; exception; regulations.

1. Except as otherwise provided in this section and [NRS 442.560](#), a licensed hospital in this state that provides services for maternity care and the care of newborn children and a licensed obstetric center in this state

shall not discharge a newborn child who was born in the facility until the newborn child has undergone a hearing

screening for the detection of hearing loss to prevent the consequences of unidentified disorders, or has been

referred for such a hearing screening.

2. The requirements of subsection 1 do not apply to a hospital in which fewer than 500 childbirths occur annually.

3. The State Board of Health shall adopt such regulations as are necessary to carry out the provisions of [NRS](#)

[442.500](#) to [442.590](#), inclusive.

(Added to NRS by [2001, 2461](#))

NRS 442.550 Hearing screenings: Persons authorized to conduct; certain medical facilities to hire or enter into written agreement with provider of hearing screenings; documentation to be placed in medical

file of newborn child; written reports.

1. A hearing screening required by [NRS 442.540](#) must be conducted by a provider of hearing screenings.

2. A licensed hospital and a licensed obstetric center shall hire, contract with or enter into a written memorandum of understanding with a provider of hearing screenings to:

(a) Conduct a Program for Hearing Screenings on newborn children in accordance with [NRS 442.500](#) to [442.590](#), inclusive;

(b) Provide appropriate training for the staff of the hospital or obstetric center;

(c) Render appropriate recommendations concerning the Program for Hearing Screenings; and

(d) Coordinate appropriate follow-up services.

3. Not later than 24 hours after a hearing screening is conducted on a newborn child, appropriate documentation concerning the hearing screening, including, without limitation, results, interpretations and recommendations, must be placed in the medical file of the newborn child.

4. A licensed hospital and a licensed obstetric center shall annually prepare and submit to the Health Division

a written report concerning hearing screenings of newborn children in accordance with regulations adopted by the

State Board of Health. The report must include, without limitation, the number of newborn children screened and the results of the screenings.

5. The Health Division shall annually prepare and submit to the Governor a written report relating to hearing

tests for newborn children. The written report must include, without limitation:

- (a) A summary of the results of hearing screenings administered to newborn children and any other related information submitted in accordance with the regulations of the State Board of Health;
- (b) An analysis of the effectiveness of the provisions of [NRS 442.500 to 442.590](#), inclusive, in identifying loss of hearing in newborn children; and
- (c) Any related recommendations for legislation.

(Added to NRS by [2001, 2461](#))

NRS 442.560 Hearing screening not required if parent or legal guardian of newborn child objects in writing; written objection to be placed in medical file of newborn child. A newborn child may be discharged

from the licensed hospital or obstetric center in which he was born without having undergone a required hearing

screening or having been referred for a hearing screening if a parent or legal guardian of the newborn child objects in writing to the hearing screening. The hospital or obstetric center shall place the written objection of the

parent or legal guardian to the hearing screening in the medical file of the newborn child.

(Added to NRS by [2001, 2461](#))

NRS 442.570 Physician to recommend diagnostic evaluation if hearing screening indicates possibility of

hearing loss. If a hearing screening conducted pursuant to [NRS 442.540](#) indicates that a newborn child may have

a hearing loss, the physician attending to the newborn child shall recommend to the parent or legal guardian of the

newborn child that the newborn child receive an in-depth hearing diagnostic evaluation.

(Added to NRS by [2001, 2462](#))

NRS 442.580 Lead physician or audiologist: Designation; responsibilities. A licensed hospital and a licensed obstetric center shall formally designate a lead physician or audiologist to be responsible for:

1. The administration of the Program for conducting hearing screenings of newborn children; and
2. Monitoring the scoring and interpretation of the test results of the hearing screenings.

(Added to NRS by [2001, 2462](#))

NRS 442.590 Written brochures: Creation by Health Division; required contents; distribution.

1. The Health Division shall create written brochures that use terms which are easily understandable to a parent or legal guardian of a newborn child and include, without limitation:

- (a) Information concerning the importance of screening the hearing of a newborn child; and
- (b) A description of the normal development of auditory processes, speech and language in children.

2. The Health Division shall provide the brochures created pursuant to subsection 1 to each licensed hospital

and each licensed obstetric center in this state. These facilities shall provide the brochures to the parents or legal

guardians of a newborn child.

(Added to NRS by [2001, 2462](#))

SCREENING OF HEARING OF NEWBORN CHILDREN

NAC 442.850 Annual reports to Health Division: Contents. ([NRS 442.540, 442.550](#))

The annual written report required to be submitted to the Health Division pursuant to [NRS](#)

[442.550](#) by licensed hospitals and licensed obstetric centers must include the following information concerning hearing screenings of newborn children conducted at the licensed hospital or licensed obstetric center during the period covered by the report:

1. The name of the licensed hospital or licensed obstetric center.

2. The number of newborn children screened.
3. The number of newborn children who required follow-up services and for each of those

newborn children:

- (a) The age of the newborn child at the time the hearing screening was conducted;
- (b) The gestational age of the newborn child at birth;
- (c) The type of hearing screening that was conducted on the newborn child;
- (d) The results of the hearing screening;
- (e) Any recommendations made for the newborn child as a result of the hearing screening;
- (f) Any referrals made for the newborn child as a result of the hearing screening;
- (g) The county of residence of the newborn child;
- (h) The name and date of birth of the mother of the newborn child; and
- (i) The name of the attending physician of the newborn child.

(Added to NAC by Bd. of Health by R191-01, eff. 5-23-2002)

NAC 442.860 Referral of child for certain services: Notification of Health Division.

(NRS 442.540) If a licensed hospital or licensed obstetric center makes a referral for a newborn child because the newborn child needs assistance with accessing diagnostic and treatment services, the licensed hospital or licensed obstetric center shall notify the Health

Division of the referral at the time the referral is made.

(Added to NAC by Bd. of Health by R191-01, eff. 5-23-2002)