

December 3, 2020

Dr. John Hellerstedt, Commissioner
Texas Department of State Health Services
PO Box 149347
Austin, TX 78714-9347

Dear Dr. Hellerstedt,

Texas Health and Safety Code, Chapter 47, requires that each infant born in Texas be screened for hearing loss prior to hospital discharge and that prompt intervention, and referral to an Otolaryngologist for evaluation and treatment of suspected hearing loss occur prior to six months of age unless the baby has been hospitalized since birth. While the incidence of congenital hearing loss is 1-3/1000 in the well-baby population, it is 20-40/1000 for those babies who require neonatal intensive care. Congenital hearing loss is associated with increased morbidity, including neurodevelopmental delay, speech delay, poor school performance and, ultimately, poor job performance. Early detection and intervention for infants with congenital hearing loss is a priority for our state's newborn screening program to ensure the best possible outcomes for these children. The mission of Early Hearing Detection and Intervention programs is to have all babies receive a hearing screen by one month of age, diagnostic testing by 3 months of age to identify hearing loss/impairment, and entry into intervention services by 6 months of age. This "1-3-6 Rule" has been very successful in the well newborn population. Adherence to the 1-3-6 Rule for sick and premature babies in the neonatal intensive care unit (NICU) has been a challenge leading to untimely hearing screening. Most hospitals perform hearing screening in this at-risk group at the time of discharge even though the length of stay spanned weeks to months. This delay in screening leads to inappropriate postponement of diagnostic testing and intervention. NICU babies represent the most fragile newborns and many will have lifelong sequelae. Delayed diagnosis of hearing loss is an added complication that has significant consequences.

In an effort to ensure timely diagnosis and intervention for NICU babies with congenital hearing loss, and to improve the overall process for hearing screening in our Texas NICUs, the Newborn Screening Advisory Committee (NBSAC) formed a hearing screening subcommittee (HSS) in 2018, with input from content experts. The HSS has developed a hearing screening protocol that mirrors the 1-3-6 Rule so to promote earlier screening, diagnosis, and intervention for NICU patients (see attached). Specifically, we recommend that all NICU babies be screened at, or as near as possible, to 34 weeks post menstrual age (PMA), but no later than 44 weeks PMA. Diagnostic testing for babies who fail their hearing screen should be performed within a month of the failed screen, and intervention should occur within two months of the diagnosis. This

protocol was implemented at Texas Children's Hospital in 2018, initially as a trial, but now as the standard of care. To date, over 2700 NICU babies have been screened of which 101 have been diagnosed with hearing loss. The NBSAC strongly recommends implementation of this protocol in all NICUs in Texas. We propose this protocol be approached as a quality improvement initiative, with each NICU adapting their available resources to earlier screening and diagnosis. The NBSAC requests your support in distributing education and the proposed NICU hearing screening protocol to other committees and agencies affiliated with the Texas DSHS who are stakeholders in newborn care and outcomes for their review and in put. As always, thank you for your support of the Texas Newborn Screening Program

Sincerely submitted,

Alice Gong
Chair, Newborn Screening Advisory Committee

Michael Speer
Vice Chair, Newborn Screening Advisory Committee

Tiffany McKee-Garrett
Chair, NICU Hearing Screening Subcommittee