

WASHINGTON STATE BOARD OF HEALTH

Date: August 9, 2023

To: Washington State Board of Health Members

From: Kelly Oshiro, Board Vice Chair

Subject: Petition for Rulemaking – Chapter 246-760 WAC, Auditory and Visual Screening Standards in Schools

Background and Summary:

The Administrative Procedures Act (RCW 34.05.330) allows any person to petition a state agency for the adoption, amendment, or repeal of any rule. Upon receipt of a petition, the agency has sixty days to either (1) deny the petition in writing, stating the reasons and, as appropriate, offer other means for addressing the concerns raised by the petitioner, or (2) accept the petition and initiate rulemaking.

On July 26, 2023, the Washington State Board of Health (Board) received a rulemaking petition from the Lake Chelan Lion's Club requesting to amend chapter 246-760 WAC to add [otoacoustic emission \(OAE\)](#) screening technology to the Board's school auditory (or hearing) screening rules. The petitioner's request includes proposed rule language that would permit the use of OAE or pure tone screening as a primary screening method and require rescreening with pure tone screening for any students with a "fail/refer" result from OAE screening.

The petitioner's request also includes information on OAE screening technology from the [American Speech-Language-Hearing Association \(ASHA\) Childhood Screening Guidelines](#) and a list of rationale for including OAE screening in any rule revisions. According to ASHA, OAE technology measures how well the inner ear, also known as the cochlea, works.¹ OAE screening measures sound waves, or OAEs, produced by the inner ear in response to stimulation.²

The Board sets standards in [chapter 246-760 WAC](#) for the auditory and visual screening of children attending schools in Washington under the authority provided in [RCW 28A.210.020](#). The purpose of this requirement is to screen and identify students in Washington who may be experiencing hearing or vision impairments and refer them for care by an appropriate healthcare provider. These annual screenings are conducted once per academic year for children in kindergarten and grade one, two, three, five, and seven. If resources permit, schools may expand screenings to other grade levels.

The auditory screening sections of chapter 246-760 WAC require the use of auditory screening equipment providing tonal stimuli at various frequencies and hearing levels. This is consistent with the [American Academy of Audiology \(AAA\) Clinical Practice](#)

(continued on the next page)

[Guidelines for Childhood Hearing Screening](#),³ which recommend screening children aged 3 (chronologically and developmentally) and older using pure tone screening. Pure tone screening is typically conducted using a pure tone audiometer, which tests a person's responses to tonal stimulation (e.g., beeps played through a headphone set at different frequencies).^{3,4}

The AAA guidelines also recommend OAE screening, but only for preschool and school-aged children for whom pure tone screening is not developmentally appropriate (ability level < 3 years).³ ASHA guidelines state, "*Pure tone audiometry, OAE technology, and tympanometry may all be appropriate options for inclusion in hearing screening programs.*"⁵ However, like the AAA, ASHA guidelines recommend pure tone screening as the standard. The guidelines note, "*Although OAEs are considered an acceptable screening tool, pure-tone screening remains the gold standard and is ideally accomplished by the time a child is 5 years old.*" Both guidelines include information regarding selecting appropriate equipment, including OAEs and tympanometry in addition to pure tone audiometry equipment, guidance regarding suggested rescreening timelines and follow-up, and evaluations of hearing programs.

According to the Washington State Department of Health's Early Hearing Detection, Diagnosis, and Intervention (EHDDI) program and national estimates, hearing loss is one of the most common conditions present at birth, affecting 1-3 per 1,000 newborns.^{6,7} By the time children reach kindergarten, this statistic increases to approximately 2-5 per 1,000 children, underscoring the importance of continued monitoring and screening for hearing loss in school-aged children. Hearing screenings provide the opportunity to help detect a student's hearing loss or previously unrecognized hearing loss and intervene to limit further loss and improve learning.⁸

Under the Board's rulemaking authority in RCW 28A.210.020, the Board must seek the recommendations of the superintendent of public instruction (OSPI) regarding the administration of school hearing and vision screening before revising chapter 246-760 WAC. Board staff have consulted with representatives from OSPI on the petitioner's request to amend the rules to include OAE screening technology. OSPI plans to submit its recommendation as a written public comment, which will be included in the Board meeting materials packet.

I have invited Molly Dinardo, Board Staff, to provide additional information from the petitioner, a brief overview of national childhood screening guidelines, and then outline the Board's options for responding to the petition.

[Recommended Board Actions:](#)

The Board may wish to consider one of the following motions:

The Board declines the petition for rulemaking to revise applicable sections of chapter 246-760 WAC to permit the use of otoacoustic emission (OAE) screening technology in Washington State school auditory screening standards and procedures under RCW 28A.210.020 for the reasons articulated by Board Members. The Board directs staff to notify the petitioner of the Board's decision.

Washington State Board of Health
August 9, 2023, Meeting Memo

OR

The Board accepts the petition for rulemaking to explore options to revise relevant sections of chapter 246-760 to permit the use of otoacoustic emission (OAE) screening technology in Washington State school auditory screening standards and procedures under RCW 28A.210.020. The Board directs staff to notify the requestor of its decision and to file a CR-101, Preproposal of Inquiry, to evaluate the request and possible rule change further.

Staff

Molly Dinardo

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1. Otoacoustic Emissions (OAEs). American Speech-Language-Hearing Association. Accessed July 31, 2023. <https://www.asha.org/public/hearing/otoacoustic-emissions/>
 2. Otoacoustic Emission Testing (OAE). Published December 15, 2022. Accessed July 31, 2023. <https://www.hopkinsmedicine.org/health/conditions-and-diseases/otoacoustic-emission-testing-oae>
 3. Clinical Practice Guidelines: Childhood Hearing Screening. The American Academy of Audiology. Published 2011. Accessed July 31, 2023. <https://www.audiology.org/practice-guideline/clinical-practice-guidelines-childhood-hearing-screening/>
 4. Pure-Tone Testing. American Speech-Language-Hearing Association. Accessed July 31, 2023. <https://www.asha.org/public/hearing/pure-tone-testing/>
 5. Childhood Hearing Screening. American Speech-Language-Hearing Association. Accessed July 31, 2023. <https://www.asha.org/Practice-Portal/Professional-Issues/Childhood-Hearing-Screening/>
 6. Washington State Department of Health Early Hearing-loss Detection, Diagnosis, and Intervention (EHDDI) Program. Universal Newborn Hearing Screening 2012 Report. Published August 2014. Accessed July 28, 2023. https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/344-022_EHDDISBOHReport.pdf.
 7. Research and Tracking of Hearing Loss in Children | CDC. Centers for Disease Control and Prevention. Published June 21, 2021. Accessed July 31, 2023. <https://www.cdc.gov/ncbddd/hearingloss/research.html>
 8. Promoting Hearing Health in Schools | Healthy Schools | CDC. Published December 12, 2018. Accessed July 31, 2023. <https://www.cdc.gov/healthyschools/noise/promoting.htm>