

Chapter 246-760 WAC Summary of Comments

This is great! Having the option to screen students using an OAE device to comply with the regulation will benefit those students most at risk. Students who are nonverbal or otherwise unable to hear the tones consistently may meet the standard through OAE screening, thereby eliminating the need for time away from school and the expense of a complete audiological exam. By completing the screening at school, we can quickly identify those barriers to learning and assist students to be at their best for learning. I hope this will be in place for the next school year. Thank you!

General

- It just seems like in more remote areas, it is a waste of time. Approximately 98% of families never follow up, regardless of how many times they are contacted. When you are 100 miles from the closest audiology screening, and many insurance plans require a referral from primary care, and those without Medicaid incur out-of-pocket expenses, let alone travel costs, most families will not follow up.
- I oppose this as now sure seems like a bad time for this.
 As taxpayers, we are taxed enough already. It would be better if it were an optional referral, rather than a requirement. Too often, these plans are Cadillac-like and expensive while we are on a Hamburger Helper budget. Better to just say no thank you.
- Getting consent from students is important, along with family consent.

- **No proposed action**. Commentor expressed support for adding OAEs.
- No proposed action. Schools are required to conduct hearing screenings under state law (RCW 28A.210.020).
- No proposed action. The Board does not anticipate any additional costs associated with this rulemaking, as the use of OAE equipment for screening is optional. The proposed updates primarily focus on revising screening guidance to align with current best practices.
- No proposed action. Commentor expressed general experience with school hearing screenings. No recommended changes were requested.
- No proposed action. Commentor raised questions regarding the school hearing screening process, and how information is communicated to students and families. No recommended changes were requested.
- **No proposed action**. Commentor raised a general question regarding the framing of hearing screenings by screening staff. No recommended changes were requested.
- No proposed action. Commentor raised a general question regarding the implementation of school hearing screening programs as they pertain to accessibility. No recommended changes were requested.

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- The framing of screenings is important...how is this information being shared with families and students? Are they aware of what is being done and comfortable with it? Thinking of this from a cultural and language perspective.
- How can screening and identification of hearing changes be framed less as "screening for a problem" or "issue"?
- For school hearing screenings how can we be more accessible to the neurodivergent community, and for immigrant and refugee communities?

WAC 246-760-001: Purpose and application of hearing and vision screening standards for school districts.

 Why do the terms auditory and visual acuity remain in this section when they've changed in other places in this section and the WAC? I don't believe that PlusOptix and SPOT screeners screen acuity.

WAC 246-760-010: Definitions, abbreviations, and acronyms.

(4) "Audiological evaluation" means a comprehensive diagnostic exam used to determine the type, degree, and configuration of reduction in hearing. This evaluation is performed by a licensed professional or specialist to diagnose and characterize hearing reductions and create an individualized treatment plan to address hearing needs.

Recommended change: Remove [professional or specialist], replace with [audiologist] *An audiologist is the only professional to diagnose hearing loss in

Staff Recommendations

 Staff recommendation: Update the terms in this section for consistency with other proposed changes. Staff proposed changes: "Each board of school directors in the state shall provide for and require screening of the auditory hearing and vision screening visual acuity of children attending schools in their districts to determine if any child demonstrates reduced hearing auditory or visual acuity vision that may negatively impact their learning.

- No proposed action. From our engagement in this rule, staff learned that students are either referred to their school audiologist, or health care provider. Suggestion: Keep this language broad to cover providers in addition to audiologists.
- No proposed action. Language is broad enough to cover that students may be referred to a school audiologist or a health care provider.

children. https://www.asha.org/aud/otc-hearing-aid-toolkit/audiologist-and-hearing-aid-dispenser-what-is-the-difference/

(12) "Hearing screening" means a nondiagnostic test to identify if the person being screened needs to be referred for an audiological evaluation. Schools typically refer families to the student's health care provider.

Insurance doesn't allow school nurses to refer to specialists. The healthcare provider needs to refer the student to a specialist. Sometimes a referral is not required at all because the HCP diagnoses an ear infection, treats it, and the hearing issue is resolved without the need for specialist/audiologist involvement.

WAC 246-760-020 Screening requirements for schools.

• (2) If resources are available, a school may: (a) Expand screenings to other grades; (b) Conduct additional optional vision screenings at any grade using evidence-based screening tools and techniques; or (c) Both expand screenings to other grades and conduct optional vision screenings as outlined in (a) and (b) of this subsection. Recommended consideration: including "hearing" in (b) and (c) as follows: (b) Conduct additional optional hearing and vision screenings at any grade using evidence-based screening tools and techniques; or (c) Expand both screenings to other grades and conduct optional hearing and vision screenings as outlined in (a) and (b) of this subsection.

Staff Recommendations

 No proposed action: Currently, the only optional hearing screening allowed is OAE, and only in specific circumstances. In contrast, WAC 246-760-071 permits the use of additional vision screening tools. Additionally, (a) and (c) allow expansion of hearing screening to other grade levels if resources allow.

WAC 246-760-025: Auditory screening (New Section).

• Conduct screenings according to the tool's instructions and screening protocols??? Why not according to the tool's instructions? What screening protocol is coming

Staff Recommendations

 No proposed action: This new rule section was added to align with the vision screening section of the rule (WAC 246-760-070). The intent is to ensure that screeners are from the tool manufacturer? Are we then having to contact whoever made the tool our school uses and get a protocol? Quite making things even more difficult. Know how to use the tool and leave it at that.

trained in the use of linguistically, developmentally, and age-appropriate screening tools and procedures for their students. Additionally, screeners should follow the tool's instructions in accordance with the school's established hearing screening procedures.

WAC 246-760-030: Required and alternative hearing screening tools.

- Thank you for not requiring additional tools. It is already hard enough buying and maintaining tools and sending them off yearly for calibration all at district expense.
- (ii) 80 dB for transitory evoked otoacoustic emissions (TEOAEs). (b) For a pass result, the screening device must show a response at least three dB louder than the background noise at a minimum of three different frequencies, ranging from 2,000 Hz to 8,000 Hz.
 Recommended change: Remove [transitory], replace with [transient] transient evoked otoacoustic emissions
- The current language is "transitory evoked otoacoustic emissions" which is incorrect. They are called transient evoked otoacoustic emissions.

Staff Recommendations

- No proposed action. Commentor expressed support for adding OAEs as an optional tool.
- Staff recommendation: Update to reflect appropriate terminology. Staff propose changing "transitory evoked otoacoustic emissions" to "<u>transient</u> evoked otoacoustic emissions."
- Staff recommendation: Same proposed changes as above.

WAC 246-760-040: Hearing screening procedures.

 Free of extraneous noise - should make it "in as quiet an area as possible." There is almost nowhere in our school to find a place free of extraneous noise. It is unrealistic to think that most schools will have an area fully free of extraneous noise. Even the quietest places I can find have fans I can't turn off, heating/cooling systems that noise, etc.

- Staff recommendation: Update language to reflect comment. Staff proposed changes: (2) The screener shall: (a) Conduct screenings in an environment free of extraneous noise, to the extent possible in a school setting.
- No proposed action. When an agency adopts rules or guidelines from another source, such as the federal government or a national organization, it is important to clearly specify the exact version being adopted, including

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- (c) Present each ((of the tonal stimuli)) tone at a hearing level of ((twenty)) 20 dB ((based on the)), following ASA/ANSI ((1996)) 2023 standards; Would the WAC last longer to say the "current" standards instead of "2023" standards?
- (g) Forward the results to the student's new school if they transfer. Is this ALL the results ever, or just the most recent results? Does this apply to ALL students, including those in grades not screened? I don't think many high school nurses care about hearing screening results from 7th grade, especially for their seniors. Maybe having schools forward results from the current school year or the current and previous school year.
- the date. This ensures a more meaningful notice and comment period, as required by the Administrative Procedure Act (APA), by allowing affected parties to fully review the rules they will need to follow, including any referenced materials, and provide feedback if they choose. It also prevents unintended delegation of authority, where future changes made by the original source automatically become binding under the Board's rule without the Board having formally approved those changes.
- No proposed action. This language has been part of the rule since at least 2002. If there is uncertainty about whether all screening results or only the most recent should be forwarded when a student transfers, this can be clarified by the screening staff responsible for implementing the program within the district.

WAC 246-760-050: Hearing screening referral procedures.

• (c) If the student's results indicate the need for additional assessment or follow-up, the school shall notify the parents or legal guardian ((of the need for audiological evaluation if the student fails the second screening)) that a comprehensive audiological assessment is necessary. Again, schools generally get better results referring to the primary care provider. Many times the issue can be resolved at that level. And even if it can't be resolved by the PCP, the PCP needs to make the referral to an audiologist for most insurance plans. We don't want to stick parents with bills for care that aren't paid for by insurance that would have been if they had followed the usual pathway. Maybe there can be language about a comprehensive audiologist exam when districts have an audiologist on staff whose job includes doing a comprehensive exam. Few do any more.

- Staff recommendation: Propose updating the language in this subsection for clarity. Staff proposed changes: (c) If a student's results suggest the need for further assessment or follow-up, the school shall notify the parents or legal guardian that a comprehensive audiological assessment evaluation may be required assessment is necessary. This evaluation may be preceded by a medical assessment to rule out other factors and to access audiology services as needed.
- Staff recommendation: Propose updating the language in this subsection for clarity. Staff proposed changes: (2) The school shall notify parents or legal guardians if a medical comprehensive evaluation is needed if: (a) The results of a hearing screening suggest it; or (b) A school or school

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• (2) The school((s)) shall notify parents or legal guardians ((of the need for)) if a medical evaluation is needed if: (a) ((Indicated by audiological evaluation)) The results of a hearing screening suggest it; or (b) ((A)) An audiological evaluation is ((not available)) unavailable. This seems at odds with section c. In c we are directing people to audiology. In this section we are directing them to medical care. Which is it? Few parents are going to do both based on what the school says. They are more likely to do the audiology based on what the provider says. "medical evaluation is needed". Using language like that may put districts on the hook for paying for it. I'm guessing that no budget comes to pay for medical evaluations that school say are needed (as opposed to "we recommend that you follow up with a provider?

district does not have access to an audiologist on staff. An audiological evaluation is unavailable.

WAC 246-760-060: Hearing screening personnel and qualifications.	Staff Recommendations
• N/A	• N/A

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