

135.131 Universal newborn and infant hearing screening.

1. For the purposes of [this section](#), unless the context otherwise requires:
 - a. “*Birth center*” means a facility or institution, which is not an ambulatory surgical center or a hospital or in a hospital, in which births are planned to occur following a normal, uncomplicated, low-risk pregnancy.
 - b. “*Birthing hospital*” means a private or public hospital licensed pursuant to [chapter 135B](#) that has a licensed obstetric unit or is licensed to provide obstetric services.
2. All newborns and infants born in this state shall be screened for hearing loss in accordance with [this section](#). The person required to perform the screening shall use at least one of the following procedures:
 - a. Automated or diagnostic auditory brainstem response.
 - b. Otoacoustic emissions.
 - c. Any other technology approved by the department.
3.
 - a. A birthing hospital shall screen every newborn delivered in the hospital for hearing loss prior to discharge of the newborn from the birthing hospital. A birthing hospital that transfers a newborn for acute care prior to completion of the hearing screening shall notify the receiving facility of the status of the hearing screening. The receiving facility shall be responsible for completion of the newborn hearing screening.
 - b. The birthing hospital or other facility completing the hearing screening under [this subsection](#) shall report the results of the screening to the parent or guardian of the newborn and to the department in a manner prescribed by rule of the department. The birthing hospital or other facility shall also report the results of the hearing screening to the primary care provider of the newborn or infant upon discharge from the birthing hospital or other facility. If the newborn or infant was not tested prior to discharge, the birthing hospital or other facility shall report the status of the hearing screening to the primary care provider of the newborn or infant.
4. A birth center shall refer the newborn to a licensed audiologist, physician, or hospital for screening for hearing loss prior to discharge of the newborn from the birth center. The hearing screening shall be completed within thirty days following discharge of the newborn. The person completing the hearing screening shall report the results of the screening to the parent or guardian of the newborn and to the department in a manner prescribed by rule of the department. Such person shall also report the results of the screening to the primary care provider of the newborn.
5. If a newborn is delivered in a location other than a birthing hospital or a birth center, the physician or other health care professional who undertakes the pediatric care of the newborn or infant shall ensure that the hearing screening is performed within three months of the date of the newborn’s or infant’s birth. The physician or other health care professional shall report the results of the hearing screening to the parent or guardian of the newborn or infant, to the primary care provider of the newborn or infant, and to the department in a manner prescribed by rule of the department.
6. A birthing hospital, birth center, physician, or other health care professional required to report information under [subsection 3, 4, or 5](#) shall report all of the following information to the department relating to a newborn’s or infant’s hearing screening, as applicable:
 - a. The name, address, and telephone number, if available, of the mother of the newborn or infant.
 - b. The primary care provider at the time of the newborn’s or infant’s discharge from the birthing hospital or birth center.
 - c. The results of the hearing screening.
 - d. Any rescreenings and the diagnostic audiological assessment procedures used.
 - e. Any known risk indicators for hearing loss of the newborn or infant.
 - f. Other information specified in rules adopted by the department.
7. The department may share information with agencies and persons involved with newborn and infant hearing screenings, follow-up, and intervention services, including the local birth-to-three coordinator or similar agency, the local area education agency, and local

health care providers. The department shall adopt rules to protect the confidentiality of the individuals involved.

8. An audiologist who provides services addressed by [this section](#) shall conduct diagnostic audiological assessments of newborns and infants in accordance with standards specified in rules adopted by the department. The audiologist shall report all of the following information to the department relating to a newborn's or infant's hearing, follow-up, diagnostic audiological assessment, and intervention services, as applicable:

a. The name, address, and telephone number, if available, of the mother of the newborn or infant.

b. The results of the hearing screening and any rescreenings, including the diagnostic audiological assessment procedures used.

c. The nature of any follow-up or other intervention services provided to the newborn or infant.

d. Any known risk indicators for hearing loss of the newborn or infant.

e. Other information specified in rules adopted by the department.

9. a. If the results of the newborn hearing screening performed under [this section](#) demonstrate that the newborn has hearing loss, the birthing hospital, birth center, physician, or other health care professional required to ensure that the hearing screening is performed on the newborn under [this section](#), shall do all of the following:

(1) Test the newborn or ensure that the newborn is tested for congenital cytomegalovirus before the newborn is twenty-one days of age.

(2) Provide information to the parent of the newborn including information regarding the birth defects caused by congenital cytomegalovirus and early intervention and treatment resources and services available for children diagnosed with congenital cytomegalovirus.

b. [This subsection](#) shall not apply if the parent objects to the testing. If a parent objects to the testing, the birthing hospital, birth center, physician, or other health care professional required to test or to ensure that the newborn is tested for congenital cytomegalovirus under [this subsection](#) shall obtain a written refusal from the parent, shall document the refusal in the newborn's or infant's medical record, and shall report the refusal to the department in the manner prescribed by rule of the department.

10. [This section](#) shall not apply if the parent objects to the screening. If a parent objects to the screening, the birthing hospital, birth center, physician, or other health care professional required to report information under [subsection 3, 4, or 5](#) to the department shall obtain a written refusal from the parent, shall document the refusal in the newborn's or infant's medical record, and shall report the refusal to the department in the manner prescribed by rule of the department.

11. A person who acts in good faith in complying with [this section](#) shall not be civilly or criminally liable for reporting the information required to be reported by [this section](#).

2003 Acts, ch 102, §1; 2009 Acts, ch 37, §3; 2017 Acts, ch 77, §2; 2025 Acts, ch 43, §4; 2025 Acts, ch 120, §66

Referred to in [§135B.18A, 135P1](#)

See Code editor's note at the beginning of this Code volume

Subsection 1, paragraph a amended