



Increasing Access to Hearing Screenings: A State and Local Health Department Collaboration

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Mission and Vision

Mission

The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders.

Vision

The Prevention and Health Promotion Administration envisions a future in which all Marylanders have equitable opportunities to live, thrive, and be healthy.

Learning Objectives

- Participants will be able to identify key factors to establish a hearing screening collaboration between the state EHDI Program and local health departments.
- Participants will be able to identify benefits of a hearing screening collaboration between the state EHDI program and local health departments.
- Participants will be able to understand the loaner hearing screening equipment program from the local health department perspective.

MD EHDI Program

The Maryland Early Hearing Detection and Intervention (MD EHDI) Program seeks to achieve optimal language and communication outcomes for all Maryland newborns through universal newborn hearing screening, with identification of hearing status by 3 months of age, and enrollment in early intervention by 6 months of age for children who are deaf or hard of hearing.

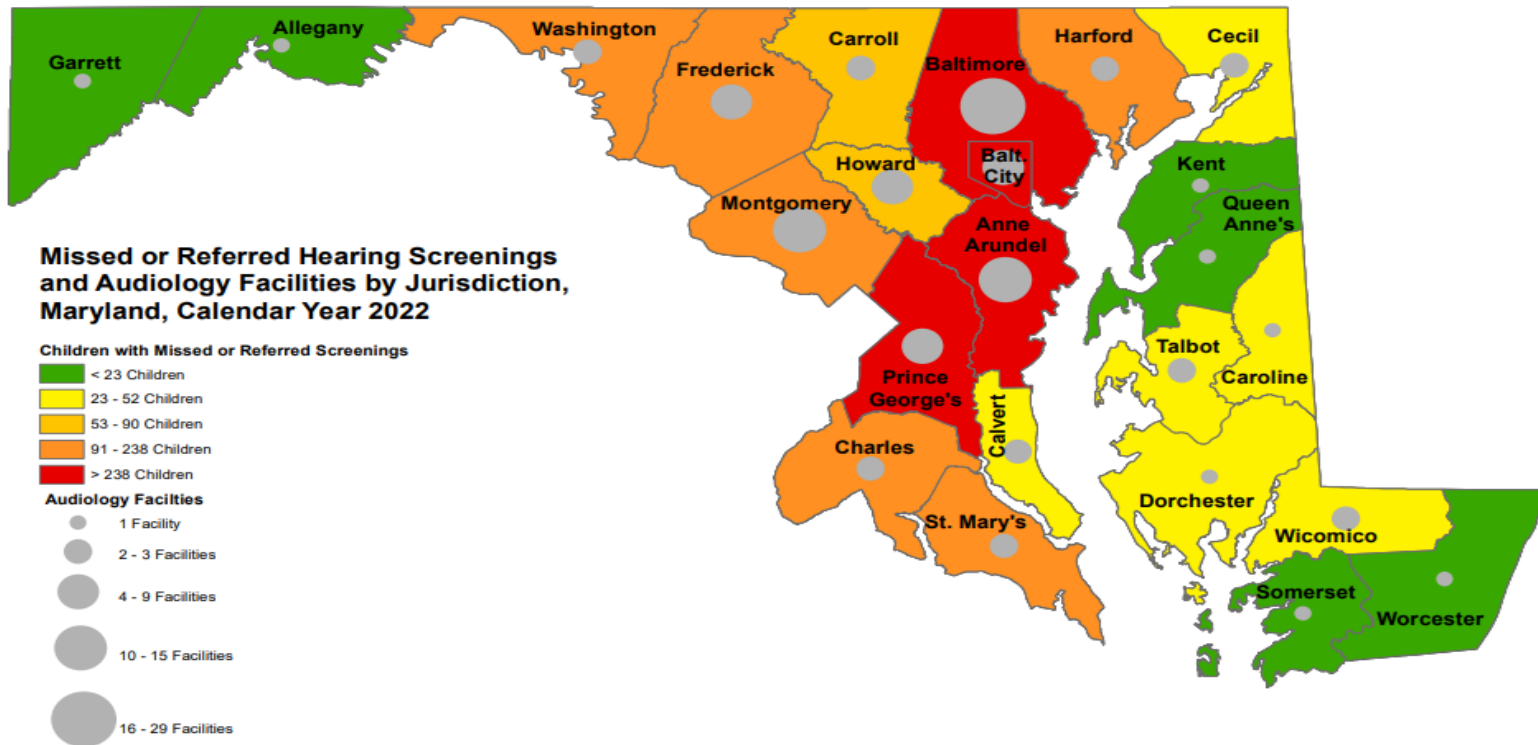
Statute and Regulations

- Maryland Annotated Code, Health–General Article §§13-601 — 13-605
 - Establishes a program for the universal hearing screening of newborns and early identification and follow–up of newborns and infants who have, or who are at risk for developing, a permanent hearing status that affects speech–language skills.
 - Establishes the Early Hearing Detection and Intervention Advisory Council
 - Requires hospitals to submit results of the hearing screening to the Department of Health
- Code of Maryland Regulations (COMAR) §§10.11.02.00-.09

Newborn Hearing Screening

- In Maryland, 80-100 babies are born deaf or hard of hearing each year
- Access to a follow-up hearing screening is essential to ensure babies who are deaf or hard of hearing are identified and referred to early intervention

Challenge Identified



Missed screenings are determined by the number of children who did not receive an initial hearing screening. Referred screenings are determined by the number of children who did not pass the initial hearing screening and are referred for further evaluation to determine if they are deaf or hard of hearing.

Source: Maryland Department of Health Early Hearing Detection and Intervention (EHDI) Program Prepared by Maternal and Child Health Bureau (MCHB) Epidemiology, January 2024

Collaboration Implementation

Challenge Identified

- Analysis of 2022 data highlighted missed hearing screenings due to the following factors: limited number of outpatient providers, transportation, and insurance
- MD EHDI identified local health departments (LHDs) as critical access points for the communities identified

Goal

- Address barriers to scheduling and completing follow-up hearing screenings
- Recruit 5 LHDs per year for 5 years to include hearing screening into clinical practice

Implementation

- Purchase hearing screening equipment to loan to LHDs
 - Funding: HRSA
- Establish a protocol for updating the EHDI database with relevant screening data
- Establish a protocol for monthly data tracking of scheduled and completed screenings

What MD EHDI Provides

- **Purchase and loan of equipment**
 - ERO•SCAN
- **Initial equipment calibration**
 - Annual calibration can be supported with billing reimbursements (families do not get charged)
 - CPT code 92558 - evoked otoacoustic emissions (OAE) screening
 - If available, MD EHDI Program carryover funds
- **Initial training**
 - National Center for Hearing Assessment and Management (NCHAM) Newborn Hearing Screening Training Curriculum (NHSTC)
<https://www.infanthearing.org/nhstc>
 - \$50.00 per person



What MD EHDI Provides

- Guidance on hearing screening steps and suggested workflow
- Scripts for talking to families about results
- Results template for written results
- Access to and training on MD EHDI Database
- List of Audiology Clinics/Diagnostic (Dx) Centers
- FAQs guidance document

Reporting

- EHDI Database (OZ)
- Monthly Screening Tracker
- Biannual Collaboration Meeting
 - Successes/Lessons Learned
 - TA

Health Department Name *	<input type="text"/>
Reporting Month *	<input type="text"/>
Reporting Year *	<input type="text"/>
# Hearing Screening Appointments Scheduled *	<input type="text"/>
# Hearing Screening Appointments Completed *	<input type="text"/>
Comments (optional)	<input type="text"/>

Collaboration Status

- **7** participating LHDs
- **9** LHDs recruited since implementation
 - recruitments are on going
- **37** scheduled hearing screenings from January 1, 2025 - October 31, 2025
- **29** completed hearing screenings from January 1, 2025 - October 31, 2025
- **23** hearing results reported to MD EHDI database within 48hrs from January 1, 2025 - October 31, 2025

Contact Information

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ST. MARY'S COUNTY
HEALTH DEPARTMENT

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Local Perspective

Tuesday March 17, 2026

Ashley Milcetic, BSN, RN

Director of Maternal, Child, and Elder Health

Where is St. Mary's County?



SMC Snapshot

- Population 116, 469 (2024 estimate)
- Demographics
 - i. 71.4% White
 - ii. 16.1% Black
 - iii. 6.3% Hispanic
- 4.5% Foreign Born
- Households living below poverty level: 8.7%
- 16.5% Medicaid Insured
- Food Insecurity Rate: 12.5%

Why St. Mary's County?

- Rural
- Significant Populations
 - Amish & Mennonite
 - Uninsured/underinsured families
- Transportation and access challenges
- Strong alignment with MCH mission



Implementation at SMCHD

- Began: April 2025
- Clinic Schedule: 3rd Tuesday of each month
- Referral Sources
 - MDH EHDI Program
 - Hospitals
 - Self-referrals
- Target Population
 - Infants under 6 months who were deemed “refer” at newborn hearing screening at birth
 - Missing/incomplete hospital screenings
 - Amish and Mennonite

What It Takes: SOP Snapshot

- Staff Training
 - OAE equipment
 - NCHAM Curriculum
 - OZ database entry
- Clear referral Criteria
- Standardized workflow
 - Scheduling
 - Screening
 - Documentation
- Quiet Clinic Room
- Machine Calibration

Early Outcomes

April 2025- October-
2026

- ✓ 8 infants screened
- ✓ 4 infants referred for additional follow-up
- ✓ 1 Mennonite infant screened
- ✓ 75% of results entered into OZ database within required time frame



Family Impact

Reaching Families Where They Are

- Amish/Mennonite families
 - Preferred local, trusted setting
 - Avoided long-distance travel
- Hospital-referred infants
 - Reduced risk of loss to follow up
- Uninsured families
 - Access without financial barriers



Why this Works

For Families

- ✓ Convenient
- ✓ Trusted
- ✓ Accessible

For the State

- ✓ Reduce loss
to follow up
- ✓ Easy access
- ✓ Addressed a
community
need

For SMCHD

- ✓ Expanded
Prevention
Role
- ✓ Community
Partnerships

Lessons Learned

- ✓ Ongoing Communication with MDH partners matters
- ✓ Strong SOPs are essential
- ✓ Start Small

Looking Ahead: Future Goals

- Expand Outreach to
 - Additional Families
 - Pediatric Providers
 - Community Partners
- Increase screening volume
 - Additional clinic dates
 - Funding/Staffing
- Billing

CONNECT WITH US!

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