STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
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HONOLULU, HAWAII 96814
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March 21, 2014

The Honorable Della Au Belatti, Chair
House Committee on Health
Twenty-Seventh Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Representative Au Belatti and Members of the Committee:

SUBJECT: HCR 238/HR188 - REQUESTING THE SUPERINTENDENT OF EDUCATION AND THE DIRECTOR OF HEALTH TO FORM A WORKING GROUP TO ASSESS WHETHER CHILDREN IN HAWAII WHO ARE DEAF OR SEVERELY HARD OF HEARING AND WHO CHOOSE THE AURAL/ORAL ROUTE OF COMMUNICATION RECEIVE PROPER TRAINING AND SUPPORT TO LEARN SPOKEN LANGUAGE SKILLS

The State Council on Developmental Disabilities (**DD) SUPPORTS THE INTENT OF HCR 238/HR188.** The purpose of the resolutions is that the Superintendent of Education and the Director of Health are requested to convene a working group to assess whether children in Hawaii who are deaf or severely hard of hearing and who choose the aural/oral route of communication receive proper training and support to learn spoken language skills. The working group is requested to assess whether a gap in education and health care exists for children who are deaf or severely hard of hearing such that they do not adequately receive the guidance of therapists who are trained in the field of oral speech therapy and that these children are given the accommodations required for their schooling according to the Rehabilitation Act of 1973, Individuals with Disabilities Education Act, and Patient Protection and Affordable Care Act.

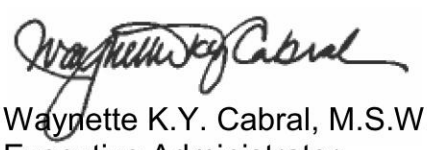
Two activities the working group is specifically requested to do is to review the possibility of hiring an experienced oral speech therapy teacher to fill the gap in training while the hiring is underway for permanent oral therapy teachers and the possibility of covering the insurance cost of families who choose to use telehealth services to receive oral speech therapy sessions.

The DD Council is responsible for the development and implementation of a Five-Year State Plan. Our current State Plan (FY 2012-2016) includes an Objective, "Address all medical gaps in services, as indicated within the Individualized Service Plan by September 30, 2016." An activity to address the objective is to pursue statewide telemedicine opportunities. The resolutions address telehealth as an option for families to receive oral speech therapy session. We view this as a viable alternative to face-to-face therapy sessions.

The Council welcomes the opportunity to collaborate with the entities listed on Page 5, lines 3-5, and participate in ensuring that children in Hawaii who are deaf or severely hard of hearing receive the proper training and access to the correct tools to succeed in achieving the goals laid out in their individual education programs

Thank you for the opportunity to provide testimony **supporting the intent of HCR 238/HR188.**

Sincerely,



Waynette K.Y. Cabral, M.S.W.
Executive Administrator

J. Curtis Tyler, III
Chair

NEIL ABERCROMBIE
GOVERNOR OF HAWAII

LINDA ROSEN, M.D., M.P.H.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

LATE

House Committee on Health

H.C.R. 238, REQUESTING THE SUPERINTENDENT OF EDUCATION AND THE DIRECTOR OF HEALTH TO FORM A WORKING GROUP TO ASSESS WHETHER CHILDREN IN HAWAII WHO ARE DEAF OR SEVERELY HARD OF HEARING AND WHO CHOOSE THE AURAL/ORAL ROUTE OF COMMUNICATION RECEIVE PROPER TRAINING AND SUPPORT TO LEARN SPOKEN LANGUAGE SKILLS

Testimony of Linda Rosen, M.D., M.P.H.
Director of Health

March 21, 2014

Department's Position: The Department of Health (DOH) supports the intent of this resolution to assure that children who are deaf or hard of hearing have access to appropriate services. The DOH is willing to work with the Department of Education (DOE) to convene a work group to address the items in the resolution. One amendment is requested.

Fiscal Implications: Work group participation involves DOH staff and time resources.

Purpose and Justification: This resolution requests the Department of Education (DOE) and DOH to convene a work group to assess whether children in Hawai‘i who are deaf or hard of hearing and who choose the aural/oral route of communication receive proper training and support to learn spoken language skills. The DOH is willing to work with the DOE to address the issues in the resolution, since it may help the DOH Early Intervention Section (EIS) to better serve children age 0-3 years who are deaf or hard of hearing and support their transition to DOE services.

For the work group representative, the DOH requests that the Developmental Disabilities Division be changed to the Family Health Services Division (FHSD). Within FHSD, EIS provides early

intervention (EI) services for children age 0-3 years with or at biological risk for developmental delays, as mandated by Part C of the Individuals with Disabilities Education Act (IDEA). EI services for children who are deaf or hard of hearing include consultation by a Deaf Educator and services of Speech Language Pathologists who address the development of communication skills.

Thank you for the opportunity to testify.

NEIL ABERCROMBIE
GOVERNOR

KATHRYN S. MATAYOSHI
SUPERINTENDENT

STATE OF HAWAI`I
DEPARTMENT OF EDUCATION
P.O. BOX 2360
HONOLULU, HAWAI`I 96804

LATE

Date: 03/21/2014

Committee: House Health

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Resolution: HCR 238/HR 188 REQUESTING THE SUPERINTENDENT OF EDUCATION AND THE DIRECTOR OF HEALTH TO FORM A WORKING GROUP TO ASSESS WHETHER CHILDREN IN HAWAII WHO ARE DEAF OR SEVERELY HARD OF HEARING AND WHO CHOOSE THE AURAL/ORAL ROUTE OF COMMUNICATION RECEIVE PROPER TRAINING AND SUPPORT TO LEARN SPOKEN LANGUAGE SKILLS.

Purpose of Resolution: Requests the Superintendent of Education and the Director of Health to form a working group to assess whether children in Hawaii who are deaf or severely hard of hearing and who choose the aural/oral route of communication receive proper training and support to learn spoken language skills.

Department's Position:
The Department of Education (Department) appreciates the intent of HCR 238/HR188.

However, as the DOE and DOH possess a collective commitment to actively address the issues embedded in this resolution, the Department does not believe there is a need to legislate this assessment. Notwithstanding this resolution, both agencies have committed and will continue to explore additional means of providing services using current technologies and to ensure a smooth transition of children from the Department of Health (DOH), Early Intervention Services (EIS) to the Department as appropriate.

However, if the Committee is inclined to pass this resolution, the Department would like to ask that consideration be given to removing the reporting requirement so that both agencies may instead dedicate its time and resources to directly addressing the issues.

Thank you for considering our testimony and the opportunity to provide testimony on this measure.

Subject:

HCR 238/HR188

My testimony is in support of HCR 238/HR 188

Thank you so much for the opportunity to testify in support of HCR 238/HR 188, a bill that will bring much needed services to the children of Hawaii.

I know that if this bill is passed many children who have hearing loss, but who can communicate through spoken language with proper professional services and early intervention, will benefit.

Evidence-based research shows that Deaf and Hard of Hearing Children who receive an early diagnosis, proper amplification and professional intervention services from trained experts can be mainstreamed into our school system early. They can be great scholars and grow up to be doctors, lawyers or any other kind of professional that they choose to be. Hawaii must follow the example of other states and provide the proper information to parents and the proper services to children with hearing loss. Our children deserve the best.

We are from Kona and my son Julian is now 3 years old. At age two, he was diagnosed with a hearing loss. I will never forget that day. I asked the doctor, "Well, will he speak?" She said, "Don't worry, he can learn American Sign Language (ASL). Many children I see are happy with that." She didn't mention that over 90% of children with hearing loss have hearing parents and that speech could be his mode of communication.

Time went on and many months after his diagnosis, he was he amplified with hearing aids. After eleven repairs and allot of waiting around for care, we decided to go to Los Angeles for a second opinion. There, we found out he had been fit with an adult hearing aid and that it was programmed incorrectly. We also learned that his hearing had dropped and he was now a cochlear implant candidate.

In Hawaii, all I was told by his audiologist at diagnosis what the he would need sign to communicate. At that time we didn't know one person who signed fluently. Being a parent, I felt compelled to research the alternatives. I found out that children today with a hearing loss can have beautiful speech. As parentswho communicate using spoken language, this was wonderful news. However, I had no idea what battles that I would have to go through to get Julian what he needed.

What has been lacking for Julian within the Department of Education:

Inclusion Class: At Julian's first Individualized Education Program (IEP), I had to request and fight for an appropriate classroom setting for Julian. He was ultimately bumped up on the waiting list to get into an inclusion classroom, which is what he is in right not. The true Least Restrictive Environment for Julian would be a classroom with an auditory/oral trained Deaf and Hard of Hearing teacher who knows exactly how to work with his disability, with other children with hearing loss.These teachers are also trained and can troubleshoot the equipment that Julian has (cochlear implants, FM system). Right now

he has a special education teacher with no training or understanding of how to work with a child with hearing loss.

Acoustic Classroom: It is critical that Julian has a classroom where he can best learn auditorily.I fought for a sound field system, carpeting and sound absorbing ceiling tiles. So far, the only thing in the classroom is the soundfield system, but his teacher does not really know how to use it to best benefit Julian. Currently the classroom only uses this system at circle time.Ceiling tiles have been promised, but not delivered by the DOE. My request for sound absorbing carpet was flatly denied.

Oral Professional. With Julian and many other newly implanted children, there is a need for their auditory abilities to catch up with their cognitive development. Using audition first is one of the primary techniques for an Oral Speech Therapist or an Auditory Verbal Therapist. Currently Julian does not see an Oral Speech Therapist. We have spent our personal money to hire an Auditory Verbal Therapist who works with Julian via teleconferencing at home. To our knowledge, there is not a single Auditory Verbal Therapist in Hawaii. I have also requested an Oral DHH teacher for Julian and, after filing a formal complaint, I have been told a position will be established. I was encouraged to drop that compliant, but as of today there still isn't an official position listed with the DOE. An Oral Deaf and Hard of Hearing Teacher would be qualified to work with children with hearing loss who have Cochlear implants or hearing aids to access sound and communicate with spoken language so they can catch up to their hearing peers.

Let me give you an example of what is happening in Julian's class. The very first day Julian got back from his activation, after only hearing for two weeks, his Special Education teacher wanted him to be able to respond to his own name. This would be like expecting newborn baby to respond to their name. It was not an appropriate goal to have for Julian at that time.An Oral Deaf and Hard of Hearing Teacher is trained to know what a 2-week-old listener who is 3 years old should be expected to do and can set appropriate goals. I showed his current IEP to several orally trained deaf education professionals on the mainland for review and their response was that Julian's goals weren't appropriate and that he needed proper intervention immediately.

The Urgency of this matter: My first IEP was May 9th 2013. Julian still doesn't have a trained Oral Speech Language Therapist, an Oral Deaf and Hard of Hearing Teacher or a Least Restrictive classroom. No other family in Hawaii should have to go through what my family is going through. No other child should have to go through what Julian is going through. Many experts have told us that time is of the essence for Julian to catch up. The auditory function of the brain can only play catch up for so long. After awhile the brain will never absorb information in the same way and Julian will have gaps in his language and cognitive understanding of language. With Julian's late diagnosis, late PROPER amplification, and the lack of appropriate intervention services, he will be impaired even more if Hawaii doesn't make some needed changes now. Sadly, Julian is one of many children in Hawaii that will be impacted if change does not occur. I reiterate. The time for change is now.

Bottom-line: My dream is that one day soon when a parent in Hawaii gets the news that their child is deaf, they will be given all the current information about hearing loss and their options so that they can

make an educated communication choice. Once they make that choice, whether it be using American Sign Language or Oral Communication or Both, Hawaii should have all the resources and professionals to support their choice.

HCR238/HR 188 will bring Hawaii the necessary professionals to these children. Let the results of the pilot program be the example and like many other States. Hawaii can then say they have a successful Oral DHH program that enriches many.

Sincerely,

Grace Beymer

Mother and advocate

Subject: HB2228 RELATING TO THE HEARING DISABLED

I am sharing this testimony in support of HR188/HCR 238. I am an orally-trained Deaf and Hard of Hearing educator who has been donating my services to a family in Kailua Kona, Hawaii since January of 2013. While working with this family, I learned that there as many as 12 children currently in the Hawaii Department of Health system between the ages of 0 and 3, on the Big Island of Hawaii, who wear hearing aids, who have not been offered information regarding ALL the communication methods available to children with hearing loss. The family that I am working with was only told about sign language by their audiologist and their son's IFSP Deaf and Hard of Hearing Teacher

The evidence-based research shows that over 90% of children with hearing loss have parents who can hear and speak. These parents want their children to hear and speak as well. Due to advancements in technology and programs like Universal Newborn Hearing Screening, hearing and speaking are attainable, even to children with profound hearing loss. Research also shows that children who receive early diagnosis, early amplification and early intervention services are able to catch up to their hearing peers in grade school and go into mainstream classes. These children grow up to be contributing members of society, working in careers they are passionate about. They are not limited because they can only communicate with other individuals who sign. They can communicate with anyone who speaks and listens.

If the state of Hawaii is doing their due diligence, then professionals like audiologists and Deaf and Hard of Hearing teachers will disclose to parents that there are 3 options regarding communication and a child with hearing loss. There is American Sign Language (currently the only method being shared with Hawaiian families), Total Communication, and Oral Deaf or Auditory Oral Communication. This also means that Hawaii must have the appropriate professionals available to provide intervention, beginning at birth and made available until age 22.

Hawaii must provide orally trained deaf educators. The family that I worked with was offered Deaf education services from a DHH teacher trained in the ASL methodology, despite telling the professionals at their IFSP that they wanted their son to communicate via listening and speaking. Not all DHH teachers are the same. A teacher trained to specialize in American Sign Language has a different skill set than a teacher trained to specialize in Auditory Verbal Communication.

Hawaii must provide pediatric audiologists, trained to work with infants and children, who understand all the current technology. The child I work with in Hawaii was fit with an adult hearing aid by an audiologist who did not know how to work with a child. His family has also struggled to find a pediatric audiologist who understands cochlear implants and knows how to map a child's cochlear implant. Currently, the family visits Oahu to get services from the only pediatric audiologist who specializes in this area in all of Hawaii.

Hawaii must hire oral deaf educators who are committed to working with the A.G. Bell Association and earning their Listening and Spoken Language Specialist certification (LSLS), also knows as Auditory Verbal Therapists (AVT) or Auditory Verbal Educators (AVeD). The family that I work with is currently paying a Canadian AVT out of pocket for twice-weekly therapy sessions.

Hawaii must hire or train Speech Language Pathologists who are committed to and trained in auditory verbal methods so that they may work successfully with children with hearing loss who are properly amplified.

Hawaii's Department of Education must not only offer all three communication methods to parents whose children have hearing loss, but they must provide the specially trained educators, therapists AND appropriate classroom environments necessary for true Least Restrictive Environment compliance as mandated in IDEA laws. In order for a child to benefit in a classroom when they have hearing loss, the classroom must have certain modifications. The classroom should have sound-absorbing tiles, carpets to absorb sound, and, depending on the age and reporting skills of the students in the classrooms, either soundfield systems or personal FM systems in the classrooms and educators who know how to use and troubleshoot the low-incidence equipment.

All of these things that I have mentioned are being offered across the United States. In many school districts, parents are educating themselves and then suing school districts when oral deaf education services are not offered. I know that the family I have been working with in Hawaii is hoping to not have to pursue that course of action, but they will if they must.

There is a great demand for oral deaf educators. I believe that even if Hawaii must begin by bringing in professionals from the mainland, that in short order, Hawaii's own educators and speech therapists will begin to see the need and seek to get the proper training to help the children of Hawaii. There are graduate programs on the mainland that offer classes primarily online. These programs offer federal assistance to participants that cover roughly 75% of their tuition. I am certain you have some strong teachers in Hawaii that would jump at an opportunity to earn a master's degree and then work with Hawaiian children with hearing loss.

This bill will open the door to long-overdue change in Hawaii that will bring the islands of Hawaii into compliance with IDEA laws. It will bring job opportunities to Hawaii. I see it as a win-win and I hope to see this bill go the distance. I visit the Big Island frequently. I hope to be able to visit one day soon and visit your 3-year pilot program. Or maybe I will even be fortunate enough to help create it. The children and families of Hawaii truly deserve this.

morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 19, 2014 2:46 PM
To: HLTtestimony
Cc: ann.narimasu@gmail.com
Subject: Submitted testimony for HCR238 on Mar 21, 2014 08:30AM

HCR238
Submitted on: 3/19/2014
Testimony for HLT on Mar 21, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Ann Narimasu	Individual	Support	No

Comments: I am writing in support of HB2228. As an audiologist I work with the families of many children with cochlear implants (CIs). For most of those families who choose implantation, their goal is for their children to be functional oral/aural communicators as their hearing peers around them in hopes that they will become individuals who can be independent and successful individuals in society. When a child is born deaf, we tend to need to teach then to learn how to listen with their CIs and must provide them with a rich auditory environment for them to learn oral language. We need to have educators who can effectively teach them these skills. We need to teach their parents how to do this as well. Our hearing impaired children with implants need access to speech therapists, teachers, hearing impaired specialists who are adequately trained to deal with them. We need educators who have experience with eliciting oral language and training children to listen. Many states on the mainland have programs for CI users with LSLS certified and Auditory Verbal Therapists employed by their school districts. These individuals have devoted hundreds of hours to learning how to evoke oral language and listening in these young children. There is a critical oral language acquisition period that children need to take advantage of. If we do not provide them with this early in life, it is less likely that they will become effective oral communicators. This is why we have federal mandates for universal newborn hearing screenings so we can identify these children with hearing loss early and place them in programs that can provide them with these services should their parents choose to. For many of my CI patients, services are limited especially in the outer islands. It is critical that we pr ovide these children with strong programs with educators who are experienced in working with this population. It is much more cost effective to have these programs in place so that our children have a better chance at being oral/aural members of society who will be less likely to need significant (and often costly) accommodations in in schools and the work force. Please pass this bill. Thank you!

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, March 20, 2014 12:28 PM
To: HLTtestimony
Cc: andiandlen@gmail.com
Subject: *Submitted testimony for HR188 on Mar 21, 2014 08:30AM*

LATE

HR188
Submitted on: 3/20/2014
Testimony for HLT on Mar 21, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Andi Pawasarat-Losalio	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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LATE

To: Legislature State of Hawaii

I wholeheartedly support H.C.R. 238. In 2011 the General Accounting Office reported to Congress the results of a 2008 survey conducted by the Gallaudet Research Institute which indicated that 52% of children with hearing loss in the United States were educated in "Speech Only" educational programs. Speech only programs are Listening and Spoken Language (LSL) programs; sometimes called Oral, Oral-Aural, or Auditory-Oral.

The GAO report also identified that 36% of children with hearing disabilities were educated in Sign and Speech programs and only 11% were educated in "Sign Only", American Sign Language programs. A study by the Alexander Graham Bell Association for the Deaf found that when parents were given a Listening and Spoken Language choice for their child who was deaf, over 90% of families choose an LSL option rather than a sign only or a sign and speech option.

With the advent of newborn hearing screening, early identification of hearing loss, early childhood intervention, and the use of advanced hearing technologies such as cochlear implants and digital hearing aids, children are successfully learning language and verbal communication. With preschool LSL intervention a significant majority of children have developed language and speech communication on par with their hearing peers.

Our experience in Utah in the Utah Schools for the Deaf and the Blind is that well over 70% of families of children newly identified with hearing loss are selecting listening and spoken language outcomes for their child. Children identified with hearing loss as infants and educated in Listening and Spoken Language are often advanced in language and speech skills by age 3 and no longer require special education. By 1st grade over 90% of children in LSL educational services are fully-mainstreamed in regular schools.

I urge your support of H.C.R. 238 and hope that the results of the working group will result in expanded opportunities for families of children with hearing to choose a listening and spoken language option and outcomes.

Sincerely,

Steven W. Noyce
Superintendent – Retired
Utah Schools for the Deaf and the Blind

LATE

To Whom It May Concern:

I am writing in support of HR 188, requesting the Superintendent of Education and the Director of Health to form a working group to assess whether children in Hawai`i who are deaf or hard of hearing receive proper training and support to learn listening and spoken language skills.

At one time, Hawai`i was at the forefront in efforts to ensure appropriate services to infants, toddlers, and children who are deaf and hard of hearing. Hawai`i was one of the first states to enact Universal Newborn Hearing Screening, and now is one of the leaders in identifying children who will need support in developing language. However, once these children are identified, they enter into services that have not kept pace with the types and quality of services afforded to children in other states. Families who have chosen to focus on speaking and listening skills are included in this group.

The Joint Commission on Infant Hearing (JCIH) has published several position statements to help lead the field toward best practice in services for deaf and hard of hearing infants, toddlers, and children. In 2013, they published a Supplement to the Position Statement with more specific recommendations regarding services. The recommendations of the JCIH include having care coordinators who have specialized knowledge and skills related to working with individuals who are deaf and hard of hearing as well as service providers who have expertise in working with deaf and hard of hearing children. Specific to the issue discussed in this bill, the JCIH recommends that “Intervention services to develop listening and spoken language will be provided by professionals who have specialized skills and knowledge” (e1330). As these skills are not typically included in general speech therapy or deaf educator training

courses, it is likely that many speech therapists and educators working with the Departments of Health and Education do not yet meet the standards recommended by the JCIH.

A working group that would assess the education and work experiences of those providing services to deaf and hard of hearing infants, toddlers, and children, as well as the quality of services currently being provided, would be highly beneficial. Once the state has assessed the level of expertise of providers and the quality of current programs, it can then formulate a plan for improvement. When all providers and programs meet the standards recommended by the JCIH, we can be assured that children are receiving the proper education and support to foster strong language and cognitive development.

Respectfully,

Kim Fenton, M.Ed.

Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. (2007). DOI: 10.1542.peds.2007-2333

Supplement to the JCIH 2007 Position Statement: Principles and Guidelines for Early Intervention After Confirmation That a Child Is Deaf or Hard of Hearing. (2013). DOI: 10.1542/peds.2013-0008

morikawa2-Joanna

From: L Elento <ilikered3@rocketmail.com>
Sent: Thursday, March 20, 2014 11:19 PM
To: HLTtestimony
Subject: HCR238 Mar. 21, 2014 @ 8:30am

LATE

COMMITTEE ON HEALTH
Rep. Della Au Belatti, Chair
Rep. Dee Morikawa, Vice Chair

HEARING: Friday, March 21, 2014 at 8:30am

IN SUPPORT OF HCR238

The state has effective communication obligations under Title II of the American with Disabilities Act of 1990, as amended, to children who may be eligible under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) and/or Section 504 of the Rehabilitation Act of 1973.

A summary of the K.M. v. Tustin Unified Sch. Dist. (US Court of Appeals, Ninth Circuit) opinion filed August 6, 2013, includes:

"The panel held that a school district's compliance with its obligations to a deaf or hard-of-hearing child under the Individuals with Disabilities Education Act does not also necessarily establish compliance with its effective communication obligations to that child under Title II of the American with Disabilities Act."
…
"According deference to the Department of Justice's interpretation of the ADA effective communication regulation, … the panel concluded that the ADA requirements regarding students who are deaf or hard-of-hearing are different that those imposed by the IDEA."

The Department of Education is currently not able to provide instruction in the effective communication mode for all eligible children in Hawaii.

In my research and experience, the Department of Health has yielded to the Department of Education when a child is transferring from services from the Department of Health upon the child's 3rd birthday. Even though the IDEA allows for states to continue Part C early intervention services for children who turn three years old, in lieu of Part B preschool special education, our state has still chosen to cut off these children from the Department of Health. A Memorandum of Agreement between the DOE and the DOH would benefit our children, their families, and the departmental personnel who are not able to find, train or fund the contracted services or staff to provide for their communication and language needs.

Please consider on Page 4 (lines 7, 12) and Page 5 (line 7) to include hearing children who choose total communication.

Thank you for the opportunity to present testimony.

Linda Elento

LATE

I am in support of HCR 238 and HR 188. I am incredibly familiar with the Deaf and Hard of Hearing community in Hawaii and have found that multiple Deaf and Hard of Hearing/Cochlear Implant children have been deprived of receiving Auditory Verbal Therapy for oral communication. I have been in contact with an Auditory Verbal Therapist consistently over the last six months and know the importance of this type of therapy for deaf children who choose oral communication. Does Hawaii have this type of therapy available for their keiki? Hawaii runs the risk of losing wonderful special needs families because of this dilemma. Is it fair that families must move to the mainland or pay tremendous amounts of money so that their child can receive the care they need? Should families have to leave the place they love and their community in order to find proper oral professionals? The only professionals available in Hawaii are the ones who know American Sign Language. While there is nothing wrong with the American Sign Language route, why should those who choose an alternative path be left empty handed? I give Hawaii the benefit of the doubt that if there are oral professionals, why is it not openly offered? Whether this resolution is perfect or not at this stage, it is a great step for Hawaii. I am absolutely in support of this resolution.