
HOUSE CONCURRENT RESOLUTION

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.

1 WHEREAS, while children who are deaf or severely hard of
2 hearing often live happy lives that are richly enhanced by
3 learning sign language, they are also restricted from
4 experiences that hearing would allow them and can be isolated in
5 areas where few people know sign language; and
6

7 WHEREAS, in Hawaii, according to the Hawaii health data
8 warehouse and the Hearing Loss Association of America, nearly
9 nineteen thousand children are born each year and two to three
10 of every one thousand children are hard of hearing or deaf; and
11

12 WHEREAS, if the Hearing Loss Association of America's
13 statistics are correct, that means between thirty-eight and
14 fifty-seven children born in Hawaii each year are deaf or hard
15 of hearing; and
16

17 WHEREAS, if given access to proper screening under the
18 universal newborn hearing screening program, these children can
19 receive hearing aids as young as eight-weeks old or cochlear
20 implants as young as one-year old; and
21

22 WHEREAS, hearing aids are enough to vastly improve the
23 quality of life of those who have moderate to middle level
24 hearing loss; and
25

26 WHEREAS, sometimes people who are considered profoundly
27 deaf are better candidates for cochlear implants, because the
28 nerve damage in their ears is too great for them to hear with
29 the assistance of hearing aids; and
30



1 WHEREAS, for children with such profound deafness, a
2 cochlear implant has the potential to help them hear and learn
3 how to speak as if they had no auditory problems at all, if the
4 implant is given to the child as early as possible and if the
5 child is given the correct spoken language training; and
6

7 WHEREAS, a cochlear implant does not establish regular
8 hearing; rather it works by picking up sound in a small
9 microphone and a speech processor that stimulate the auditory
10 nerves that lead to the area of the brain that recognizes sound
11 signals; and
12

13 WHEREAS, as a result, it takes time for people to get used
14 to the cochlear implant, making spoken language training
15 essential for the cochlear implant to work to its full
16 potential; and
17

18 WHEREAS, for those children who are working towards regular
19 speech and writing skills, it is best if a cochlear implant
20 surgery takes place in a child as young as possible, in concert
21 with intensive oral speech therapy taught by trained oral speech
22 therapists; and
23

24 WHEREAS, the State is sorely lacking in oral speech
25 therapists, leaving children with cochlear implants at a loss
26 for obtaining the proper skills necessary to attain spoken
27 language skills; and
28

29 WHEREAS, the Rehabilitation Act of 1973 "protects the
30 rights of individuals with disabilities to access programs and
31 services that are supported by federal funds"; and
32

33 WHEREAS, since public schools receive federal funding, they
34 must provide a free education in a "least restrictive
35 environment to students with physical and mental health
36 impairments"; and
37

38 WHEREAS, the Individuals with Disabilities Education Act of
39 1990 (IDEA) ensures that all students receive "free appropriate
40 public education" no matter what their abilities or challenges
41 and also requires that "children who qualify under IDEA are
42 provided with services and accommodations individualized to
43 their needs . . . at no cost to parents"; and
44



1 WHEREAS, for children who are seriously hard of hearing or
2 deaf, some of the accommodations that the State is required to
3 provide under these laws are: access to least restrictive
4 environments, including carpeted rooms and tiles on the ceiling
5 to absorb sound; and individual education programs to establish
6 a specific course of action for these children's education; and
7

8 WHEREAS, some of the children who are hard of hearing or
9 deaf in Hawaii may not be receiving adequate educational
10 opportunities that are legally afforded to them, including all
11 of the accommodations necessary to establish least restrictive
12 environments and all of the tools necessary to meet the
13 requirements of the children's individual education programs;
14 and
15

16 WHEREAS, for rural areas of the State where access to oral
17 speech therapists are difficult, telehealth services can serve
18 to link families with therapists working out of the State or on
19 other islands; and
20

21 WHEREAS, the Patient Protection and Affordable Care Act has
22 included habilitation services in its list of benefits that are
23 required to be provided by all health care plans run by State
24 and federal health insurance exchanges; and
25

26 WHEREAS, telehealth services for children with hearing
27 disabilities should be covered by the Patient Protection
28 Affordable Care Act's habilitation service benefits; and
29

30 WHEREAS, another aspect of educating children in Hawaii who
31 are deaf or hard of hearing that can be confusing and
32 frustrating is the transition that takes place from the
33 Department of Health, which addresses the needs of these
34 children from birth to the age of three years, to the Department
35 of Education after the age of three years; and
36

37 WHEREAS, the transition of children from the Department of
38 Health to the Department of Education can lead to some of the
39 children falling through the cracks as their issues and concerns
40 are not adequately tracked from one department to the next; now,
41 therefore,
42



1 BE IT RESOLVED by the House of Representatives of the
2 Twenty-seventh Legislature of the State of Hawaii, Regular
3 Session of 2014, the Senate concurring, that the Superintendent
4 of Education and the Director of Health are requested to convene
5 a working group to assess whether children in Hawaii who are
6 deaf or severely hard of hearing and who choose the aural/oral
7 route of communication receive proper training and support to
8 learn spoken language skills; and
9

10 BE IT FURTHER RESOLVED that the working group is requested
11 to assess whether a gap in education and health care exists for
12 children who are deaf or severely hard of hearing such that they
13 do not adequately receive the guidance of therapists who are
14 trained in the field of oral speech therapy and that these
15 children are given the accommodations required for their
16 schooling according to the Rehabilitation Act of 1973, IDEA, and
17 the Patient Protection and Affordable Care Act; and
18

19 BE IT FURTHER RESOLVED that the working group is
20 specifically requested to review the following:
21

- 22 (1) The transition from the Department of Health to the
23 Department of Education to determine whether one
24 department should follow the progress of each child
25 for a longer period of time or whether there is a more
26 productive method to facilitate the transition between
27 the two departments;
28
- 29 (2) The methodology for the responsible department to
30 recruit properly trained teachers, including the
31 posting of the job listings, salary requirements, and
32 the recruiting entity;
33
- 34 (3) The possibility of hiring an experienced oral speech
35 therapy teacher to fill the gap in training while the
36 hiring is underway for permanent oral therapy
37 teachers; and
38
- 39 (4) The possibility of covering the insurance cost of
40 families who choose to use telehealth services to
41 receive oral speech therapy sessions; and
42

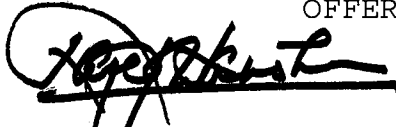

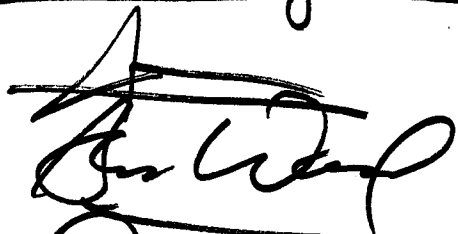

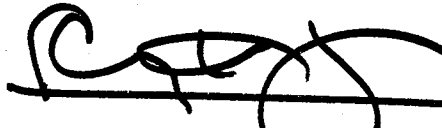



1 BE IT FURTHER RESOLVED that the Superintendent of Education
 2 and the Director of Health are requested to appoint to the
 3 working group representatives from the Developmental
 4 Disabilities Division of the Department of Health, the
 5 Department of Education, and other stakeholders involved in
 6 ensuring that children in Hawaii who are deaf or severely hard
 7 of hearing receive the proper training and access to the correct
 8 tools to succeed in achieving the goals laid out in their
 9 individual education programs; and

10
 11 BE IT FURTHER RESOLVED that the working group is requested
 12 to submit a report of its findings and recommendations,
 13 including any proposed legislation, to the Legislature not later
 14 than twenty days prior to the convening of the Regular Session
 15 of 2015; and

16
 17 BE IT FURTHER RESOLVED that certified copies of this
 18 Concurrent Resolution be transmitted to the Superintendent of
 19 Education and the Director of Health.
 20
 21
 22

OFFERED BY:

	<u>Richard Lupe</u>
<u>VOM</u>	<u>Brend Kyeahi</u>
	
<u>MJA</u>	<u>Cindy Evans</u>
	<u>Nicole E. Lowe</u>
	<u>In Kolo Metata</u>
	<u>Melie Canale</u>