



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

In reply, please refer to:
File:

Senate Committees on Health and Education

**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**

April 15, 2014

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

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

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

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

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

5 Thank you for the opportunity to testify.



STATE OF HAWAII
DEPARTMENT OF EDUCATION
P.O. BOX 2360
HONOLULU, HAWAII 96804

Date: 04/15/2014

Committee: Senate Health

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Resolution: HCR 238(hscr1457-14) 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.

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.



STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
919 ALA MOANA BOULEVARD, ROOM 113
HONOLULU, HAWAII 96814
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543

April 15, 2014

The Honorable Josh Green, Chair
Senate Committee on Health

and

The Honorable Jill N. Tokuda, Chair
Senate Committee on Education
Twenty-Seventh Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Senators Green and Tokuda, and Members of the Committees:

SUBJECT: HCR 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

The State Council on Developmental Disabilities (**DD**) **SUPPORTS THE INTENT OF HCR 238**. The purpose of the resolution 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 are 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 Honorable Josh Green
The Honorable Jill N. Tokuda
Page 2
April 15, 2014

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.**

Sincerely,



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



J. Curtis Tyler, III
Chair

From: [Billy Kekua](#)
To: [HTHTestimony](#); [EDU Testimony](#); [WAM Testimony](#)
Subject: HCR238
Date: Monday, April 14, 2014 8:46:58 AM

Senator Josh Green, Chair of Health

Senator Rosalyn Baker, Vice Chair of Health

Senator Tokuda, Chair of Education

Senator Kidani, Vice Chair of Education

State Capitol

State of Hawaii

Honolulu, Hawaii 96813

Dear Chair Senator Green, Vice Chair Senator Baker and Senate Committee on Health and Senator Tokuda and Vice Chair Senator Kidani, and Senate Committee on Education:

Subject: 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.

Hawaii School for the Deaf Alumni Club does not support the intent of HCR238/HR188. HSDBAC respects the right of parents' choice to education of their deaf and hard of hearing students in State of Hawaii. However we believe all deaf and hard of hearing children should have opportunity to acquire American Sign Language at the same time have the opportunity to use spoken English as part of their daily aspect of life.

From Advance for Speech-Language Pathologists and Audiologists published an article, which shows that deaf and hard of hearing children who uses ASL tend to perform well in spoken language than children who are in aural/oral classroom only. And the students who choose to use ASL and spoken language have similar developmental milestones when given full accessible language environment for ASL and English, which includes spoken.

HSDBAC would like to be part of the working group to assess Hawaii's deaf and hard of hearing children who should aim for bimodal bilingual approaches for children with cochlear

implants. For more information about HSDBAC, please contact me by email at wkeku@gmail.com.

Thank you for the opportunity to testify.

Sincerely,

Billy Kekua,

HSDBAC Representative

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: munemorichika@gmail.com
Subject: Submitted testimony for HCR238 on Apr 15, 2014 08:50AM
Date: Saturday, April 12, 2014 10:12:06 AM

HCR238

Submitted on: 4/12/2014

Testimony for HTH/EDU on Apr 15, 2014 08:50AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
mune morichika	Individual	Support	No

Comments: I am supporting this for my daughter who need the system. Thanks.
Mune Morichika

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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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: joyceg001@hawaii.rr.com
Subject: Submitted testimony for HCR238 on Apr 15, 2014 08:50AM
Date: Saturday, April 12, 2014 8:12:28 PM

HCR238

Submitted on: 4/12/2014

Testimony for HTH/EDU on Apr 15, 2014 08:50AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Gordon Joyce	Individual	Support	No

Comments: To: Senate Committees on Health and Education From: Gordon B. Joyce
Subject: Testimony in Favor of HCR238/HR188 Aloha. I strongly support HCR238.
As a resident of Kona and grandparent of a 3 year old who is currently enrolled in a public preschool program and has recently received cochlear implants Gordon B. Joyce, I am well aware of the lack of professional support available to him, either from the Department of Health or Department of Education. The only available Deaf and Hard of Hearing professionals here are geared toward sign language which does not meet the needs of a child who must be trained to interpret the new sounds he is hearing and translate them into speech. So far the only professional help available to my grandchild has been through out of state telecommunication sessions which we have paid for ourselves. Hopefully the formation of this interagency working group will give the DHH children of Hawaii the type of services they need and deserve. Mahalo.

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: ASAD808President@gmail.com
Subject: Submitted testimony for HCR238 on Apr 15, 2014 08:50AM
Date: Monday, April 14, 2014 6:54:27 AM
Attachments: [ASAD_HCR238_Final.docx](#)

HCR238

Submitted on: 4/14/2014

Testimony for HTH/EDU on Apr 15, 2014 08:50AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Colleen Cidade	Individual	Comments Only	No

Comments: Senator Josh Green Senator Rosalyn Baker State Capitol State of Hawaii Honolulu, Hawaii 96813 Dear Chair Senator Green, Vice Chair Senator Baker and Senate Committee on Health: Subject: 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 Aloha State Association of the Deaf (ASAD) do not support the intent of HCR238/HR188. We recognize the importance foundation in language development for Deaf and hard of hearing students with or without cochlear implant. Research have shown Deaf and hard of hearing children who receive early intervention services have been found to have better language outcomes up to age five. In the publication from NSF Science of Learning Center on Visual Language and Visual Learning explained that spoken language outcomes are unpredictable for all children who are deaf and hard of hearing, there is a risk of language delay if an accessible visual language is not used as early as possible. However should the HCR238 move forward, we believe the working group should assess the proper training for babies and children in acquiring spoken English include the Aloha State Association of the Deaf in the process. We have a representative from our organization ready and available to assist the working group to educate about accessible visual language to improve language delay for children with cochlear implants who only use spoken language. For more information about ASAD, please contact me by email, ASAD808President@gmail.com. Thank you for the opportunity to testify. Sincerely, Colleen Cidade

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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Grace Beymer

My testimony is in support of HCR238

HCR238 is a resolution that will bring much needed services to the children of Hawaii.

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

The Finance Committee may ask how many children are there in Hawaii.

Please note: Many kids just like my son passed the new born hearing test. He is not on this chart.

Hawaii Department of Health
Newborn Hearing Screening Program Data

Year	% Screened	% Not Passed Screening	% Lost to Follow-Up/Lost to Documentation (LTF/LTD)	% Confirmed Hearing Loss	Hearing Loss Prevalence per 1000 screened	% Enrolled in Early Intervention (EI)
2007	98.6	1.4	33.6	25.5	3.7	82.6
2008	99.0	1.2	23.1	31.0	3.7	80.3
2009	97.6	1.1	11.7	28.2	3.2	75.9
2010	98.0	1.5	32.2	22.3	3.3	77.0
2011	98.5	1.1	11.5	26.1	2.8	63.2

Formulas: Percent Screened (Excluding Infant Died and Parents Declined): # Screened for hearing Loss/Total occurent births * 100
Percent Total Not Passed: # Total Not Pass/Total Screened * 100
Percent LTF/LTD: # LFU/LTD (# Unable to Contact+# Unresponsive +#Unknown) / Total Not Pass * 100
Percent Hearing Loss: # Hearing Loss / Total Not Pass *100
Prevalence: # Hearing Loss / Total Screened * 1000
Percent Enrolled in EI: Total Enrolled in EI/Total Hearing Loss*100

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 amplified with hearing aids. After eleven repairs and alot 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 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 parents who 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 sound field 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 complaint, 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.

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 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.

Senator Jill Tokuda
Senator Michelle Kidani
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Chair Senator Tokuda and Vice Chair Senator Kidani, and Senate Committee on Education:

Subject: 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 Gallaudet University Alumni Association of Hawaii (GUAA-H) **do not support** the intent of HCR238/HR188. GUAA believes that all deaf and hard of hearing children have the right to learn American Sign Language and spoken English.

We believe deaf and hard of hearing children families play an important role in language development, especially those with hearing parents. We want to stress the importance of research findings from the Journal of Deaf Studies and Deaf Education, maternal signing skills appears to produce positive results in better language performance in deaf and hard of hearing children.

According to the Government Accountability Office 2011 Report on Deaf and Hard of Hearing Children reported that parents do not understand the importance of Early Intervention Services and the specific needs for children with hearing disabilities. GUAA of Hawaii would like to participate in the working group to assess Hawaii's deaf and hard of hearing children who should learn spoken language through American Sign Language. For more information about our organization, please contact me by email Crissyholmes@me.com.

Thank you for the opportunity to testify.

Mahalo,



Christine Holmes
President
GUAA-Hawaii

From: [L. Elento](#)
To: [HTHTestimony](#)
Subject: HCR 238 Support
Date: Monday, April 14, 2014 12:42:27 PM

COMMITTEE ON HEALTH

Senator Josh Green, Chair
Senator Rosalyn Baker, Vice Chair

COMMITTEE ON EDUCATION

Senator Jill Tokuda, Chair
Senator Michelle Kidani, Vice Chair

HEARING: Tuesday, April 15, 2014 at 8:50 AM

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.

I have learned that the effective communication regulation is not limited to just deaf or hard of hearing, or deaf/blind individuals but to all children with speech or language difficulties, including my son who has Down syndrome.

Consider on Page 4 (lines 7, 12) and Page 5 (line 7) to include any child with a disability that must deal with communication barriers. That could include where appropriate American Sign Language (ASL), total communication (signed and spoken language) or other services to facilitate effective communication with instruction and learning in school and at home.

Supporting case law: Summary of the K.M. v. Tustin Unified Sch. Dist. (US Court of Appeals, Ninth Circuit) opinion filed August 6, 2013, and made final in March 2014, Supreme Court denied school's petition/appeal) 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, which is supposed to oversee and provide special education and related services to public charter schools, is currently not able to provide instruction in the effective communication modes for all children in Hawaii. When my son needed sign language and speech, the special education preschool I found did not focus on sign language, but speech, because children in the class had cochlear implants. The DOE limits access to services based on location of a student's residence.

In my research and experience, the Department of Health has yielded to the DOE when a child is transferring from services from the DOH 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 DOH. 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 for all children.

Thank you for the opportunity to present testimony.

Linda Elento

My name is Anne Lucas and I am in support of HCR238. I currently live in Ventura County, California and work as an auditory/oral Deaf and Hard of Hearing specialist. Through teletherapy and in-person sessions, I have worked with the Beymer family for about 1.5 years. Grace is leading a charge to bring choice to Hawaiian families who learn their child has a hearing loss, bringing Hawaii into IDEA compliance with regard to Least Restrictive Environment. While Hawaii does offer ASL and Total Communication options to these families, they do not offer the auditory/oral option for parents whose children can use listening and spoken language to communicate with hearing aids and cochlear implants. Please help Grace make a much needed change for Hawaii!

There are a few adjustments that would be beneficial changes for SCR 76. Primarily, a consistent use of language throughout the document would be most helpful.

- The resolution currently uses different phrases that I believe are supposed to have the same mean but can be interpreted differently. The term “aural/oral habilitation” or “listening and spoken language therapies” will be less vague than the various ways the resolution is currently written.
- There are a few different ways in which the therapists themselves are labeled. I think it would be helpful to consistently refer to them as “listening and spoken language therapists” or “speech language pathologists who specialize in working with deaf and hard-of-hearing children.
- Sometimes the document refers to people and other times refers to children. I think it would be more consistent to refer to “children” throughout the document instead of going back and forth.

The resolution repeatedly says, “severely hard of hearing.” I am not sure if the person who wrote this document knows that that term is very specific and refers to a particular level of hearing. Under the term “Hard of Hearing” there are currently 6 levels (minimal, mild, moderate, moderately-severe, severe, and profound) and “severely hard of hearing” is just one of those levels. I don’t think the intention of this resolution is to be specific about that particular level of hearing and therefore a clearer phrase would be “deaf or hard-of-hearing,” as children with any level of hearing loss need to have specific listening

and spoken language training.

The following are a list of more specific recommendations that I feel would improve the resolution. The bolded items are the suggested changes that I believe would improve the consistency, political correctness of the resolution, and make things factually correct:

1. Page 1 line 1, eliminate “**severely**” and just say deaf or hard-of-hearing.
2. Page 1 lines 22-24, I think that the document should avoid making assumptions that hearing aids improve a quality of life, but rather be more specific by saying, “**hearing aids vastly improve communication and comprehension for those who have mild-moderate levels of hearing loss.**”
3. Page 1 lines 26-29, I believe this section would be more accurate if it said, “**children with severe-profound hearing loss can be candidates for cochlear implants because their degree of hearing loss is so significant that they are unable to access spoken language with the assistance of hearing aids alone.**”
4. Page 2 lines 2-3 says, “a cochlear implant has the potential to help them to learn how to speak as if they had no auditory problems at all.” I believe it could be better written by saying, “**cochlear implants have the potential to help children to process language using listening and spoken language skills...**”
5. Page 2 line 5, “child is given **appropriate oral/aural training;**”
6. Page 2 line 14, “to the cochlear implant, making **listening and** spoken language training”
7. Page 2 lines 18-22 these lines are trying to convey why early identification, implantation and intervention are important. Maybe write it as, “WHEREAS evidenced based research supports the need for early identification, implantation/amplification, and intervention provided by an educational team trained in auditory/oral methods to support children with hearing loss reaching academic success equal to that of hearing peers.”
8. Page 3 lines 26-27, “...to attain spoken language skills, telehealth services for children **who are deaf or hard-of-hearing** should be provided and covered until such professionals are available within the state...”
9. Page 4 line 6, eliminate “**severely**” and just say deaf or hard-of-

- hearing.
10. Page 4 lines 7-8, “of communication receive proper training and support to learn **listening and** spoken language skills;”
 11. Page 4 line 12, eliminate “**severely**” and just say deaf or hard-of-hearing.
 12. Page 4 line 14, “trained in the field of **oral/aural** speech therapy and that these”
 13. Page 4 lines 34-35, I cannot figure out if they are trying to suggest hiring an oral deaf educator or if they mean a speech language pathologist. If they are referring to hiring someone as a teacher in the interim until they find a permanent employee, then we refer to them as oral deaf educators.
 14. Page 4 line 36-37, “hiring is underway for a permanent **oral deaf educator;**”
 15. Page 4 line 39-40, “...covering the insurance cost to families who must utilize telehealth services...” It’s not a choice a family is making, it is a necessity due to lack of services available currently.
 16. Page 5 line 6, eliminate “**severely**” and just say deaf or hard-of-hearing.

Thank you,
Anne Lucas