



STATE OF HAWAII
Executive Office on Early Learning
1390 Miller Street, Room 303
HONOLULU, HAWAII 96813

February 29, 2016

TO: Jill Tokuda, Chair
Senate Committee on Ways and Means

FROM: Lauren Moriguchi, Director

SUBJECT: SB 2476, SD 1 – RELATING TO HEALTH
Hearing Date: Tuesday, March 1, 2016
Time: 1:40 p.m.
Location: Conference Room 211

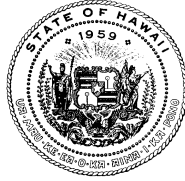
Purpose of Bill: Establishes the early language acquisition program to assess and track language development for children who are deaf, hard of hearing, or deaf-blind. Establishes a working group for the purposes of investigating issues related to resources and tools for parents of children who are deaf, hard of hearing, or deaf-blind and improvements to the statewide system of services that support age-appropriate language development for children from birth to age five who are deaf, hard of hearing, or deaf-blind. Requires working group to report to legislature. Appropriates funds for various positions to support the early language acquisition program and children from birth to age five who are deaf, hard of hearing, or deaf-blind.

WRITTEN COMMENTS

EXECUTIVE OFFICE ON EARLY LEARNING'S POSITION: The Executive Office on Early Learning (EOEL) recognizes the intent of SB 2476 to improve language acquisition, development and literacy development outcomes for deaf, hard-of-hearing, and deaf-blind students. EOEL will collaborate with the Department of Health (DOH) and Department of Education (DOE) and participate in a working group to support age-appropriate language development for children from birth to age five who are deaf, hard of hearing, or deaf-blind.

EOEL defers to the Department of Health (DOH) with respect to financial or administrative issues.

Thank you for the opportunity to provide comments on this bill.



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

Testimony COMMENTING on S.B. 2476 S.D. 1
RELATING TO HEALTH

SENATOR JILL N. TOKUDA, CHAIR
SENATE COMMITTEE ON WAYS AND MEANS

Hearing Date: March 1, 2016

Room Number: 211

1 **Fiscal Implications:** The bill proposes an unspecified general fund appropriation for FY 2016-
2 2017 for various positions to support the Early Language Acquisition Program and children age
3 0-5 years who are deaf, hard of hearing, or deaf-blind (D/HH/DB). The Department of Health
4 (DOH) defers to the Governor's Executive Budget request and DOH appropriations and
5 personnel priorities.

6 **Department Testimony:** The Department supports the intent of this bill. It offers the
7 opportunity for the Department of Education (DOE), Executive Office of Early Learning
8 (EOEL), and DOH, working with the D/HH/DB community, to improve the statewide system of
9 services that support age-appropriate language development for children age 0-5 years who are
10 D/HH/DB.

11 In collaboration with the DOE and EOEL, the DOH is willing to establish and convene a
12 working group to address various issues and make recommendations to the legislature on
13 supporting age-appropriate language development for children age 0-5 years who are D/HH/DB.

14 The Early Language Acquisition program will need staff and funding resources to
15 provide assessments and language therapy in American Sign Language (ASL)/visual
16 communication, provide assessments and language therapy in listening and spoken language,
17 develop/maintain a resource guide for families of children who are D/HH/DB, and provide
18 family support and other services to support language development. An ASL teacher will
19 support families in developing their ASL skills so that they may better support the language
20 development of their children who are D/HH/DB.

1 The DOH is committed to strengthening its services to support the language development
2 of young children who are D/HH/DB. The Early Intervention Section is responsible for the
3 provision of early intervention (EI) services under Part C of the Individuals with Disabilities
4 Education Act (IDEA) for eligible children age 0-3 years, including those who are D/HH/DB,
5 who have developmental delays or are at biological risk for developmental delays. The DOH
6 and DOE are establishing a Memorandum of Understanding on the transition of children from EI
7 services to DOE special education. The Newborn Hearing Screening Program works toward
8 children who are D/HH/DB receiving EI services by age 6 months. The Children with Special
9 Health Needs Program provides hearing aids for children of eligible families who have no other
10 resources.

11 Thank you for the opportunity to testify.



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

Date: 03/01/2016

Time: 01:40 PM

Location: 211

Committee: Senate Ways and Means

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Bill: SB 2476, SD1 RELATING TO HEALTH.

Purpose of Bill: Establishes the early language acquisition program to assess and track language development for children who are deaf, hard of hearing, or deaf-blind. Establishes a working group for the purposes of investigating issues related to resources and tools for parents of children who are deaf, hard of hearing, or deaf-blind and improvements to the statewide system of services that support age-appropriate language development for children from birth to age five who are deaf, hard of hearing, or deaf-blind. Requires working group to report to legislature. Appropriates funds for various positions to support the early language acquisition program and children from birth to age five who are deaf, hard of hearing, or deaf-blind. (SD1)

Department's Position:

The Department of Education (Department) appreciates the intent of SB 2476 SD1 to improve language and literacy development outcomes for deaf, hard-of-hearing, and deaf-blind students and offers comments.

Recently, the Department participated in a productive dialog with the Department of Health (DOH) and the Executive Office of Early Learning (EOEL) on this measure, and will continue to work collaboratively with our partners to identify services to achieve the goal of ensuring deaf, hard-of-hearing, and deaf-blind students enter school on equal footing with their peers in literacy and language.

Respectfully, the Department defers to the DOH as to administrative or budgetary issues.

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



DISABILITY AND COMMUNICATION ACCESS BOARD

919 Ala Moana Boulevard, Room 101 • Honolulu, Hawaii 96814
Ph. (808) 586-8121 (V/TDD) • Fax (808) 586-8129

March 1, 2016

TESTIMONY TO THE SENATE COMMITTEE ON WAYS AND MEANS

Senate Bill 2476, SD1 – Relating to Health

The Disability and Communication Access Board (DCAB) supports the intent of Senate Bill 2476, SD1 Relating to Health. This bill establishes the early language acquisition program to assess and track language development for children who are deaf, hard of hearing, or deaf-blind; establishes a working group for the purposes of investigating issues related to resources and tools for parents of children who are deaf, hard of hearing, or deaf-blind and improvements to the statewide system of services that support age-appropriate language development for children from birth to age five who are deaf, hard of hearing, or deaf-blind; requires the working group to report to the legislature; and appropriates funds for various positions to support the early language acquisition program and children from birth to age five who are deaf, hard of hearing, or deaf-blind.

Early language acquisition is a key component in a child's social and educational development. Most children who are deaf, hard of hearing, or deaf-blind do not develop language the same way hearing children do because most have had hearing parents who don't know how to communicate with a child who doesn't hear. Therefore, it is imperative that the child who is deaf, hard of hearing or deaf-blind develops language, in some form, as soon as possible. This bill offers a child without hearing a means to acquire language during the formative years from birth to age five.

In the bill section 3, page 3, line 9, requires the Departments of Health and Education to establish a working group with a membership of at least sixteen defined participants. We ask for your consideration, given such a specialized topic, that you amend the bill to read with a majority of people on the working group to be deaf, hard of hearing, or deaf-blind and remove the sunset date of June 30, 2018 for the working group on page 7, lines 11 and 12. With such a specific matter, it is imperative that the working group remains intact to advise the Departments of Health and Education about the progress of early language acquisition in deaf, hard of hearing and deaf-blind children. It is also a national trend to include professionals with disabilities in the planning and implementation process of issues specifically to disability-related issues of which professionals without the disability may not be aware.

DCAB defers to the Department of Health regarding the number of positions and appropriation necessary to establish this language acquisition program for children who are deaf, hard of hearing, and deaf-blind.

Thank you for the opportunity to provide comment.

Respectfully submitted,

BARBARA FISCHLOWITZ-LEONG
Chairperson
Legislative Committee

FRANCINE WAI
Executive Director

March 1, 2016

TESTIMONY TO THE SENATE COMMITTEE ON WAYS AND MEANS

Tuesday, March 1, 2016 at 1:40 P.M.
Conference Room 211, State Capitol

RE: SENATE BILL 2476 SD1 RELATING TO HEALTH

Dear Chair Tokuda:

My name is Marisa Bolivar, Chairperson for the School Community Council of the Hawaii School for the Deaf and the Blind. As you know, Senate Bill 2476 SD1 passed its joint committee referral with amendments. We believe that the new language takes away from the true focus of the bill: Ensuring systemic language accountability that is vital towards the success of our Deaf, Hard of Hearing, and Deafblind (DHHDB) children.

The numbers are staggering: 86% of DHHDB students in Hawaii's Department of Education do not demonstrate reading proficiency. There has been much research, including that of Visual Language and Visual Learning (VL2) -- a National Science Foundation program at Gallaudet University, showing that the "solution" lies in having robust early language acquisition system where parents are empowered and well-informed on how their child can appropriately develop language and literacy skills.

The members of the SCC work closely with the the administration and staff of HSDB in order to support the vision and mission of the school. One of the most important cornerstones of our school's philosophy is communication, and access to language. Our students communicate through the use of American Sign Language and written English, and their access to language and communication on campus is of the utmost importance. What we cannot control, is the language/communication environment of their homes, and the access to language that they are provided before they become school age.

The goal of SB 2476 SD1 is to set up an early language acquisition program within Hawaii to ensure that children who are Deaf, hard of hearing, and Deafblind are kindergarten ready by the time they reach kindergarten age. This program will be responsible for the following:

1. Taking the "lead" role in a joint initiative between the Department of Health and the Department of Education in managing an ad hoc advisory committee of volunteers. This advisory committee of volunteers is tasked with the following:

- a. Developing a resource for use by parents to monitor and track DHHDB children's expressive and receptive language acquisition and developmental stages towards literacy;

- b. Recommending language developmental milestones from existing standardized norms;

- c. Recommending improvements to how children transition from the Department of Health Early Intervention services to Department of Education services;
- d. Recommending future research to improve the measurement of progress of DHHDB children in language and literacy

2. Disseminating the “Parent Resource” developed by the ad hoc committee

3. Producing an annual report, using existing data reported in compliance with the federally required state performance plan on pupils with disabilities, that is specific to language and literacy development of DHHDB children from birth to five years of age. This will include children who are DHHDB and have other disabilities, and shall be relative to their peers who are not DHHDB in language and literacy.

To ensure that children are "Kindergarten Ready," we must make certain that there is regular tracking, assessing, and monitoring of each child's language and literacy development from the time they are born (or detected as DHHDB) until the time they are of kindergarten entrance age (5 years old). One state agency (Department of Health) is responsible for children from infancy through age 2 and their Individualized Family Service Plan (IFSP). The other agency (Department of Education) is responsible for children ages 3 to 21 and their Individualized Education Program (IEP).

This bill focuses on children ages 0-5, and as mentioned above, there are two agencies who are jointly held accountable for children in this age range. Because of this, there has to be language spelling out a separation of duties between the Department of Health and the Department of Education, as well as language defining how they will jointly work together to ensure that all DHHDB children are kindergarten ready. This includes, but is not limited to, the following:

- How they will jointly manage the ad hoc committee;
- How they will jointly share data disaggregated specifically for the language and literacy development of DHHDB children ages 0 through 5;
- How they will jointly produce an annual report demonstrating how DHHDB children ages 0 through 5 are performing when it comes to language and literacy development;
- How they will jointly disseminate the parent resource developed by the ad hoc committee;
- How they will jointly plan the transition of the child from DoH to DoE, upon recommendations for improvement from the ad hoc committee.

Additional Comments:

1. There needs to be stated in the beginning of the measure that the languages most commonly used by deaf children are American Sign Language (ASL) and English. To achieve English literacy, deaf children may use both, or one, of the languages. (See broader definition of "English" at the bottom of this page)
2. The bill must explicitly require the ad hoc committee to develop a resource -- designed for use by parents/caregivers -- specifically, and exclusively, for developing, monitoring and

tracking their DHHDB child's expressive and receptive language acquisition and developmental stages toward English literacy. This is meant to be a resource separate from what DoH developed through the Baby HEARS project.

3. Strike all references to "oral" language; the correct way to state it is "English." You can add specific wording to the bill -- like California did -- that states, "For purposes of this section, 'English' includes spoken English, written English, or English with the use of visual supplements."

4. Strike all references to "aged five years or younger" on the list of family advisory committee members (page 3, lines 1-11);

5. "Shall" was replaced with "may" on multiple instances. There are several areas where this would not be appropriate, such as how the advisory committee "may include the following members..." (page 2, line 24) and "may perform the following functions..." (page 4, line 18). The same applies when referencing the resource guide for parents of children who are DHHDB; proposed language states, "...resource guide for parents of children who are DHHDB that may include milestones of age-appropriate language development..." (page 4, line 21-22).

6. The original version of the bill stated that a majority of the advisory committee members shall be individuals who are deaf, hard of hearing, or deaf-blind. The proposed SD1 removes this entirely. [I'm not sure if this was a mistake, but please have this language inserted again.]

7. Page 5, line 2: Because the focus of this bill is on language and literacy, instead of "communication choices" it should read "language choices"

8. Throughout the proposed draft, it reads "Executive Office of Early Learning" instead of the correct title "Executive Office on Early Learning"

9. Page 1, line 15: Should it read "deaf, hard of hearing, or deaf-blind to have the early language..."? If so, "to" is currently missing.

10. May we suggest that there be a section added to the bill that clarifies the following terms and acronyms:

As used in this section:

(1) "ASL" means American Sign Language.

(2) "English" means spoken English, written English and English with the use of visual supplements.

(3) "IEP" means Individualized Education Program.

(4) "IFSP" means Individualized Family Service Plan.

(5) "DCAB" means the Disability and Communication Access Board.

(6) "Language" means the cognitive ability to learn and use systems of complex communication, separate from modality employed to communicate.

Research has shown that there are long lasting and severe consequences when a child does not acquire a formal language system between birth and age six. This period of time, the critical language period, is a period of time that our Deaf students need to have clear and accessible language in order to set them up for their future success. A child who does not begin life with a formal language will suffer academically, socially, and emotionally. This basic human right has been taken for granted by those with full access to language. It is time for Deaf, hard of hearing, and deaf blind children to be given the same access to language as their hearing peers.

The School Community Council of the Hawaii School for the Deaf and the Blind is in full support of SB 2476 SD1 as it will ensure that Deaf students arrive in kindergarten with all of the skills and language necessary to become capable and contributing members of their school community, and the community at large; however, we need critical amendments to be made in order for the bill to function properly. Again, we urge you to support SB 2476 SD1, and the implementation of appropriate amendments.

Sincerely,

A handwritten signature in black ink, appearing to read "M Bolivar". The signature is fluid and cursive, with the first letter of the first name being a large, stylized 'M'.

Marisa Bolivar

Chairperson, HSDB School Community Council

February 29, 2016

Testimony by Billy Kekua, President
Aloha State Association of the Deaf
www.deafaloha.org

Support for SB2476 RELATING TO HEALTH.
Language Development Milestones; Deaf; Hard of Hearing; Deaf-blind; Early Language
Acquisition Program; Early Language Acquisition Advisory Committee; Appropriation

COMMITTEE ON WAYS AND MEANS
Senator Jill N. Tokuda, Chair
Senator Donovan M. Dela Cruz, Vice Chair

Dear Chair Tokuda and committee members,

We must ensure and recognize that DHHDB children have the basic human rights as the hearing peers. The goals of the Bill are to encourage language learning experiences for all DHHDB aged 0-5, prevent the severe language deprivation, prepare them to be kindergarten-ready when they arrive at a school, and with the spirit of our nurturing to ensure that they become the world-class citizens when they graduate from high school.

We would like to remind ourselves that we are responsible to provide guidance, healthy environment, and stability for our DHHDB children. With your assistance to pass the Bill, our quality of living will be definitely improved to the sky.

Mahalo for the opportunity to share our testimony with you.

Malama pono.

From: mailinglist@capitol.hawaii.gov
To: [WAM Testimony](#)
Cc: andresyg@hawaii.edu
Subject: *Submitted testimony for SB2476 on Mar 1, 2016 13:40PM*
Date: Saturday, February 27, 2016 7:04:38 PM

SB2476

Submitted on: 2/27/2016

Testimony for WAM on Mar 1, 2016 13:40PM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Andres Gonzalez	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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March 1, 2016

TESTIMONY TO THE SENATE COMMITTEE ON WAYS AND MEANS

Tuesday, March 1, 2016 at 1:40 P.M.
Conference Room 211, State Capitol

RE: SENATE BILL 2476 SD1 RELATING TO HEALTH

Dear Chair Tokuda:

My name is Carie Sarver. I am a Sign Language interpreter and a resident of Honolulu. As you know, Senate Bill 2476 passed its joint committee referral with amendments. I believe that the new language in the SD1 version takes away from the true focus of the bill: Ensuring systemic language accountability that is vital towards the success of our Deaf, Hard of Hearing, and Deafblind (DHHDB) children. **SB 2476 is a measure of utmost importance** for Hawai'i's DHHDB children and their families. **I urge you to vote for it, with the critical amendments described below.**

Amendments I urge you to make to SB 2476 SD1 include, but aren't limited to, the following:

- 1) Language spelling out a separation of duties between the Department of Health and the Department of Education, as well as language defining how they will *jointly* work together to ensure that all DHHDB children are linguistically kindergarten ready. This is because there are two agencies who are *jointly* held accountable for children in the 0-5 age range.
- 2) Language requiring the working group to develop a parent resource specifically, and exclusively, for developing, monitoring and tracking their DHHDB child's expressive and receptive language acquisition and developmental stages toward language and literacy. This is to ensure that parents are empowered and well-informed on how their child can appropriately develop language and literacy skills.
- 3) Language that will require departments to jointly produce an annual report, using existing data reported in compliance with the federally required state performance plan on pupils with disabilities, that is specific to language and literacy development of DHHDB children from birth to five years of age. This is to address the importance of collecting system-wide outcome data on children's development of language and literacy skills.
- 4) Language that will ensure that at least half of the working group members are individuals who are DHHDB. This was included in the original version of the bill, and is not in the SD1 version of the bill. We ask that this be re-inserted. This is to safeguard the *critical* inclusion of DHHDB individuals in the development and implementation of early intervention systems for DHHDB keiki.
- 5) On multiple instances throughout the SD1 version, "may" needs to be replaced with "shall."

For specifics regarding proposed amendments, including additional recommendations, I defer to written testimony submitted by the Aloha State Association of the Deaf, the Hawai'i School for the Deaf and the Blind School Community Council.

The DHHDB community has been ignored for too long. According to the 2015 Hawai'i Department of Education State Systemic Improvement Plan, only 14% of Deaf and Hard-of-Hearing students demonstrate reading proficiency, compared to 74% for students without disabilities. It is staggering to think that 86% of our Deaf and Hard-of-Hearing students are illiterate. SB 2476 will ensure that necessary steps are taken to end this statewide epidemic of language deprivation that our DHHDB keiki currently struggle with.

It is time for decisive action – such as SB 2476 – to ensure that Hawai'i is held accountable for the success of its keiki. **Please vote in support of this bill, and incorporate the critical amendments described above.**

Sincerely,

Carie Sarver

3739A Mariposa Drive

Honolulu, HI 96816

February 28, 2016

TESTIMONY TO THE SENATE COMMITTEE ON WAYS AND MEANS

Tuesday, March 1, 2016 at 1:40 P.M.
Conference Room 211, State Capitol

RE: SENATE BILL 2476 SD1 RELATING TO HEALTH

Dear Chair Tokuda:

My name is Christine Holmes and I am a resident of Honolulu. As you know, Senate Bill 2476 passed its joint committee referral with amendments. I believe that the new language in the SD1 version takes away from the true focus of the bill: Ensuring systemic language accountability that is vital towards the success of our Deaf, Hard of Hearing, and Deafblind (DHHDB) children. **SB 2476 is a measure of utmost importance** for Hawai'i's DHHDB children and their families. **I urge you to vote for it, with the critical amendments described below.**

Amendments I urge you to make to SB 2476 SD1 include, but aren't limited to, the following:

- 1) Language spelling out a separation of duties between the Department of Health and the Department of Education, as well as language defining how they will *jointly* work together to ensure that all DHHDB children are linguistically kindergarten ready. This is because there are two agencies who are *jointly* held accountable for children in the 0-5 age range.
- 2) Language requiring the working group to develop a parent resource specifically, and exclusively, for developing, monitoring and tracking their DHHDB child's expressive and receptive language acquisition and developmental stages toward language and literacy. This is to ensure that parents are empowered and well-informed on how their child can appropriately develop language and literacy skills.
- 3) Language that will require departments to jointly produce an annual report, using existing data reported in compliance with the federally required state performance plan on pupils with disabilities, that is specific to language and literacy development of DHHDB children from birth to five years of age. This is to address the importance of collecting system-wide outcome data on children's development of language and literacy skills.
- 4) Language that will ensure that at least half of the working group members are individuals who are DHHDB. This was included in the original version of the bill, and is not in the SD1 version of the bill. We ask that this be re-inserted. This is to safeguard the *critical* inclusion of DHHDB individuals in the development and implementation of early intervention systems for DHHDB keiki.
- 5) On multiple instances throughout the SD1 version, "may" needs to be replaced with "shall."

For specifics regarding proposed amendments, including additional recommendations, I defer to written testimony submitted by the Aloha State Association of the Deaf, the Hawai'i School for the Deaf and the Blind School Community Council.

The DHHDB community has been ignored for too long. According to the 2015 Hawai'i Department of Education State Systemic Improvement Plan, only 14% of Deaf and Hard-of-Hearing students demonstrate reading proficiency, compared to 74% for students without disabilities. It is staggering to think that 86% of our Deaf and Hard-of-Hearing students are illiterate. SB 2476 will ensure that necessary steps are taken to end this statewide epidemic of language deprivation that our DHHDB keiki currently struggle with.

It is time for decisive action – such as SB 2476 – to ensure that Hawai'i is held accountable for the success of its keiki. **Please vote in support of this bill, and incorporate the critical amendments described above.**

Sincerely,

Christine Holmes

Christine Holmes

418 N. Vineyard Blvd. #C-11

Honolulu, HI 96817

March 1, 2016

TESTIMONY TO THE SENATE COMMITTEE ON WAYS AND MEANS

Tuesday, March 1, 2016 at 1:40 P.M.
Conference Room 211, State Capitol

RE: SENATE BILL 2476 SD1 RELATING TO HEALTH

Dear Chair Tokuda:

My name is Colin Whited and I am a resident of Hawai'i's 10th Senatorial District. I am submitting this testimony to **urge you to lend support** to SB 2476 SD1 and vote for it, **with the critical amendments described below**. I believe that the new language – which was inserted without consulting the Deaf community, the drafters of the original bill – in the SD1 version takes away from the true focus of the bill: Ensuring systemic language accountability that is vital towards the success of our Deaf, Hard of Hearing, and Deafblind (DHHDB) children.

Amendments I urge you to make to SB 2476 SD1 include, but aren't limited to, the following:

- 1) Language spelling out a separation of duties between the Department of Health and the Department of Education, as well as language defining how they will *jointly* work together to ensure that all DHHDB children are linguistically kindergarten ready. This is because there are two agencies who are *jointly* held accountable for children in the 0-5 age range.
- 2) Language requiring the working group to develop a parent resource specifically, and exclusively, for developing, monitoring and tracking their DHHDB child's expressive and receptive language acquisition and developmental stages toward language and literacy. This is to ensure that parents are empowered and well-informed on how their child can appropriately develop language and literacy skills.
- 3) Language that will require departments to jointly produce an annual report, using existing data reported in compliance with the federally required state performance plan on pupils with disabilities that is specific to language and literacy development of DHHDB children from birth to five years of age. This is to address the importance of collecting system-wide outcome data on children's development of language and literacy skills.
- 4) Language that will ensure that at least half of the working group members are individuals who are DHHDB. This was included in the original version of the bill, and is not in the SD1 version of the bill. We ask that this be re-inserted. This is to safeguard the *critical* inclusion of DHHDB individuals in the development and implementation of early intervention systems for DHHDB keiki.
- 5) On multiple instances throughout the SD1 version, "may" needs to be replaced with "shall."

For specifics regarding proposed amendments, including additional recommendations, I defer to written testimony submitted by the Aloha State Association of the Deaf, and the Hawai'i School for the Deaf and the Blind School Community Council.

The DHHDB community has been ignored for too long. According to the 2015 Hawai'i Department of Education State Systemic Improvement Plan, only 14% of Deaf and Hard-of-Hearing students demonstrate reading proficiency, compared to 74% for students without disabilities. It is staggering to think that 86% of our Deaf and Hard-of-Hearing students are illiterate. SB 2476 will ensure that necessary steps are taken to end this statewide epidemic of language deprivation that our DHHDB keiki currently struggle with.

The parameters of SB 2476 were developed by experts who have dedicated their careers to the field of Deaf education. Implementing these requirements will ignite a paradigm shift in the education of DHHDB children. It is our kuleana to ensure all keiki – including our DHHDB – are given legitimate access to language development in Hawai'i. Please support this bill and implement the amendments called for by the Deaf community. Mahalo for the opportunity to submit testimony.

Sincerely,

Colin Whited

From: mailinglist@capitol.hawaii.gov
To: [WAM Testimony](#)
Cc: edchevy59@gmail.com
Subject: Submitted testimony for SB2476 on Mar 1, 2016 13:40PM
Date: Monday, February 29, 2016 12:41:14 PM

SB2476

Submitted on: 2/29/2016

Testimony for WAM on Mar 1, 2016 13:40PM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Ed Chevy	Individual	Support	Yes

Comments: I support SB 2476 because early language acquisition is critical for all children especially for children who are Deaf, hard of hearing or Deaf-Blind. The earlier children start learning language the better their chances are being linguistically fluent and academically and socially successful. SB2476 enforces language benchmarks in American Sign Language and English during each Deaf, hard of hearing or Deaf-Blind child's first five years to ensure readiness for Kindergarten. All children deserve the equal opportunity to get an education and lead fulfilling lives. I respectfully ask for your support of SB 2476 which creates this opportunity for children who are Deaf, hard of hearing or Deaf-Blind thank you, Ed Chevy

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: [WAM Testimony](#)
Cc: emijorocks@hotmail.com
Subject: *Submitted testimony for SB2476 on Mar 1, 2016 13:40PM*
Date: Monday, February 29, 2016 2:03:53 PM

SB2476

Submitted on: 2/29/2016

Testimony for WAM on Mar 1, 2016 13:40PM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
emily jo noschese	Individual	Support	No

Comments:

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FRANCINE MAE LEHUANANI KENYON

**374 Tanner Circle
Stanford, KY 40484
(808) 375-9007 Text**

kuliangel569@gmail.com



March 1, 2016

SENATE COMMITTEE OF WAYS AND MEANS

**TUESDAY, MARCH 1, 2016 AT 1:40 PM
CONFERENCE ROOM 211**

**TESTIMONY IN SUPPORT OF
SENATE BILL 2476, SENATE DRAFT 1, SSC RESOLUTION 2458, RELATING TO
HEALTH**

Chair Senator Jill Tokuda, Vice-Chair Senator Donovan Dela Cruz, members and friends,
Aloha from Kentucky!

My name is Francine Mae Lehuanani Kenyon and I used to live on Jasmine Street in Palolo Valley from 1950 to 1971 and 1988 to 2013. I had testified a numerous of times in support of many Deaf-related bills, including the passage and signage of the Comprehensive Service Center for Deaf and Hard of Hearing in 2012 until re-migrating to the mainland in 2013 to be closer to my two sons and their families living in Kentucky and Maryland.

I have been following the news from Disability and Communication Access Board as well as the Aloha State Association of the Deaf and the deaf community.

I strongly support the Deaf community’s critical amendments to the Senate Bill 2476, Senate Draft 1, Standing Senate Concurrent Resolution 2458, Relating to Health, ensuring the importance of the systematic language accountability for Deaf, Hard of Hearing, and Deaf-Blind (DHHDB) children as follows:

- 1) *Language spelling out a separation of duties between the Department of Health and the Department of Education, as well as language defining how they will jointly work together to ensure that all DHHDB children are linguistically kindergarten ready. This is because there are two agencies who are jointly held accountable for children in the 0-5 age range.*
- 2) *Language requiring the working group to develop a parent resource specifically, and exclusively, for developing, monitoring and tracking their DHHDB child's expressive and receptive language acquisition and developmental stages toward language and literacy. This is to ensure that parents are empowered and well-informed on how their child can appropriately develop language and literacy skills.*
- 3) *Language that will require departments to jointly produce an annual report, using existing data reported in compliance with the federally required state performance plan on pupils with disabilities, that is specific to language and literacy development of DHHDB children from birth to five years of age. This is to address the importance of collecting system-wide outcome data on children’s development of language and literacy skills.*

“

To my understanding, the original version of the bill, quoting as follows “Language that will ensure that at least half of the working group members are individuals who are DHHDB” is not included in the Senate Draft 1 version of the bill. I urge you to **re-insert** the original version because it is very important to include DHHDB individuals who are instrumental in the development and implementation of early intervention systems for DHHDB keiki.

It is time for the legislators of the State of Hawaii to be aware that the DHHDB community has been ignored without your supports for a numerous of years since 1971.

I want to share with you about the inspiring, encouraging speech given by Roberta “Bobbi” Cordano, the new President of Gallaudet University, the world’s only liberal arts university for the deaf, in Washington, D.C. at Kentucky School for the Deaf on Friday, February 26th. She gave a talk about five hearing children and five deaf children aged zero to five years. Parents communicating in sign language with deaf children from aged 0 to 5 proved a success for BOTH five hearing children and five deaf children having the same high I.Q. level! This is the same hypothesis that my communication with my two sons, both hearing, in sign language since infancy led them to attending the Talented and Gifted (TAG) program in their schools, including earning the additional community college credits in high school.

In conclusion, on behalf of the Deaf community of State of Hawai’i, I strongly urge you to supporting their testimonies for Senate Bill 2476, incorporating their critical amendments to Senate Bill 2476, Senate Draft 1, as described above to ensure that the State of Hawai’i be held accountable for the success of the keiki aged zero to three years who are deaf, hard of hearing, and deaf-blind.

Mahalo nui loa for supporting the Deaf community in the State of Hawai’i.

Sincerely,

Dear Chair Tokuda,

My name is Jennifer Martensson, and I am a resident of Honolulu. I'm writing in regards of SB 2476, which is critical to the early education of our Deaf and Hard of Hearing and Deafblind keiki (DHHDB). The progress being made with SB 2476 is very encouraging, as it has passed its joint committee referral, but it is a concern that the new language in the bill dilutes the original focus. I urge you not only to vote for the bill, but to vote for it with the critical amendments below (for specific language I defer to written testimony submitted by the Aloha State Association of the Deaf and the Hawaii School for the Deaf and the Blind Community Council):

- Define the separate duties of the Department of Health and the Department of Education, and define the activities/duties that will be a joint responsibility.
- Outline a clear path to the development of a parent resource that supports them with understanding how the DHHDB child's language development is progressing.
- Require that a joint report from the DOH and DOE is produced annually which will serve as a tool for collecting data on the language development of DHHDB children from birth to five years of age.
- Ensure that at least half of the working group for SB2476 is DHHDB.
- Identify opportunities in the bill for the word "may" to be replaced with "shall."

As an education professional focusing on reading and language acquisition in public schools, I am deeply invested in establishing policies that support all students. Currently, state proficiency data reveals that there is an incredibly wide reading achievement gap between Deaf students and all students. Research in language development establishes that literacy in a first language is transferred into other languages. Current policy does not create conditions where children born Deaf are provided with adequate input of American Sign Language (ASL) for it to firmly take hold as a first language, thus these children are deprived this opportunity.

Thank you for all that you do, and for your careful consideration of this important matter.

Sincerely,

Jennifer Martensson, MATESOL

Literacy & ELL Specialist, Catapult Learning

March 1, 2016

TESTIMONY TO THE SENATE COMMITTEE ON WAYS AND MEANS

Tuesday, March 1, 2016 at 1:40 P.M.
Conference Room 211, State Capitol

RE: SENATE BILL 2476 SD1 RELATING TO HEALTH

Dear Chair Tokuda:

My name is Kurstin Chun and I am a resident of Aiea. As you know, Senate Bill 2476 passed its joint committee referral with amendments. I believe that the new language in the SD1 version takes away from the true focus of the bill: Ensuring systemic language accountability that is vital towards the success of our Deaf, Hard of Hearing, and Deafblind (DHHDB) children. **SB 2476 is a measure of utmost importance** for Hawai'i's DHHDB children and their families. **I urge you to vote for it, with the *critical* amendments described below.**

Amendments I urge you to make to SB 2476 SD1 include, but aren't limited to, the following:

- 1) Language spelling out a separation of duties between the Department of Health and the Department of Education, as well as language defining how they will *jointly* work together to ensure that all DHHDB children are linguistically kindergarten ready. This is because there are two agencies who are *jointly* held accountable for children in the 0-5 age range.
- 2) Language requiring the working group to develop a parent resource specifically, and exclusively, for developing, monitoring and tracking their DHHDB child's expressive and receptive language acquisition and developmental stages toward language and literacy. This is to ensure that parents are empowered and well-informed on how their child can appropriately develop language and literacy skills.
- 3) Language that will require departments to jointly produce an annual report, using existing data reported in compliance with the federally required state performance plan on pupils with disabilities, that is specific to language and literacy development of DHHDB children from birth to five years of age. This is to address the importance of collecting system-wide outcome data on children's development of language and literacy skills.
- 4) Language that will ensure that at least half of the working group members are individuals who are DHHDB. This was included in the original version of the bill, and is not in the SD1 version of the bill. We ask that this be re-inserted. This is to safeguard the *critical* inclusion of DHHDB individuals in the development and implementation of early intervention systems for DHHDB keiki.

- 5) On multiple instances throughout the SD1 version, “may” needs to be replaced with “shall.”

For specifics regarding proposed amendments, including additional recommendations, I defer to written testimony submitted by the Aloha State Association of the Deaf, the Hawai’i School for the Deaf and the Blind School Community Council.

The DHHDB community has been ignored for too long. According to the 2015 Hawai’i Department of Education State Systemic Improvement Plan, only 14% of Deaf and Hard-of-Hearing students demonstrate reading proficiency, compared to 74% for students without disabilities. It is staggering to think that 86% of our Deaf and Hard-of-Hearing students are illiterate. SB 2476 will ensure that necessary steps are taken to end this statewide epidemic of language deprivation that our DHHDB keiki currently struggle with.

It is time for decisive action – such as SB 2476 – to ensure that Hawai’i is held accountable for the success of its keiki. **Please vote in support of this bill, and incorporate the *critical amendments* described above.**

Sincerely,

Kurstin Chun

Aiea, Hawaii

From: mailinglist@capitol.hawaii.gov
To: [WAM Testimony](#)
Cc: lbolivar79@yahoo.com
Subject: *Submitted testimony for SB2476 on Mar 1, 2016 13:40PM*
Date: Monday, February 29, 2016 1:05:36 PM

SB2476

Submitted on: 2/29/2016

Testimony for WAM on Mar 1, 2016 13:40PM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Leon Bolivar	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.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

March 1, 2016

TESTIMONY TO THE SENATE COMMITTEE ON WAYS AND MEANS

Tuesday, March 1, 2016 at 1:40 P.M.
Conference Room 211, State Capitol

RE: SENATE BILL 2476 SD1 RELATING TO HEALTH

Dear Chair Tokuda:

My name is LisaAnn Tom and I am a resident of Honolulu. As you know, Senate Bill 2476 passed its joint committee referral with amendments.

SB 2476 enforces language benchmarks in American Sign Language (ASL) and English during each Deaf, Hard of Hearing and deaf-blind (DHHDB) child's first five years to ensure they are on track to be academically and socially ready for Kindergarten. We all support this bill because we want children to be academically and socially ready for Kindergarten at the age of five.

Not providing the resources to help DHHDB children hit their language developmental milestones; they will experience challenges and struggles later in their lives. I personally experienced struggles with the language development delay when I was in pre-school. I didn't receive the appropriate language access my hearing peers had. I do not want our future DHHDB keiki go through same experience I had. Our DHHDB keiki will be our future leaders if you support this bill.

In addition, I believe that the new language in the SD1 version takes away from the true focus of the bill: Ensuring systemic language accountability that is vital towards the success of our Deaf, Hard of Hearing, and Deafblind (DHHDB) children. **SB 2476 is a measure of utmost importance** for Hawai'i's DHHDB children and their families. **I urge you to vote for it, with the critical amendments described below.**

Amendments I urge you to make to SB 2476 SD1 include, but aren't limited to, the following:

- 1) Language spelling out a separation of duties between the Department of Health and the Department of Education, as well as language defining how they will *jointly* work together to ensure that all DHHDB children are linguistically kindergarten ready. This is because there are two agencies who are *jointly* held accountable for children in the 0-5 age range.
- 2) Language requiring the working group to develop a parent resource specifically, and exclusively, for developing, monitoring and tracking their

DHHDB child's expressive and receptive language acquisition and developmental stages toward language and literacy. This is to ensure that parents are empowered and well-informed on how their child can appropriately develop language and literacy skills.

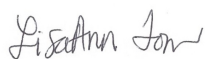
- 3) Language that will require departments to jointly produce an annual report, using existing data reported in compliance with the federally required state performance plan on pupils with disabilities, that is specific to language and literacy development of DHHDB children from birth to five years of age. This is to address the importance of collecting system-wide outcome data on children's development of language and literacy skills.
- 4) Language that will ensure that at least half of the working group members are individuals who are DHHDB. This was included in the original version of the bill, and is not in the SD1 version of the bill. We ask that this be re-inserted. This is to safeguard the *critical* inclusion of DHHDB individuals in the development and implementation of early intervention systems for DHHDB keiki.
- 5) On multiple instances throughout the SD1 version, "may" needs to be replaced with "shall."

For specifics regarding proposed amendments, including additional recommendations, I defer to written testimony submitted by the Aloha State Association of the Deaf, the Hawai'i School for the Deaf and the Blind School Community Council.

The DHHDB community has been ignored for too long. According to the 2015 Hawai'i Department of Education State Systemic Improvement Plan, only 14% of Deaf and Hard-of-Hearing students demonstrate reading proficiency, compared to 74% for students without disabilities. It is staggering to think that 86% of our Deaf and Hard-of-Hearing students are illiterate. SB 2476 will ensure that necessary steps are taken to end this statewide epidemic of language deprivation that our DHHDB keiki currently struggle with.

It is time for decisive action – such as SB 2476 – to ensure that Hawai'i is held accountable for the success of its keiki. Again, **please vote in support of this bill, and incorporate the *critical* amendments described above.**

Sincerely,



LisaAnn Tom

Honolulu, HI

March 1, 2016

TESTIMONY TO THE SENATE COMMITTEE ON WAYS AND MEANS

Tuesday, March 1, 2016 at 1:40 P.M.
Conference Room 211, State Capitol

RE: SENATE BILL 2476 SD1 RELATING TO HEALTH

Aloha Senator Tokuda:

My name is Nikki (Borengasser) Kepoo and I am a mother of a deaf child. As you know, Senate Bill 2476 passed its joint committee referral with amendments. I believe that the new language in the SD1 version takes away from the true intentions of the bill: Ensuring systemic language accountability that is vital towards the success of our Deaf, Hard of Hearing, and Deafblind (DHHDB) children. **SB 2476 is a measure of utmost importance** for Hawai'i's DHHDB children and our families. **I urge you to vote for it, with the critical amendments described below.**

Amendments I urge you to make to SB 2476 SD1 include, but aren't limited to, the following:

- 1) **Language spelling out a separation of duties between the Department of Health and the Department of Education, as well as language defining how they will *jointly* work together to ensure that all DHHDB children are linguistically kindergarten ready. This is because there are two agencies who are *jointly* held accountable for children in the 0-5 age range.**
- 2) **Language requiring the working group to develop a parent resource specifically, and exclusively, for developing, monitoring and tracking their DHHDB child's expressive and receptive language acquisition and developmental stages toward language and literacy. This is to ensure that parents are empowered and well-informed on how their child can appropriately develop language and literacy skills.**
- 3) **Language that will require departments to jointly produce an annual report, using existing data reported in compliance with the federally required state performance plan on pupils with disabilities, that is specific to language and literacy development of DHHDB children from birth to five years of age. This is to address the importance of collecting system-wide outcome data on children's development of language and literacy skills.**
- 4) **Language that will ensure that at least half of the working group members are individuals who are DHHDB. This was included in the original version of the bill, and is not in the SD1 version of the bill. We ask that this be re-inserted. This is to safeguard the *critical* inclusion of DHHDB individuals in the development and implementation of early intervention systems for DHHDB keiki.**
- 5) **On multiple instances throughout the SD1 version, "may" needs to be replaced with "shall."**

For specifics regarding proposed amendments, including additional recommendations, I defer to written testimony submitted by the Aloha State Association of the Deaf, the Hawai'i School for the Deaf and the Blind School Community Council.

The DHHDB community has been ignored for too long. According to the 2015 Hawai'i Department of Education State Systemic Improvement Plan, only 14% of Deaf and Hard-of-Hearing students demonstrate reading proficiency, compared to 74% for students without disabilities. It is staggering to think that 86% of our Deaf and Hard-of-Hearing students are illiterate. SB 2476 will ensure that necessary steps are taken to end this statewide epidemic of language deprivation that our DHHDB keiki currently struggle with.

I speak from personal experience in which my son was failed by the current system and his achievements could have been more significant had we been given the appropriate services for Deaf children. The bill is critical to the success of the Keiki in Hawaii. It isn't just about what we feel as families but what they deserve as children and you are on the breaking point of making this change be a pivotal moment that will set forth foundations for many more successful DHHDB children of Hawaii.

It is time for decisive action – such as SB 2476 – to ensure that Hawai'i is held accountable for the success of its keiki. **Please vote in support of this bill, and incorporate the critical amendments described above.**

Sincerely,

Nikki Kepoo

47-160 Pulu Place

Kaneohe, HI 96744

PETER L. FRITZ

TELEPHONE (SPRINT RELAY): (808) 568-0077
E-MAIL: PLFLEGIS@FRITZHQ.COM

THE SENATE THE TWENTY-EIGHTH LEGISLATURE REGULAR SESSION OF 2016

COMMITTEE ON WAYS AND MEANS Testimony on S.B. 2476 SD1 Hearing: March 1, 2016

(RELATING TO HEALTH)

Chair Tokuda, Vice Chair Dela Cruz, and members of the Committee. My name is Peter Fritz. I am an individual with a hearing disability. I am testifying **in support of this bill**.

This bill establishes an early learning acquisition program with various services for children who are deaf, hard of hearing, or deaf-blind within the Department of Health to support age-appropriate language development for children from birth to age three years who are deaf, hard of hearing; appropriates funds for three permanent full-time equivalent positions to establish and operate the early language acquisition program; and appropriates funds for one-full time equivalent position to teach American Sign Language for children from birth to age five who are deaf, hard of hearing, or deaf-blind.

I support this bill because for the development of language skills, deaf children need to be exposed to good language models in a signed language as soon as deafness is detected. Early exposure to sign language reduces the risks of linguistic deprivation, which is associated with cognitive impairment and psychosocial isolation.¹ Facility with one language helps in acquiring another language. Integration and differentiation processes within a linguistic system and across different linguistic systems aid development of language in general,² thus, learning sign can help a child master a spoken language.

Language is the words, structures, thoughts and concepts we have in our minds. Speech is one way in which we communicate our language to other people. Language can also be conveyed through sign language or through writing.

Any hearing loss a child has will impact on both language and speech development, but language development is more important than speech development because almost all learning depends on language. The better language a child has, the broader the range of their mental concepts and the more they will be able to learn in school.

¹ Schick B, Marschark M, Spencer P. *Advances in the Sign Language Development of Deaf Children*. New York: Oxford University Press; 2006.

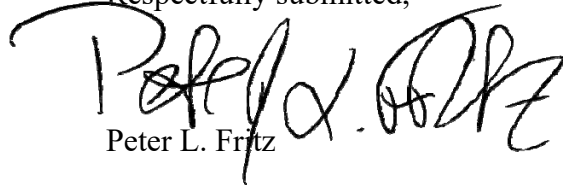
² Tracy R. post-doctoral thesis. University of Tübingen; 1994–1995. *Child Languages in Contact: Bilingual Language Acquisition (English/German) in Early Childhood*. Pust C Plaza. *Linguistic Theory and Adult Second Language Acquisition: On the Relation between the Lexicon and the Syntax*. Frankfurt am Main: Peter Lang; 2000.

Testimony of Peter L. Fritz
S.B. 2476 SD1
March 1, 2016
Page 2

Early language acquisition will enable children to acquire the necessary language skills.

I respectfully request your support of this bill.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Peter L. Fritz". The signature is stylized with a large initial "P" and a long, sweeping underline that extends to the right.

Peter L. Fritz

March 1, 2016

TESTIMONY TO THE SENATE COMMITTEE ON WAYS AND MEANS

Tuesday, March 1, 2016 at 1:40 P.M.

Conference Room 211, State Capitol

RE: SENATE BILL 2476 SD1 RELATING TO HEALTH

My name is Sarah Comerford and I am a resident of Mililani, Hawai'i. I am writing today to express my support of Senate Bill 2476. As a resident of Hawai'i and a service provider to the Deaf and hard-of-hearing, I believe this measure is integral to the success of future generations of deaf children.

As you know, Senate Bill 2476 passed its joint committee referral with amendments. I believe that the new language in the SD1 version takes away from the true focus of the bill: ensuring systemic language accountability that is vital for the success of our Deaf, hard of hearing, and Deaf-blind (DHHDB) children. The importance of this legislation cannot be understated. I ask you to vote in favor of this measure, with the critical amendments listed below:

- 1) Language spelling out a separation of duties between the Department of Health and the Department of Education, as well as language defining how they will jointly work together to ensure that all DHHDB children are linguistically kindergarten ready. These two agencies are jointly held accountable for children in the 0-5 and clear guidelines must be established.
- 2) Language requiring the development of a parent resource specifically and exclusively for developing, monitoring, and tracking the DHHDB child's expressive and receptive language acquisition, and developmental stages toward language and literacy. This is to ensure that parents are empowered and well-informed on how their child can appropriately develop language and literacy skills.
- 3) Language that will require departments to jointly produce an annual report, using existing data reported in compliance with the federally required state performance plan on pupils with disabilities, that is specific to the language and literacy development of DHHDB children from birth to five years of age. This will address the importance of collecting system-wide outcome data on childrens' development of language and literacy skills.
- 4) Language that will ensure that at least half of the members in the working group are individuals who are DHHDB. This was included in the original version of the bill, and is not in the SD1 version of the bill. I ask that this be re-inserted. This is to safeguard the critical inclusion of DHHDB individuals in the development and implementation of early intervention systems for DHHDB keiki.
- 5) On multiple instances throughout the SD1 version, "may" needs to be replaced with "shall".

For specifics regarding proposed amendments, including additional recommendations, I defer to written testimony submitted by the Aloha State Association of the Deaf, the Hawai'i School for the Deaf and the Blind School Community Council.

The DHHDB community has been ignored for too long. According to the 2015 Hawai'i Department of Education State Systemic Improvement Plan, only 14% of Deaf and Hard-of-Hearing students demonstrate reading proficiency, compared to 74% for students without disabilities. It is staggering to think that 86% of our Deaf and Hard-of-Hearing students are illiterate. SB 2476 will ensure that all of the necessary steps are taken to end this statewide epidemic of language deprivation. It is time for decisive action – such as SB 2476 – to ensure that Hawai'i is held accountable for the success of its keiki.

In my ten-plus years of experience working with the DHHDB population of Hawai'i, first as an educator for deaf children and now as a professional sign language interpreter, I have seen firsthand the life-long ramifications of language isolation in one's formative years. Research has proven time and time again that early exposure to sign language for deaf children is absolutely paramount to their cognitive development and future success. The methodology that is current in place to service these children and their families is woefully inadequate. We must do more. It is for these reasons that I support this bill and ask you to vote in support with the necessary amendments.

Thank you,

Sarah Comerford

HQAS IV, EIPA 3.4, NIC Candidate

Owner, Operator: Comerford Interpreting & Tutoring Services, LLC

Secretary: Hawaii Registry of Interpreters for the Deaf (HRID)

Feb 29, 2016

TESTIMONY TO THE SENATE COMMITTEE ON WAYS AND MEANS Tuesday, March 1, 2016 at 1:40 P.M.

Conference Room 211, State Capitol

Dear Chair Tokuda:

My name is Pinky Aiello and I was a resident of Honolulu someday, I will move back again. . As you know, Senate Bill 2476 passed its joint committee referral with amendments. I believe that the new language in the SD1 version takes away from the true focus of the bill: Ensuring systemic language accountability that is vital towards the success of our Deaf, Hard of Hearing, and Deafblind (DHHDB) children. SB 2476 is a measure of utmost importance for Hawai'i's DHHDB children and their families. I urge you to vote for it, with the critical amendments described below.

Amendments I urge you to make to SB 2476 SD1 include, but aren't limited to, the following:

- 1) Language spelling out a separation of duties between the Department of Health and the Department of Education, as well as language defining how they will jointly work together to ensure that all DHHDB children are linguistically kindergarten ready. This is because there are two agencies who are jointly held accountable for children in the 05 age range.
- 2) Language requiring the working group to develop a parent resource specifically, and exclusively, for developing, monitoring and tracking their DHHDB child's expressive and receptive language acquisition and developmental stages toward language and literacy. This is to ensure that parents are empowered and wellinformed on how their child can appropriately develop language and literacy skills.
- 3) Language that will require departments to jointly produce an annual report, using existing data reported in compliance with the federally required state performance plan on pupils with disabilities, that is specific to language and literacy development of DHHDB children from birth to five years of age. This is to address the importance of collecting systemwide outcome data on children's development of language and literacy skills.
- 4) Language that will ensure that at least half of the working group members are individuals who are DHHDB. This was included in the original version of the bill, and is not in the SD1 version of the bill. We ask that this be reinserted. This is to safeguard the critical inclusion of DHHDB individuals in the development and implementation of early intervention systems for DHHDB keiki.
- 5) On multiple instances throughout the SD1 version, "may" needs to be replaced with "shall."

For specifics regarding proposed amendments, including additional recommendations, I defer to written testimony submitted by the Aloha State Association of the Deaf, and the Hawai'i School for the Deaf and the Blind School Community Council.

The DHHDB community has been ignored for too long. According to the 2015 Hawai'i Department of Education State Systemic Improvement Plan, only 14% of Deaf and HardofHearing students demonstrate reading proficiency, compared to 74% for students without disabilities. It is staggering to think that 86% of our Deaf and HardofHearing students are illiterate. SB 2476 will ensure that necessary steps are taken to end this statewide epidemic of language deprivation that our DHHDB keiki currently struggle with.

It is time for decisive action – such as SB 2476 – to ensure that Hawai'i is held accountable for the success of its keiki. Please vote in support of this bill, and incorporate the c ritical amendments described above.

Sincerely,
Pinky Aiello