



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

March 14, 2016

**TO:** Della Au Bellatti, Chair  
House Committee on Health

**FROM:** Lauren Moriguchi, Director

**SUBJECT: SB 2476, SD 2 – RELATING TO HEALTH**  
**Hearing Date:** Wednesday, March 16, 2016  
**Time:** 8:30 a.m.  
**Location:** Conference Room 329

**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.

**EXECUTIVE OFFICE ON EARLY LEARNING'S POSITION:** The Executive Office on Early Learning (EOEL) supports the intent of SB 2476, SD2 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 testimony on this bill.



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

**Date:** 03/16/2016  
**Time:** 08:30 AM  
**Location:** 329  
**Committee:** House Health

**Department:** Education

**Person Testifying:** Kathryn S. Matayoshi, Superintendent of Education

**Title of Bill:** SB 2476, SD2 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. Eff. 7/1/2050. (SD2)

**Department's Position:**

The Department of Education (Department) supports the intent of SB 2476 SD2 to improve language and literacy development outcomes for deaf, hard-of-hearing, and deaf-blind students and offers comments.

The Department has been in close communication with the Department of Health (DOH) and the Executive Office of Early Learning (EOEL) on this measure, and appreciates the proposed amendments being offered by the DOH.

Further, the Department 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 16, 2016

### TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH

Senate Bill 2476, SD2 – Relating to Health

The Disability and Communication Access Board (DCAB) supports the proposed House Draft 1 that was submitted by the Department of Health (DOH) for Senate Bill 2476, SD2 - 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 along with 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. It also 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.

A group of representatives from the Departments of Health and Education, along with DCAB, met twice with community advocates to discuss and develop the proposed HD1 that is attached to DOH's testimony. House Draft 1 is a good starting point to establish early language acquisition services within DOH and to begin the development of resources and tools needed to implement a sound program for language acquisition for children who are deaf, hard of hearing, or deaf-blind. The working group can begin that effort, as well as research and develop any additional legislation needed to sustain efforts to have deaf, hard of hearing and deaf-blind children language ready by the time they begin kindergarten.

We strongly believe that the majority of representatives of the working group be deaf, hard of hearing, or deaf-blind regardless of the type of communication mode they choose to use. Planning for a specific population's needs must include members of the target group in order to achieve the best results. DCAB is willing to participate as a member of the working group, and is honored to have a role in the development of this important effort to ensure equal access to language for all children.

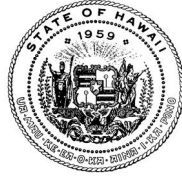
DCAB defers to the Department of Health regarding the number of positions and appropriation necessary to establish this language acquisition services for children who are deaf, hard of hearing, and deaf-blind.

Thank you for the opportunity to provide testimony.

Respectfully submitted,

BARBARA FISCHLOWITZ-LEONG  
Chairperson  
Legislative Committee

FRANCINE WAI  
Executive Director



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. 2  
RELATING TO HEALTH**

REPRESENTATIVE DELLA AU BELATTI, CHAIR  
HOUSE COMMITTEE ON HEALTH

Hearing Date: March 16, 2016

Room Number: 329

1 **Fiscal Implications:** The Department of Health (DOH) currently lacks resources to enhance  
2 early language services for children age 0-3 years who are deaf, hard of hearing, or deaf-blind  
3 (D/HH/DB). The Department defers to the Governor's Executive Budget request and DOH  
4 appropriations and personnel priorities.

5 **Department Testimony:** The Department supports the intent of this bill. It offers the  
6 opportunity for the Department of Education (DOE), Executive Office of Early Learning  
7 (EOEL), and DOH, working with the D/HH/DB community, to improve the statewide system of  
8 services that support age-appropriate language development for children age 0-5 years who are  
9 D/HH/DB. In collaboration with the DOE and EOEL, the DOH is willing to establish and  
10 convene a working group to address various issues and make recommendations to the legislature  
11 on supporting age-appropriate language development for children age 0-5 years who are  
12 D/HH/DB.

13 The Department has worked with stakeholders including advocates for the deaf on a draft  
14 bill attached to this testimony. This proposed draft includes revising the proposed section in  
15 Hawaii Revised Statutes to require that early intervention services shall include early language  
16 service for infants and toddlers who are D/HH/DB, clarification of the members of the working  
17 group, and refining the responsibilities of the working group.

18 The DOH is committed to strengthening its services to support the language development  
19 of young children who are D/HH/DB. The Early Intervention Section (EIS) is responsible for  
20 the provision of early intervention (EI) services under Part C of the Individuals with Disabilities

1 Education Act (IDEA) for eligible children age 0-3 years, including those who are D/HH/DB,  
2 who have developmental delays or are at biological risk for developmental delays. The DOH  
3 will need additional staff and funding resources to enhance the EIS early language services.  
4 These services include teacher of the deaf in American Sign Language (ASL), teacher of the deaf  
5 in listening and spoken language, contracted services of deaf mentors, and contracted ASL  
6 instructors for ASL classes for families in rural areas of Oahu and on the Neighbor Islands.

7 Thank you for the opportunity to testify.

8 **Offered Amendments:** See attached proposed S.B. 2476 H.D. 1.

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# A BILL FOR AN ACT

RELATING TO HEALTH.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1           SECTION 1. The legislature finds that children who are  
2 deaf, hard of hearing, or deaf-blind have the same ability and  
3 capability to learn language as their peers who do not have a  
4 similar disability. The ability and right to develop language  
5 are central to the human experience and necessary prerequisites  
6 to literacy as well as cognitive, emotional, linguistic,  
7 academic, and social growth and the chance for children to  
8 evolve into healthy and productive members of society.

9           The legislature further finds that the departments of  
10 health and education are committed to collaborating to improve  
11 services for children who are deaf, hard of hearing, or deaf-  
12 blind, so that they begin kindergarten with the necessary  
13 language skills to acquire the knowledge and academic  
14 competencies that will allow them to be successful in school and  
15 life.

16           The legislature further finds that the department of  
17 health, early intervention section is responsible for the

1 provision of early intervention services as identified in the  
2 child's Individualized Family Support Plan to children from  
3 birth to age three years with special needs and their families  
4 under Part C of the Individuals with Disabilities Education Act  
5 (IDEA), P.L. 108-446; the department of education is responsible  
6 for the provision of special education and related services as  
7 identified in the child's Individualized Education Program to  
8 children age three to five years with special needs under Part B  
9 of the IDEA, P.L. 108-446; and the executive office on early  
10 learning is responsible for coordinating the early childhood  
11 education services in the prekindergarten program within the  
12 public school system.

13       The legislature further finds that children who are deaf,  
14 hard of hearing, or deaf-blind are diverse and include children  
15 with congenital or acquired hearing loss, unilateral and  
16 bilateral hearing loss, all degrees of hearing loss from minimal  
17 to profound, and all types of hearing loss.

18       The purpose of this Act is to:

- 19       (1) Enhance early language services for children from  
20             birth to age five years who are deaf, hard of hearing,  
21             or deaf-blind within the department of health to  
22             support age-appropriate language;
- 23       (2) Establish a working group for the purposes of  
24             investigating issues related to resources and tools

1 for parents of children who are deaf, hard of hearing,  
2 or deaf-blind and improvements on statewide system of  
3 services that support age-appropriate language  
4 development for children from birth to age five years  
5 who are deaf, hard of hearing, or deaf-blind; and

- 6 (3) Appropriate funds for two positions to support the  
7 early language services for children from birth to age  
8 three years who are deaf, hard of hearing, or deaf-  
9 blind.

10 SECTION 2. Chapter 321, Part XXVIII, Hawaii Revised  
11 Statutes, is amended by adding a new section to be appropriately  
12 designated and to read as follows:

13 **"§321- Early language services for children who are**  
14 **deaf, hard of hearing, or deaf-blind. Early intervention**  
15 **services for infants and toddlers shall include, but not be**  
16 **limited to, service providers and mentors of the deaf, hard of**  
17 **hearing, or deaf-blind who use American Sign Language; service**  
18 **providers and mentors of the deaf who use oral language;**  
19 **American Sign Language teachers for families of young children;**  
20 **family-to-family support; and training of early intervention**  
21 **providers."**

22 SECTION 3. (a) The department of health, department of  
23 education, and executive office on early learning shall  
24 establish and convene a working group for the purpose of making



1 recommendations to the legislature on issues related to  
2 supporting age-appropriate development for children from birth  
3 to age five years who are deaf, hard of hearing, or deaf-  
4 blind. Excluding members who are parents of children who are  
5 deaf, hard of hearing, or deaf-blind, the majority of the  
6 remaining members shall be deaf, hard of hearing, or deaf-blind  
7 and represent the diversity of their community which includes  
8 deaf culture, hard of hearing, cochlear implant and hearing aid  
9 users, unilateral hearing loss, auditory neural hearing loss,  
10 and cultural diversity. At least one member shall be a  
11 representative from the county of Hawaii, Maui, or Kauai. At  
12 least one parent member shall be deaf, hard of hearing, or deaf-  
13 blind. Two parent members shall have children who are deaf,  
14 hard of hearing, or deaf-blind who are under age 6 years at the  
15 time of appointment by the director of health. The working  
16 group shall include the following seventeen members to be  
17 selected by the director of health:

- 18 (1) One parent of a child who is deaf, hard of hearing, or  
19 deaf-blind who uses American Sign Language;
- 20 (2) One parent of a child who is deaf, hard of hearing, or  
21 deaf-blind who uses oral language;
- 22 (3) One parent of a child who is deaf, hard of hearing, or  
23 deaf-blind who uses cochlear implant device;
- 24 (4) One parent of a child who is deaf-blind;

- 1 (5) One individual who is deaf, hard of hearing, or deaf-  
2 blind who uses American Sign Language;
- 3 (6) One individual who is deaf, hard of hearing, or deaf-  
4 blind who uses oral language;
- 5 (7) One credentialed teacher who uses American Sign  
6 Language for children under age six years who are  
7 deaf, hard of hearing, or deaf-blind;
- 8 (8) One credentialed teacher who uses oral language for  
9 children under age six years who are deaf, hard of  
10 hearing, or deaf-blind;
- 11 (9) One early intervention specialist who works with  
12 infants and toddlers using American Sign Language;
- 13 (10) One early intervention specialist who works with  
14 infants and toddlers using oral language;
- 15 (11) One audiologist or speech language pathologist with  
16 knowledge of language assessment and intervention for  
17 children who are deaf, hard of hearing, or deaf-blind;
- 18 (12) One representative from the English as a Second  
19 Language community;
- 20 (13) One representative from the disability and  
21 communication access board;
- 22 (14) One representative from the department of health  
23 newborn hearing screening program;

1 (15) One representative from the department of health early  
2 intervention section;

3 (16) One representative from the department of education;  
4 and

5 (17) One representative from the executive office on early  
6 learning.

7 (b) The working group shall examine, research, and make  
8 recommendations to the following:

9 (1) A resource guide for parents of children who are deaf,  
10 hard of hearing, or deaf-blind that may include  
11 milestones of age-appropriate language development,  
12 websites related to deafness and hearing loss,  
13 national and state organizations and resources for  
14 families, terms and definitions related to deafness  
15 and hearing loss, and communication choices;

16 (2) Tools used to assess and plan language development  
17 services for children from birth to age five years who  
18 are deaf, hard of hearing, or deaf-blind;

19 (3) Data and the availability of data on the language and  
20 literacy development for children from birth to age  
21 five years who are deaf, hard of hearing, or deaf-  
22 blind;

23 (4) Improvements concerning the statewide system of  
24 services that support age-appropriate language

1 development for children from birth to age five years  
2 who are deaf, hard of hearing, or deaf-blind; and

3 (5) Improvements concerning the transition of children at  
4 age three years from the department of health early  
5 intervention services to the department of education  
6 services.

7 (c) All activities of the departments of health and  
8 education in implementing this section shall be consistent with  
9 federal law regarding early intervention and the education of  
10 children with disabilities.

11 (d) The working group shall submit an interim report of  
12 its findings and recommendations, including any proposed  
13 legislation including an extension of the working group, to the  
14 legislature no later than twenty days prior to the convening of  
15 the regular session of 2017, and a final report of the working  
16 group's findings and recommendations, including any proposed  
17 legislation, to the legislature no later than twenty days prior  
18 to the convening of the regular session of 2018.

19 (e) The working group shall cease to exist on June 30,  
20 2018.

21 SECTION 4. There is appropriated out of the general  
22 revenues of the State of Hawaii the sum of \$ or so  
23 much thereof as may be necessary for fiscal year 2016-2017 to  
24 carry out the purposes of this Act for operating expenses and

1 the establishment, hiring, and filling of two permanent full-  
2 time equivalent (2.0 FTE) positions to provide early language  
3 services for children from birth to age three years who are  
4 deaf, hard of hearing, or deaf-blind.

5 The sums appropriated shall be expended by the department  
6 of health for the purposes of this Act.

7 SECTION 5. New statutory material is underscored.

8 SECTION 6. This Act shall take effect on July 1, 2050.

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**Report Title:**

Deaf; Hard of Hearing; Deaf-blind; Early Language Acquisition Program; Working Group; Appropriation

**Description:**

Enhances early language services 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 years who are deaf, hard of hearing, or deaf-blind. Requires working group to report to legislature. Appropriates funds for two positions to support the early language services for children from birth to age three years who are deaf, hard of hearing, or deaf-blind. Eff. 7/1/2050. (SD2)

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*

DAVID Y. IGE  
GOVERNOR



RACHAEL WONG, DrPH  
DIRECTOR

PANKAJ BHANOT  
DEPUTY DIRECTOR

STATE OF HAWAII  
**DEPARTMENT OF HUMAN SERVICES**

P. O. Box 339  
Honolulu, Hawaii 96809-0339

March 15, 2016

TO: The Honorable Della Au Belatti, Chair  
House Committee on Health

FROM: Rachael Wong, DrPH, Director

SUBJECT: **SB 2476 SD2 – RELATING TO HEALTH**  
Hearing: Wednesday, March 16, 2016, at 8:30 a.m.  
Conference Room 329, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS), Division of Vocational Rehabilitation (DVR), appreciates the intent of this bill as it seeks to develop a language acquisition program along with the support services needed to ensure the success of children entering our secondary education program and provides comments. The DHS defers to the Departments of Health and Education regarding implementation and costs associated with developing and administering the program statewide.

**PURPOSE:** The purpose of this bill is the establishment of an early language acquisition program, along with the provision of various services for children who are deaf, hard of hearing, or deaf-blind within the Department of Health and to support age-appropriate language development for children from birth to age three with these types of hearing loss. The bill further establishes a working group that will investigate issues related to resources and tools and the improvement on a statewide system of services that support deaf, hard of hearing and deaf-blind children from birth to age five; and to provide the appropriate funds needed to support such an early language acquisition program.

Through the joint efforts of the Department of Education, the Department of Health and the Executive Office on Early Learning, Hawaii will begin to assess what is needed for the

legislature to act on behalf of our deaf, hard of hearing and deaf-blind community and to build the foundation of literacy and language acquisition that is dearly needed.

The DHS Division of Vocational Rehabilitation is tasked with providing the supports necessary for our disabled residents who are unable to achieve meaningful employment solely on their own. The barrier for many of our residents is their ability to learn the marketable skills needed to enter into our 21<sup>st</sup> century workforce. Previous national research for students who are deaf or hard of hearing indicates that the average student with a hearing loss graduates from high school with reading comprehension skills at approximately the fourth grade level, and approximately 20% (some 2,000 annually) of students who are deaf or hard of hearing leave school with a reading level at or below second grade.

It is necessary to create an affirmative action plan that looks at the global issues associated with this community and the development of services and the provision of the resources that will level the playing field for our children as they transition from the secondary educational system and into adulthood.

Thank you for this opportunity to submit testimony on this bill.



March 16, 2016

TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH

Wednesday, March 16, 2016 at 8:30 A.M.  
Conference Room 329, State Capitol

RE: SENATE BILL 2476 RELATING TO HEALTH

Dear Chair Bellati:

My name is Marisa Bolivar, Chairperson for the School Community Council of the Hawai'i School for the Deaf and the Blind. As you know, Senate Bill 2476 crossed over to the House and was referred to three House committees, including the Committee on Health. Our Council strongly urges you to lend support to SB 2476 and vote for it.

The members of the SCC work closely with 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 they are provided before they become school age.

At HSDB, we often see students arriving at school with minimal to no language. Without the adequate language foundation children cannot focus on academics, nor can they properly socialize with their peers. This delay significantly impacts a child's ability to grow academically, socially, and emotionally. It is time to end this tragic statewide epidemic with accountability.

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 Deaf, Hard of Hearing, and Deafblind (DHHDB) keiki struggle to overcome.

SB 2476 will require the state Departments of Health and Education to work collaboratively to improve statewide services for children who are DHHDB so that they begin kindergarten with the necessary language skills needed to become successful in school and life.

The Aloha State Association of the Deaf and the Language Equality and Acquisition for Deaf Kids (LEAD-K) Hawai'i Team has worked closely with the Department of Health to develop an updated draft of the bill. Our Council stands in support of the proposed draft submitted by the Department of Health and ask that you do the same.

The School Community Council of the Hawai'i School for the Deaf and the Blind is a large stakeholder in the education of Deaf children. Hawai'i has the opportunity to ignite a paradigm shift in the education of DHHDB children. Access to language, and the development of language is a basic human right; SB 2476 ensures that all keiki in Hawaii are provided these fundamental building blocks. Please support this bill and adopt the proposed draft developed by Hawai'i's Deaf community and the Department of Health. Mahalo for the opportunity to submit testimony.

Sincerely,

Marisa Bolivar  
Chairperson, HSDB School Community Council

March 15, 2016

Testimony by Billy Kekua, President  
Aloha State Association of the Deaf  
[www.deafaloha.org](http://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 HEALTH  
Representative Della Au Belatti, Chair  
Representative Richard P. Creagan, Vice Chair

Dear Chair Belatti and committee members,

We must ensure and recognize that Deaf, Hard of Hearing, and DeafBlind (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. Therefore, we are in the agreement with Department of Health's proposed draft (SB2476 HD1). With your assistance to pass the Bill, our quality of living will be absolutely improved to the sky.

Mahalo for the opportunity to share our testimony with you.

Malama pono.

March 14, 2016

TESTIMONY TO THE HOUSE OF REPRESENTATIVES

Wednesday, March 16, 2016 at 1:40 P.M.

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)

Dear Chair Ballati,

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 Aloha State Association of the Deaf and the Language Equality and Acquisition for Deaf Kids worked closely with the Department of Health to establish an updated draft of the bill. I support this updated draft and ask that you do the same.

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. Passing SB2476 would change this situation, and future generations of DHHDB keiki would have better opportunities as a result.

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

# PETER L. FRITZ

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

## HOUSE OF REPRESENTATIVES THE TWENTY-EIGHTH LEGISLATURE REGULAR SESSION OF 2016

COMMITTEE ON HEALTH  
Testimony on S.B. 2476 SD2  
Hearing: March 16, 2016

### Relating to Health

Chair Au Belatti, Vice Chair Creagan, 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**.

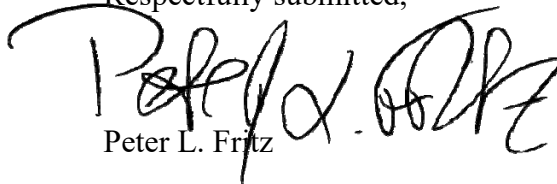
This bill establishes an early learning acquisition program with various services for children who are deaf, hard of hearing, or deaf-blind within the Department of Health to support age-appropriate language development for children from birth to age three years who are deaf, hard of hearing.

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. 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.<sup>1</sup> 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,<sup>2</sup> thus, learning sign can help a child master a spoken language.

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.

Early language acquisition will enable children to acquire the necessary language skills. I respectfully request your support of this bill which will foster early language acquisition.

Respectfully submitted,



Peter L. Fritz

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

<sup>2</sup> 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.

March 16, 2016

TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH

Wednesday, March 16, 2016 at 8:30 A.M.  
Conference Room 329, State Capitol

RE: SENATE BILL 2476 RELATING TO HEALTH

Dear Chair Bellati:

As you know, Senate Bill 2476 crossed over to the House and was referred to three House committees, including the Committee on Health. As a resident of Hawai'i, I urge you to lend support to SB 2476 and vote for it.

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 Deaf, Hard of Hearing, and Deafblind (DHHDB) keiki struggle with.

Currently, a significant proportion of Deaf children between the ages of 0-5 have minimal to no language instruction and arrive at kindergarten with inadequate and delayed language development. This makes it extremely difficult for them to achieve academic success and social and emotional growth. It is time to end this tragic statewide epidemic with accountability. SB 2476 will require the state Departments of Health and Education to work collaboratively to improve statewide services for children who are DHHDB so that they begin kindergarten with the necessary language skills needed to become successful in school and life.

The Aloha State Association of the Deaf and the Language Equality and Acquisition for Deaf Kids (LEAD-K) Hawai'i Team has worked closely with the Department of Health to develop an updated draft of the bill. I stand in support of the proposed draft submitted by the Department of Health and ask that you do the same.

Passing the bill and implementing its 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 adopt the proposed draft developed by Hawai'i's Deaf community and the Department of Health. Mahalo for the opportunity to submit testimony.

Sincerely,

Samuel Garcia, Jr.  
2937 Kalakaua Avenue, Apt. 25  
Honolulu, HI 96815



March 16, 2016

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Wednesday, March 16, 2016 at 8:30 A.M.  
Conference Room 329, State Capitol

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Sincerely,

Layce Reed Garcia  
Counselor/Kapi`olani Community College  
4303 Diamond Head Road  
Honolulu, HI 96816

March 16, 2016

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The Aloha State Association of the Deaf and the Language Equality and Acquisition for Deaf Kids (LEAD-K) Team has worked closely with the Department of Health to develop an updated draft of the bill. I stand in support of the proposed draft submitted by the Department of Health and ask that you do the same.

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Sincerely,

Emily Jo Noschese

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 14, 2016 10:00 PM  
**To:** HLTtestimony  
**Cc:** kianahamazzz@gmail.com  
**Subject:** Submitted testimony for SB2476 on Mar 16, 2016 08:30AM

**SB2476**

Submitted on: 3/14/2016

Testimony for HLT on Mar 16, 2016 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kiana Hamasaki	Individual	Support	No

Comments: I agree with the Department of Health's proposed draft, and hope you will do the same.

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  
**Sent:** Monday, March 14, 2016 9:50 PM  
**To:** HLTtestimony  
**Cc:** zach\_hamaz2@yahoo.com  
**Subject:** Submitted testimony for SB2476 on Mar 16, 2016 08:30AM

**SB2476**

Submitted on: 3/14/2016

Testimony for HLT on Mar 16, 2016 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Zachary Hamasaki	Individual	Support	No

Comments: I agree with the Department of Health's proposed draft, and hope you will do the same.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 14, 2016 9:26 PM  
**To:** HLTtestimony  
**Cc:** j9\_murray@yahoo.com  
**Subject:** Submitted testimony for SB2476 on Mar 16, 2016 08:30AM

**SB2476**

Submitted on: 3/14/2016

Testimony for HLT on Mar 16, 2016 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Janine Murray	Individual	Support	No

Comments: I agree with the Department of Health's proposed draft, and hope you will do the same.

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March 16, 2016

TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH

Wednesday, March 16, 2016 at 8:30 A.M.  
Conference Room 329, State Capitol

RE: SENATE BILL 2476 RELATING TO HEALTH

Dear Chair Bellati:

As you know, Senate Bill 2476 crossed over to the House and was referred to three House committees, including the Committee on Health. I, LisaAnn Tom, urge you to lend support to SB 2476 and vote for it.

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 Deaf, Hard of Hearing, and Deafblind (DHHDB) keiki struggle with.

Currently, a significant proportion of Deaf children between the ages of 0-5 have minimal to no language instruction and arrive at kindergarten with inadequate and delayed language development. This makes it extremely difficult for them to achieve academic success and social and emotional growth. It is time to end this tragic statewide epidemic with accountability. SB 2476 will require the state Departments of Health and Education to work collaboratively to improve statewide services for children who are DHHDB so that they begin kindergarten with the necessary language skills needed to become successful in school and life.

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.

The Aloha State Association of the Deaf and the Language Equality and Acquisition for Deaf Kids (LEAD-K) Hawai'i Team has worked closely with the Department of Health to develop an updated draft of the bill. I stand in support of the proposed draft submitted by the Department of Health and ask that you do the same.

Passing the bill and implementing its 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 adopt the proposed draft developed by Hawai'i's Deaf community and the Department of Health. Our DHHDB keiki will be our future leaders.

Mahalo for the opportunity to submit testimony.

Sincerely,

A handwritten signature in cursive script that reads "LisaAnn Tom".

LisaAnn Tom  
Honolulu, Hawaii

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 14, 2016 8:16 PM  
**To:** HLTtestimony  
**Cc:** echiwa@gmail.com  
**Subject:** Submitted testimony for SB2476 on Mar 16, 2016 08:30AM

**SB2476**

Submitted on: 3/14/2016

Testimony for HLT on Mar 16, 2016 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Eileen Chiwa	Individual	Support	No

Comments: I agree with Department of Health's proposed draft.

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  
**Sent:** Monday, March 14, 2016 7:54 PM  
**To:** HLTtestimony  
**Cc:** jrlcjc@gmail.com  
**Subject:** Submitted testimony for SB2476 on Mar 16, 2016 08:30AM

**SB2476**

Submitted on: 3/14/2016

Testimony for HLT on Mar 16, 2016 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Joel Matusof	Individual	Support	No

Comments: March 14, 2016 TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH Wednesday, March 16, 2016 at 8:30 A.M. Conference Room 329, State Capitol RE: SENATE BILL 2476 RELATING TO HEALTH Dear Chair Bellati: My name Joel Matusof and I support this bill SB2476 and agree with the Department of Health's proposed draft. I live in Honolulu and work as a Cook Helper at the Hawaii School for the Deaf and Blind. I am Deaf and my parents were Deaf too. When I was born I learn American Sign Language and when I start school I was fluent in ASL. I remember I feel jealous of other Deaf kids because teacher would spend a lot more time with them. Why? Because they did not have language. I wanted to have more interaction with my teachers but they told me to just keep moving forward in the lesson while they caught the other children up. I had to wait long time sometimes and we get into trouble mischief because teacher busy with other kids. I move on to other grades but some kids stay behind and not move on not learn quick. They were smart but not have language and slow to learn. I lived in the dorms at school and would go home on the weekend. Some deaf kids with little language if they live in dorm they learn ASL quick and pickup language. But kids that live home and commute to school everyday, some good have language but some not have. When I got to middle school we would make fun of the kids who didn't know any language and tease them. Now I am adult and I work as a cook in the cafeteria at the Hawaii School for the Deaf and the Blind. I see many children come to HSDB who don't have language. They only can gesture and that's not language. Many of them get into trouble violate Chapter 19 with theft, crime, other problems because they can't communicate. I believe it important that if Deaf children will go to Deaf school they should already know ASL. That way they will feel like they belong and feel same as other children. Also for the children who already have language they can learn quick and grow fast without waiting for other kids to catch up. Parents need to know what resources are in the community to support them and help the deaf child grow and succeed. For example the commercials on the tv about stop smoking, about teen pregnancy, about children learning to speak...there should be commercial about deaf children and ways to help them succeed. Please pass this bill SB2476 and I agree with the Department of Health's proposed draft. Mahalo, Joel Matusof

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 14, 2016 7:19 PM  
**To:** HLTtestimony  
**Cc:** lbolivar79@yahoo.com  
**Subject:** Submitted testimony for SB2476 on Mar 16, 2016 08:30AM

**SB2476**

Submitted on: 3/14/2016

Testimony for HLT on Mar 16, 2016 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Leon Bolivar	Individual	Support	No

Comments: I agree with the Department of Health's proposed draft, and hope you will do the same.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 14, 2016 7:07 PM  
**To:** HLTtestimony  
**Cc:** crissyholmes@me.com  
**Subject:** \*Submitted testimony for SB2476 on Mar 16, 2016 08:30AM\*

**SB2476**

Submitted on: 3/14/2016

Testimony for HLT on Mar 16, 2016 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Christine Holmes	Individual	Support	No

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 14, 2016 6:55 PM  
**To:** HLTtestimony  
**Cc:** heather.interpreter@gmail.com  
**Subject:** Submitted testimony for SB2476 on Mar 16, 2016 08:30AM

**SB2476**

Submitted on: 3/14/2016

Testimony for HLT on Mar 16, 2016 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Heather Benjamin	Individual	Support	No

Comments: March 14, 2016 TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH Wednesday, March 16, 2016 at 8:30 A.M. Conference Room 329, State Capitol RE: SENATE BILL 2476 RELATING TO HEALTH Dear Chair Bellati: My name is Heather Benjamin and I am a resident of Honolulu. I am also a professional sign language interpreter and have been professionally interpreting since 2001. I am very concerned about our Deaf and Hard of Hearing keiki and ask that you support Senate Bill 2476 SD2. In addition, I agree with the Department of Health's proposed draft. In my 15 years of interpreting I have come to know one undeniable truth. Deaf, Hard-of-Hearing, and Deaf-Blind children suffer from language deprivation. I can not even begin to convey the countless times I interpret for Deaf adults and see that as an adult, their lack of language fluency is the biggest barrier for their success. If they can find work it will usually be in the type of job that doesn't require much reading or writing and they need job coaches and ASL interpreters in order to understand what the job duties and policies are. Simply put, they are at a huge disadvantage for a healthy and prosperous life because of their lack of language proficiency. And, if their language is not fostered adequately in those first five to seven years of their life, by the time they arrive to school they are well behind not only academically but socially and emotionally as well. This puts them on a track that is difficult to recover from. The early years of any child is critical and that's why this bill is so important. It addresses their early years of language acquisition so they don't slip through the cracks, which happens far too often. It's only been recently that we've had hard data to show the lack in language proficiency; a sad fact. Yet now is the time for our keiki and we want this bill to pass so there is accountability and support for them. We want them to start school on the right foot along with their hearing peers who've been fortunate enough to have language exposure since being in the womb. Please support this bill, SB 2476, in the Department of Health's proposed draft. Mahalo for your support, Heather Benjamin, CI, CT Nationally Certified Sign Language Interpreter

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Currently, a significant proportion of Deaf children between the ages of 0-5 have minimal to no language instruction and arrive at kindergarten with inadequate and delayed language development. This makes it extremely difficult for them to achieve academic success and social and emotional growth. It is time to end this tragic statewide epidemic with accountability. SB 2476 will require the state Departments of Health and Education to work collaboratively to improve statewide services for children who are DHHDB so that they begin kindergarten with the necessary language skills needed to become successful in school and life.

The Aloha State Association of the Deaf and the Language Equality and Acquisition for Deaf Kids (LEAD-K) Hawai'i Team has worked closely with the Department of Health to develop an updated draft of the bill. I stand in support of the proposed draft submitted by the Department of Health and ask that you do the same.

Passing the bill and implementing its 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 adopt the proposed draft developed by Hawai'i's Deaf community and the Department of Health. Mahalo for the opportunity to submit testimony.

I agree with the Department of Health's proposal draft. Please, the time is now to pass this bill. Our DHHDB Keiki's have waited long enough. Mahalo for your attention in this matter.

Sincerely,

Keri Lee  
55-568 Naniloa Loop 2C  
Laie, HI 96762

March 16, 2016

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Conference Room 329, State Capitol

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Sincerely,

[Name]

[Address]



March 16, 2016

TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH

Wednesday, March 16, 2016 at 8:30 A.M.  
Conference Room 329, State Capitol

Dear Chair Bellati:

As you know, Senate Bill 2476 crossed over to the House and was referred to three House committees, including the Committee on Health. As a resident of Hawai'i, I, Carie Sarver, urge you to lend support to SB 2476 and vote for it.

SB2476 enforces language benchmarks in American Sign Language 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.

I support this bill because I have seen the effects of language delays and deprivation on DHHDB children and I want all kids in our state to start Kindergarten on even ground.

In my 18 years as a Sign Language interpreter I've worked with the DHHDB community in settings such as medical, legal, business, social, and educational. I've seen students from Pre-K through high school in two states in mainstream and residential programs enter the classroom unable to share their own names, the names of their families or caretakers and unable to express their wants and needs.

This delay in language acquisition follows them through their school years and into adult life as I've seen in doctor's offices, social security lines, social services meetings, and so on. I've seen DHHDB consumers struggle to read their mail, communicate with close family members, even to make a simple medical appointment. Currently, in Hawaii only 14% of DHHDB students read proficiently compared to 74% of their non-deaf peers. It is time to close that gap. It's time to provide our DHHDB children with the tools they need to prepare for their academic years and give them a fair shot at life.

As an ally to the DHHDB community and as an interpreter I want to see more of our adult citizens in board rooms, college classrooms, and professional settings than in court rooms, unemployment lines or other social services offices. I am hopeful that the work that SB2476 will do on behalf our children will help to lead them there.

Sincerely,

Carie Sarver

March 15, 2016

RE: SENATE BILL 2476 RELATING TO HEALTH

Aloha Chair Bellati:

As you know, Senate Bill 2476 crossed over to the House and was referred to three House committees, including the Committee on Health. As a hearing mother of a deaf son, I urge you to lend support to SB 2476 and vote for the Department of Health's proposed draft 1.

As a hearing parent, there was a lack of communication early on. When there isn't adequate support and information in raising a deaf child, we could (inadvertently) cause delays in our children's learning abilities which is unfair to say the least and unnecessary.

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 Deaf, Hard of Hearing, and Deafblind (DHHDB) keiki struggle with.

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With respect,  
Nikki Kepo'o  
Mother and advocate

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 15, 2016 9:51 AM  
**To:** HLTtestimony  
**Cc:** andresyg@hawaii.edu  
**Subject:** \*Submitted testimony for SB2476 on Mar 16, 2016 08:30AM\*

**SB2476**

Submitted on: 3/15/2016

Testimony for HLT on Mar 16, 2016 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Andres Gonzalez	Individual	Support	No

Comments:

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March 16, 2016

TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH

Wednesday, March 16, 2016 at 8:30 A.M.  
Conference Room 329, State Capitol

RE: SENATE BILL 2476 RELATING TO HEALTH

Dear Chair Bellati:

As you know, Senate Bill 2476 crossed over to the House and was referred to three House committees, including the Committee on Health. As a resident of Hawai'i House District 23, I urge you to lend support to SB 2476 and vote for it.

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 Deaf, Hard of Hearing, and Deafblind (DHHDB) keiki struggle with.

Currently, a significant proportion of Deaf children between the ages of 0-5 have minimal to no language instruction and arrive at kindergarten with inadequate and delayed language development. This makes it extremely difficult for them to achieve academic success and social and emotional growth. It is time to end this tragic statewide epidemic with accountability. SB 2476 will require the state Departments of Health and Education to work collaboratively to improve statewide services for children who are DHHDB so that they begin kindergarten with the necessary language skills needed to become successful in school and life.

The Aloha State Association of the Deaf and the Language Equality and Acquisition for Deaf Kids (LEAD-K) Team has worked closely with the Department of Health to develop an updated draft of the bill. **I stand in support of the proposed draft submitted by the Department of Health and ask that you do the same.**

Passing the bill and implementing its 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 adopt the proposed draft developed by Hawai'i's Deaf community and the Department of Health. Mahalo for the opportunity to submit testimony.

Sincerely,

Colin Whited  
Language Equality and Acquisition for Deaf Kids (LEAD-K) Hawai'i

March 16, 2016  
TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH  
Wednesday, March 16, 2016 at 8:30 A.M.  
Conference Room 329, State Capitol

RE: SENATE BILL 2476 RELATING TO HEALTH

Dear Chair Bellati:

As you know, Senate Bill 2476 crossed over to the House and was referred to three House committees, including the Committee on Health. As a resident of Hawai'i, I urge you to lend support to SB 2476 and vote for it.

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 Deaf, Hard of Hearing, and Deafblind (DHHDB) keiki struggle with.

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SB 2476 will require the state Departments of Health and Education to work collaboratively to improve statewide services for children who are DHHDB so that they begin kindergarten with the necessary language skills needed to become successful in school and life.

The Aloha State Association of the Deaf and the Language Equality and Acquisition for Deaf Kids (LEAD-K) Team has worked closely with the Department of Health to develop an updated draft of the bill. I stand in support of the proposed draft submitted by the Department of Health and ask that you do the same.

I support SB 2476 because of my personal experience with this community. I have been working with DHHDB children and adults as a social worker and a therapist since 1998. In that time I have seen first-hand the devastating effects lack of early language can have on a child's development, and the eventual damaged adult that child will become. And, honestly, there is absolutely no reason for this to happen.

- Would you sanction a home where a hearing child is forced to wear ear plugs and have no one talk to them for 5 years?
- Would you sanction a school or early intervention program where children are placed around other children and teachers who don't speak the same language, where they can't learn to speak the same language, will never be able to speak the same language, and so are completely unable to communicate with each other?
- Would you accept a Hawaii school system where every child that graduates is lucky if they can read at a 3<sup>rd</sup> grade level?
- What would Hawaii look like if 80% of all the adults were unable to read or write effectively in English, unable to communicate with people around them, unable to hold a job or make a competitive wage?

That is exactly how it is for Hawai'i's Deaf, Hard of Hearing, and Deafblind. And yes, you do sanction that (with the current policies and procedures) and have been doing so for so many years. My question is, how much longer will you continue to do so?

I have also seen what can happen when people are given the tools they need to succeed. Look at Gallaudet University and the impact that institution and their students have had on the world – those are people who were given the tools they need. There is a saying, “Deaf people can do anything hearing people can do, except hear.” This statement is 100% true – but only when they are given an equal chance.

Passing the bill and implementing its 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 adopt the proposed draft developed by Hawai'i's Deaf community and the Department of Health.

Mahalo for the opportunity to submit testimony.

Sincerely,

Scott O'Neal  
PO Box 17301  
Honolulu, Hawai'i 96817

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 14, 2016 9:29 PM  
**To:** HLTtestimony  
**Cc:** nomit002@gmail.com  
**Subject:** Submitted testimony for SB2476 on Mar 16, 2016 08:30AM

**SB2476**

Submitted on: 3/14/2016

Testimony for HLT on Mar 16, 2016 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Taichi Nomi	Individual	Comments Only	No

Comments: I agree with the Department of Health's proposed draft, and hope you will do the same.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 14, 2016 9:21 PM  
**To:** HLTtestimony  
**Cc:** murrayj007@hawaii.rr.com  
**Subject:** Submitted testimony for SB2476 on Mar 16, 2016 08:30AM

**SB2476**

Submitted on: 3/14/2016

Testimony for HLT on Mar 16, 2016 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
James Murray	Individual	Comments Only	No

Comments: I agree with the Department of Health's proposed draft, and hope you will do the same.

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