

SB2476

Measure Title: RELATING TO HEALTH.

Report Title: Language Development Milestones; Deaf; Hard of Hearing; Deaf-blind; Early Language Acquisition Program; Early Language Acquisition Advisory Committee; Appropriation (\$)

Description: Establishes the early language acquisition program to assess and track language development for children who are deaf, hard of hearing, and deaf-blind. Requires the departments of health and education to collaborate in the use of language assessments for children who are deaf, hard of hearing, and deaf-blind when developing individualized family support plans and individualized education plans in order to monitor language acquisition progress and implement appropriate language acquisition strategies to promote school readiness. Establishes the early language acquisition advisory committee to solicit input from experts on the selection of language developmental milestones. Makes an appropriation for the establishment of language developmental milestones and the corresponding parent resource and educator tools and assessments.

Companion:

Package: Keiki Caucus

Current Referral: CPH/EDU, WAM

Introducer(s): CHUN OAKLAND, HARIMOTO, SHIMABUKURO, Galuteria



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

February 10, 2016

TO: Michelle N. Kidani, Chair
Senate Committee on Education

Rosalyn H. Baker, Chair
Senate Committee on Consumer Protection and Health

FROM: Lauren Moriguchi, Director

SUBJECT: SB 2476 – RELATING TO HEALTH
Hearing Date: Friday, February 12, 2016
Time: 12:30 p.m.
Location: Conference Room 229

Purpose of Bill: Establishes the early language acquisition program to assess and track language development for children who are deaf, hard of hearing, and deaf-blind. Requires the departments of health and education to collaborate in the use of language assessments for children who are deaf, hard of hearing, and deaf-blind when developing individualized family support plans and individualized education plans in order to monitor language acquisition progress and implement appropriate language acquisition strategies to promote school readiness. Establishes the early language acquisition advisory committee to solicit input from experts on the selection of language developmental milestones. Makes an appropriation for the establishment of language developmental milestones and the corresponding parent resources and educator tools and assessments.

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 and defers to the Department of Health (DOH). Based upon discussion with DOH and the Department of Education (DOE), EOEL is willing to participate on a task force which will focus on early language for children who are deaf, hard-of-hearing, and deaf-blind.

Thank you for the opportunity to testify on this bill.



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

Date: 02/12/2016

Time: 12:30 PM

Location: 229

Committee: Senate Education Senate
Commerce, Consumer Protection, and Health

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Bill: SB 2476 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, and deaf-blind. Requires the departments of health and education to collaborate in the use of language assessments for children who are deaf, hard of hearing, and deaf-blind when developing individualized family support plans and individualized education plans in order to monitor language acquisition progress and implement appropriate language acquisition strategies to promote school readiness. Establishes the early language acquisition advisory committee to solicit input from experts on the selection of language developmental milestones. Makes an appropriation for the establishment of language developmental milestones and the corresponding parent resource and educator tools and assessments.

Department's Position:

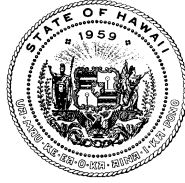
The Department of Education (Department) appreciates the intent of SB 2476 to improve language and literacy development outcomes for deaf, hard-of-hearing, and deaf-blind students and offers comments.

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 would be willing to serve on a task force to collaborate with DOH and EOEL.

The Department is open to working with DOH and EOEL in the development of language for a concurrent resolution to establish a task force that could, amongst other things, 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.



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
RELATING TO HEALTH**

SENATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

SENATOR MICHELLE N. KIDANI, CHAIR
COMMITTEE ON EDUCATION

Hearing Date: February 12, 2016

Room Number: 229

1 **Fiscal Implications:** The bill proposes an unspecified general fund appropriation for FY 2016-
2 2017 for the purposes of implementing this bill. The Department of Health (DOH) defers to the
3 Governor's Executive Budget request and DOH appropriations and personnel priorities.

4 **Department Testimony:** The Department is providing comments on this bill related to children
5 age 0-3 years who are deaf, hard of hearing, or deaf-blind (D/HH/DB).

6 The DOH Early Intervention Section (EIS) is responsible for the provision of early
7 intervention (EI) services under Part C of the Individuals with Disabilities Education Act (IDEA)
8 and Hawaii Revised Statutes (HRS) §321.351-357 for eligible children age 0-3 years, including
9 those who are D/HH/DB, who have developmental delays or are at biological risk for
10 developmental delays. The DOH EIS is advised by the Hawaii Early Intervention Coordinating
11 Council (HEICC) with 25 members appointed by the Governor, as established by HRS §321.353.

12 The DOH is committed to assuring that children age 0-3 years receive the necessary and
13 appropriate EI services to support their language development. DOH EIS has a deaf educator,
14 speech language pathologists, and special education teacher with expertise in oral language
15 development for children who are D/HH/DB. The DOH and Department of Education (DOE)
16 are establishing a Memorandum of Understanding on the transition of children from EI services
17 to DOE special education. Newborn Hearing Screening Program works toward children who are
18 D/HH/DB receiving EI services by age 6 months. Children with Special Health Needs Program

1 provides hearing aids for children of eligible families who have no other resources.

2 Concerns regarding the bill include: 1) It is not necessary to create developmental
3 milestones lists. Existing materials include the Centers for Disease Control and Prevention
4 (CDC) Act Early Developmental Milestones and the Hawaii Early Learning and Development
5 Standards (HELDS). 2) A parent resource guide has already been developed. The DOH
6 Newborn Hearing Screening Program developed and disseminated “Hawaii State Resource
7 Guide for Families of Children with Hearing Loss” in 2015. Additional resources beyond the
8 guide will need to be individualized to the child/family. 3) Educator assessment tools may need
9 to be individualized. A complete age-appropriate assessment of communication includes parent
10 report, functional listening skills, standardized tests of receptive and expressive language, use of
11 gestures and other nonverbal communication, language samples, and oral-motor/speech-motor
12 assessment. 4) The bill emphasizes English language and literacy, without consideration for
13 children who are D/HH/DB who speak English as a second language (ESL), who must have
14 meaningful access to services. Amendments are needed to clarify the purpose of the bill and
15 within the proposed new section of HRS. 5) The bill does not address national guidelines
16 established by the Joint Committee of Infant Hearing (JCIH) in “Supplement to the JCIH 2007
17 Position Statement: Principles and Guidelines for Early Intervention After Confirmation That a
18 Child is Deaf or Hard of Hearing”, *Pediatrics* 2013;131(4):e1324-1349. Assessing the current
19 system of services, availability of community resources, and other areas is also needed.

20 The specific requirements of this bill may not achieve the desired intent of improving EI
21 services. Therefore, the Department respectfully requests that this measure be deferred. In lieu
22 of this, the DOH is willing to establish a task force, under the HEICC, that focuses on early
23 language for children age 0-3 years who are D/HH/DB, with members that include the DOE and
24 Executive Office of Early Learning (EOEL). Alternatively, a concurrent resolution may be
25 proposed to establish a two-year task force. With DOE and EOEL, the Department is willing to
26 work on developing the language for this resolution.

27 Thank you for the opportunity to testify.

February 12, 2016

TESTIMONY TO THE SENATE COMMITTEES ON EDUCATION
AND
COMMERCE, CONSUMER PROTECTION, AND HEALTH

Friday, February 12, 2016 at 12:30 P.M.
Conference Room 229, State Capitol

RE: SENATE BILL 2476 RELATING TO HEALTH

Dear Chairs Kidani and Baker:

As you know, Senate Bill 2476 passed the first reading on the Senate floor. On behalf of the School Community Council of the Hawaii School for the Deaf and the Blind, I urge you to lend support to SB 2476 and vote for it.

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 academic success of our students is of the utmost importance, and we strive to ensure our students are provided access to appropriate curriculum while still aligning to the Common Core State Standards. The problem that arises when we align our instruction to Common Core is this: Common Core Standards assume that students are entering school with language; they assume that the children entering kindergarten have the background knowledge to be able to approach content area instruction. More often than not, Deaf students arrive to school for the first time with little to no formal language. A professional educator would never expect an infant to comprehend and analyze content, and linguistically, our students arrive as infants. If we are expected to rise to such a high level of learning and understanding, we must build the language capacity of our students before they arrive in kindergarten.

HB 1780 would require the state's Department of Health to assess, monitor, and track the language development of Deaf, hard of hearing, and deafblind (DHHDB) children with an Individual Family Service Plan (IFSP) or an Individual Education Plan (IEP). We support SB 2476 in its fight to support the families of our students. We believe that the family unit is the place where learning first begins, and Hearing parents of Deaf children desperately need the proper support to raise a child who is Deaf, and whose learning will take shape differently than their own.

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 hard to comprehend what life would be like living inside ones own mind, with no way of expressing wants and needs.

The School Community Council of the Hawaii School for the Deaf and the Blind is in full support of SB 2476 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. Again, we urge you to support SB 2476, and vote for it.

Sincerely,

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

Marisa Bolivar

Chairperson, HSDB School Community Council

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: canthecant@gmail.com
Subject: *Submitted testimony for SB2476 on Feb 12, 2016 12:30PM*
Date: Tuesday, February 09, 2016 8:31:52 PM

SB2476

Submitted on: 2/9/2016

Testimony for CPH/EDU on Feb 12, 2016 12:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Kaimi Seminara	Hawaii Deaf Surfriders Association	Support	No

Comments:

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February 12, 2016
TESTIMONY TO THE SENATE COMMITTEES ON EDUCATION
AND
COMMERCE, CONSUMER PROTECTION, AND HEALTH
Friday, February 12, 2016 at 12:30 P.M.
Conference Room 229, State Capitol
RE: SENATE BILL 2476 RELATING TO HEALTH

Dear Chairs Kidani and Baker:

As you know, Senate Bill 2476 passed the first reading on the Senate floor. On behalf of Lead-K as well as a resident of Hawai'i, I urge you to lend support to SB 2476 and vote for it.

On a personal note, although a parent and grandparent of hearing children, I am nevertheless a proud ally and passionate supporter of the Deaf community here in Hawaii. The reason? I was blessed with the privilege of watching my granddaughter Alaria when she was 6 months old, and yes, she is hearing. However, I became interested in articles referring to teaching sign language to all infants as a way of improving their communication skills. While I did not have formal training. I had books borrowed from the Hawaii Public Library and found some online sources and began teaching her what would be described as "baby signs." And learn she did, quickly. I am thoroughly convinced that she did not experience the "terrible two's" because she was able to communicate with her family through ASL, or American Sign Language. She will be turning 6 this month, loves to read, draw and sing and is excelling in her kindergarten class at Liholiho Elementary. She also continues to sign with her mom and myself, who because of this positive experience enrolled at Kapiolani Community College in their Liberal Arts program with Deaf Education/Deaf Studies concentration. If my home-grown efforts to provide another means to allow my granddaughter to succeed before she started school, can you imagine how much of a difference it would be to a deaf, hard-of-hearing or deaf-blind child who started to have that accessibility at the same age and is confident and eager to enter school? Our children are our future, and we, as the 'ohana entrusted to raise them, must demand that they all have an equal, solid foundation on which to build their education.

Basically, SB 2476 requires the state's Department of Health to assess, monitor, and track the language development of Deaf, hard of hearing, and deafblind (DHHDB) children with an Individual Family Service Plan (IFSP) or an Individual Education Plan (IEP). We support SB 2476 because, currently, a significant proportion of Deaf children between the ages of 05 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.

DHHDB children have the same capability for learning language as their hearing peers, but they must be provided the same support and access they need during the critical period for language development that takes place from infancy through early childhood. The delays caused by language deprivation are a common problem that is not addressed by the various professionals working with DHHDB infants, toddlers, preschoolers, and their families. Language acquisition is a basic human. We must ensure that all DHHDB babies and toddlers have full access to acquiring a language and experience the same milestones as their hearing peers.

Having full access to language is a very basic human right taken for granted by those who have it. Please support SB 2476 and provide healthy access to language development to all DHHDB children in Hawai'i.

Sincerely:
Cathy Ferreira
3318 Esther Street
Honolulu, HI 96815

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: bbucci@bu.edu
Subject: Submitted testimony for SB2476 on Feb 12, 2016 12:30PM
Date: Thursday, February 11, 2016 8:04:42 AM
Attachments: [To Senators.docx](#)

SB2476

Submitted on: 2/11/2016

Testimony for CPH/EDU on Feb 12, 2016 12:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Bruce Bucci	Individual	Support	No

Comments: Deaf and hard of hearing children face an unnecessary injustice because they miss their critical period for language acquisition during the early years of their life. Assessments, language benchmarks, and tracking are crucial to address this injustice and ensure children have age-appropriate language development. All children deserve the equal opportunity to get an education and lead fulfilling lives. Without early language acquisition and continued language development, the statistics are staggering: 3rd and 4th grade is the average reading score of deaf and hard of hearing high school seniors (1); 30% leave school functionally illiterate (1); 8% of deaf and hard of hearing students graduate from college (2); 1/3 of deaf and hearing adults rely on government benefits (3); For every \$1, deaf and hard of hearing adults earn about \$0.40 (3); 40% of deaf and hard of hearing adults are unemployed (3); 90% of deaf and hard of hearing adults are underemployed (3). With the right support for early language acquisition and education in a language that is accessible to them, deaf and hard of hearing children develop language and have academic achievement similar to children who can hear. In spite of the failures caused by the system, there are many success stories of deaf and hard of hearing. Thank you for listening to me, an example of a successful deaf adult who had language from birth and an education in an accessible language. Sincerely, Bruce Bucci M.Ed. Ed.S Director of the Programs in Deaf Studies Boston University School of Education 621 Commonwealth Ave Room 201B Boston, Massachusetts 02215 T 857-366-4188 F 617-353-3292 BBucci@bu.edu

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To Senators,

February 11, 2016

Deaf and hard of hearing children face an unnecessary injustice because they miss their critical period for language acquisition during the early years of their life. Assessments, language benchmarks, and tracking are crucial to address this injustice and ensure children have age-appropriate language development. All children deserve the equal opportunity to get an education and lead fulfilling lives.

Without early language acquisition and continued language development, the statistics are staggering:

- 3rd and 4th grade is the average reading score of deaf and hard of hearing high school seniors (1);
- 30% leave school functionally illiterate (1);
- 8% of deaf and hard of hearing students graduate from college (2);
- 1/3 of deaf and hearing adults rely on government benefits (3);
- For every \$1, deaf and hard of hearing adults earn about \$0.40 (3);
- 40% of deaf and hard of hearing adults are unemployed (3);
- 90% of deaf and hard of hearing adults are underemployed (3).

With the right support for early language acquisition and education in a language that is accessible to them, deaf and hard of hearing children develop language and have academic achievement similar to children who can hear. In spite of the failures caused by the system, there are many success stories of deaf and hard of hearing.

Thank you for listening to me, an example of a successful deaf adult who had language from birth and an education in an accessible language.

Sincerely,

Bruce Bucci M.Ed. Ed.S

Director of the Programs in Deaf Studies

Boston University

School of Education

[621 Commonwealth Ave Room 201B](#)

[Boston, Massachusetts 02215](#)

T [857-366-4188](tel:857-366-4188)

BBucci@bu.edu

February 12, 2016
TESTIMONY TO THE SENATE COMMITTEES ON EDUCATION AND
COMMERCE, CONSUMER PROTECTION, AND HEALTH

Friday, February 12, 2016 at 12:30 P.M.
Conference Room 229, State Capitol

Dear Chairs Kidani and Baker:

As you know, Senate Bill 2476 passed the first reading on the Senate floor. As a resident of Hawai'i, I, Carie Sarver of Kaimuki urge you to lend support to SB2476 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 venues 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

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: damizu@me.com
Subject: Submitted testimony for SB2476 on Feb 12, 2016 12:30PM
Date: Wednesday, February 10, 2016 12:25:33 AM

SB2476

Submitted on: 2/10/2016

Testimony for CPH/EDU on Feb 12, 2016 12:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Cheryl Mizusawa	Individual	Support	No

Comments: Please accept my heartfelt testimony in strong support of HB1780. The development of language developmental milestones is critical to ensuring Deaf and hard-of-hearing children have the tools they need to be successful upon entering kindergarten. With 90% of Deaf and hard-of-hearing children born to hearing parents, the development of a parent resource guide is crucial to making sure that parents have all the information they need to begin tracking the language development of their child.

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From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: ckcidade2@gmail.com
Subject: Submitted testimony for SB2476 on Feb 12, 2016 12:30PM
Date: Wednesday, February 10, 2016 2:16:12 PM

SB2476

Submitted on: 2/10/2016

Testimony for CPH/EDU on Feb 12, 2016 12:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
colleen cidade	Individual	Support	No

Comments: February 12, 2016 TESTIMONY TO THE SENATE COMMITTEES ON EDUCATION AND COMMERCE, CONSUMER PROTECTION, AND HEALTH Friday, February 12, 2016 at 12:30 P.M. Conference Room 229, State Capitol RE: _ SENATE BILL 2476 RELATING TO HEALTH Dear Chairs Kidani and Baker: As you know, Senate Bill 2476 passed the first reading on the Senate floor. On behalf of Colleen Cidade, I urge you to lend support to SB 2476 and vote for it. Basically, SB 2476 requires the state's Department of Health to assess, monitor, and track the language development of Deaf, hard of hearing, and deafblind (DHHDB) children with an Individual Family Service Plan (IFSP) or an Individual Education Plan (IEP). We support SB 2476 because, currently, a significant proportion of Deaf children between the ages of 05 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. DHHDB children have the same capability for learning language as their hearing peers, but they must be provided the same support and access they need during the critical period for language development that takes place from infancy through early childhood. The delays caused by language deprivation are a common problem that is not addressed by the various professionals working with DHHDB infants, toddlers, preschoolers, and their families. Language acquisition is a basic human. We must ensure that all DHHDB babies and toddlers have full access to acquiring a language and experience the same milestones as their hearing peers. Having full access to language is a very basic human right taken for granted by those who have it. Please support SB 2476 and provide healthy access to language development to all DHHDB children in Hawai'i. Sincerely, Colleen Cidade Honolulu, Hawaii

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My name is Darcie lida, and I am the mother of a child born with severe hearing loss. When Madison was born on May 6, 2003 she was screened for newborn hearing. She failed at the time, and we were told to bring her back in a month. That it was probably just fluid in her ear canal. That we had nothing to worry about. One month later, she failed again. This time, we were told that it was not uncommon, that the fluid could be farther in. We waited agonizingly for a month, already noticing that she was not responding to noises.

When we went back, we were given the news that our beautiful baby girl, had such severe hearing loss, that she was borderline deaf. She was able to hear loud noises, but could not hear anything softer than a chainsaw.

We were devastated, and immediately asked what could be done. Her pediatrician gave us a phone number and said he was sorry. The number was for Easter Seals. They connected us with the Department of Health for Children with Special Needs. She was fitted for hearing aids at 6 months, and at 1 years old she started with speech therapy 2 times a week. Speech therapy went on through preschool, but once she reached 3 years old, Easter Seals was no longer available to us due to the early intervention program age limit of 3 years old. The preschool we could afford to send her to have no one able to communicate through sign language. At 5 years old, we were told to look for a school that had a Special Education with Total Communication.

Waimalu Elementary was the closest to us, and she was enrolled in their Special Ed. Class. At this point, she was behind in her grade level. Now she was a responsibility of the DOE. This is the year we learned about IEP's and accommodations. They fitted her with boots for her hearing aids and spoke through a microphone. Put her in front of the classroom. Allowed more time to learn.

If a child's first 5 years is the most important, because of the brain rapidly developing; this is where she should have received the most support and resources. I failed my daughter by not being able to providing this for her.

Darcie lida

maddysmummy@icloud.com

8083937067

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: canthecant@gmail.com
Subject: *Submitted testimony for SB2476 on Feb 12, 2016 12:30PM*
Date: Tuesday, February 09, 2016 8:30:46 PM

SB2476

Submitted on: 2/9/2016

Testimony for CPH/EDU on Feb 12, 2016 12:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Darlene Ewan	Individual	Support	Yes

Comments:

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From: [db](#)
To: [EDU Testimony](#); [CPH Testimony](#)
Subject: SB 2476
Date: Wednesday, February 10, 2016 7:01:49 AM

Dear Chairs Kidani and Baker:

I urge you to lend support to SB 2476 and vote for it.

I taught at the Hawaii School for the Deaf and the Blind for 10 years, and 4 years in Utah. The ONLY kids who were on grade level when they entered school, were the deaf children who already had developed their first language, American Sign Language (ASL) because they had deaf parents. Unfortunately, only 10% of our deaf children come from deaf families. Which means 90% have hearing parents, of which, 80% of those parents NEVER learn enough sign language to communicate with their own child. It is time to end this tragic statewide epidemic with accountability!

I support SB 2476 because, currently, too many of our Deaf children between the ages of 0 and 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. Supporting this bill will help!

DHHDB children have the same capability for learning language as their hearing peers, but they must be provided support and the access they need during the critical period of language development that takes place from infancy through early childhood. The delays caused by language deprivation are a common problem that have not been addressed by the various professionals working with DHHDB infants, toddlers, preschoolers, and their families. Language acquisition is a basic human right!

We must ensure that all DHHDB babies and toddlers have full access to acquiring a language and experience the same milestones as their hearing peers, instead of having our deaf children entering school with NO language and having to learn start from the beginning at age 5. It is far too late! Look at HSDB, their test scores show this horrendous delay.

Having full access to language is a very basic human right taken for granted by those who have it. If you want test scores to improve not only at HSDB, but with all deaf children in Hawai'i, then please support SB 2476!

Mahalo!

Sincerely,

DeWayne A Berg

Sent from my iPhone

Testimony in support of SB 2476

By Dr. Christopher A.N. Kurz

Ensuring that deaf, hard of hearing, deaf-blind (DHD) children acquire language(s) (English and American Sign Language) naturally is critical for academic success. Studies have consistently shown that DHD children enroll in Kindergarten not ready to learn, largely due to weak language foundation needed for cognitive learning. This would either delay or slow down their content learning in science, mathematics, engineering, social studies, and others. My research in deaf education and mathematics education has shown that DHD struggle in mathematics, not because they are deaf but they do not have strong language base (either in ASL or English) to build on. We need to address this in early childhood education by asking ourselves what can be done to support language learning for DHD children before they start school. We need to start monitoring DHD children's language development as soon as they are identified deaf or hard of hearing. We need to hold ourselves accountable for DHD children's language development and academic learning. I strongly believe that this bill will help pull professionals together to work closely with DHD children and their parents/guardians/family members.

Friday, February 12, 2016

TESTIMONY TO THE SENATE COMMITTEES ON EDUCATION
AND
COMMERCE, CONSUMER PROTECTION, AND HEALTH

Friday, February 12, 2016 at 12:30 P.M.
Conference Room 229, State Capitol

RE: _ SENATE BILL 2476 RELATING TO HEALTH

Dear Chairs Kidani and Baker:

As you know, Senate Bill 2476 passed the first reading on the Senate floor. On behalf of Emily Jo Noschese, I urge you to lend support to SB 2476 and vote for it.

SB 2476 will require the state's Department of Health to do something of utmost importance: Assess, monitor, and track the language development of Deaf, hard of hearing, and deaf blind (DHHDB) children with an Individual Family Service Plan (IFSP) or an Individual Education Plan (IEP).

I support SB 2476 because I have worked with younger deaf and hard of hearing children as an American Sign Language Specialist. I have witnessed firsthand how children with severe language delays are adversely affected in their everyday lives. I have an M.A. in Linguistics, and as a linguist, I cannot stress enough the importance of DHHDB children — or any child for that matter — having a strong foundation of first language by the time they are of Kindergarten age.

I support SB 2476 also because of misguided and misinformed principles and policy. This has contributed to Deaf and Hard of Hearing children frequently arriving at Kindergarten without adequate language skills to undertake academic challenges. There is rarely mention of language development, which is essential for successful social, emotional, and educational development. Language involves more than just communication. With language, individuals develop cognition and all associated neurological functions. Without language skills, DHHDB children will have academic and life struggles for the rest of their lives.

The delays caused by language deprivation are a common problem that is not addressed by the various professionals working with DHHDB infants, toddlers, preschoolers, and their families. Language acquisition is a basic human right. We must ensure that all DHHDB babies and toddlers have full access to acquiring a language and experience the same milestones as their hearing peers.

Please support SB 2476 and provide healthy access to language development to all DHHDB children in Hawaii. It is time to end this tragic statewide epidemic with accountability.

Sincerely,

Emily Jo Noschese

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: heather.interpreter@gmail.com
Subject: Submitted testimony for SB2476 on Feb 12, 2016 12:30PM
Date: Tuesday, February 09, 2016 10:02:30 PM

SB2476

Submitted on: 2/9/2016

Testimony for CPH/EDU on Feb 12, 2016 12:30PM in Conference Room 229

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

Comments: I, Heather Benjamin, support this bill HB1780, LEAD K. For the past 15 years I have been a professional sign language interpreter and in my experience in working as an interpreter in the Deaf community I have found one thing, above all else, to be true and that is that Deaf children suffer from language deprivation. Most of my time is spent interpreting for Deaf adults in jobs that do not require a lot of language fluency, such as custodial work, food prep, and other hands-on, blue-collar, type of work. I know that they are way more capable of working in higher level jobs than this and the barrier they face is language fluency. I know this can be solved if there was more accountability within the education system to ensure that these children do not fall between the cracks. There is a long-standing expectation in the hearing community that Deaf children must be exposed to speech language. As an interpreter, working with Deaf adults in a variety of settings, I can tell you that speech may be important in a very small set of circumstances, yet the number one most important thing a Deaf child needs in order to become a successful and prosperous Deaf adult is language fluency. Please understand that speech and language fluency are two very different things. I strongly support this bill as I know it will lead to a brighter future for all Deaf children, no matter if they choose in life to use speech or use sign language. Thank you for your time. Aloha, Heather Benjamin

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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JAN L. FRIED • American Sign Language/English Interpreter

• RID Certified-IC, CI, CT • Educator • Consultant •

11 February 16

Twenty-eighth Legislature of the State of Hawai'i

To: Senator Michelle Kidani, Chair
Senator Breene Harimoto, Vice Chair
Senate Committee on Education

Senator Rosalyn Baker, Chair
Senator Michelle Kidani, Vice Chair
Senate Committee on Commerce, Consumer Protection, and Health

Fr.: Jan Fried

Re: Support for **SB 2476, Relating to Health** (Hearing on SB 2476; 12 February 2016; 12:30pm, Conference Room 229)

Aloha. I write this testimony in full support of **SB 2476** from the perspective of being a longtime ally of the Deaf Community, the president of the Hawai'i Registry of Interpreters for the Deaf, a professional American Sign Language/English interpreter, and an interpreter educator who prepares college students to become interpreters who work with Deaf and hard of hearing children in K-12 and other settings. I am well aware of how important it is to have early access to language and be cognitively ready for school and have witnessed the consequences when these do not occur.

Early language acquisition is critical for all children. Unfortunately this is not guaranteed for children who Deaf, hard of hearing or Deaf-Blind (D/HH/DB). Extensive research shows that the earlier children start learning language the better their chances are at being linguistically fluent and academically and socially successful.

All children have the right to understand, name, and talk about their world. The most critical time for this to happen is from infancy to age 3. Why is it acceptable to make D/HH/DB children wait until they enter school at age 5 for this to happen? By that point they have lost countless opportunities to engage in the active learning and language development that occurs with their families and others. The consequence is entering school frustrated and forced to play a lengthy game of "catch up".

SB 2476 enforces language benchmarks in American Sign Language and English during each D/HH/DB child's first five years to ensure readiness for Kindergarten and requires the State's Department of Health to assess, monitor, and track the child's language development with an Individual Family Service Plan or an Individual Education Plan. These requirements are particularly crucial because the majority of D/HH/DB children are born to families who can hear and are unfamiliar with and often lack the resources to appropriately support their child's learning and language development.

I strongly encourage your committee to vote in favor of the directives and services required in this bill. It will ensure families get this support early enough to give their children a fighting chance to have their feet firmly planted on the path to linguistic and academic success. *Mahalo.*

Aloha,

I am writing as a resident of Hawaii to request the support for the important bill SB 2476, which I believe will make a positive and lasting impact on our keiki and our community at large by establishing a system for supporting currently underserved children and their families.

SB2476 requires that the state's Department of Health assess, monitor, and track the language development of Deaf, hard of hearing, and deaf blind (DHHDB) children with an Individual Family Service Plan (IFSP) or an Individual Education Plan (IEP). This would mean that our DHHDB keiki are exposed to language from birth, like all hearing children; that this language development would be systematically tracked to monitor progress and provide the early interventions that their hearing peers receive; and that each family with a DHHDB child would be empowered by contributing to and developing a individualized plan that meets their needs and belief systems.

Hearing families many times do not fully understand their options when their child is born DHHDB, and while there are family resource guides and support from the Department of Health available, these resources do not always emphasize the importance of developing a first language that is complete. Even with a cochlear implant, a child that is DHHDB will not be exposed to the full range of the complexities of language. There are multiple linguistic philosophies on how language and the brain work (innate grammar structures vs. developmental grammar for example), but no linguist would argue the importance of the development of an L1 (first language). It is well documented that second language learners literate in a first language experience a higher success rate, which is way all English Language Learner programs promote literacy in the home language. In order to extend this recommendation to those students who are DHHDB, they must have access to American Sign Language from birth.

Studies of a widely used universal screener, Measures of Academic Progress (MAP), reveal that students born into communities with early language exposure are much closer in reading level to their hearing peers in the critical grade level, third grade. This is because background knowledge shows up as vocabulary knowledge, and students entering school with a wider vocabulary are going to consistently outperform their peers.

I firmly believe that Hawaii should follow examples from successful programs around the United States and across the world that support the early language development of DHHDB children. It will improve the quality of these individuals' lives, enhance the beauty of our diverse community, and establish a system where all students are provided with the needed tools to be successful.

Thank you,

Jennifer Martensson, MATESOL

Literacy & ELL Specialist, Catapult Learning

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: jrlcjc@gmail.com
Subject: Submitted testimony for SB2476 on Feb 12, 2016 12:30PM
Date: Wednesday, February 10, 2016 10:09:29 PM

SB2476

Submitted on: 2/10/2016

Testimony for CPH/EDU on Feb 12, 2016 12:30PM in Conference Room 229

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

Comments: I, Joel, support this bill SB2476. 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 they are 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. Mahalo, Joel Matusof

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February 12, 2016
TESTIMONY TO THE SENATE COMMITTEES ON EDUCATION
AND
COMMERCE, CONSUMER PROTECTION, AND HEALTH

Friday, February 12, 2016 at 12:30 P.M.
Conference Room 229, State Capitol
RE: SENATE BILL 2476 RELATING TO HEALTH

Dear Chairs Kidani and Baker:

As you know, Senate Bill 2476 passed the first reading on the Senate floor. As a resident of Hawai'i, I (Kelli Anne Ganeku) urge you to lend support to SB 2476 and vote for it.

Basically, SB 2476 requires the state's Department of Health to assess, monitor, and track the language development of Deaf, hard of hearing, and deafblind (DHHDB) children with an Individual Family Service Plan (IFSP) or an Individual Education Plan (IEP). We support SB 2476 because, 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

DHHDB children have the same capability for learning language as their hearing peers, but they must be provided the same support and access they need during the critical period for language development that takes place from infancy through early childhood. The delays caused by language deprivation are a common problem that is not addressed by the various professionals working with DHHDB infants, toddlers, preschoolers, and their families. Language acquisition is a basic human. We must ensure that all DHHDB babies and toddlers have full access to acquiring a language and experience the same milestones as their hearing peers.

Having full access to language is a very basic human right taken for granted by those who have it. Please support SB 2476 and provide healthy access to language development to all DHHDB children in Hawai'i.

Sincerely,
Kelli Anne Ganeku
417 Bates St. Honolulu, HI. 96817
University of Hawaii at Manoa, Bachelor School of Social Work
President, Bachelor of Social Work Organization

February 12, 2016

TESTIMONY TO THE SENATE COMMITTEES ON EDUCATION

AND

COMMERCE, CONSUMER PROTECTION, AND HEALTH

Friday, February 12, 2016 at 12:30 P.M.

Conference Room 229, State Capitol

RE: _ SENATE BILL 2476 RELATING TO HEALTH

Dear Chairs Kidani and Baker:

As you know, Senate Bill 2476 passed the first reading on the Senate floor. On behalf of Lead K Hawaii and as a resident of Hawai'i, I urge you to lend support to SB 2476 and vote for it. Basically, SB 2476 requires the state's Department of Health to assess, monitor, and track the language development of Deaf, hard of hearing, and deafblind (DHHDB) children with an Individual Family Service Plan (IFSP) or an Individual Education Plan (IEP). We support SB 2476 because, 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.

DHHDB children have the same capability for learning language as their hearing peers, but they must be provided the same support and access they need during the critical period for language development that takes place from infancy through early childhood. The delays caused by language deprivation are a common problem that is not addressed by the various professionals working with DHHDB infants, toddlers, preschoolers, and their families. Language acquisition is a basic human. We must ensure that all DHHDB babies and toddlers have full access to acquiring a language and experience the same milestones as their hearing peers.

I personally know of deaf children who have fallen behind because they did not receive the services they needed during the critical period for language development. Dr. Laura-Ann Petitto said: ***"The human brain does not discriminate between the hands and the tongue. People discriminate, but not our biological human brain."*** DHHDB children can learn. Give them the opportunity.

Having full access to language is a very basic human right taken for granted by those who have it. Please support SB 2476 and provide healthy access to language development to all DHHDB children in Hawai'i.

Sincerely,

Keri Lee (Laie HI)

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: halimun@aol.com
Subject: Submitted testimony for SB2476 on Feb 12, 2016 12:30PM
Date: Thursday, February 11, 2016 8:28:00 AM

SB2476

Submitted on: 2/11/2016

Testimony for CPH/EDU on Feb 12, 2016 12:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Kristin Di Perri	Individual	Support	Yes

Comments: It is my sincere pleasure to provide the strongest support I can for this bill. As a Deaf educator for over 30 years, it has been frustrating to see the continual lack of educational growth of Deaf and Hard of Hearing (DHH) children. From my first year teaching in 1983 to my current consulting work at Deaf and Hard of Hearing programs across the US, one thing remains stagnant- the starting gate is barred. Tragically, rather than considering an option that is biologically, fully accessible- using American Sign Language (ASL), we continue to repackage old, largely unsuccessful approaches to "fixing" ears as the blanket approach to language development. Our DHH children continue to suffer as each new generation is held to an educational standard that naturally relies on a firmly established language base. In 2016, we continue to see DHH seniors graduating with literacy skills equivalent to a 9 year old hearing child. The time for this to stop is long past due. We have the answer. Deaf adults have known it all along. Language that orients at the greatest access point-the eyes-has the greatest potential for comprehension....especially at the outset of life when everything is new. Once language is established education is available and attainable. Without a comprehensible initial language everything suffers. This is the actual 'handicap'- to willfully impede a child's linguistic development when we have evidence for success from Deaf children of Deaf adults is to indeed "handicap" the otherwise cognitively intact child. The vast majority of DHH children are born to hearing parents (90-95%). Myriad questions naturally arise and parents have to fend their way through a system that is completely unfamiliar to them. Parents need clear guidance in understanding how their infant will process language when one sense is impeded. Unfortunately, for most parents, the information given can be one sided rather than proposing a plan that offers access from Day 1 of birth. With newborn hearing screening in effect, parents are able to learn much earlier if their child has a hearing loss. Though this information is helpful, the concomitant advice to parents is generally focused on developing the child's auditory and vocal processing to hopefully instantiate language abilities. However, as a beginning, this is the weakest avenue for accessing language. One hundred percent access is available for developing language and it exists through the sense of sight and movement. ASL, a language structured on the properties of vision and spatial features, is accessible from DAY 1. We have failed our nations DHH children again and again by expecting them to learn in a system they have not been

linguistically prepared for. This Bill aims to establish language developmental milestones for Deaf children and would set aside appropriations in order to do so. I implore you to change the course of history by supporting this bill and allow DHH children to obtain language access-a fundamental human right- from the start. Their future depends on it.

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February 11, 2016

TESTIMONY TO THE SENATE COMMITTEES ON EDUCATION AND COMMERE,
CONSUMER PROTECTION, AND HEALTH

Friday, February 12, 2016 at 12:30 P.M.
Conference Room 229, State Capitol

RE: SB 2476 RELATING TO HEALTH

Dear Chairs Kidani and Baker:

My name is Kurstin Chun. I understand that SB 2476 passed it's first reading on the Senate floor and I would like to offer my testimony and plead for your support in passing this bill in it's entirety.

I recently received my MA in Sign Language Education and would like to share a little of what I learned about the importance of early language acquisition in deaf infants. An infant who is born deaf, is just that. Their minds and bodies develop in the same ways as any hearing child. Studies show that the stages of language acquisition for speech and sign language are similar, with the key part to this being early language exposure and development. In both language modalities, spoken or signed, infants are able to identify phonotactic constraints, recognize familiar names and words, expressively communicate their first word and then slowly increase their vocabulary. All of this happens between the ages of 0-3. The unfortunate part of this is that many deaf babies do not have the opportunity to develop language within these first few years of life like a normal hearing baby does.

Imagine if you will, that the greater society could hear and use sounds in a vocal range you could not hear. How would you try to mimic those sounds? How would you be able to communicate your thoughts if you don't even know what sounds to use to create a word? How would you ask for things to fulfill your basic needs? Even with loved ones around you mouthing unintelligible thing to try and help you, you will face horrible struggles in trying to decipher the codes of life. I do not know about you, but this world would become one of frustration, anger, disappointment and sadness. This is even worse for an infant that has not developed the knowledge and understanding of the world as we know it.

As an Educational Interpreter, I work with Deaf and Hard-of-Hearing kids in K-12 settings. The children I work with are bright and capable, but they are usually placed in Special Education classroom settings. They do not have a mental or a physical disability, yet they are behind their normal hearing peers and will always be playing a game of catch up. I have heard of instances where a deaf baby does not even learn their first word until they enter a classroom. Is this something that would be acceptable to you if this was your baby?

On the contrary, I have met many Deaf (capital D signifies a group that use American Sign Language and belong to a culture) people that I consider to be leaders and personal role models for me. Most of these leaders were born Deaf to Deaf parents, thus they acquired a primary language in the normal stages of development by their Deaf parents. Approximately 10% of our Deaf population are born into Deaf families and have this opportunity to learn, and be exposed to, a primary language from birth by their parents. These are the fortunate ones, but this leaves the remaining 90% of deaf infants born to hearing parents who usually do not know how to support their deaf infant in the most critical period of language acquisition.

In passing Lead-K, parents of deaf newborns and infants will be able to receive information, gain an understanding, and in essence, be able to find a support system that will help them fulfill their child's needs in early language development. More importantly, passing Lead-K would mean that deaf infants and newborns will have an opportunity to develop a primary language, like their hearing counterparts, as they are monitored in their early years of development.

Please support HB 2476. Deaf infants deserve the right to early language development and have a fighting chance to make it in this world.

Sincerely,

Kurstin Chun
Aiea, Hawaii

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: lbolivar79@yahoo.com
Subject: Submitted testimony for SB2476 on Feb 12, 2016 12:30PM
Date: Thursday, February 11, 2016 7:28:39 AM

SB2476

Submitted on: 2/11/2016

Testimony for CPH/EDU on Feb 12, 2016 12:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Leon Bolivar	Individual	Support	No

Comments: Please accept this testimony in strong support of SB2476. The development of language developmental milestones is critical to ensuring Deaf and hard-of-hearing children have the tools they need to be successful upon entering kindergarten. With 90% of Deaf and hard-of-hearing children born to hearing parents, the development of a parent resource guide is crucial to making sure that parents have all the information they need to begin tracking the language development of their child.

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February 12, 2016

TESTIMONY TO THE SENATE COMMITTEES ON EDUCATION
AND

COMMERCE, CONSUMER PROTECTION, AND HEALTH
Friday, February 12, 2016 at 12:30 P.M.
Conference Room 229, State Capitol

RE: SENATE BILL 2476 RELATING TO HEALTH

Dear Chairs Kidani and Baker:

As you know, Senate Bill 2476 passed the first reading on the Senate floor. As a deaf advocate, I urge you to lend support to SB 2476 and vote for it.

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.

Again, please consider to support SB 2476 and provide healthy access to language development to all DHHDB keiki in Hawai'i.

Thank you for the opportunity to submit testimony.

Sincerely,



LisaAnn Tom
Honolulu, Hawaii

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: louis@hawaiidisabilityrights.org
Subject: Submitted testimony for SB2476 on Feb 12, 2016 12:30PM
Date: Wednesday, February 10, 2016 5:17:25 PM

SB2476

Submitted on: 2/10/2016

Testimony for CPH/EDU on Feb 12, 2016 12:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Louis Erteschik	Individual	Comments Only	No

Comments: SB 2476 requires the state's Department of Health to assess, monitor, and track the language development of deaf, hard of hearing, and deafblind (DHHDB) children with an Individual Family Service Plan (IFSP) or an Individual Education Plan (IEP). 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. DHHDB children have the same capability for learning language as their hearing peers, but they must be provided the same support and access they need during the critical period for language development that takes place from infancy through early childhood. The delays caused by language deprivation are a common problem that is not addressed by the various professionals working with DHHDB infants, toddlers, preschoolers, and their families. This measure will help ensure that all DHHDB babies and toddlers have full access to acquiring a language and experience the same milestones as their hearing peers.

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From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: drlucy@hawaii.rr.com
Subject: Submitted testimony for SB2476 on Feb 12, 2016 12:30PM
Date: Wednesday, February 10, 2016 11:05:24 AM

SB2476

Submitted on: 2/10/2016

Testimony for CPH/EDU on Feb 12, 2016 12:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Lucy Miller	Individual	Support	No

Comments: Deaf children are the only group without access to language during their important formative years. Having full access to language is a very basic human right taken for granted by those who have it. Please support SB 2476 and provide healthy access to language development to all DHHDB children in Hawai'i.

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February 12, 2016
TESTIMONY TO THE SENATE COMMITTEES ON EDUCATION AND
COMMERCE, CONSUMER PROTECTION, AND HEALTH
Friday, February 12, 2016 at 12:30 P.M. Conference Room 229, State Capitol
RE: _ SENATE BILL 2476 RELATING TO HEALTH

Dear Chairs Kidani and Baker:

As you know, Senate Bill 2476 passed the first reading on the Senate floor. As a resident of Hawai'i and a sign language - English interpreter, I urge you to lend support to SB 2476 and vote for it.

Basically, SB 2476 requires the state's Department of Health to assess, monitor, and track the language development of Deaf, hard of hearing, and deafblind (DHHDB) children with an Individual Family Service Plan (IFSP) or an Individual Education Plan (IEP). We support SB 2476 because, currently, a significant proportion of Deaf children between the ages of 05 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.

DHHDB children have the same capability for learning language as their hearing peers, but they must be provided the same support and access they need during the critical period for language development that takes place from infancy through early childhood. The delays caused by language deprivation are a common problem that is not addressed by the various professionals working with DHHDB infants, toddlers, preschoolers, and their families. Language acquisition is a basic human right. We must ensure that all DHHDB babies and toddlers have full access to acquiring a language and experience the same milestones as their hearing peers.

Having full access to language is a very basic human right taken for granted by those who have it. Please support SB 2476 and provide healthy access to language development to all DHHDB children in Hawai'i.

Sincerely,

Mala Arkin
Sign language - English interpreter
Honolulu, HI

February 12, 2016

TESTIMONY TO THE SENATE COMMITTEES ON EDUCATION AND COMMERCE,
CONSUMER PROTECTION, AND HEALTH

Friday, February 12, 2016 at 12:30 P.M.
Conference Room 229, State Capitol

RE: _ SENATE BILL 2476 RELATING TO HEALTH

Dear Chairs Kidani and Baker:

As you know, Senate Bill 2476 passed the first reading on the Senate floor. I, Malia Gonsalves of Ewa Beach, urge you to lend support to SB 2476 and vote for it.

Basically, SB 2476 requires the state's Department of Health to assess, monitor, and track the language development of Deaf, hard of hearing, and deafblind (DHHDB) children with an Individual Family Service Plan (IFSP) or an Individual Education Plan (IEP). We support SB 2476 because, currently, a significant proportion of Deaf children between the ages of 05 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.

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Having full access to language is a very basic human right taken for granted by those who have it. Please support SB 2476 and provide healthy access to language development to all DHHDB children in Hawai'i.

Sincerely,

Malia Gonsalves
Ewa Beach, Hawaii

February 12, 2016

TESTIMONY TO THE SENATE COMMITTEES ON EDUCATION

AND

COMMERCE, CONSUMER PROTECTION, AND HEALTH

Friday, February 12, 2016 at 12:30 P.M.

Conference Room 229, State Capitol

RE: _ SENATE BILL 2476 RELATING TO HEALTH

Dear Chairs Kidani and Baker:

As you know, Senate Bill 2476 passed the first reading on the Senate floor. On behalf of Michelle Troxel of Honolulu, HI, I urge you to lend support to SB 2476 and vote for it.

Basically, SB 2476 requires the state's Department of Health to assess, monitor, and track the language development of Deaf, hard of hearing, and deafblind (DHHDB) children with an Individual Family Service Plan (IFSP) or an Individual Education Plan (IEP). We support SB 2476 because, 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.

DHHDB children have the same capability for learning language as their hearing peers, but they must be provided the same support and access they need during the critical period for language development that takes place from infancy through early childhood. The delays caused by language deprivation are a common problem that is not addressed by the various professionals working with DHHDB infants, toddlers, preschoolers, and their families. Language acquisition is a basic human. We must ensure that all DHHDB babies and toddlers have full access to acquiring a language and experience the same milestones as their hearing peers.

Having full access to language is a very basic human right taken for granted by those who have it. Please support SB 2476 and provide healthy access to language development to all DHHDB children in Hawai'i.

Sincerely,

Michelle Troxel

Honolulu, HI

My name is Nikki Kepo'o and I am a hearing mother of a deaf child. My testimony is based on my personal experience and my FULL support of SB2476.

March 12, 2012 God blessed us with our 2nd child, a boy we named Caleb. A few months later, we were informed that our son was severe to profoundly deaf. At the moment of hearing the news we had lots of mixed emotions. The audiologist provided us with an ENT Dr appointment and minimal resources or services. We were told we may qualify for assistance from several organizations and they would be able to share our information with these companies.

Since my husband and I never had any personal interaction with a deaf individual, we were overwhelmed with uncertainty. We didn't know where to turn to, what to do to make sure he was getting the best he deserved. We were blessed to have one (1), YES ONE, Early Intervention Specialist who had knowledge of deaf and hard of hearing culture/development. Again, this is ONE person for the ENTIRE State of Hawaii was all we had and due to the extensive demands, we could only see her once every few months. Although we were connected to other families with deaf or hard of hearing children, like us, many had no idea what to do or expect. So now we are in a sea of uncertainty, all of us trying to figure out what was the best for our child with little to no resources.

The information provided was very one sided and gave no clear input of raising a deaf child. Although I had the sweetest and well-intended early intervention support, my son was their FIRST deaf child. "WE" had no deaf milestones for him. Regardless of their attempts, they were unable to tell me how to communicate effectively with my son. They couldn't identify key signals a deaf child makes to show progress in their language and development. Therefore, it was MONTHS without really "providing" my son with anything substantial.

Most of the professionals were driving us towards implants. Not giving us any support on raising him as he is, but rather trying to convince us that we needed to change him. I refused to believe he needed to be changed to develop properly, first and foremost my son IS DEAF. He is and will always be DEAF. No device, no intervention, and no view will change this. Aside from the fact that he is a Deaf individual, you need to wait several months before he can be "implanted" and another few months before activation. So we're speaking of at least a year where there is NOTHING being offered to us in the sense of working with my son on development and building a foundation of language for him. We needed to receive options and we needed to start from the moment we were informed of his deafness how to build the right foundation for him above all else.

One of the most profound experiences came from his first ENT Dr. After we decided against implanting him, she made this statement, "I will tell you this, before 2-3 years later you will return and say you regretted your decision. Your son will NEVER be successful. He will be able to attend college but he will have a mind of a high schooler. He will see your daughter become anything she wants, and he won't because he will never learn to hear and speak. He will resent you."

NO, this is 100% FALSE. My son and every deaf child in Hawaii WILL have every opportunity to be successful because WE as their parents, and YOU as their leader, will be certain to raise them with the right milestones, the right guidance, and the right mindset. My son has already exceeded many expectations and he hasn't even turned 4.

Hawaii has rebuilt its language after much opposition that it was wrong to speak Hawaiian and look at our language today. This is the same for the deaf children of Hawaii. It is my responsibility as his parent to fight for his right to learn to the best of his abilities and it is your elected responsibility in doing right by our families. It is time for a change, a positive and AMAZING change that will only benefit the success of our family units and our State.

Friday, February 12, 2016

TESTIMONY TO THE SENATE COMMITTEES ON EDUCATION
AND
COMMERCE, CONSUMER PROTECTION, AND HEALTH

Friday, February 12, 2016 at 12:30 P.M.
Conference Room 229, State Capitol

RE: _ SENATE BILL 2476 RELATING TO HEALTH

Dear Chairs Kidani and Baker:

As you know, Senate Bill 2476 passed the first reading on the Senate floor. On behalf of Honolulu, I urge you to lend support to SB 2476 and vote for it.

Basically, SB 2476 requires the state's Department of Health to assess, monitor, and track the language development of Deaf, hard of hearing, and deaf blind (DHHDB) children with an Individual Family Service Plan (IFSP) or an Individual Education Plan (IEP). I support SB 2476 because, 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.

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Sincerely,

Peggy Lang

February 12, 2016

TESTIMONY TO THE SENATE COMMITTEES ON EDUCATION AND COMMERCE,
CONSUMER PROTECTION, AND HEALTH

Friday, February 12, 2016 at 12:30 P.M.
Conference Room 229, State Capitol

RE: _ SENATE BILL 2476 RELATING TO HEALTH

Dear Chairs Kidani and Baker:

As you know, Senate Bill 2476 passed the first reading on the Senate floor. I, Rovelyn Hermoso of Waipahu, urge you to lend support to SB 2476 and vote for it.

Basically, SB 2476 requires the state's Department of Health to assess, monitor, and track the language development of Deaf, hard of hearing, and deafblind (DHHDB) children with an Individual Family Service Plan (IFSP) or an Individual Education Plan (IEP). We support SB 2476 because, currently, a significant proportion of Deaf children between the ages of 05 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.

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Sincerely,

Rovelyn Hermoso
Waipahu, Hawaii

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: nomit002@gmail.com
Subject: Submitted testimony for SB2476 on Feb 12, 2016 12:30PM
Date: Thursday, February 11, 2016 7:28:40 AM

SB2476

Submitted on: 2/11/2016

Testimony for CPH/EDU on Feb 12, 2016 12:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Taichi Nomi	Individual	Support	No

Comments: Please accept this testimony in strong support of SB2476. The development of language developmental milestones is critical to ensuring Deaf and hard-of-hearing children have the tools they need to be successful upon entering kindergarten. With 90% of Deaf and hard-of-hearing children born to hearing parents, the development of a parent resource guide is crucial to making sure that parents have all the information they need to begin tracking the language development of their child.

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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