



**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
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**Testimony in SUPPORT of H.B. 1662 H.D. 1**  
**RELATING TO HEALTH**

REPRESENTATIVE JOHN M. MIZUNO, CHAIR  
HOUSE COMMITTEE ON HEALTH

Hearing Date: February 11, 2020

Room Number: 329

1 **Fiscal Implications:** There are no fiscal implications for the Department of Health (DOH).

2 **Department Testimony:** The Department of Health **strongly supports** this measure to amend  
3 Hawaii Revised Statutes (HRS) §321-361 to 363 to mandate the reporting of diagnostic  
4 audiologic evaluation results.

5 This bill mandates the reporting of diagnostic audiologic evaluation results to improve  
6 identification and follow-up of infants who are deaf or hard of hearing. The purpose of the  
7 amendments is to ensure that diagnostic audiologic reports related to follow-up of newborns who  
8 did not pass newborn hearing screening, or when an infant's hearing status changes, are provided  
9 to the Department of Health. This is especially important since national data show that the  
10 incidence of infants who are born deaf or hard of hearing is about twice the incidence in other  
11 states.

12 Newborn hearing screening is mandated by Hawaii Revised Statutes (HRS) §321-361 to 363  
13 (2001) as a public health screening program that helps deaf or hard of hearing children reach  
14 their developmental milestones and be language ready for school. The national standards for  
15 early hearing detection and intervention are screening by 1 month of age, identification by 3  
16 months, and enrollment in early intervention services by 6 months. Many studies have shown  
17 that the 1-3-6 goal results in children who have better vocabulary outcomes, reach their  
18 milestones at the right time, and are language ready for school.

1 In 2018, 191 newborns did not pass newborn hearing screening. Without access to all the  
2 diagnostic audiologic evaluation results on these newborns, the DOH Newborn Hearing  
3 Screening Program (NHSP) does not know what happened to 42 (22%) of these newborns. This  
4 means that the NHSP cannot follow-up with the families to facilitate diagnostic testing, entry  
5 into early intervention services, or just document that the newborn is not deaf or hard of hearing.

6 In addition, infants are not receiving timely evaluations as far as we know. From our reports in  
7 2018, 140 of 191 infants received diagnostic audiologic evaluations. Only 109/140 (78%)  
8 received an evaluation before 3 months of age. Timely and consistent reporting of diagnostic  
9 audiologic evaluation results will allow the program staff to identify, contact, and provide  
10 support to families of infants who need an evaluation before 3 months of age.

11 The missing diagnostic audiologic evaluation results cause great delay for entry into much  
12 needed early intervention services for the infants who are deaf or hard of hearing. In 2018, 76  
13 infants were diagnosed with permanent hearing loss, but only 22/76 (29%) were enrolled in early  
14 intervention by 6 months of age. Timely reporting and referral to early intervention will increase  
15 the percentage of deaf and hard of hearing infants receiving timely early intervention services to  
16 develop oral and/or sign language communication.

17 Mandating the reporting of diagnostic audiologic evaluation results for the newborns who do not  
18 pass newborn hearing screening will help Hawaii meet the national 1-3-6 goal to help children  
19 who are deaf or hard of hearing be language ready for school.

20 Thank you for the opportunity to testify on this bill.

Testimony of  
John M. Kirimitsu  
Legal and Government Relations Consultant

Before:  
House Committee on Health  
The Honorable John M. Mizuno, Chair  
The Honorable Bertrand Kobayashi, Vice Chair

February 11, 2020  
9:30 am  
Conference Room 329

### **HB 1662, HD1, Relating to Health**

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on this measure amending the Statewide Newborn Hearing Screening Program to improve newborn hearing screening.

#### **Kaiser Permanente Hawaii would like to offer comments.**

Kaiser appreciates the intent of this bill “to ensure that timely diagnostic audiologic evaluation reports related to follow-up treatment and support of newborns who did not pass newborn screening are provided to the department of health.” See Page 2, lines 9-12. However, on its face, this bill requires audiologists and physicians to provide diagnostic audiologic reports of ALL infants to the Department of Health (DOH), even those who are found to have normal hearing. Clearly, this does not comport with the intent of this bill, which is to only address the timely submission of testing of those infants who did not pass newborn screening.

Consequently, this bill would collectively burden the audiologists, physicians, and the DOH by requiring the submission of unnecessary and voluminous follow-up reports of ALL infants, i.e., including those that passed the hearing screening test, throughout the 3 year reporting period. Furthermore, Kaiser is concerned that this bill permits the unauthorized sharing of confidential protected health information, since the consent of the parents is not required before releasing the test results to the DOH.

Currently, Kaiser provides the statutorily required screening results of those infants who do not pass the hearing test to the DOH via HI-TRACK, a streamlined system that connects birthing facilities to the DOH screening database. For those hard of hearing infants, Kaiser’s audiologists, and not the physicians, provide the testing results to the DOH after obtaining a release of information form signed by the parents.

Therefore, since birthing facilities are already statutorily required to provide infant screening testing results for those infants who did not pass the screening test to the DOH (through the automated HI-TRACK database), Kaiser believes that this bill may be unnecessary. Also, Kaiser maintains that currently, parental consent is required to share the infant's protected health information to the DOH. With respect to whether the law allows the release of confidential protected health information without parental consent, Kaiser defers to the Attorney General's Office.

If this bill does move forward, Kaiser requests the following amendment to remain consistent with the intent of this bill and prevent the unnecessary submission of screening results of ALL infants (even those that passed the hearing screening test):

Page 6, lines 16-19 is amended (underscored is amended language) as follows:

16           (d) Audiologists and physicians specialized in hearing  
17    function performing diagnostic audiologic evaluations of infants  
18    shall report diagnostic audiologic evaluation results of those infants who do not pass the  
hearing screening test to  
19    the department.

Thank you for your consideration.

To: Rep John Mizuno, Chair  
Rep Bertrand Kobayashi, Vice Chair  
Rep Della Au Belatti, Rep Calvin K.Y. Say, Rep Nadine Nakamura, Rep Joy Buenaventura,  
Rep James Kunane Tokioka, Rep Gene Ward

From: Eveline Koenig, President  
Hawai'i Speech-Language-Hearing Association  
P.O. Box 235888 Honolulu, HI 96823-3516  
(808) 528-474  
[hsha808@gmail.com](mailto:hsha808@gmail.com)

February 11, 2020 9:30 Hearing

Re: Testimony in SUPPORT of HB 1662

The Hawai'i Speech-Language Hearing Association (HSHA) is a professional, non-profit organization of speech-language pathologists and audiologists that is nationally recognized by the American Speech-Language-Hearing Association. Our mission is to promote excellence in speech-language pathology and audiology through professional development, advocacy, and leadership to provide education and quality services that embrace the diversity of those we serve. We **STRONGLY SUPPORT** HB 1662 to amend the statewide newborn hearing screening program to require reporting of diagnostic hearing evaluation results to improve hearing follow-up treatment and support infants.

Children with hearing loss fall behind their peers in speech, language, social and cognitive skills. Early identification and intervention for newborns with hearing loss are critical to prevent future academic and social challenges. Research shows that early identification of hearing loss in the first 6 months of life leads to better speech, language, and social development compared to children whose hearing loss was identified between 7-30 months (Yoghinaga 2003). This bill will help ensure infants with hearing loss receive the follow-up that will help them stay on track with their normal hearing peers.

Please join us in support of our keiki with the passage of HB 1662.

We, the members of HSHA, thank you for the opportunity to testify and share our support for the passage of HB 1662.

Sincerely,  
Eveline Koenig

Yoshinaga-Itano C (2003) From screening to early identification and intervention: Discovering predictors to successful outcomes for children with significant hearing loss. J Deaf Stud Deaf Educ 8: 11-30.

Aloha,

I am a hearing mother of 2 children. My youngest is Deaf. I am in full support of this bill and request your unanimous vote to pass.

The importance of early detection and follow-up treatment is, and was, critical for my family. My son is the first generation deaf. We had absolutely no idea what we were doing and everyone around us, from doctors, to family, to friends didn't either.

Providing adequate services to families like mine is vital to the success path we take for our children. These evaluation results are needed in order for those groups of service providers to connect to families like mine. Families don't know about EI services, family support groups, or professional outlets. Likewise, these services don't know about these families until they have that information. They only know their circle and there is a WORLD of opportunity for them all.

Please pass this bill and impact our lives and all the families after us to know there is a lahui out there just waiting to love their child along with them and help navigate their journey with wide-eyes and big hearts.

Mahalo,

Nikki Kepoo

**HB-1662-HD-1**

Submitted on: 2/10/2020 3:06:53 PM

Testimony for HLT on 2/11/2020 9:30:00 AM



<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Margaret Maupin	Individual	Support	Yes

Comments:

Hearing screening has a purpose and it needs to have effective follow up to ensure that the patient gets help with any hearing deficiencies.

Marghee Maupin, NP

Primary care provider