



**STATE OF HAWAII**  
**Executive Office on Early Learning**  
2759 South King Street  
HONOLULU, HAWAII 96826

March 10, 2020

**TO:** Senator Rosalyn H. Baker, Chair  
Senator Stanley Chang, Vice Chair  
Senate Committee on Commerce, Consumer Protection, and Health

**FROM:** Lauren Moriguchi, Director  
Executive Office on Early Learning

**SUBJECT:** **Measure:** H.B. No. 1662, H.D. 2 – RELATING TO HEALTH  
**Hearing Date:** March 13, 2020  
**Time:** 9:30 a.m.  
**Location:** Room 229

**Bill Description:** Amends the statewide newborn hearing screening program to require reporting of diagnostic audiologic evaluation results of infants who do not pass the hearing screening test to DOH to improve hearing follow-up treatment and support of infants. Updates definitions and terminology. Effective 7/1/2050.

**EXECUTIVE OFFICE ON EARLY LEARNING'S POSITION: Support**

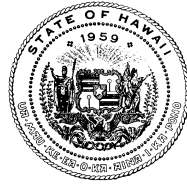
Good morning. I am Lauren Moriguchi, Director of the Executive Office on Early Learning (EOEL). EOEL is in support of H.B. 1662, H.D. 2.

EOEL is statutorily responsible for the development of the State's early childhood system that shall ensure a spectrum of high-quality development and learning opportunities for children throughout the state, from prenatal care until the time they enter kindergarten, with priority given to underserved or at-risk children.

This bill mandates reporting of diagnostic audiologic evaluation results to improve identification and follow-up of infants who are deaf or hard of hearing. Serve-and-return interactions between adults and young children are crucial to the architecture of the brain, which has lasting impact on children's development and learning. The deprivation of the verbal or non-verbal language (through which these interactions occur) negatively impacts social-emotional competence and cognitive development, in addition to language and literacy skills. Therefore, early identification and follow-up support for families are essential during this critical stage of child development, vital to establishing a strong foundation for the young child that his or her future years will be built upon.

We defer to the Department of Health regarding the other merits of this bill.

Thank you for the opportunity to testify on this bill.



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



**Testimony in SUPPORT of H.B. 1662 H.D. 2  
RELATING TO HEALTH**

SENATOR ROSALYN H. BAKER, CHAIR  
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
Hearing Date: March 13, 2020 Room Number: 229

- 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 and offer an amendment to ensure children diagnosed as deaf or
- 5 hard of hearing up to age three are reported to the Department and assisted in enrolling in early
- 6 intervention services to support their development of oral and/or sign language communication.
- 7 This bill mandates the reporting of diagnostic audiologic evaluation results to improve
- 8 identification and follow-up of infants who are deaf or hard of hearing. Its purpose is to ensure
- 9 that diagnostic audiologic reports related to follow-up of newborns who did not pass newborn
- 10 hearing screening, or when an infant's hearing status changes, are provided to the Department of
- 11 Health. This is especially important since national data show that the incidence of infants who
- 12 are born deaf or hard of hearing is about twice the incidence in other states.
- 13 Newborn hearing screening is mandated by Hawaii Revised Statutes (HRS) §321-361 to 363
- 14 (2001) as a public health screening program that helps deaf or hard of hearing children reach
- 15 their developmental milestones and be language ready for school. The national standards for
- 16 early hearing detection and intervention are screening by 1 month of age, identification by 3
- 17 months, and enrollment in early intervention services by 6 months. Many studies have shown
- 18 that the 1-3-6 goal results in children who have better vocabulary outcomes, reach their
- 19 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 delay for entry into early intervention  
12 services for the infants who are deaf or hard of hearing. In 2018, 76 infants were diagnosed with  
13 permanent hearing loss, but only 22/76 (29%) enrolled in early intervention by 6 months of age.  
14 Timely reporting and referral to early intervention will increase the percentage of deaf and hard  
15 of hearing infants receiving timely services to develop oral and/or sign language communication.

16 Mandating the reporting of diagnostic audiologic evaluation results for newborns who do not  
17 pass hearing screening will help Hawaii meet the national 1-3-6 goal to help children who are  
18 deaf or hard of hearing be language ready for school. Reporting of diagnostic results to NHSP is  
19 exempt from Health Insurance Portability and Accountability Act (HIPAA) regulations under the  
20 public health program provisions.

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

22 **Offered Amendments:** Change subsection (d), page 6, to: "(d) Audiologists and physicians  
23 specialized in hearing function who perform diagnostic audiologic evaluations of infants shall  
24 report diagnostic audiologic evaluation results of those infants who do not pass the hearing  
25 screening test or are diagnosed as deaf or hard of hearing up to the age of three years to the  
26 department."