



STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony in SUPPORT of H.B. 1662 H.D. 2
RELATING TO HEALTH

REPRESENTATIVE SYLVIA LUKE, CHAIR
HOUSE COMMITTEE ON FINANCE

Hearing Date: February 24, 2020

Room Number: 308

- 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.”



STATE OF HAWAII
Executive Office on Early Learning
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February 23, 2020

TO: Representative Sylvia Luke, Chair
Representative Ty J.K. Cullen, Vice Chair
House Committee on Finance

FROM: Lauren Moriguchi, Director
Executive Office on Early Learning

SUBJECT: **Measure:** H.B. No. 1662, H.D. 2 – RELATING TO HEALTH
Hearing Date: February 24, 2020
Time: 1:00 p.m.
Location: Room 308

Bill Description: mends 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 afternoon. 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.

HB-1662-HD-2

Submitted on: 2/21/2020 1:47:46 PM

Testimony for FIN on 2/24/2020 1:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Luke Wassermann	Individual	Support	No

Comments:

I have been a licensed audiologist in Hawaii since 2018. I recently obtained approval from the Department of Health to be a provider of follow-up diagnostic audiology services for infants who have failed their newborn hearing screening. I am looking forward to providing those services, and believe that it would be in the best interest of the infant and their family if it was mandated that I report results to the DOH. Therefore, I strongly support the bill. As a stakeholder, I have two comments on the bill as written.

(1) The House should consider adding language that tasks the DOH with establishing and maintaining a secure online portal through which results would be reported in a standardized way. Both the initial screening and subsequent diagnostic results should be reported through this portal, and accessible to approved providers like myself. Such a system would ensure continuity of care for each infant through the screening and diagnosis process. It would avoid burdening providers with having to fax or mail results to the DOH and avoid burdening the DOH with data entry of results and interpreting disparate reporting formats. It should be clear that all reporting should be done electronically.

(2) The House may wish to consider the impact of the bill on the family's privacy, and whether it conflicts with federal law protecting health care data from disclosure. There is already a provision in the law for families who want to opt out of screening for religious reasons, so perhaps there needs to be a provision for families who do not want their health care data shared with the government. While universal reporting does indeed seem desirable, we must consider any unintended impacts on privacy.

Prior to moving to Hawaii, I regularly tested infants at University of Virginia. The Commonwealth of Virginia has had an online portal for standardized reporting of results for some time, and I can say from personal experience that it was incredibly valuable to have that resource. I have no doubt that it reduces the rate of infants that go undiagnosed, and as a clinician, it was also helpful to be able to review results of previous testing prior to my encounter with the newborn.

LATE

HB-1662-HD-2

Submitted on: 2/24/2020 10:15:46 AM

Testimony for FIN on 2/24/2020 1:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Nikki	Individual	Support	No

Comments:

Aloha,

I am a hearing mother of a deaf child and I cannot express the NEED for this bill to pass. There are so many gaps in adequate and appropriate services for our deaf/hard of hearing children in this state. In order for those areas to be improved, everyone requires data to see if it's a need of resources or a want. It is a need, we need to reach all these families and let them know where they can get assistance so that their children become contributing members to society and thrive as they are meant to thrive.

Please unanimously pass this bill.

Mahalo,

Nikki Kepoo