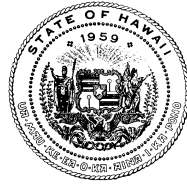


# HB678 HD1

Measure Title:	RELATING TO HEALTH.
Report Title:	New Born; Hearing Screening; Diagnostic Tests (\$)
Description:	Amends the Newborn Hearing Screening statute to mandate reporting of diagnostic audiologic evaluation results to improve hearing follow-up of infants. Updates definitions and terminology. (HB678 HD1)
Companion:	
Package:	None
Current Referral:	CPH, WAM
Introducer(s):	MIZUNO



**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
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Honolulu, HI 96801-3378  
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**Testimony in SUPPORT of H.B. 678 H.D. 1**  
**RELATING TO HEALTH**

SENATOR ROSALYN H. BAKER, CHAIR  
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
Hearing Date: March 19, 2019 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 proposed measure.
- 3 We offer an amendment to Section 1 of this bill.
- 4 This bill mandates the reporting of diagnostic audiologic evaluation results to improve
- 5 identification and follow-up of infants who are deaf or hard of hearing. The purpose of HB 678
- 6 HD1 is to ensure that diagnostic audiologic reports related to follow-up of newborns who did not
- 7 pass newborn hearing screening, or when an infant's hearing status changes, are provided to the
- 8 Department of Health. This issue is especially important since state data show that the incidence
- 9 of infants who are born deaf or hard of hearing is about twice the incidence in other states.
- 10 Newborn hearing screening is mandated by Hawaii Revised Statutes (HRS) §321-361 to 363
- 11 (2001) as a public health screening program that helps deaf or hard of hearing children reach
- 12 their developmental milestones and be language ready for school. The national standards for
- 13 early hearing detection and intervention are screening by 1 month of age, identification by 3
- 14 months, and enrollment in early intervention services by 6 months. Many studies have shown
- 15 that the 1-3-6 goal results in children who have better vocabulary outcomes, reach their
- 16 milestones at the right time, and are language ready for school.
- 17 In 2017, approximately 170 newborns did not pass newborn hearing screening. Without access to
- 18 all the diagnostic audiologic evaluation results on these newborns, the DOH Newborn Hearing
- 19 Screening Program (NHSP) does not know what happened to 44 (26%) of these newborns. This

1 means that the NHSP does not know if it needs to follow-up with the families to facilitate  
2 diagnostic testing or entry into early intervention services, or just document that the newborn is  
3 not deaf or hard of hearing.

4 In addition, infants are not receiving timely evaluations. Of the 126/170 infants who received  
5 diagnostic audiologic evaluations, only 100 (57%) received an evaluation before 3 months of  
6 age. Timely and consistent reporting of diagnostic audiologic evaluation results will allow the  
7 program staff to identify, contact, and provide support to families of infants who need an  
8 evaluation before 3 months of age.

9 The missing diagnostic audiologic evaluation results also cause great delay for entry into much  
10 needed early intervention services for the infants who are deaf or hard of hearing. In 2017, 65  
11 infants were diagnosed with permanent hearing loss, but only 15/38 (39%) were enrolled in early  
12 intervention by 6 months of age. Timely reporting and referral to early intervention will increase  
13 the percentage of deaf and hard of hearing infants receiving appropriate early intervention  
14 services to develop oral and/or sign language communication.

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

18 Thank you for the opportunity to testify.

19 **Offered Amendment:** To be consistent with HRS Chapter 468E on licensure of audiologists,  
20 the Department recommends the following amendment to Section 1:

21 "Audiologist" means a professional licensed in the State to diagnose and treat hearing and  
22 balance functions of the human audio-vestibular system pursuant to chapter 468E, HRS.



## DISABILITY AND COMMUNICATION ACCESS BOARD

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March 19, 2019

### TESTIMONY TO THE SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

House Bill 678, HD1 - Relating to Health

The Disability and Communication Access Board (DCAB) supports House Bill 678, HD1 that amends the Newborn Hearing Screening statute to mandate reporting of diagnostic audiologic evaluation results to improve hearing follow-up of infants and to update definitions and terminology.

The sooner a parent is aware of hearing difficulties that their child has, the more advantageous it is for the child. Spoken language is learned through hearing and making appropriate responses for the child to develop some form of language. The child's hearing difficulties need to be identified and addressed as early as possible and this bill allows for early screening and evaluation to be conducted and for infants to be enrolled in early intervention services. Language development is critical factor in the child's ability to maximize socialization skills.

Thank you for the opportunity to testify.

Respectfully submitted,

FRANCINE WAI  
Executive Director



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

March 17, 2019

**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. 678, H.D. 1 – RELATING TO HEALTH  
**Hearing Date:** March 19, 2019  
**Time:** 9:05 a.m.  
**Location:** Room 229

**Bill Description:** Amends the Newborn Hearing Screening statute to mandate reporting of diagnostic audiologic evaluation results to improve hearing follow-up of infants. Updates definitions and terminology.

**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. 678, H.D. 1.

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. At this critical stage of development, providing follow-up support for families of these very young children is essential. Serve-and-return interactions between adults and young children are critical 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. Consequently, ensuring responsible follow-up for infants who are deaf or hard-of-hearing is vital to establishing a strong foundation for the young child, one that his or her future years will be built upon. To ensure the necessary follow-up and follow-through of support services for families, and hence for young children, identification is key.

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

Thank you for your consideration, and for the opportunity to testify on this bill.

**HB-678-HD-1**

Submitted on: 3/18/2019 2:17:32 PM

Testimony for CPH on 3/19/2019 9:05:00 AM

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

Comments:

Aloha,

My name is Nikki Kepoo and I am a mother of a deaf child. I stand in support of this measure as we are continuously working on improving services for children statewide that require further language development and acquisition. One of the largest gaps, include, identifying children with hearing loss and providing adequate services to families that allow for age appropriate milestones and planning. Many families are ill-equipped to the knowledge required in raising a deaf child, mainly from this child being the first deaf person they meet.

We are in dire need of reflecting adequate findings to the real need that is out there in our state. Please help us in ensuring these families are being accounted for and provided with the resources they desperately need.

Mahalo,

Nikki Kepoo

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TESTIMONY TO THE HAWAII SENATE COMMITTEE ON  
COMMERCE, CONSUMER PROTECTION AND HEALTH

HB 678, H.D.1 RELATING TO NEWBORN HEARING SCREENING

March 19, 2019

Dear Chairperson Baker and Members of the Committee:

The American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) agrees with the important and essential mission of HB 678, H.D. 1 to ensure timely evaluation services and support for the families of infants who have failed the newborn hearing screening test. However, the AAO-HNS is opposed to HB 678, H.D. 1 as currently drafted, as the definition of “audiologist” (Section 1, Subsection 321-361, lines 5-7) raises patient safety concerns. The AAO-HNS discussed this concern with the HI State Department of Health, and it has indicated it is in agreement with our position. Therefore, we are requesting the following simple amendment to the definition of “audiologist” to ensure it is consistent with HI Revised Statutes (HRS) Chapter 468E:

**“Audiologist” means a professional licensed in the State to ~~diagnose and treat hearing and balance functions of the human audio-vestibular system~~ pursuant to Chapter 468E, HRS.**

As a point of reference, the AAO-HNS represents physicians dedicated to the care of patients with disorders of the ears, nose, throat, and related structures of the head and neck. Commonly referred to as ENT physicians, otolaryngologist-head and neck surgeons provide hearing-impaired patients of all ages with a full medical evaluation, diagnosis, and treatment plan for their hearing disorders.

Rationale for Amendment

Pursuant to HI Chapter 468E-2, an “audiologist” is defined as “an individual who practices audiology,” and the “practice of audiology” is

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currently defined as “the application of principles, methods, and procedures of measurement, prediction, evaluation, testing, counseling, consultation and instruction related to the development and disorders of hearing and related language and speech for the purpose of modifying hearing functions and related language and speech disorders.” In contrast, the new definition proposed in HB 678, H.D.1 reads: “Audiologist” means a professional licensed in the State to diagnose and treat hearing and balance functions of the human audio-vestibular system.”

The AAO-HNS firmly believes audiologists are well-respected professionals in the hearing healthcare community. However, this legislation inappropriately adds the term “diagnosis” to the scope of practice of an audiologist. “Diagnosis” is a medical term that most states have reserved for functions performed by physicians (MD/DO). Hearing and balance disorders are medical conditions that require an accurate diagnosis and development of an appropriate treatment plan by a licensed physician following a full medical evaluation of the patient. Non-physician providers typically are practicing within their scope when following a physician’s diagnosis and treatment plan.

Any effort to broaden the scope of practice for audiologists to “diagnose” does not belong in this important and necessary newborn hearing screening bill. Implementing the amendment as proposed above is appropriate and consistent with State law. We respectfully urge your approval and adoption.

Thank you for your consideration of this request. Please do not hesitate to contact the AAO-HNS State Advocacy team at [legstate@entnet.org](mailto:legstate@entnet.org) with any questions or concerns regarding our testimony.

Sincerely,



James C. Denneny III, MD, FACS  
Executive Vice President/CEO