



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. 678 HD1
RELATING TO HEALTH**

REPRESENTATIVE SYLVIA LUKE, CHAIR
HOUSE COMMITTEE ON FINANCE

Hearing Date: February 26, 2019

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

1 diagnostic testing or entry into early intervention services, or just document that the newborn is
2 not deaf or hard of hearing.

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

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

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

17 Thank you for the opportunity to testify.

18 **Offered Amendments:** None



DISABILITY AND COMMUNICATION ACCESS BOARD

1010 Richards Street, Room 118 • Honolulu, Hawaii 96813
Ph. (808) 586-8121 (V) • Fax (808) 586-8129 • TTY (808) 586-8162

February 26, 2019

TESTIMONY TO THE HOUSE COMMITTEE ON FINANCE

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

2018-2019 ACADEMY
BOARD OF DIRECTORS

OFFICERS

President Albert L. Merati, MD
President-Elect Duane J. Taylor, MD
Sec/Treasurer Kenneth W. Altman, MD, PhD
EVP/CEO James C. Denny III, MD

IMMEDIATE PAST PRESIDENT

Gavin Setzen, MD

AT-LARGE DIRECTORS

Peter J. Abramson, MD
Douglas D. Backous, MD
William R. Blythe, MD
Valerie Flanary, MD
Sonya Malekzadeh, MD
Seth R. Schwartz, MD, MPH
Brent A. Senior, MD
Timothy L. Smith, MD, MPH

BOARD OF GOVERNORS

Chair Ken Yanagisawa, MD
Chair-Elect Spencer C. Payne, MD
Past Chair Sanjay R. Parikh, MD

INTERNATIONAL ADVISORY BOARD

Sady Selaimen da Costa, MD, PhD

COORDINATOR

R. Peter Manes, MD

EX-OFFICIO

Ethics Committee Roger D. Cole, MD, MA

TESTIMONY TO THE HAWAII HOUSE COMMITTEE ON FINANCE

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

February 25, 2019

Dear Chairperson Luke 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** due to the misguided attempt to broaden the definition and scope of practice of audiologists in the State of Hawaii.

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. We are commonly referred to as ENT physicians, and we provide hearing-impaired patients of all ages with a full medical evaluation, diagnosis, and treatment plan for their hearing disorders.

The current statutory definition of an audiologist can be found at HI Chapter 468E-2: "The practice of audiology means 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." **Whereas, 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

T: 1-703-836-4444
F: 1-703-683-5100
W: www.entnet.org
A: 1650 Diagonal Road, Alexandria, VA 22314

practice of an audiologist. “Diagnosis” is a medical term that most states have reserved for functions performed by physicians (MD/DO). Typically, non-physician providers practice within their scope when following a physician’s order after the completion of a full examination of the patient for medical conditions. Further, balance disorders are medical conditions that require an accurate diagnosis and development of an appropriate treatment plan by a licensed physician.

Any effort to broaden the scope of practice for audiologists does not belong in this important and necessary newborn hearing screening bill. The definition at Section 321-361 is inappropriate and unnecessary and should be deleted or removed from the bill. Should this language be removed, the AAO-HNS could support this measure.

Thank you for your consideration of the above-stated concerns, and please contact the AAO-HNS State Advocacy team at legstate@entnet.org with any questions regarding our testimony.

Sincerely,



James C. Denny III, MD, FACS
AAO-HNS EVP/CEO