



STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony in SUPPORT of H.B. 986
RELATING TO NEWBORN HEARING SCREENING**

REPRESENTATIVE RYAN I. YAMANE, CHAIR
HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES, AND HOMELESSNESS

Hearing Date: 2/11/2021

Room Number: Via Videoconference

- 1 **Fiscal Implications:** There are no fiscal implications for the Department of Health.
- 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 of infants who do not pass the hearing screening test or are
- 5 diagnosed as deaf or hard of hearing up to the age of three years to the Department.
- 6 This bill will improve the identification and follow-up of infants who are deaf or hard of hearing.
- 7 The Newborn Hearing Screening Program assists children under age 3 years who are deaf or
- 8 hard of hearing in enrolling in early intervention services to support their development of oral
- 9 and/or sign language communication. This is especially important since national data show that
- 10 the incidence of infants who are born deaf or hard of hearing in Hawaii is at least twice the
- 11 incidence in other 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.
- 19 In 2019, 250 newborns did not pass newborn hearing screening. Without access to all the

1 diagnostic audiologic evaluation results on these newborns, the DOH Newborn Hearing
2 Screening Program (NHSP) does not know what happened to 22% of these newborns. This
3 means that the NHSP cannot follow-up with the families to facilitate diagnostic testing, entry
4 into early intervention services, or just document that the newborn is not deaf or hard of hearing.

5 In addition, infants are not receiving timely evaluations as far as we know. From our reports in
6 2019, 183 of 250 infants received diagnostic audiologic evaluations. Only 147/183 (80%)
7 received an evaluation before 3 months of age. Timely and consistent reporting of diagnostic
8 audiologic evaluation results will allow the program staff to identify, contact, and provide
9 support to families of infants who need an evaluation before 3 months of age.

10 The missing diagnostic audiologic evaluation results cause delay for entry into early intervention
11 services for the infants who are deaf or hard of hearing. In 2019, 64 infants were diagnosed with
12 permanent hearing loss, but only 16/64 (25%) enrolled in early intervention by 6 months of age.
13 Timely reporting and referral to early intervention will increase the percentage of deaf and hard
14 of hearing infants receiving timely services to develop oral and/or sign language communication.

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

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

21 **Offered Amendments:** None.



DISABILITY AND COMMUNICATION ACCESS BOARD

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FEBRUARY 11, 2021

TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES, AND HOMELESSNESS

House Bill 986 – Relating to Newborn Hearing Screening

The Disability and Communication Access Board (DCAB) supports House Bill 986 that amends the Newborn Hearing Screening statute to mandate reporting of diagnostic evaluation to improve hearing follow-up of infants and to update definitions and terminology.

The sooner a parent is aware that their child has been identified as deaf or hard of hearing, the more advantageous it is for the child. The period from birth to 2 is a critical time for all children to acquire language and cognition. During this period, deaf and hard of hearing children are often deprived of processes that promote healthy language development. Early identification presents opportunities for the family and professionals serving that family to ensure appropriate cultural and linguistic support for the child's development. This bill allows for early screening and evaluation to be conducted and for infants to be enrolled in early interventions services.

We strongly urge that you move this bill forward.

Respectfully submitted,

KIRBY L. SHAW
Executive Director



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

February 9, 2020

TO: Representative Ryan I. Yamane, Chair
Representative Adrian K. Tam, Vice Chair
House Committee on Health, Human Services, and Homelessness

FROM: Lauren Moriguchi, Director
Executive Office on Early Learning

SUBJECT: Measure: H.B. No. 986 – RELATING TO NEWBORN HEARING SCREENING
Hearing Date: February 11, 2021
Time: 9:30 a.m.
Location: Room 329

Bill Description: Amends the newborn hearing screening statute to mandate reporting of diagnostic audiological evaluation results to improve hearing follow-up of infants. Updates definitions and terminology.

EXECUTIVE OFFICE ON EARLY LEARNING'S POSITION: Support the Intent

Good afternoon. I am Lauren Moriguchi, Director of the Executive Office on Early Learning (EOEL). EOEL supports the intent of H.B. 986 and defers to DOH as it relates to newborn hearing screening and reporting.

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.

The Newborn Hearing Screening Program in Hawaii assists children under age 3 years of age who are deaf or hard of hearing in enrolling in early intervention services to support their development of oral and/or sign language communication. Early identification of children who are born deaf or hard of hearing is critical to ensure families have resources necessary to help their children acquire language, spoken and/or visual, and achieve age-appropriate communicative, cognitive, academic, social, and emotional development. According to the National Association of the Deaf, although nationally, about 95% of newborns have a hearing screening before they leave the hospital, children who are suspected of being deaf or hard of hearing may not receive necessary follow-up evaluations they need to confirm their hearing status. Furthermore, national data show that the incidences of infants who are born deaf or hard of hearing in Hawaii is at least twice the incidences in other states.

In 2019, the Department of Health reported that 183 of 250 infants received diagnostic audiological evaluations and only 25% of infants diagnosed with permanent hearing loss enrolled in early intervention by 6 months of age.

As we work to increase access to quality early learning opportunities for our keiki, early identification and treatment of hearing problems support children in their readiness for learning, school performance, and academic achievement. Timely and consistent diagnostic audiological evaluations and reporting of those evaluations will allow program staff to identify and provide the necessary support to families of infants who may be deaf or hard of hearing.

Thank you for the opportunity to provide testimony on this bill.

DAVID Y. IGE
GOVERNOR OF HAWAII



ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
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February 11, 2021

The Honorable Ryan I. Yamane
House Committee on Health, Human Services, & Homelessness
The Thirty-First Legislature
Regular Session of 2021
State Capitol
State of Hawai'i
Honolulu, Hawai'i 96813

Dear Representative Yamane and Members of the Committee:

SUBJECT: HB0986 – Relating to Newborn Hearing Screening

The State Council on Developmental Disabilities **STRONGLY SUPPORTS HB0986** which 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.

Timely reporting and referral to early intervention will increase the percentage of deaf and hard of hearing infants receiving timely services to develop oral and/or sign language communication. Mandating the reporting of diagnostic audiologic evaluation results for newborns who do not pass hearing screening will help Hawaii meet the national 1-3-6 goal to help children who are deaf or hard of hearing be language ready for school.

The Council respectfully defers to the Department of Health for further guidance.

Thank you for the opportunity to submit testimony in strong support of **HB0986**.

Sincerely,

A handwritten signature in blue ink that reads "Daintry Bartoldus".

Daintry Bartoldus
Executive Administrator



Date: February 10, 2021

To: House Committee on Health, Human Services & Homelessness
Representative Ryan I. Yamane, Chair
Representative Adrian K. Tam, Vice Chair

From: Early Childhood Action Strategy

Re: Support for HB986, Relating to Newborn Hearing Screening

Early Childhood Action Strategy (ECAS) is a statewide government-nongovernment collaborative designed to improve the system of care for Hawai'i's youngest children and their families. ECAS partners are working to align priorities for children prenatal to age eight, streamline services, maximize resources, and improve programs to support our youngest keiki.

ECAS supports passage of HB 986, which amends the newborn hearing screening statute to mandate reporting of diagnostic audiologic evaluation results to improve hearing follow-up of infants.

- Timely reporting of diagnostic information helps to identify deaf or hard of hearing infants early
- Early identification and referral for intervention services is important to ensure deaf/hard of hearing children can reach developmental milestones and be language ready for school
- The reporting of audiologic evaluation results helps to meet the national 1-3-6 screening, diagnostic and early intervention goals for newborn hearing screening.

Thank you for this opportunity to provide testimony in support of this measure.