



STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony in SUPPORT of S.B. 1140
RELATING TO NEWBORN HEARING SCREENING**

SENATOR JARRETT KEOHOKALOOLE, CHAIR
SENATE COMMITTEE ON HEALTH

Hearing Date: 2/3/2021

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 3, 2021

TESTIMONY TO THE SENATE COMMITTEE ON HEALTH

Senate Bill 1140 – Relating to Newborn Hearing Screening

The Disability and Communication Access Board (DCAB) supports Senate Bill 1140 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



Hawaii
Children's Action Network Speaks!
Building a unified voice for Hawaii's children

Hawai'i Children's Action Network Speaks! is a nonpartisan 501c4 nonprofit committed to advocating for children and their families. Our core issues are safety, health, and education.

To: Senator Keohokalole, Chair
Senator Baker, Vice Chair
Senate Committee on Health

Re: **SB 1140- Relating to Newborn Hearing Screening**
1:05 PM, February 3, 2021

Chair Keohokalole, Vice Chair Baker, and committee members,

On behalf of HCAN Speaks!, thank you for the opportunity to testify in **support of Senate Bill 1140**, relating to newborn hearing screening.

Early identification of hearing loss is important to ensure children and their caregivers are provided the supports and care they need. Senate Bill 1140 updates the definitions and terminology in the current HRS section and it ensures that the appropriate data related to diagnostic audiologic evaluations are collected by Department of Health. The amendments strengthen the current statute and in turn, strengthen the healthcare system for children.

Thank you for the opportunity to provide testimony in support of Senate Bill 1140.

Kathleen Algire
Director of Early Learning and Health Policy

Testimony of
John M. Kirimitsu
Legal and Government Relations Consultant

Before:
Senate Committee on Health
The Honorable Jarrett Keohokalohe, Chair
The Honorable Rosalyn H. Baker, Vice Chair

February 3, 2021
1:05 pm
Via Teleconference

SB 1140, Relating to Newborn Hearing Screening

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on this measure relating to newborn hearing screening.

Kaiser Permanente Hawaii would like to offer comments.

Kaiser appreciates the intent of this bill to ensure that timely diagnostic audiologic evaluation reports related to follow-up treatment and support of newborns who did not pass newborn screening are provided to the department of health.

However, since birthing facilities are already statutorily required to provide infant screening testing results for those infants who did not pass the screening test to the DOH (through the automated HI-TRACK database), Kaiser believes that this bill may be unnecessary. Currently, Kaiser provides the statutorily required screening results of those infants who do not pass the hearing test to the DOH via HI-TRACK, a streamlined system that connects birthing facilities to the DOH screening database.

Also, Kaiser is concerned that this bill permits the unauthorized sharing of confidential protected health information, since the consent of the parents is not required before releasing the test results to the DOH. With respect to whether the law allows the release of confidential protected health information without parental consent, Kaiser defers to the Attorney General's Office.

Thank you for your consideration.