

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. 986 H.D. 1
RELATING TO NEWBORN HEARING SCREENING**

SENATOR JARRETT KEOHOKALOOLE, CHAIR
SENATE COMMITTEE ON HEALTH

Hearing Date: 3/17/2021

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.

1 In 2019, 250 newborns did not pass newborn hearing screening. The statute already allows the
2 DOH Newborn Hearing Screening Program (NHSP) to access to all hearing screening results,
3 which is essential to program follow-up to ensure that newborns are offered newborn hearing
4 screening. However, without access to all the diagnostic audiologic evaluation results on these
5 newborns, NHSP does not know what happened to 22% of the newborns that failed hearing
6 screening. This means that the NHSP cannot follow-up with the families to facilitate diagnostic
7 testing, entry into early intervention services, or just document that the newborn is not deaf or
8 hard of hearing.

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

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

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

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

25 **Offered Amendments:** None.

HB-986-HD-1

Submitted on: 3/15/2021 10:20:16 AM

Testimony for HTH on 3/17/2021 1:00:00 PM

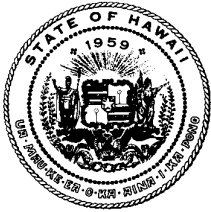
Submitted By	Organization	Testifier Position	Present at Hearing
Nikki Kepoo	Individual	Support	No

Comments:

Aloha,

I am a mother of a deaf child and the early detection accurate diagnosis which was shared immediately with the appropriate services allowed me to provide adequate care for my child. We were connected to several resources and given insight to this new journey we were on. It is with the UTMOST support I give to allow for other families who enter this diagnosis clueless and afraid an opportunity to see the light and beauty of raising a deaf child.

Mahalo,



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

March 17, 2021

TESTIMONY TO THE SENATE COMMITTEE ON HEALTH

House Bill 986, HD1 – Relating to Newborn Hearing Screening

The Disability and Communication Access Board (DCAB) supports House Bill 986, HD1, which 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 age 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 intervention services.

We strongly urge passage of this bill.

Respectfully submitted,

KIRBY L. SHAW
Executive Director



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

March 15, 2021

TO: Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair
Senate Committee on Health

FROM: Lauren Moriguchi, Director
Executive Office on Early Learning

SUBJECT: Measure: H.B. No. 986 H.D. 1 – RELATING TO NEWBORN HEARING SCREENING
Hearing Date: Wednesday March 17, 2021
Time: 1:00 p.m.
Location: Videoconference

Bill Description: Requires diagnostic audiological evaluation results of newborn hearing screening evaluations, or infants whose hearing status changes, to be provided to the department of health. Effective 7/1/2060. (HD1)

EXECUTIVE OFFICE ON EARLY LEARNING'S POSITION: Support

Good afternoon. I am Lauren Moriguchi, Director of the Executive Office on Early Learning (EOEL). EOEL supports H.B. 986 H.D. 1 and defers to the Department of Health (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 are 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.

Date: March 15, 2021

To: Senate Committee on Health
The Honorable Jarrett Keohokalole, Chair
The Honorable Rosalyn H. Baker, Vice Chair
And members of the Committee

From: Early Childhood Action Strategy

Re: Support for HB986, Relating to Newborn Hearing Screening

Early Childhood Action Strategy (ECAS) is a statewide cross-sector partnership 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. As such, this measure will improve the identification and follow-up of infants who are deaf or hard of hearing. The Newborn Hearing Screening Program assists children under age 3 years who are deaf or hard of hearing in enrolling in early intervention services to support their development of oral and/or sign language communication.

This is especially important since national data show that the incidence of infants who are born deaf or hard of hearing in Hawaii is at least twice the incidence in other states.

HB 986 will help to ensure:

- 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.



To: Senator Jarret Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair

March 16, 2017

From: Kristina Fuentes, President
Hawai'i Speech-Language-Hearing Association
P.O. Box 235888, Honolulu, HI 96823-3516
(808) 528-4742
hsha808@gmail.com

Re: Testimony in SUPPORT of HB987: Relating to Newborn Hearing Screening

The Hawai'i Speech-Language Hearing Association (HSHA) is a professional, non-profit organization of speech-language pathologists and audiologists that is nationally recognized by the American Speech-Language-Hearing Association. Our mission is to promote excellence in speech-language pathology and audiology through professional development, advocacy, and leadership to provide education and quality services that embrace the diversity of those we serve. We **STRONGLY SUPPORT** HB 986 to amend Hawaii Revised Statutes (HRS) §321-361 to 363 to mandate the reporting of diagnostic audiologic evaluation results of infants who do not pass the hearing screening test or are diagnosed as deaf or hard of hearing up to the age of three years to the Department.

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.

Research shows that early identification of hearing loss in the first 6 months of life leads to better speech, language, and social development compared to children whose hearing loss was identified between 7-30 months (Yoghinaga 2003).

Please join us in support of our keiki with the passage of HB987. We, the members of HSHA, thank you for the opportunity to testify and share our support for the passage of HB987.

Sincerely,
Kristina Fuentes, MS CCC-SLP
HSHA President 2020-2021

*Yoshinaga-Itano C (2003) From screening to early identification and intervention: Discovering predictors to successful outcomes for children with significant hearing loss. J Deaf Stud Deaf Educ 8: 11-30.

DAVID Y. IGE
GOVERNOR OF HAWAII



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

STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
PRINCESS VICTORIA KAMĀMALU BUILDING
1010 RICHARDS STREET, Room 122
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TELEPHONE: (808) 586-8100 FAX: (808) 586-7543
March 17, 2021

The Honorable Senator Jarrett Keohokalole, Chair
Senate Committee on Health
The Thirty-First Legislature
Regular Session of 2021
State Capitol
State of Hawai'i
Honolulu, Hawai'i 96813

Dear Senator Keohokalole and Members of the Committee:

SUBJECT: HB0986 HD1– Relating to Newborn Hearing Screening

The State Council on Developmental Disabilities **STRONGLY SUPPORTS HB0986 HD1** 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 HD1**.

Sincerely,

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

Daintry Bartoldus
Executive Administrator

HB-986-HD-1

Submitted on: 3/16/2021 8:53:34 AM

Testimony for HTH on 3/17/2021 1:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Stephen Laracuenta	Individual	Support	No

Comments:

Aloha,

I support HB 986 relating to newborn hearing screening, which requires diagnostic audiologic evaluation results of newborn hearing screening evaluations, or infants whose hearing status changes, to be provided to the department of health. As a retired Vice Principal from the Hawaii School for the Deaf and Blind, I was focused on best practices for students who are Deaf, Hard of Hearing and Deaf-Blind. The number one best practice is to expose the students to language - English and/or American Sign Language (ASL) - as early as possible. Unfortunately, DOE is not involved with Deaf, Hard of Hearing or Deaf-Blind students until age 3, for Special Education Preschool. DOH has that responsibility from age zero to three. Therefore, the sooner DOH is notified, the sooner they can begin work with the families to ensure the earliest and best exposure to language as possible. Research shows the window for learning language is from age three to five. Earlier exposure from age zero to three has been shown by research to provide the foundation needed to facilitate that language development between the ages of three and five. Therefore, a better coordinated effort between DOH (with more resources too) and DOE would benefit the Deaf, Hard of Hearing or Deaf-Blind children tremendously down the road and create more independent, tax-paying adults, like myself (I am Deaf).

Mahalo for your time and consideration,

Steve Laracuenta

HB-986-HD-1

Submitted on: 3/16/2021 8:53:34 AM

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Mahalo for your time and consideration,

Steve Laracuenta