



STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony in SUPPORT of H.B. 987
RELATING TO HEARING AND VISION PROGRAM

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 to the Department of Health (DOH).

2 **Department Testimony:** The Department **strongly supports** this measure, which is part of the
3 Governor's Administrative Package, to amend Hawaii Revised Statutes (HRS) §321-101 to
4 establish recommended standards for hearing and vision screening and follow-up, screener
5 training, and data collection and reporting.

6 The DOH recognizes that the early identification of hearing and vision loss, with appropriate
7 follow-up services, is essential for the development of children's language and communication
8 skills needed for learning in school.

9 HRS §321-101 mandates a hearing and vision program for school children to be conducted by
10 the DOH. This program was discontinued in 1995 due to budget reductions and with the
11 assumption that primary care providers will do the hearing and vision screening. The DOH does
12 not have the funding or staff resources to reinstate this program. Currently, a DOH audiologist
13 provides training and consultation to community organizations on hearing and vision screening
14 protocols and tools.

15 Improvement in hearing and vision screening for children is needed. Providers and community
16 programs vary in their protocols and training for screenings and follow-up. Screeners vary in
17 their training and skills for conducting screenings. Hawaii data from the National Survey of
18 Children's Health show that, compared with other states, Hawaii ranks low in rate of vision

1 screening of 61.6% (35th of 50 states for all ages of children). Although newborns receive
2 hearing screening, there is a need to identify children who develop hearing loss after the newborn
3 period due to late onset or progressive hearing loss.

4 The proposed amendment to HRS §321-101 will allow the Department to set recommended
5 standards based on national guidelines and best practices for hearing and vision screening and
6 follow-up, screener training, and data collection for quality improvement. A statewide screening
7 protocol will ensure that all organizations performing screening are using tools, screening
8 procedures, and referral criteria based on evidence and best practice.

9 The DOH will use existing staff to support the proposed Hearing and Vision Program. The DOH
10 will convene an advisory committee with professional, state, and community members to assist
11 the DOH in developing recommended protocols for hearing and vision screening and follow-up,
12 screener training, and data collection and reporting. Training will be provided at no cost to the
13 community organizations.

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



DISABILITY AND COMMUNICATION ACCESS BOARD

1010 Richards Street, Room 118 • Honolulu, Hawaii 96813
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FEBRUARY 11, 2021

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

House Bill 987 – Relating to Hearing and Vision Program

The Disability and Communication Access Board (DCAB) supports House Bill 987 that amends the hearing and vision program statute to increase the early identification of children with hearing or vision loss, by establishing consistent protocols for hearing and vision screening and follow-up, screener training, and data collection for quality improvement.

The sooner a parent is aware that their child has been identified as blind, deaf, deaf-blind, 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, blind, deaf, deaf-blind, or 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 will increase the early identification of children with hearing or vision loss by establishing consistent protocols for hearing and vision screening and follow-up, screener training, and data collection and reporting.

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. 987 – RELATING TO VISION AND HEARING SCREENING
Hearing Date: February 11, 2021
Time: 9:30 a.m.
Location: Room 329

Bill Description: Amends the hearing and vision program statute to increase the early identification of children with hearing or vision loss, by establishing consistent protocols for hearing and vision screening and follow-up, screener training, and data collection for quality improvement.

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. 987 and defers to DOH as it relates to vision and hearing screening.

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.

Early identification of hearing and vision loss, coupled with appropriate follow-up services, provides the resources and support needed for families of children experiencing vision and hearing issues. These supports are essential for children's language and communication development, and learning throughout childhood and beyond.

The National Survey of Children's Health demonstrates that Hawaii ranks low in rate and vision screening compared to other states. Although newborns receive hearing screening, there is a need to identify children who develop hearing loss after the newborn period.

This bill will allow the Department of Health to set recommended standards based on national guidelines and best practices for hearing and vision screening and follow-up, screener training, and data collection for quality improvement.

As we work to increase access to quality early learning opportunities for our keiki, early identification and treatment of vision and hearing problems support children in their readiness for learning, school performance, and academic achievement. Timely and consistent screening will allow program staff to identify and provide the necessary support to families of infants who may be impacted by vision and/or hearing concerns.

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
PRINCESS VICTORIA KAMĀMALU BUILDING
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February 11, 2021

The Honorable Ryan I. Yamane, Chair
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: HB0987 – Relating to Hearing and Vision Program

The State Council on Developmental Disabilities **STRONGLY SUPPORTS HB0987** which amends the hearing and vision program statute to increase the early identification of children with hearing or vision loss, by establishing consistent protocols for hearing and vision screening and follow-up, screener training, and data collection for quality improvement.

Early identification of hearing and vision loss is imperative in order to provide appropriate follow-up services to a child for the development of the child's language and communication skills. These skills are essential for the child to learn in school.

The Department of Health would have to amend Hawaii Revised Statutes (HRS) §321- 101 in order to establish the recommended standards based on national guidelines and best practices for hearing and vision screening and follow-up, screener training, and data collection for quality improvement. A statewide screening protocol will ensure that all organizations performing screening are using tools, screening procedures, and referral criteria based on evidence and best practice. As such, the Council respectfully defers to the Department of Health for further guidance.

Thank you for the opportunity to submit testimony in strong support of **HB0987**.

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 HB987, Relating to the Hearing and Vision Program

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 987, which amends the hearing and vision program statute to increase the early identification of children with hearing or vision loss, by establishing consistent protocols for hearing and vision screening and follow-up, screener training, and data collection for quality improvement.

ECAS supports this measure because of the evidence that:

- 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 important measure.

Roger Christian Ede, O.D.
94-050 Farrington Hwy. Suite B1-1
Waipahu, HI 96797
www.visioncarecenters.com
808 677-1544

COMMITTEE ON HEALTH, HUMAN
SERVICES, AND HOMELESSNESS

Representative Ryan Yamane, Chair

Representative Adrian Tam, Vice Chair

February 9, 2021

TESTIMONY IN SUPPORT OF HB987

Dear Representatives Yamane, Tam and members of the Committee on Health, Human Services, and Homelessness.

I am presenting this testimony as an individual, practicing optometrist. I am not representing any agency or organization. I have served in the past on the State of Hawaii Department of Health, Vision Screening Task Force (2014-2016), currently serve on the Sight Committee for District 50 Lions (2010 – present).

Good vision is a key to a child's physical development, success in school and overall well-being. We know that 5% to 10% of very young children and about 25% of school age children have a vision related problem that can affect school performance. Studies have found that 35% of school aged children have never seen an eye care professional and only 22% of preschoolers receive some sort of vision screening. Of those children who are referred for a complete eye exam only 15% are seen by an eye care provider.

School vision screenings are not a substitute for a comprehensive eye examination. However, a review of those states that have recently updated their vision screening programs demonstrate that they follow the recommendations of several large organizations devoted to children and their vision. These organizations have **published policy statements** outlining current best, evidence-based practices for school vision screenings. The list of organizations includes: National Association of School Nurses, National Center for Children's Eye Health and Vision (Prevent Blindness America), the American Academy of Optometry, the American Academy of Ophthalmology, the American Association for Pediatric Ophthalmology and Strabismus, the American Academy of Pediatrics, and the Association of Certified Orthoptists.

School vision screening programs are designed to test healthy children who have no outward signs of an eye or vision problem. Screenings include visual acuity testing and age-appropriate high-tech hand held screening devices to identify children with amblyopia, significant refractive errors, strabismus and even

unusual problems like childhood cataracts. These screenings can be conducted by school nurses and lay volunteer organizations that have been certified to conduct such screenings

HB 987 allows the Department of Health to implement all the essential elements of a sound vision screening program:

- Current evidence-based, age-appropriate testing protocols with annual reviews
- Training and certification of screeners
- Data collection and analysis
- Tracking and follow up of referrals

Please support the passage of this important public health measure.

Sincerely yours,

A handwritten signature in cursive script that reads "Roger Christian Ede".

Roger Christian Ede, O.D.