SENATE CONCURRENT RESOLUTION

REQUESTING THE SUPERINTENDENT OF EDUCATION AND THE DIRECTOR OF HEALTH TO FORM A WORKING GROUP TO ASSESS WHETHER CHILDREN IN HAWAII WHO ARE DEAF OR SEVERELY HARD OF HEARING AND WHO CHOOSE THE AURAL/ORAL ROUTE OF COMMUNICATION RECEIVE PROPER TRAINING AND SUPPORT TO LEARN SPOKEN LANGUAGE SKILLS.

WHEREAS, while children who are deaf or severely hard of hearing often live happy lives that are richly enhanced by learning sign language, they are also restricted from experiences that hearing would allow them to enjoy and can be isolated in areas where few people know sign language; and

WHEREAS, according to the Hawaii health data warehouse and the Hearing Loss Association of America, nearly nineteen thousand children are born each year in Hawaii and two to three of every one thousand children are hard of hearing or deaf; and

WHEREAS, if the Hearing Loss Association of America's statistics are correct, that means between thirty-eight and fifty-seven children born in Hawaii each year are deaf or hard of hearing; and

WHEREAS, if given access to proper screening under the universal newborn hearing screening program, these children can receive hearing aids as young as eight-weeks old or cochlear implants as young as one-year old; and

WHEREAS, hearing aids are enough to vastly improve the quality of life of those who have moderate to middle level hearing loss; and

WHEREAS, sometimes people who are considered profoundly deaf are better candidates for cochlear implants, because the nerve damage in their ears is too great for them to hear with the assistance of hearing aids; and

21 22 23

1

2

3

4

5 6

7

8

9

10 11

12

13

14

15 16

17

18

19

20

24 25

26 27

28 29

30

WHEREAS, for children with such profound deafness, a cochlear implant has the potential to help them hear and learn how to speak as if they had no auditory problems at all, if the implant is given to the child as early as possible and if the child is given the correct spoken language training; and

WHEREAS, a cochlear implant does not establish regular hearing; rather it works by picking up sound in a small microphone and a speech processor that stimulate the auditory nerves that lead to the area of the brain that recognizes sound signals; and

WHEREAS, as a result, it takes time for people to get used to the cochlear implant, making spoken language training essential for the cochlear implant to work to its full potential; and

WHEREAS, for those children who are working towards regular speech and writing skills, it is best if a cochlear implant surgery takes place in a child as young as possible, in concert with intensive oral speech therapy taught by trained oral speech therapists; and

WHEREAS, the State is sorely lacking in oral speech therapists, leaving children with cochlear implants at a loss for obtaining the proper skills necessary to attain spoken language skills; and

WHEREAS, the Rehabilitation Act of 1973 "protects the rights of individuals with disabilities to access programs and services that are supported by federal funds"; and

WHEREAS, since public schools receive federal funding, they must provide a free education in a "least restrictive environment to students with physical and mental health impairments"; and

 WHEREAS, the Individuals with Disabilities Education Act of 1990 (IDEA) ensures that all students receive "free appropriate public education" no matter what their abilities or challenges and also requires that "children who qualify under IDEA are provided with services and accommodations individualized to their needs . . . at no cost to parents"; and

 WHEREAS, for children who are seriously hard of hearing or deaf, some of the accommodations that the State is required to provide under these laws are: access to least restrictive environments, including carpeted rooms and tiles on the ceiling to absorb sound; and individual education programs to establish a specific course of action for these children's education; and

5

WHEREAS, some of the children who are hard of hearing or deaf in Hawaii may not be receiving adequate educational opportunities that are legally afforded to them, including all of the accommodations necessary to establish least restrictive environments and all of the tools necessary to meet the requirements of the children's individual education programs; and

WHEREAS, for rural areas of the State where access to oral speech therapists is difficult, telehealth services can serve to link families with therapists working out of the State or on other islands; and

 WHEREAS, the Patient Protection and Affordable Care Act has included habilitation services in its list of benefits that are required to be provided by all health care plans run by state and federal health insurance exchanges; and

WHEREAS, telehealth services for children with hearing disabilities should be covered by the Patient Protection and Affordable Care Act's habilitation service benefits; and

WHEREAS, another aspect of educating children in Hawaii who are deaf or hard of hearing that can be confusing and frustrating is the transition that takes place from the Department of Health, which addresses the needs of these children from birth to the age of three years, to the Department of Education after the age of three years; and

 WHEREAS, the transition of children from the Department of Health to the Department of Education can lead to some of the children falling through the cracks as their issues and concerns are not adequately tracked from one department to the next; now, therefore,

BE IT RESOLVED by the Senate of the Twenty-seventh Legislature of the State of Hawaii, Regular Session of 2014, the



House of Representatives concurring, that the Superintendent of Education and the Director of Health are requested to convene a working group to assess whether children in Hawaii who are deaf or severely hard of hearing and who choose the aural/oral route of communication receive proper training and support to learn spoken language skills; and

BE IT FURTHER RESOLVED that the working group is requested to assess whether a gap in education and health care exists for children who are deaf or severely hard of hearing such that they do not adequately receive the guidance of therapists who are trained in the field of oral speech therapy and that these children are given the accommodations required for their schooling according to the Rehabilitation Act of 1973, IDEA, and the Patient Protection and Affordable Care Act; and

BE IT FURTHER RESOLVED that the working group is specifically requested to review the following:

(1) The transition from the Department of Health to the Department of Education to determine whether one department should follow the progress of each child for a longer period of time or whether there is a more productive method to facilitate the transition between the two departments;

(2) The methodology for the responsible department to recruit properly trained teachers, including the posting of the job listings, salary requirements, and the recruiting entity;

(3) The possibility of hiring an experienced oral speech therapy teacher to fill the gap in training while the hiring is underway for permanent oral therapy teachers; and

(4) The possibility of covering the insurance cost of families who choose to use telehealth services to receive oral speech therapy sessions; and

BE IT FURTHER RESOLVED that the Superintendent of Education and the Director of Health are requested to appoint to the working group representatives from the Developmental Disabilities Division of the Department of Health, the

Department of Education, and other stakeholders involved in ensuring that children in Hawaii who are deaf or severely hard of hearing receive the proper training and access to the correct tools to succeed in achieving the goals laid out in their individual education programs; and

BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to the Superintendent of Education and the Director of Health.