

STATE OF HAWAII DEPARTMENT OF HEALTH

P. O. Box 3378 Honolulu, HI 96801-3378 doh.testimony@doh.hawaii.gov

Testimony in SUPPORT of S.B. 2900 RELATING TO NEWBORN HEARING SCREENING

SENATOR ROSALYN H. BAKER, CHAIR SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH Hearing Date: February 19, 2020 Room Number: 229

- 1 **Fiscal Implications:** There are no fiscal implications for the Department of Health (DOH).
- 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.
- 5 This bill mandates the reporting of diagnostic audiologic evaluation results to improve
- 6 identification and follow-up of infants who are deaf or hard of hearing. The purpose of the
- 7 amendments is to ensure that diagnostic audiologic reports related to follow-up of newborns who
- 8 did not pass newborn hearing screening, or when an infant's hearing status changes, are provided
- 9 to the Department of Health. This is especially important since national data show that the
- incidence of infants who are born deaf or hard of hearing is about twice the incidence in other
- 11 states.
- 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
- their developmental milestones and be language ready for school. The national standards for
- early hearing detection and intervention are screening by 1 month of age, identification by 3
- months, and enrollment in early intervention services by 6 months. Many studies have shown
- that the 1-3-6 goal results in children who have better vocabulary outcomes, reach their
- milestones at the right time, and are language ready for school.

- In 2018, 191 newborns did not pass newborn hearing screening. Without access to all the
- 2 diagnostic audiologic evaluation results on these newborns, the DOH Newborn Hearing
- 3 Screening Program (NHSP) does not know what happened to 42 (22%) of these newborns. This
- 4 means that the NHSP cannot follow-up with the families to facilitate diagnostic testing, entry
- 5 into early intervention services, or just document that the newborn is not deaf or hard of hearing.
- 6 In addition, infants are not receiving timely evaluations as far as we know. From our reports in
- 7 2018, 140 of 191 infants received diagnostic audiologic evaluations. Only 109/140 (78%)
- 8 received an evaluation before 3 months of age. Timely and consistent reporting of diagnostic
- 9 audiologic evaluation results will allow the program staff to identify, contact, and provide
- support to families of infants who need an evaluation before 3 months of age.
- 11 The missing diagnostic audiologic evaluation results cause great delay for entry into much
- needed early intervention services for the infants who are deaf or hard of hearing. In 2018, 76
- infants were diagnosed with permanent hearing loss, but only 22/76 (29%) were enrolled in early
- intervention by 6 months of age. Timely reporting and referral to early intervention will increase
- the percentage of deaf and hard of hearing infants receiving timely early intervention services to
- develop oral and/or sign language communication.
- Mandating the reporting of diagnostic audiologic evaluation results for the newborns who do not
- pass newborn hearing screening will help Hawaii meet the national 1-3-6 goal to help children
- 19 who are deaf or hard of hearing be language ready for school. In addition, receiving diagnostic
- audiologic results for children diagnosed as deaf or hard of hearing up to the age of 3 years is
- 21 important to alert the Newborn Hearing Screening Program to assist parents to enroll their
- 22 children in early intervention and for program quality assurance functions. Reporting of
- 23 diagnostic results to the Newborn Hearing Screening Program is exempt from Health Insurance
- 24 Portability and Accountability Act (HIPAA) regulations under the public health program
- 25 provisions.
- Thank you for the opportunity to testify on this bill.



STATE OF HAWAI'I Executive Office on Early Learning

2759 South King Street HONOLULU, HAWAI'I 96826

February 17, 2020

TO: Senator Rosalyn H. Baker, Chair

Senator Stanley Chang, Vice Chair

Senate Committee on Commerce, Consumer Protection, and Health

FROM: Lauren Moriguchi, Director

Executive Office on Early Learning

SUBJECT: Measure: S.B. No. 2900 – RELATING TO NEWBORN HEARING SCREENING

Hearing Date: February 19, 2020

Time: 9:00 a.m. Location: Room 229

Bill Description: 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.

EXECUTIVE OFFICE ON EARLY LEARNING'S POSITION: Support

Good morning. I am Lauren Moriguchi, Director of the Executive Office on Early Learning (EOEL). EOEL is in support of S.B. 2900.

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.

This bill mandates reporting of diagnostic audiologic evaluation results to improve identification and follow-up of infants who are deaf or hard of hearing. Serve-and-return interactions between adults and young children are crucial to the architecture of the brain, which has lasting impact on children's development and learning. The deprivation of the verbal or non-verbal language (through which these interactions occur) negatively impacts social-emotional competence and cognitive development, in addition to language and literacy skills. Therefore, early identification and follow-up support for families are essential during this critical stage of child development, vital to establishing a strong foundation for the young child that his or her future years will be built upon.

We defer to the Department of Health regarding the other merits of this bill.

Thank you for the opportunity to testify on this bill.