



**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
P. O. Box 3378  
Honolulu, HI 96801-3378  
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**Testimony in SUPPORT of S.B. 2901**  
**RELATING TO HEARING AND VISION PROGRAM**

SENATOR ROSALYN H. BAKER, CHAIR  
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
Hearing Date: February 11, 2020 Room Number: 229

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 rates of vision  
19 screening (39<sup>th</sup> for ages 5-11 years, and 49<sup>th</sup> for ages 12-17 years). Although newborns receive

1 hearing screening, there is a need to identify children who develop hearing loss after the newborn  
2 period due to late onset or progressive hearing loss.

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

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

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



STATE OF HAWAII  
DEPARTMENT OF EDUCATION  
P.O. BOX 2360  
HONOLULU, HAWAII 96804

**Date:** 02/11/2020

**Time:** 09:00 AM

**Location:** 229

**Committee:** Senate Commerce, Consumer  
Protection, and Health

**Department:** Education

**Person Testifying:** Dr. Christina M. Kishimoto, Superintendent of Education

**Title of Bill:** SB 2901 RELATING TO HEARING AND VISION PROGRAM.

**Purpose of Bill:** 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.

**Department's Position:**

The Department of Education (Department) supports SB2901 provided that its passage does not replace or adversely impact priorities as indicated in our Board of Education approved budget.

In order to enroll in a public school, a child must complete a comprehensive physical exam, which includes vision and hearing screening. Beginning in school year 2017-18 and in accordance with Section 302A-1159, Hawaii Revised Statutes (HRS), all students entering seventh grade must also complete a physical examination within 12 months of the first day of instruction. These policies have helped to strengthen the connection between the child, his or her family, and the medical care home.

School-based hearing and vision screening helps to support students who were lost to follow-up or developed an issue later in life. Approximately one in four school-aged youth in the United States has some kind of vision problem. Some of the symptoms of visual problems that threaten a student's ability to learn include avoidance of reading, losing place when reading, short attention span, and difficulty remembering what has been read. If left untreated, hearing impairment may negatively impact language and communication skills.

Revision of this measure could increase the number of trained professionals with qualifications to conduct screening, improve the quality of screening, support follow-up of children who do not pass screening, and develop a better surveillance system for hearing and vision screening statewide. However, these activities would occur only "within available resources." Therefore,

the Department recommends consideration of an appropriation for this bill.

As vision and hearing screening are health issues, we defer to the appropriate agency for comment. This measure includes initiatives supportive of our goals and objectives. The Department is committed to improving equity and increasing access to resources that allow all students to engage in learning. School based hearing and vision screening programs have been found to help with the identification of health conditions that adversely affect educational outcomes.

Thank you for the opportunity to provide testimony on this measure.

The Hawai'i State Department of Education is committed to delivering on our promises to students, providing an equitable, excellent, and innovative learning environment in every school to engage and elevate our communities. This is achieved through targeted work around three impact strategies: school design, student voice, and teacher collaboration. Detailed information is available at [www.hawaiipublicschools.org](http://www.hawaiipublicschools.org).



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

February 11, 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. 2901 – RELATING TO HEARING AND VISION PROGRAM  
**Hearing Date:** February 11, 2020  
**Time:** 9:00 a.m.  
**Location:** Room 229

**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**

Good morning. I am Lauren Moriguchi, Director of the Executive Office on Early Learning (EOEL). EOEL is in support of S.B. 2901.

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 will affect the hearing and vision screening of young children who may be receiving screening in the schools or community. This will help ensure standards and training are in place to support the early identification of children who may have hearing or vision concerns. For our young children especially during their critical stages of development, early identification and the provision of follow-up support for their families is essential. Serve-and-return interactions between adults and young children are critical 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. Consequently, taking care of our children who are deaf or hard-of-hearing is vital to establishing a strong foundation for the young child, one 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.



**STATE OF HAWAII**  
STATE COUNCIL  
ON DEVELOPMENTAL DISABILITIES  
1010 RICHARDS STREET, Room 122  
HONOLULU, HAWAII 96813  
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543

February 11, 2020

The Honorable Rosalyn Baker, Chair  
Senate Committee on Commerce, Consumer Protection, and Health  
Thirtieth Legislature  
State Capitol  
State of Hawai'i  
Honolulu, Hawai'i 96813

Dear Senator Baker and Members of the Committees:

SUBJECT: SB 2901 – Relating to Hearing and Vision Program

The State Council on Developmental Disabilities **STRONGLY SUPPORTS SB 2901** 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's for further guidance.

Thank you for the opportunity to submit testimony in strong support of **SB 2901**.

Sincerely,

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

Daintry Bartoldus  
Executive Administrator

**TO:** Senator Rosalyn H. Baker, Chair  
Senator Stanley Chang, Vice Chair  
Senate Committee on Commerce, Consumer Protection, and Health

**FROM:** Robert G. Peters, Chair  
Early Learning Board

**SUBJECT:** **Measure:** S.B. No. 2901 – RELATING TO HEARING AND VISION PROGRAM  
**Hearing Date:** February 11, 2020  
**Time:** 9:00 a.m.  
**Location:** Room 229

**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**

I am Robert G. Peters, Chair of the Early Learning Board (ELB). Thank you for this opportunity to offer comments on behalf of the ELB related to S.B. No. 2901.

Through Act 202, Session Laws of Hawaii 2017, ELB transitioned from an advisory to a governing board for the Executive Office on Early Learning (EOEL) and is charged with formulating statewide policy relating to early learning. We are composed of members from across the early childhood field, in both the public and private sectors.

ELB’s mission is to support children’s academic and lifelong well-being by directing and supporting the EOEL for an effective, coordinated, high-quality early learning system from prenatal to kindergarten entry. 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 increases 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. For our young children especially in their critical stages of development, early identification and the provision of follow-up support for their families is essential. Serve-and-return interactions between adults and young children are critical 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. Consequently, ensuring responsible follow-up for children who are deaf or hard-of-hearing is vital to establishing a strong foundation for the young child, one 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.

**SB-2901**

Submitted on: 2/9/2020 5:09:54 PM

Testimony for CPH on 2/11/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Eveline Koenig	Testifying for Hawaii Speech and Hearing Association	Support	No

## Comments:

To: Senator Rosalyn H. Baker

Senator Stanley Chang

From: Eveline Koenig, President

Hawai'i Speech-Language-Hearing Association

P.O. Box 235888 Honolulu, HI 96823-3516

(808) 528-4742

[hsha808@gmail.com](mailto:hsha808@gmail.com)

February 11, 2020 9:00 Hearing

Re: Testimony in SUPPORT of SB 2901

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** SB 2901 to amend the hearing and vision screening program statute to increase early identification of children with hearing or vision loss.



Children with hearing loss fall behind their peers in speech, language, social and cognitive skills. Early identification of hearing loss is critical to prevent future academic and social challenges. Children with vision loss are likely to fall behind their peers in reading. Early identification is necessary to implement interventions as early as possible.

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 SB 2901.

We, the members of HSHA, thank you for the opportunity to testify and share our support for the passage of SB 2901.

Sincerely,

Eveline Koenig MS, CCC-SLP, BCS-S

HSHA President 2019-2020

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.

Aloha,

I am a mother of a deaf child (7 years old). This testimony is requesting your support to pass HB2345 relating to hearing and vision program. Our current system needs an overhaul to increase early identification of our deaf, hard of hearing, deaf-blind children (DHHDB). The amendment requested to establish consistent protocols for hearing and vision screening, follow up, training, and data collection is vital.

Most DHHDB children are born into hearing families. This means we're diagnosed at the same time of our child and like our child we have absolutely no idea how to navigate through this diagnosis. The services available to us are not common conversation in ANY setting prior to having our child so you can only imagine the impact and the rollercoaster we get on when we're informed of the identification.

Our families need adequate services and information, but as you all know, change only happens when the numbers reflect the need. At present, there are inconsistencies within our state and providers in obtaining that information and allowing for the service providers to attempt to help our families. It's a challenge to have families really utilize these services and a lot of it has to do with the way information is transmitted to them. The training, the data, etc.

Please unanimously pass this bill so we can close the gap on our children and the viewpoints of society. Please help us to make this state be leaders in building amazing DHHDB by updating our archaic way of handling information.

Mahalo,

Nikki Kepoo