DAVID Y. IGE GOVERNOR OF HAWAII



ELIZABETH A. CHAR, M.D.

WRITTEN
TESTIMONY ONLY

Testimony in SUPPORT of H.B. 986 H.D. 1 S.D. 1 RELATING TO NEWBORN HEARING SCREENING

SENATOR KARL RHOADS, CHAIR SENATE COMMITTEE ON JUDICIARY

SENATOR DONOVAN M. DELA CRUZ, CHAIR SENATE COMMITTEE ON WAYS AND MEANS

Hearing Date: 4/5/2022 Room Number: 211 and via

Videoconference

- 1 **Fiscal Implications:** There are no fiscal implications for the Department of Health (DOH).
- 2 **Department Testimony:** The Department **strongly supports** this measure to amend Hawaii
- 3 Revised Statutes (HRS) §321-361 to 363 to mandate the reporting of diagnostic audiologic
- 4 evaluation results of infants who do not pass the hearing screening test or are diagnosed as deaf
- 5 or hard of hearing up to the age of three years.
- 6 This bill will improve the identification and follow-up of infants who are deaf or hard of hearing.
- 7 The DOH Newborn Hearing Screening Program (NHSP) helps children who fail hearing
- 8 screening to receive diagnostic testing and assists children who are deaf or hard of hearing in
- 9 enrolling in early intervention services to support their development of oral and/or sign language
- 10 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
- 12 states.
- Newborn hearing screening is mandated by Hawaii Revised Statutes (HRS) §321-361 to 363
- 14 (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

- 1 months, and enrollment in early intervention services by 6 months to support children in being
- 2 language ready for school.
- 3 In 2020, 292 newborns did not pass newborn hearing screening. Without access to all the
- 4 diagnostic audiologic evaluation results on these newborns, NHSP does not know what happened
- 5 to 98 (34%) of these newborns. The missing diagnostic audiologic evaluation results cause delay
- 6 for entry into early intervention services for the infants who are deaf or hard of hearing. In 2020,
- 7 51 infants were diagnosed with permanent hearing loss, but only 14 (27%) enrolled in early
- 8 intervention by 6 months of age. Timely and consistent reporting of diagnostic audiologic
- 9 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. 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 to the DOH 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. Reporting of diagnostic results to
- NHSP is exempt from Health Insurance Portability and Accountability Act (HIPAA) regulations
- under the public health program provisions.
- 18 Thank you for the opportunity to testify on this measure.

DAVID Y. IGE GOVERNOR OF HAWAII



STATE OF HAWAI'I

STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
PRINCESS VICTORIA KAMĀMALU BUILDING

1010 RICHARDS STREET, Room 122 HONOLULU, HAWAI'I 96813 TELEPHONE: (808) 586-8100 FAX: (808) 586-7543 April 05, 2022

The Honorable Senator Karl Rhoads, Chair Senate Committee on Judiciary and The Honorable Senator Donovan M. Dela Cruz, Chair Senate Committee on Ways and Means The Thirty-First Legislature State Capitol State of Hawai'i Honolulu, Hawai'i 96813

Dear Senator Rhoads, Senator Dela Cruz, and Committee Members:

SUBJECT: HB986 HD1 SD1 Relating to Newborn Hearing Screening

The Hawaii State Council on Developmental Disabilities **STRONGLY SUPPORTS HB986 HD1 SD1** 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.

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 respectively defers to the Department of Health for further guidance.

Thank you for the opportunity to provide testimony in strong support of HB986 HD1 SD1.

Sincerely,

Daintry Bartoldus

Executive Administrator



DISABILITY AND COMMUNICATION ACCESS BOARD

1010 Richards Street, Room 118 • Honolulu, Hawaii 96813 Ph. (808) 586-8121 (V) • Fax (808) 586-8129

April 5, 2022

TESTIMONY TO THE SENATE COMMITTEES ON JUDICIARY AND WAYS AND MEANS

House Bill 986, House Draft 1, Senate Draft 1 - Relating to Newborn Hearing Screening

The Disability and Communication Access Board (DCAB) supports House Bill 986, House Draft 1, Senate Draft 1, 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 HAWAI'I Executive Office on Early Learning

2759 South King Street HONOLULU, HAWAI'I 96826

April 4, 2022

TO: Senator Karl Rhoads, Chair

Senator Jarrett Keohokalole, Vice Chair

Senate Committee on Judiciary

Senator Donovan M. Dela Cruz, Chair

Senator Gilbert S.C. Keith-Algaran, Vice Chair

Senate Committee on Ways and Means

FROM: Coleen Momohara, Interim Director

Executive Office on Early Learning

SUBJECT: Measure: H.B. No. 986, H.D. 1, S.D. 1 – RELATING TO NEWBORN HEARING

SCREENING

Hearing Date: Tuesday, April 5, 2022

Time: 10:05 a.m.

Location: Videoconference & Conference Room 211

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. (SD1.)

EXECUTIVE OFFICE ON EARLY LEARNING'S POSITION: Support

Aloha. I am Coleen Momohara, Interim Director of the Executive Office on Early Learning (EOEL). EOEL supports H.B. No. 986, H.D. 1, S.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 is a mandated program to support infants and toddlers who are deaf or hard of hearing. 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.

Testimony of the Executive Office on Early Learning – H.B. No. 986 H.D. 1, S.D. 1 April 4, 2022 Page 2

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.



Hawai'i Children's Action Network Speaks! is a nonpartisan 501c4 nonprofit committed to advocating for children and their families. Our core issues are safety, health, and education.

To: Senator Rhoads, Chair

Senator Keohokalole, Vice Chair Senate Committee on Judiciary

Senator Dela Cruz, Chair Senator Keith-Agaran, Vice Chair Senate Commitee on Ways and Means

Re: HB 986 HD1 SD1- Relating to Newborn Hearing Screening

10:05AM, Tuesday April 5, 2022

Chair Rhoads, Chair Dela Cruz, Vice Chair Keohokalole, Vice Chair Keith-Agaran, and committee members,

On behalf of HCAN Speaks!, thank you for the opportunity to testify in **support of House Bill 986 HD1 SD1**, relating to newborn hearing screening.

Early identification of hearing loss is important to ensure children and their caregivers are provided the supports and care they need. House Bill 986HD1 updates the definitions and terminology in the current HRS section and it ensures that the appropriate data related to diagnostic audiologic evaluations are collected by Department of Health. The amendments strengthen the current statute and in turn, strengthen the healthcare system for children.

Thank you for the opportunity to provide testimony in support of House Bill 986 HD1.

Kathleen Algire
Director of Early Learning and Health Policy





Date: April 4, 2022

To: Senate Committee on Judiciary

The Honorable Karl Rhodes, Chair

The Honorable Jarrett Keohokalole, Vice Chair

And members of the Committee

Senate Committee on Ways and Means The Honorable Donavan M Dela Cruz, Chair

The Honorable Gilbert S.C. Keith-Agaran, 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 strongly 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.

Early Childhood Action Strategy is a project under Collaborative Support Services, INC.





SEAC

Special Education Advisory Council 1010 Richards Street Honolulu, HI 96813 Phone: 586-8126 Fax: 586-8129 email: spin@doh.hawaii.gov April 5, 2022

Special Education Advisory Council

Ms. Martha Guinan, *Chair* Ms. Susan Wood, *Vice Chair*

Ms. Sara Alimoot

Ms. Virginia Beringer

Ms. Mary Brogan

Ms. Deborah Cheeseman

Ms. Annette Cooper

Ms. Shana Cruz

Mr. Mark Disher

Dr. Kurt Humphrey

Ms. Mai Hall

Ms. Melissa Harper Osai

Mr. Kerry Iwashita

Ms. Melissa Johnson

Ms. Tina King

Ms. Jennifer Leoiki-Drino

Ms. Dale Matsuura

Ms. Cheryl Matthews

Dr. Paul Meng

Ms. Kiele Pennington

Ms. Carrie Pisciotto

Ms. Kau'i Rezentes

Ms. Rosie Rowe

Ms. Ivalee Sinclair

Mr. Steven Vannatta

Ms. Lisa Vegas

Ms. Paula Whitaker

Ms. Jasmine Williams

Ms. Annie Kalama, liaison to the Superintendent

Dr. Bob Campbell, *liaison to the military community*

Amanda Kaahanui, Staff Susan Rocco, Staff Senator Donovan M. Dela Cruz, Chair Committee on Ways and Means Senator Karl Rhoads, Chair

Committee on Judiciary Hawaii State Capitol

Honolulu, HI 96813

RE: HB 986, HD 1, SD 1 - Relating to Newborn Hearing Screening

Dear Chairs Dela Cruz and Rhoads and Members of the Committee,

The Special Education Advisory Council (SEAC) is in strong support of HB 986, HD 1, SD 1 which requires diagnostic audiologic evaluation results of newborn hearing screening evaluations to be provided to the Department of Health.

Hawaii was a pioneer in this best practice of testing infants at birth to detect hearing loss. The development of an early screening program was given a high priority due to fact that Hawaii has twice the rate of infants born deaf or hard of hearing per capita than other states.

However, a number of infants who failed their hearing screening are lost to follow-up every year by the Newborn Hearing Screening Program, because their diagnostic evaluation results are not shared with the Department of Health. By mandating this reporting, we ensure that the families of these infants are offered timely early intervention services that supports the family and better prepares young children for entry into preschool by helping them acquire language.

Mahalo for the opportunity to express our support for this important legislation.

Respectfully,

Martha **Q**uinan, Chair



Testimony of John M. Kirimitsu Legal and Government Relations Consultant



Before:

Senate Committee on Judiciary
The Honorable Karl Rhoads, Chair
The Honorable Jarrett Keohokalole, Vice Chair

Senate Committee on Ways and Means The Honorable Donovan M. Dela Cruz, Chair The Honorable Gilbert S.C. Keith-Agaran, Vice Chair

April 5, 2022 10:05 am Videoconference and Conference Room 211

HB 986 HD1 SD1 Relating to Newborn Hearing Screening

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on this measure amending the Statewide Newborn Hearing Screening Program to improve newborn hearing screening.

Kaiser Permanente Hawaii would like to offer comments.

Currently, Kaiser provides the statutorily required screening results of those infants who do <u>not</u> pass the hearing test to the DOH via HI-TRACK, a streamlined system that connects birthing facilities to the DOH screening database. Kaiser supports statewide efforts to screen newborns for hearing loss, coordinating hospital screening activities statewide, and maintaining statewide data on hearing screening results and follow-up.

That being said, Kaiser requests clarity on this bill's reporting requirement mandating that "Birthing facilities shall report newborn screening results to the department." On its face, this bill would require birthing facilities to provide <u>ALL</u> infant testing results to the DOH, <u>even those who are found to have normal hearing</u>. This would require the submission of numerous detailed reports throughout the year, and even more concerning, the sharing of protected health information, which the parents may not want to share with the DOH. Therefore, Kaiser requests the following amendment, which is the same reporting requirement allowed for audiologists and physicians under this bill:

711 Kapiolani Blvd Honolulu, Hawaii 96813 Telephone: 808-432-5224 Facsimile: 808-432-5906 Mobile: 808-282-6642

E-mail: john.m.kirimitsu@kp.org

hearing impairment] shall report newborn hearing screening results to the department[, for the purpose of the department ensuring a statewide system for the screening, diagnostic evaluation, and intervention for all newborn infants with hearing impairment, the diagnostic audiologic evaluation results of those 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.

Red highlighted is added language.

Thank you for your consideration.