



Submitted via e-mail: [jchcpubliccomments@jchc.virginia.gov](mailto:jchcpubliccomments@jchc.virginia.gov)

September 24, 2019

The Honorable Rosalyn R. Dance  
Joint Commission on Health Care  
P.O. Box 1322  
Richmond, VA 23218

RE: SB 1741

Dear Chairperson Dance and Members of the Commission:

On behalf of the American Speech-Language-Hearing Association, I write to comment on the results of the SB 1741 study mandate, recommendations, and policy options.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 204,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Over 4,350 ASHA members reside in Virginia.

ASHA commends the members of the Joint Commission on Health Care for mandating a thorough review of SB 1741 and including representation from a diverse group of stakeholder participants on the review working group. The development of a comprehensive, unbiased parent resource, such as the one proposed by SB 1741, is essential. Too often families of children who are deaf or hard of hearing (D/HH) do not have the tools they need to make informed decisions about the appropriate language/communication mode for their child and are not informed active participants in the educational planning to meet their child's needs. ASHA submits the following comments on select recommendations from the Commission's report:

- **Commission Recommendation:** If legislation similar to SB 1741 is considered: 1) Define key terms, including language, communication modality, forms of English, Deaf; 2) avoid branded terms.

ASHA supports the use of the term "spoken language" as opposed to English, which is confusing to non-native English speakers. ASHA also endorses the parents right to choose the appropriate language/communication mode for their child and family.

- **Commission Recommendation:** If legislation similar to SB 1741 is considered: Identify the VA School for the Deaf and Blind (VSDB) as the implementing agency coordinating with Department of Behavioral Health and Developmental Services (DBHDS), Department for the Deaf and Hard of Hearing (VDDHH), and Department of Education (VDOE) to implement legislation's provisions.

ASHA supports VDOE or the DBHDS as the lead implementing agency. The lead agency is responsible for developing the individualized program—either the Individualized Family Service Plan (IFSP) for children ages 0-3 or the Individualized Education Program (IEP) for children ages 3-5 and grades K-12. As such, SB 1741 (or similar legislation) should task the

lead agency with creating the parent resource and ensuring with the IFSP or IPE team that the appropriate assessments, educational programs, supports, and services are identified and provided to the child and family. The identified lead agency should consult with VDDHH, VSDB, and other organizations, as appropriate.

- **Commission Recommendation:** Use the “green” guide as basis for future versions of a parent resource that includes language development milestones.

ASHA supports this recommendation.

- **Commission Recommendation:** If legislation similar to SB 1741 is considered: 1) Authorize the implementing agency to determine committee size and skill set (with legislation stipulating minimum criteria to achieve balanced representation); 2) Link committee member roles to qualifications (e.g., milestone selection vs. information on available programs/services for Parent Resource).

ASHA recommends eliminating the advisory committee requirement. States that are already burdened with increasing demands and shrinking dollars should utilize existing resources to their fullest extent. ASHA recommends that the lead agency develop the parent resource with experts from the appropriate disciplines. Eliminating costly and overly burdensome requirements, such as the creation of an advisory committee, helps the state use its limited resources wisely. Further, because the lead agency must ensure that families receive the appropriate services and supports they need under federal law it is logical for them to create the resource and disseminate it widely.<sup>1,2</sup> Families need this information to make informed decisions about the language/communication mode they want for their child and family and to be informed and impactful participants in the IFSP/IEP process.

- **Commission Recommendation:** Use the Virginia Longitudinal Data System (VLDS) as a basis for reporting on literacy outcomes of children diagnosed with hearing loss beginning at pre-kindergarten level.

ASHA supports this recommendation.

- **Commission Recommendation:** Strengthen existing agency initiative to: 1) Identify opportunities for Medicaid reimbursement of telehealth delivered EI services; 2) Increase provider capabilities in ECSE services to D/HH children.

ASHA supports this recommendation.

- **Commission Recommendation:** Identify opportunities to connect families of D/HH children with D/HH adults through mentoring programs to increase uptake of early intervention (EI) services and assistance to families in sign and non-sign-based communication.

ASHA supports this recommendation if deaf mentors include individuals who are D/HH and use American Sign Language (ASL), spoken language, or combination of communication options.

- **Commission Policy Options 1 & 2**

ASHA supports Policy Options 1 & 2 except for the creation of an advisory committee. As previously stated, creating a committee to identify and recommend resources is costly,

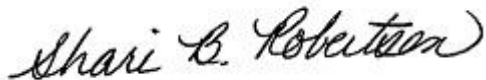
duplicative, and unnecessary. The lead agency tasked with ensuring that children who are D/HH receive appropriate assessments, services, and supports from a team of professionals should develop the parent resource. ASHA agrees that families need timely and comprehensive information to make informed decisions about communication and educational services and supports for their child and family. ASHA also supports using existing resources to create the family resource for children who are D/HH.

- **Commission Policy Option 7**

ASHA also supports Policy Option 7 that includes the full range of deaf individuals who use ASL, spoken language, or a combination of communication options as deaf mentors.

Thank you for considering ASHA's comments on the SB 1741 study and our recommendations. If you or your staff have any questions, please contact Janet Deppe, ASHA's director of state affairs, at [jdeppe@asha.org](mailto:jdeppe@asha.org).

Sincerely,



Shari B. Robertson, PhD, CCC-SLP  
2019 ASHA President

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<sup>1</sup> Individuals with Disabilities Education Act, 34 U.S.C. § 300.320 et seq.

<sup>2</sup> Individuals with Disabilities Education Act, 34 U.S.C. § 303.342 et seq.