



American Academy of Pediatrics



AMERICAN COCHLEAR IMPLANT ALLIANCE



March 8, 2022

The Honorable Patty Murray
Chairwoman
U.S. Senate Committee on Health,
Education, Labor & Pensions
833 Hart Senate Office Building
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
U.S. Senate Committee on Health,
Education, Labor & Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairwoman Murray and Ranking Member Burr:

On behalf of the undersigned organizations representing individuals who are deaf or hard of hearing, hearing health care clinicians, scientists, and consumers, we write to express our strong support for reauthorizing the Early Hearing Detection and Intervention (EHDI) program.

EHDI authorizes the Health Resources and Services Administration (HRSA) to:

- fund state-based programs that facilitate screening (the initial test of infants for hearing loss),
- ensure timely audiological diagnostic evaluations (to confirm hearing loss), and
- connect families with crucial early intervention services specifically designed to meet the unique language and communication needs of deaf and hard of hearing newborns, infants, and young children.

The EHDI statute also authorizes the Centers for Disease Control and Prevention (CDC) to provide technical assistance on data collection, management, and research to these state-based programs.

EHDI has been instrumental in increasing newborn hearing screening rates from 46% in 2000, when Congress first authorized the program, to 98% in 2019. Before EHDI, the average age for identifying hearing loss was 2 to 3 years of age—past the critical period when language acquisition has already begun.¹ Research shows that early intervention for hearing loss is imperative for children to develop age-appropriate communication, psychosocial, educational, and language skills. Early detection of hearing loss can dramatically improve a child's chances to succeed professionally, academically, and socially. **Furthermore, early detection and intervention of hearing loss has proven to be one of the most cost-effective interventions in health care.**^{2,3}

We are pleased the House of Representatives passed H.R. 5561, the Early Hearing Detection and Intervention Act of 2021, which would reauthorize EHDI through fiscal year (FY) 2026. H.R. 5561 increases the authorization for CDC relative to FY22; however, it authorizes HRSA funding below FY22 levels. Increased HRSA funding would enhance the ability of states and territories to meet current program requirements and augment efforts to ensure all newborns receive screening, diagnosis, and enrollment in early intervention, facilitating the continued success of EHDI across the country.

Although EHDI has succeeded in achieving near-universal newborn hearing screening, challenges remain:

- Past EHDI legislation has expanded the program's scope, while HRSA resources have stagnated. Expanding the scope of the program without a corresponding increase in authorized and appropriated resources has placed an unsustainable strain on the program.
- Gaps remain in ensuring children who are deaf or hard of hearing are successfully enrolled in early intervention programs. Adequately resourced state programs are crucial to close these gaps, especially for underserved populations.
- Additional objectives, including continued follow-up beyond 6 months of age, and comprehensive supports for families of children who are deaf or hard of hearing, remain aspirational for under resourced EHDI programs.

To address these challenges, our organizations encourage the Committee to advance EHDI legislation that increases authorized funding for both the CDC and HRSA in order to ensure every newborn and child who is deaf or hard of hearing has timely access to screening, diagnosis, and early intervention.

Thank you for your commitment to this important program.

Sincerely,

Alexander Graham Bell Association for the Deaf and Hard of Hearing

American Academy of Audiology

American Academy of Otolaryngology – Head and Neck Surgery

American Academy of Pediatrics

American Cochlear Implant Alliance

Academy of Doctors of Audiology

American Speech-Language-Hearing Association

Hearing Loss Association of America

¹ Centers for Disease Control and Prevention. (2003). Morbidity and Mortality Weekly Report. *Infants Tested for Hearing Loss --- United States, 1999 --- 2001*. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5241a1.htm>.

² Tordrup, D., Smith, R., Kamenov, K., Bertram, M., Green, N., Chadha, S., et al. (2022). Global return on investment and cost-effectiveness of WHO's HEAR interventions for hearing loss: a modelling study. *The Lancet: Global Health*. [https://doi.org/10.1016/S2214-109X\(21\)00447-2](https://doi.org/10.1016/S2214-109X(21)00447-2).

³ Grosse, S., Mason, C., Gaffney, M., Thomson, V., White, K. (2018). What Contribution Did Economic Evidence Make to the Adoption of Universal Newborn Hearing Screening Policies in the United States? *International Journal of Neonatal Screening*. <https://doi.org/10.3390/ijns4030025>.