



ASHA
American
Speech-Language-Hearing
Association

January 24, 2024

The Honorable Linda Greenstein
The Honorable Teresa Ruiz
New Jersey Senate
125 West State Street
Trenton, NJ 08625

RE: S. 1073

Dear Senator Greenstein and Senator Ruiz:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to voice concerns and provide recommendations regarding language in S. 1073, which establishes programs for children who are deaf or hard of hearing (D/HH).

ASHA is the national professional, scientific, and credentialing association for 228,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. Speech-language pathologists (SLPs) identify, assess, and treat speech, language, swallowing, and cognitive-communication disorders. Over 8,100 ASHA members reside in New Jersey.¹

We appreciate that this bill is proposing a program to better serve the needs of children who are D/HH, especially in the realm of language development. Currently, New Jersey's Individualized Family Service Plan does not require a communication plan like one that is required when the child transitions to an Individualized Educational Plan (IEP) and 504 plan therefore, there is a need to create a program to better track language development for D/HH toddlers.² However, ASHA does have some concerns regarding the proposed deaf mentor match and the language team.

Proposed Deaf Mentor Match

- **Duplicative:** ASHA is concerned that this effort is duplicate. There is already an established Deaf Mentor Program through the New Jersey Early Hearing Detection and Intervention (EHDI) program that provides families with a choice to be paired with either Snapshot D/HH or an American Sign Language (ASL) deaf mentor based on the family's needs and chosen mode of communication.³
- **Lack of parent choice:** As drafted, we are concerned that participation appears to be mandatory for families. It also appears that families are automatically enrolled and have the option to opt-out of the program, but there is no clear language that states when they can opt-out. It is also unclear if they can opt-out only from certain parts of the program if desired. For example, the family may want to have meetings with the "language team" but may not be interested in being paired with a "deaf mentor".
- **Deaf mentor training is for ASL only:** The requirement of being a "SKI-HI" trained deaf mentor is concerning to ASHA because this approach only gives families one point of view of the lived experience with hearing loss that only uses ASL.⁴ In addition, there are already SKI-HI trained deaf mentor who participate in the NJ EHDI deaf mentor

program. Limiting deaf mentors to SKI-HI trained individuals does not work for all families and can be a disservice to families who would be better suited if they were paired with a Snapshot D/HH mentor based on the family's communication needs/choice.

Language Team

- **Incomplete List:** The bill mentions a parent meeting with the language team but does not list the parent as being part of the team. ASHA recommends adding the parent and the early intervention (EI) case manager or EI case manager representative to the language team *required list of participants*.
- **Appropriate Professionals:** We recommend giving families the choice to include the deaf mentor or a Snapshot D/HH mentor, depending on the parent's choice of primary mode of communication, in the language team meetings. Also, other professionals—such as a special educator, and auditory-verbal therapy specialist—should be considered as *optional participants* in the language team meetings.
- **Definition of “Pediatric Audiologist”:** ASHA recommends using the following language to reflect the pediatric audiologist scope of practice more accurately.

“Means a licensed professional trained to prevent, screen, assess, diagnose, manage, and treat atypical hearing, hearing loss, and other hearing-related issues in infants and children. It is the role of the pediatric audiologist to make recommendations for interventions such as auditory rehabilitation and/or use of hearing technology.”

ASHA appreciates your consideration of our position on S. 1073, and we are happy to work with you to address these issues. If you or your staff have any questions, please contact Tim Boyd, ASHA's director of state legislative and regulatory affairs, at tboyd@asha.org.

Sincerely,



Tena L. McNamara, AuD, CCC-A/SLP
2024 ASHA President

¹ American Speech-Language-Hearing Association. (2023). *New Jersey* [Quick Facts]. <https://www.asha.org/siteassets/advocacy/state-fliers/new-jersey-state-flyer.pdf>.

² New Jersey Department of Education. (2022 April). *New Jersey Communication Plan for Students who are Deaf, Hard of Hearing, or DeafBlind*. https://www.nj.gov/education/specialed/programs/deaf/docs/NJ_CommunicationPlan_Deaf_or_HardOfHearing_Students%202022.pdf.

³ SPAN Parent Advocacy Network. (n.d.). Early Hearing Detection and Intervention (EHDI) Mentoring & Family Engagement Project. <https://spanadvocacy.org/programs/ehdi/>.

⁴ SKI HI Deaf Mentor Program. (n.d.). <https://deaf-mentor.skihi.org/>.