



February 15, 2022

The Honorable Roz Baker
Chair, Senate Committee on Commerce and Consumer Protection
415 South Beretania Street Room 230
Honolulu, HI 96813

RE: Hearing Screening; SB 3117

Dear Senator Baker:

On behalf of the American Speech-Language-Hearing Association, I write to express support for SB 3117, which requires the Department of Health to provide diagnostic audiologic evaluation results for certain young children.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 218,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; 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, and swallowing disorders. Over 500 ASHA members reside in Hawaii.¹

ASHA supports SB 3117, which would require audiologists and physicians who perform diagnostic audiologic evaluations of infants to report to the Department of Health, the diagnostic audiologic evaluation results of infants who do not pass the hearing screening test or who are diagnosed as deaf or hard of hearing up to the age of three years.

ASHA also supports the bill's requirement that the Department of Health develop a plan, in conjunction with the Department of Education, to involve parents or guardians in any medical and educational follow-up for infants who are deaf or hard of hearing, or who have been identified as having a risk indicator for developing delayed-onset or progressive hearing loss, or both.

Newborn hearing screening is now the standard of care in hospitals nationwide. In 2014, 96.1% of babies born in the United States had their hearing screened before one month of age and 6,163 infants were diagnosed with permanent hearing loss.² According to the Joint Committee on Infant Hearing, there is a growing body of literature indicating that when identification and intervention occur at no later than six months of age for infants who are deaf or hard of hearing, the infants perform as much as 20 to 40 percentile points higher on school-related measures (vocabulary, articulation, intelligibility, social adjustment, and behavior).³

Thank you for helping to ensure proper hearing health care for infants and young children in Hawaii. If you or your staff have any questions, please contact Eileen Crowe, ASHA's director, state association relations, at ecrowe@asha.org.

Sincerely,



Judy Rich, EdD, CCC-SLP, BCS-CL
2022 ASHA President

¹ American Speech-Language-Hearing Association. (2021). *Hawaii* [Quick Facts]. <https://www.asha.org/siteassets/uploadedfiles/hawaii-state-flyer.pdf>.

² American Speech-Language-Hearing Association. (n.d.). *Newborn Hearing Screening*. <https://www.asha.org/practice-portal/professional-issues/newborn-hearing-screening/>.

³ Joint Committee on Infant Hearing. (2007). *Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs*. https://www.infanthearing.org/resources/2007_JCIH.pdf.