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SPEECH-LANGUAGE-
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ASSOCIATION

Statement of the American Speech-Language-Hearing Association (ASHA)

**Subcommittee on Labor, Health and Human Services, Education and Related Agencies
Committee on Appropriations – U.S. House of Representatives**

Written Testimony Submitted on Fiscal Year 2008 Appropriations

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My name is Noma Anderson, PhD, and I am a certified speech-language pathologist and president of the American Speech-Language-Hearing Association (ASHA). I am testifying on behalf of over 127,000 audiologists, speech-language pathologists, and speech, language and hearing scientists who are members of ASHA.

I would like to urge an increase in funding for three important priorities: a 10% increase for Early Hearing Detection and Intervention (EHDI); a \$218 million (50%) increase for Individuals with Disabilities Education Act (IDEA), Part C; and a \$2 billion increase for IDEA, Part B.

Early Hearing Detection and Intervention

Every day in the United States, approximately 33 babies are born deaf or hard of hearing. Hearing loss is one of the most common congenital disorders in newborns.

Early Hearing Detection and Intervention (EHDI) grants provide federal funds to the states to run programs that screen, diagnose, and provide treatment to infants and children with hearing

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loss. It is critical that we detect hearing loss soon after birth. When identification is delayed, critical time for stimulating the auditory pathways to hearing centers of the brain is lost. Speech and language development is also delayed, affecting social and emotional growth, academic achievement and employment options. The cost of late identification is not only in real health care and public education dollars, but also in the frustration borne by parents and these children who lack appropriate language skills to compete academically and in the job market.

The good news is that, with the help of EHDI grants to the states, we have made great strides in achieving universal screening of newborns. In 1999, when the federal EHDI program began, only about 40% of newborns were screened for hearing loss. Now, almost 95% of infants born in a hospital are screened.

The bad news is that the infants who fail the screening are not necessarily getting the follow-up diagnoses and treatment in a timely manner. About half of the newborns who fail the screening are lost to the system. We do not know if they are getting the necessary follow-up services. An estimated one-third of the babies who stay in the system do not receive diagnostic evaluations by 3 months of age. And, over half of the infants diagnosed with hearing loss are not enrolled in early intervention programs by 6 months of age. We can, and should, do a lot better.

I urge a 10% increase in funding for EHDI. The increase should apply to both the Health Resources and Services Administration (HRSA) grants and the funding for EHDI under the National Center for Birth Defects and Developmental Disabilities (NCBDDD) at the Centers for Disease Control and Prevention (CDC). NCBDDD funds help states develop strong surveillance and tracking systems to ensure that infants referred from newborn hearing screening programs receive appropriate and timely diagnostic and early intervention services, as well as needed applied research to ensure that EHDI programs are effective and provide high quality services. A 10% increase for both programs would cost less than \$2 million. The investment should help

make great strides in getting young children the appropriate early intervention services they deserve to have an opportunity to compete on par with their hearing peers for a lifetime.

IDEA Part C

While statewide EHDI programs are extremely important, they only represent the beginning of a continuum of care for infants, toddlers and young children with hearing loss. Federal programs such as the Individuals with Disabilities Education Act (IDEA) also deliver early intervention services. For example, the “child find” requirements of Parts B & C of IDEA require the states to identify eligible disabled children for the delivery of services.

Unfortunately, if the EHDI programs do not improve their ability to track the care given to children who fail the screenings, the success of the child find program is also in jeopardy.

Once the children with a hearing loss have been identified, they need to receive the necessary treatment under the Individuals with Disabilities Act (IDEA). Part C provides services to families with disabled children under 3 years of age.

IDEA, Part C historically has been under funded. The number of infants and toddlers with developmental delays and disabilities that have been served through IDEA Part C has grown from 187,899 children in 1999 to 282,733 children in 2004. This is an increase of 50% in the number of children served, while, during those six years, the Federal appropriation grew by only a total of 20%. Since FY'04, the annual appropriation level has been decreasing.

When young children receive treatment early on, it typically translates in the need for fewer special services as they get older. The funds spent wisely today should save the federal and state governments many fold in the future. I am urging a 50% increase in funding for this important program.

IDEA Part B

I would also like to take this opportunity to urge a significant increase in funding for IDEA, Part B. When IDEA was enacted in 1975, Congress made a commitment that the federal government would fund 40% of the educational costs (i.e., Part B, State Grants) for disabled children, with state and local funds making up the rest. In addition, the reauthorized IDEA 2004 law (P.L. 108-446) authorized specific funding levels to allow the federal share of special education funding to grow from 18% in 2004 to 40% by 2011.

Unfortunately, annual appropriations have not kept pace with this glide path toward a 40% federal contribution. In FY07, Congress approved a \$200 million increase above 2006 levels. Unfortunately, the cost of implementing IDEA rose at a much faster pace. Therefore, the federal share dropped from 17.6% to 17.2%. And, now, the President's FY08 budget request calls for a reduction in funding for IDEA, Part B.

We need to be moving in the other direction. I urge you to increase funding by \$2 billion in FY08 – bringing the federal contribution level to 20%. This level would still fall far below the glide path authorized by Congress in 2004, but would at least bring us to the halfway point in fulfilling the federal commitment to pay for 40% of the cost of implementing IDEA, Part B.

Conclusion

I want to thank the committee for your work and thank you for the opportunity to testify on these important issues. On behalf of the American Speech-Language-Hearing Association and thousands of families impacted by newborn hearing loss, we request your consideration to provide a 10% increase in funding for EHDI; a 50% increase in funding for IDEA, Part C, and a \$2 billion increase in funding for IDEA, Part B.