ASHA
American
Speech-Language-Hearing
Association

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Statement for the Committee on Appropriations Labor, Health & Human Services, and Education Subcommittee on Public Witness Day

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Chairwoman DeLauro and Ranking Member Cole: The American Speech-Language-Hearing Association (ASHA) thanks you for the opportunity to submit testimony on the fiscal year (FY) 2022 Labor-HHS-Education funding bill. My name is A. Lynn Williams, PhD, CCC-SLP, ASHA's President for 2021. As the Subcommittee begins its work on this critical legislation, I offer support for the following funding requests:

- $15.5 billion for Individuals with Disabilities Education Act (IDEA) Part B State Grants, $598 million for IDEA's Part B Section 619 Preschool Grants, and $732 million for IDEA Part C Infants and Toddlers with Disabilities within the Department of Education.
- $11,851,488 for the Centers for Disease Control and Prevention (CDC) and $19,522,758 for the Health Resources and Services Administration (HRSA) for the Early Hearing Detection and Intervention programs within the Department of Health and Human Services. In addition, ASHA urges the Subcommittee to include report language to address hearing health care disparities in medically underserved communities.
- $15.5 million increase in funding for the National Institute on Deafness and Other Communications Disorders (NIDCD) at the National Institutes of Health (NIH), while ensuring that NIDCD receives an equitable funding share from any increases to NIH funding in FY 2022.

- $122,970,000 for the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) at the Administration for Community Living (ACL) within the Department of Health and Human Services.

Individuals with Disabilities Education Act

ASHA thanks members of the Subcommittee for increasing funding for the Individuals with Disabilities Education Act (IDEA) last year. Children and youth (ages 3-21) receive special education services and related services under IDEA Part B, and infants and toddlers (birth-2 years old) with disabilities and their families receive early intervention services under IDEA Part C. Congress must continue to make appropriate investments in IDEA to ensure children with disabilities receive the free appropriate public education (FAPE), which they are entitled to under law. A substantial increase in funding for IDEA is a step toward fulfilling the promise that Congress made to fund 40% of the average per-pupil expenditure in public elementary and secondary schools. This critical program serves more than 6.5 million children in our nation's schools, including students with communication disorders.[1] ASHA appreciates that the American Rescue Plan Act provided $2.58 billion for IDEA Part B State Grants, $200 million for IDEA Preschool Grants, and $250 million for Part C Infants and Toddlers.

These resources are essential to support states and local education agencies in providing FAPE to all students with disabilities. However, schools and districts continue to grapple with costs associated with the Coronavirus Disease 2019 (COVID-19) pandemic and require additional resources to address challenges associated with ensuring continued education and delivering the services and supports for children with disabilities. **ASHA supports the Administration's FY 2022 budget request for IDEA to ensure students with disabilities can continue to access the services to which they are entitled.**

Early Hearing Detection and Intervention Program

The Early Hearing Detection and Intervention (EHDI) Act is one of the nation's most important public health programs, offering early hearing screening and intervention to all newborns, infants, and young children in every state and territory. EHDI provides state grants to develop and support infant hearing screening and intervention programs through HRSA and requires the CDC to provide surveillance of screenings, referral to treatment and diagnosis, technical assistance, and applied research. When the Children's Health Act of 2000 was passed—which established the state-based universal newborn hearing screening programs—only 46.5% of newborns were screened.[2] However, today approximately 98% of newborns receive an audiologic screening totaling 4 million infants and children in 2016 alone.[3] Funding for hearing screenings and early intervention services has proven to be a wise investment for the United States' economy and saves the country approximately $200 million in education costs each year.[4]

Fully funding EHDI at its authorized level is critical to ensure all newborns are screened for hearing loss and receive follow-up services. Hearing loss is a serious health condition that impacts more than 34 million Americans, and two to three out of every 1,000 children in the United States are born with a detectable level of hearing loss in one or both ears.[5] *Underfunding EHDI may leave thousands of children with undiagnosed hearing loss and deprive children who are deaf or hard of hearing from receiving follow-up services* that improve language skills and development as many health care appointments and treatments have been delayed or canceled due to the COVID-19 pandemic. When hearing loss is detected late, the critical time for stimulating the auditory pathways to hearing centers of the brain is lost. Late

hearing loss detection also delays speech and language development affecting social and emotional growth, academic achievement, and employment options.

Children with hearing loss also face significant barriers in accessing hearing health care services. Variables including socioeconomic factors, geographic location, medical infrastructure, and access to social support contribute to delays in diagnosis and treatment of hearing loss. These disparities particularly impact members of racial and ethnic minority communities. According to a 2017 study, African American infants are 92% more likely to experience *loss to follow-up* than infants from other ethnic groups.[6] Rural Hispanic children whose caregivers have low English fluency encounter greater difficulty accessing these health care services.[7] According to CDC data, American Indian and Alaskan Native children enroll in early intervention services at a rate 26.4% less than their White counterparts.[8] *The CDC must expand its work to improve surveillance, ensure access to timely identification of congenital and acquired hearing loss, and enhance the connection to follow-up services, particularly among racial and ethnic minority populations.* **ASHA supports fully funding EHDI at its authorized level and encourages the Subcommittee to include the following language in the report on its FY 2022 bill**:

> *The Committee recognizes the importance of access to pediatric hearing health care. The Committee is aware of the significant racial and ethnic disparities in care facing children with hearing loss, and the effect unaddressed congenital hearing loss has on communication skills, psychosocial development, educational progress, and language development. The Committee encourages the CDC to expand their work to improve surveillance of state and territorial-based EHDI systems to ensure access to timely identification of congenital and acquired hearing loss and develop materials to enhance connection to follow up services among racial and ethnic minorities, and other medically underserved populations.*

National Institute on Deafness and Other Communication Disorders, and the National Institute on Disabilities, Independent Living and Rehabilitation Research

ASHA applauds the Subcommittee's continued efforts to increase funding for health care research. ASHA strongly supports continued increases in funding for the National Institute on Deafness and Other Communications Disorders (NIDCD) at the National Institutes of Health (NIH), and the National Institute on Disabilities, Independent Living and Rehabilitation Research (NIDILRR) at the Administration for Community Living (ACL). NIDCD investments are needed to ensure groundbreaking research on communication sciences as rehabilitation continues to evolve and expand. Approximately 46 million Americans have a communication disorder.[9] These disorders impact the economy through costs related to lost productivity, special education services, rehabilitation needs, health care expenditures, and lost revenue. Increases in NIDILRR's funding would allow the Institute to support the wide range of applied research and expand into new areas of emerging science to support individuals with disabilities. **ASHA urges the Subcommittee to provide necessary funding for NIDCD and NIDILRR to ensure this research continues and evolves to address the needs of individuals with communication disorders.**

Conclusion

Thank you for the opportunity to provide this testimony for the record. ASHA appreciates the Subcommittee's past investments in these important health and education programs and urges continued support at the recommended funding levels. These investments are crucial to ensuring audiologists and speech-language pathologists can meet the hearing, balance, speech, language, swallowing, and cognition-related needs of their patients, clients, and especially students who are receiving special education services in schools. If you or your

staff have any questions, please contact Erik Lazdins, ASHA's associate director of federal affairs, at elazdins@asha.org.

[1] U.S. Department of Education. (n.d.). *About IDEA*. https://sites.ed.gov/idea/about-idea/.
[2] Centers for Disease Control and Prevention (CDC). (2010). *Summary of infants screened for hearing loss, diagnosed and enrolled in early intervention, United States, 1999–2008. Atlanta, GA: U.S. Department of Health & Human Services, CDC; 2010*. https://www.cdc.gov/ncbddd/hearingloss/2008-data/ehdi_1999_2008.pdf.
[3] Centers for Disease Control and Prevention (CDC). (2018). *Summary of 2016 National CDC EHDI Data*. https://www.cdc.gov/ncbddd/hearingloss/2016-data/01-2016-HSFS-Data-Summary-h.pdf.
[4] Gross, S.D. (2007). Education cost savings from early detection of hearing loss: New findings. *Volta Voices*, 14(6),38-40.
[5] National Institute on Deafness and Other Communication Disorders (NIDCD). (2017). *Researchers help uncover a root cause of childhood deafness in the inner ear using animal model*. https://www.nidcd.nih.gov/news/2017/childhood-deafness-research.
[6] Bush, M. L., Kaufman, M. R., & McNulty, B. N. (2017). Disparities in access to pediatric hearing health care. Current opinion in otolaryngology & head and neck surgery, 25(5), 359–364. https://doi.org/10.1097/MOO.0000000000000388.
[7] Ibid.
[8] Centers for Disease Control and Prevention (CDC). (2020). Hearing Loss in Children. https://www.cdc.gov/ncbddd/hearingloss/2018-data/15-screening-demographics.html.
[9] National Institute on Deafness and Other Communication Disorders (NIDCD). (2019). *Mission*. https://www.nidcd.nih.gov/about/mission.