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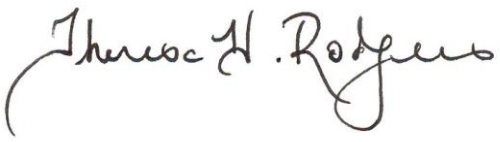

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Testimony Before the Senate Appropriations Committee;
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
The Department of Education and the Department of Health and Human Services

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Chairman Blunt, Ranking Member Murray, members of the Subcommittee: The American Speech-Language-Hearing Association (ASHA) thanks you for the opportunity to submit testimony to the Subcommittee on the fiscal year (FY) 2021 Labor-HHS-Education funding bill. My name is Theresa H. Rodgers, ASHA's President for 2020. ASHA is the national professional, scientific, and credentialing association for 211,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

ASHA thanks the members of the Subcommittee for increasing funding for the Individuals with Disabilities Education Act (IDEA) last year. Congress must continue to make significant investments in IDEA to meet the needs of the country's education system by ensuring children with disabilities receive the Free Appropriate Public Education (FAPE) to which they are entitled under law. Substantially increasing funding for IDEA is the right step in 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] Infants and toddlers with disabilities and their families receive early intervention services under IDEA Part C, and children and youth receive special education and related services under IDEA Part B. **To support special education, ASHA requests an increase to $14 billion for IDEA Part B State Grants funds for FY 2021, which includes an increase to $684 million for IDEA's Part B Section 619 as well as an increase in IDEA Part C funding to $491 million for FY 2021.**

In light of the pandemic of Coronavirus Disease 2019 (COVID-19), ASHA is pleased that the Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136) included over $15 billion in the Education Stabilization Fund earmarked for elementary and secondary education, through the Governor's Emergency Education Fund and the Elementary and Secondary Education Relief Fund. This funding will be essential to support states and local education agencies as they continue to provide FAPE to all students with disabilities. However, without clear data on how much of the funding is dedicated to IDEA services and supports, FY 2021 funding for IDEA must be robust. As schools across the nation move to a virtual education setting, providing special education services becomes more difficult. A surge in funding is vital to ensure students with disabilities receive a continuum of care to prevent any regression.

ASHA urges your continued support for newborn hearing screening and intervention. **ASHA requests a total of $30.5 million for Early Hearing Detection and Intervention (EHDI) programs, which includes $19 million for the Health Resources and Services Administration (HRSA) and $11.5 million for the Centers for Disease Control and Prevention (CDC).**

Full support for EHDI is critical to ensure all newborns are screened for hearing loss. 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.[2] Last reauthorized in 2017, 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. EHDI has proven to be one of the nation's most important public health programs, offering universal early hearing screening and interventions to all newborns, infants, and young children.

Failure to fund EHDI at its full authorization level 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 cancelled due to the COVID-19 pandemic.

When state-based universal newborn hearing screenings were established with the passage of the Child Health Act of 2000, only 46.5% of infants were screened for hearing loss, yet with today's EHDI programs, 98% of infants are screened for hearing loss.[3,4] Additional resources will assist CDC and HRSA in strengthening hearing loss identification and reducing intervention service gaps that have occurred during the COVID-19 public health emergency. 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. Funding for hearing screenings and early intervention services are a smart investment for the U.S. economy, and saves the country approximately $200 million in education costs each year alone.[5]

ASHA applauds the efforts of the Subcommittee to increase the National Institutes of Health (NIH) budget. We are supportive of efforts to increase the investment in research across all institutes involved with communication sciences and disorders. Congress must support researchers who devote their careers to finding causes and prevention of communication disorders. Communication disorders are the most prevalent of all disabling conditions and approximately 46 million Americans have a communication disorder.[6] These disorders impact the economy through costs related to lost productivity, special education services, rehabilitation needs, health care expenditures, and lost revenues. Continued increases in funding for the National Institute on Deafness and Other Communication Disorders (NIDCD) are needed to ensure groundbreaking research on communication sciences continues and expands. Specifically, ASHA supports a $17 million increase to the NIDCD for a total FY 2021 level of $507 million.

ASHA also supports providing a $3 million increase for the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) at the Administration for Community Living (ACL). With this increase to $115 million, NIDILRR's funding for FY 2021 would allow the Institute to continue supporting the wide range of applied research that it conducts and expand into new areas of emerging science to support the population of individuals with relevant disabilities.

Chairman Blunt, Ranking Member Murray and members of the Subcommittee, on behalf of ASHA and its 211,000 members, we again appreciate the opportunity to provide these comments and thank you for your efforts to eradicate delayed detection and intervention for hearing loss; support additional resources for special education services; and your continued

support for patient-oriented clinical research funding. We look forward to working with you and the Subcommittee as the FY 2021 appropriations process moves forward.

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[2] 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*. Retrieved from https://www.nidcd.nih.gov/news/2017/childhood-deafness-research.
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[5] Gross, S.D. (2007). Education cost savings from early detection of hearing loss: New findings. *Volta Voices*, 14(6),38-40.
[6] National Institute on Deafness and Other Communication Disorders (NIDCD). (2019). *Mission*. Retrieved from https://www.nidcd.nih.gov/about/mission.