



February 3, 2022

The Honorable Jarrett K. Keohokalole
415 South Beretania Street
Hawaii State Capitol, Room 205
Honolulu, HI 96813

RE: Newborn Hearing Screening; SB 2024

Dear Senator Keohokalole:

On behalf of the American Speech-Language-Hearing Association, I write to support SB 2024 which requires the Department of Health to provide diagnostic audiology evaluations for newborns who do not pass newborn hearing screenings or whose hearing status changes.

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. Over 500 ASHA members reside in Hawaii.¹

ASHA supports SB 2024, which would require:

1. audiologists and physicians who perform diagnostic audiologic evaluations on an infant to report the results to the Department of Health if the infant does not pass the hearing screening test;
2. audiologists and physicians who perform diagnostic audiologic evaluations to report the results to the Department of Health for those who are diagnosed as deaf or hard of hearing up to the age of three years, and;
3. the bill's establishment and implementation of a statewide system for hearing screening and diagnostic audiologic evaluation to identify infants who are deaf or hard of hearing, and for referral and enrollment of these infants in early interventions services.

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,

A handwritten signature in black ink that reads "Judy Rich". The signature is written in a cursive, flowing style.

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.