

Approved: 3-31-99
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Sandy Praeger at 10:00 a.m. on March 15, 1999 in Room 526-S of the Capitol.

Committee staff present: Norman Furse, Revisor of Statutes
JoAnn Bunten, Committee Secretary

Conferees appearing before the committee:

Representative Phyllis Gilmore
Rebecca Gaughan, M.D., Olathe Medical Center
Rebecca Aranda, Ex. Dir., Kansas Commission for the Deaf and Hard of Hearing
Lorna Alexander, Parsons
Ann Koci, Commissioner, Adult and Children Services, SRS

Others attending: See attached list

Hearing on: HB 2362 - Newborn infant hearing screening act

Representative Phyllis Gilmore, sponsor of **HB 2362**, testified before the Committee in support of the bill which, if enacted, would create a new act to be known as The Newborn Infant Hearing Screening Act. Representative Gilmore noted that early detection and intervention is necessary in determining and treating a hearing defect in a child. The bill would allow for every child born in Kansas to receive a screening examination for the detection of hearing defects within three to five days of birth. The bill would also repeal the current act that mandates the screening of newborns for risk of deafness or hearing loss.

Rebecca Gaughan, M.D., Olathe Medical Center and member of the Deaf and Hard of Hearing Board, testified in support of the bill. Dr. Gaughan noted that new scientific evidence overwhelmingly shows that infants whose deafness is detected early, especially within the first six months after birth, can learn to communicate far better than those whose impairment is found later. (Attachment 1) It was noted during Committee discussion that the fiscal note would be approximately \$150,000 in addition to the amount currently spent on the Newborn Hearing Risk Screening Program under the Department of Health and Environment. A member of the Committee requested this amount be provided to the Committee. Additional costs would include the salary of a full-time audiologist, contractual services and automation costs. The cost for equipment to detect hearing loss at birth is approximately \$4,000 per unit.

Rebecca J. Aranda, Executive Director, Kansas Commission for the Deaf and Hard of Hearing, and Lorna Alexander, parent of a deaf child, also testified in support of the bill. (Attachments 2 and 3)

Ann Koci, Commissioner, SRS Adult and Medical Services, testified before the Committee in support of **HB 2362**. Commissioner Koci spoke on the fiscal note of the bill noting that the bill does not address the level of hearing screening proposed, leaving the cost of the measure nearly impossible to predict. She also suggested that the mandate be changed to require screening from three to five days after birth to within the first two months after birth unless a different time period is medically indicated as noted in her written testimony. (Attachment 4) Committee discussion related to a need to add language in the bill that would address infants born in Birthing Centers, and it was suggested that evidence of hearing screening be provided on a child's birth certificate. A copy of a birth certificate was requested by a member of the Committee that would show the current four mandated tests required by the Department of Health and Environment. Dr. Gaughan requested the proposed legislation be amended by striking on page 1, lines 19 and 25, "major hearing defects" and inserting, "significant hearing loss".

A packet of letters expressing support for the bill was distributed to the Committee. (Attachment 5) There were no opponents to the bill.

Approval of Minutes

Senator Becker made a motion to approve the Committee minutes of March 8, 9, 10 and 11, 1999, seconded by Senator Langworthy. The motion carried.

Adjournment

The meeting was adjourned at 10:45 a.m.

The next meeting is scheduled for March 16, 1999.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 3-15-99

NAME	REPRESENTING
Lorna Alexander	parent
Allice Norton	SEK schools
Hildi Daley	Greenbush
Judith Widen	KU Med Center
Therese J. Michel	KDHE
Norris Rogers	SRS/Kan. Lab Services
Bill Jansky	KANS ASSN OF DEAF + K KCDHH
Jeff Saech	interpreter
Dr. Bech Naylor	KCDHH, KMS, may
Michael Carlson	chd. of Dr. Naylor
Benny Carlson	chd. of Dr. Naylor
Mike Shelby	Federica Consulting
Kathy Damron / Anne	St. Lukes Shawnee Mission Health
Sue Gowden	KDHE
Barry Brook	KDHE
Steve Payne	KDHE
Larrie Ann Brown	KADP
Carolyn Muddendorf	Ks St N. Assn
Wesley Marshall	Interhab

TESTIMONY IN SUPPORT OF HOUSE BILL NO. 2362
NEWBORN INFANT HEARING SCREENING ACT

Chairperson, Senator Sandy Preager, and Committee Members, my name is Dr. Rebecca Gaughan and I am here today to support House Bill No. 2362, the Newborn Infant Hearing Screening Act.

I am a practicing otolaryngologist - head and neck surgeon (ear, nose, and throat physician) in private practice in Olathe, Kansas for the past ten years. I have served as the otolaryngologist for the state on the Kansas Commission for the Deaf and Hard of Hearing for the past five years. I am actively involved in both the county and state medical societies.

I am here today because I have personally seen children whose hearing loss was first identified over the age of two. I have seen the devastating consequences. My partner just saw a 2 1/2 year old boy from Mound City, Kansas whose parents had no idea that he had a severe hearing loss. If this child had been screened at birth, he would not be behind in speech and language development today.

Currently, the State of Kansas performs a hearing screen on infants that meet the high risk category, as defined by our state. Unfortunately, not only in our state, but across the country, this only picks up 50% of the babies that actually have a hearing loss present at birth.

Approximately 1 of every 1000 children born in the United States is born deaf. In our state, as many as 900 infants a year suffer from undetected hearing loss.

New scientific evidence overwhelmingly shows that infants whose deafness is detected early, and certainly within the first six months after birth, can learn to communicate far better than those whose impairment is found later. Studies show that without hearing aids or some type of amplification by at least six months of age, certain brain pathways will close off. By the time children with hearing loss enter the first grade, children identified and treated before six months of age are one to two years ahead of their later identified peers in language, cognitive, and social skills. Infants with hearing loss can benefit from amplification (hearing aids) as young as four weeks of age. If hearing loss remains undetected, even a mild loss in one ear, studies have shown substantial detrimental consequences. For example, research shows that children with hearing loss in one ear are ten times as likely to be held back at least one grade, compared to a match group of children with two normal hearing ears.

Hearing loss is invisible. When a baby is born, his or her ears, nose, throat, lungs, heart, etc., are examined. Various tests are performed which do not detect hearing loss. Examination for hearing loss requires special technology that is not currently being used state wide.

Senate Public Health & Welfare
Date: 3-15-99
Attachment No. 1

Parents, although occasionally extremely observant, typically fail to adequately identify hearing loss in their own children before their first birthday. Even when subsequently proven to be correct, initial parental concerns are frequently discounted by well meaning physicians or other health professionals. Currently the average age of diagnosis for congenital hearing loss is 2 1/2 years of age for children not screened at birth.

We now have the technology to detect hearing loss at a reasonable cost in newborns. Various tests can be performed in the newborn nursery by nurses or other volunteers. Testing for infant hearing can be performed within five minutes. The tests can be easily repeated. The cost for equipment to detect hearing loss at birth is approximately is \$4000.

The identification of congenital hearing loss is well recognized as an opportunity for effective screening and early treatment. The National Institute of Health has recommended that newborn hearing screening be implemented universally. The Joint Committee on Infant Hearing, representing the American Academy of Pediatrics, the American Academy of Otolaryngology, the American Academy of Audiology, and the American Speech and Language Hearing Association has similarly recommended hearing screening for all newborns.

I have addressed the problem that we are missing half the children in Kansas born deaf or hard of hearing and this problem can be easily detected with a quick screening test performed in the immediate newborn period. I would now like to address the cost.

In the state of Colorado, a study was undertaken between 1992 and 1996 in hospitals with 100 or more births per year to screen all newborns. Data from Colorado showed the true cost for each infant screen as estimated to be about \$25.00 per infant, including labor costs, disposable supplies, and amortized capital equipment costs. By comparison, the true cost of a blood screening test for any of the known newborn genetic diseases is estimated to be about \$3.00 per infant. You must, however, interpret this data in the context of a disorder that is by no means rare. In Colorado, the screening costs required to identify correctly one new case of congenital hearing loss are calculated to be \$9600. Even though the cost per test is much less for each blood test performed, the newborn genetic diseases screened are much less common. The cost per case diagnosed, therefore, is similar..\$10,000 per case for hypothyroidism, \$20,000 per case for hemoglobinopathy, and \$40,000 per case for PKU (phenylketonuria).

For the first 2 1/2 years of a Universal Screening Program, there is no savings expected to the state. However, beginning in the third year, true savings can be calculated in the avoidable cost of later evaluation and intensive speech/language intervention. If only half of children born with hearing loss realize some ultimate savings in school based costs because of newborn screening and

early amplification, it is estimated that the Universal Screening Program in Colorado could recover all of the screening costs after only ten years.

Universal Newborn Infant Hearing Screening could, in the long run, actually save the state money. Research shows by the time a child with a hearing loss graduates from high school, as much as \$421,000 per child can be saved in special education costs of the child is identified early and given appropriate early interventions. These savings to the state in special education will pay for Universal Newborn Hearing Screening Detection and Intervention many times over. Universal Newborn Infant Hearing Screening actually saves the state money in the long run.

Today K.U. Medical Center in Kansas City has a Universal Infant Hearing Screening Program. Universal Infant Hearing Screening has been performed in Wichita in the past. Currently Olathe Medical Center, where I practice, is developing a Universal Infant Hearing Screening Program. We are working with senior medical students from Kansas University School of Medicine in the Health of the Public Class. These students are working on developing an educational pamphlet for parents to understand hearing screening and its importance. They are working with us to develop a model community hospital program and manual at Olathe Medical Center that can be used in hospitals across the state. This program is designed so that an audiologist or an ear, nose, and throat specialist does not have to be on hand or even in the near vicinity to perform this test.

In closing, I want you to imagine that there exists a disorder that children are born with that can be detected at birth with today's technology, but on an average is not diagnosed until age 2 1/2 years, even by experienced physicians. Imagine that this same congenital condition can be treated with early intervention to prevent developmental delays and measurable cognitive deficits that affect school performance. Imagine that the cost to identify each new case is comparable with the cost of identifying one case of any of the commonly screened newborn genetic disorders in the state of Kansas. Imagine if the direct cost of this program will be recovered after only one decade by preventing delayed and therefore more intensive intervention. Finally, imagine that the incidence of this single, screenable, treatable newborn condition is many times higher than the incidence of PKU, hypothyroidism, or the other diseases we screen for in this state. This disorder is not imaginary. It is real. This disorder is congenital hearing loss and we are missing half the children in this state born with a hearing loss with our current screening methods.

Thank you for your time. I would be happy to answer any questions.



K A N S A S
Commission for the
Deaf & Hard of Hearing

3640 S.W. Topeka Blvd., Ste. 150
Topeka, Kansas 66611
785-267-6100 V/TTY
1-800-432-0698 V/TTY
785-267-0655 FAX

The mission of the Kansas Commission for the Deaf and Hard of Hearing is to advocate for and facilitate equal access to quality, coordinated and comprehensive services that enhance the quality of life for Kansans who are deaf and hard of hearing.

March 15, 1999

Re: HB 2362 -Newborn Infant Hearing Screening Act

Dear Senator Praeger, Chair, and members of the Senate Committee on Public Health and Welfare;

As an Deaf person, and Executive Director of the Kansas Commission of the Deaf and Hard of Hearing I am writing to express my support for newborn infant hearing screening act (*House Bill 2362*).

I have had a severe hearing loss since birth due to my mother having rubella during her first trimester. Because of my severe hearing loss I was able to hear certain sounds which made it difficult to identify and intervene. I would respond only to loud sounds but not speech, it was not until I reached the age of two years before I was identified. During the sixties a child being identified at age 2 years was considered "early" due to lacking technology and knowledge.

After I was identified with a severe to profound hearing loss it was apparent that I was behind two years in language and speech compared to a child with normal hearing. My parents had to work very hard and sacrificed a lot to assist me with language development. Today my language and speech is adequate, but I find writing English such a chore. I often need someone to edit my papers!

Thank goodness for today's technology; we can now identify infants at birth! *House Bill 2362* will ensure that all newborns are screened. Those with a moderate to severe hearing loss will be identified and appropriate intervention will follow so that children and parents do not experience delays in language development and education.

Please vote favorably for HB 2362 and work for its passage. Thank you for your time and consideration to this matter.

Sincerely,

Rebecca J. Aranda,

A handwritten signature in cursive script that reads "Rebecca J. Aranda".

Senate Public Health & Welfare
Date: 3-15-99
Attachment No. 2

15 March 99

To: Sandy Praeger, Chairperson
Members of the Public Health and Welfare Committee



House Bill 2362 - Newborn Infant Hearing Screening Act

Dear Chairperson Praeger and Committee Members

I am the parent of a profoundly deaf child who was identified at 10 months of age. Gina is currently a second grader who attends a public school receiving the bulk of her instruction in a regular 2nd grade classroom with the assistance of an interpreter. She is in the top reading group in her grade and is performing at the top of her class in all areas of instruction. She participates in many activities in her community. She plays t-ball and basketball, is on a bowling league, takes dance lessons, and goes to the youth program in our church.

Due to my occupation as a special education administrator, working with audiologists and teachers of the deaf, I was more educated in the importance of early diagnosis and education of deaf children. When we had some question as to our daughter's hearing at 10 months, she was evaluated and identified as having a profound bilateral loss. She was fit with hearing aids at 11 months, and began home programming in our home, in her daycare and in her grandparents home. She had an early childhood special education teacher who was a fluent signer from the age of 16 months until her placement in a deaf education preschool at 3 years of age. And she had a family who signed to her. These things took place because she had parents who were in the right place (or profession) at the right time.

I credit early identification and intervention as the cause of Gina's academic success. Unfortunately, we see too many children who aren't identified until two and three years of age. Much of the valuable early language acquisition time has passed them by. With the mandatory screening of newborn infants in the hospital, we will be assured of finding children with hearing loss, and we will give all of our Kansas children the chance to have the same benefits and programming that has made our little girl excel. I ask for your full support of Kansas House Bill 2362 to enact the Newborn Infant Hearing Screening Act.

Sincerely

Lorna Alexander

Lorna Alexander
parent

Senate Public Health & Welfare
Date: 3-13-99
Attachment No. 3

**State of Kansas
Department of Social
& Rehabilitation Services**

Rochelle Chronister, Secretary
Janet Schalansky, Deputy Secretary

For additional information, contact:

SRS Office of the Secretary

Laura Howard, Special Assistant
915 SW Harrison Street, Sixth Floor
Topeka, Kansas 66612-1570
☎785.296.6218 / Fax 785.296.4685

For fiscal information, contact:

SRS Finance Office

Diane Duffy, CFO
915 SW Harrison Street, Tenth Floor
Topeka, Kansas 66612-1570
☎785.296.6216 / Fax 785.296.1158



**Senate Public Health and Welfare
March 15, 1999**

Testimony: HB 2362

**Adult and Medical Services
Ann Koci, Commissioner
785-296-5217**

Senate Public Health & Welfare
Date: 3-15-99
Attachment No. 4

Good morning Madam Chair and members of the Committee. I am Ann Koci, Commissioner of the Adult and Medical Services Commission of the Kansas Department of Social and Rehabilitation Services. I am happy to be here today to comment to you upon House Bill 2362.

The Kansas Department of Social and Rehabilitation Services strongly supports the proposition that all newborns should be screened for hearing. As we learn more and more about brain development in infants, the importance of sensory input becomes clearer and clearer. Infants whose inability to hear is not detected early may never hear. The lack of stimulation does not allow the brain to develop in such a way that the child can hear even if the mechanical defect which caused their inability to hear is later corrected. This problem may be associated with later behavioral and psychological difficulties which may ultimately be addressed at public expense.

In spite of this support for the concept of the bill, two issues must be addressed to make this proposal workable in Kansas.

1) Fiscal Note

This bill does not address the level of hearing screening proposed, leaving the cost of the measure nearly impossible to predict. If the Secretary of the Kansas Department of Health and Environment establishes the hearing screen as a gross hearing examination performed by any screener or audiologist, it may have minimal fiscal impact. SRS paid for approximately 10,100 births in 1998. We currently pay \$5.00 for this level of hearing screen. Our current requirements are for the first screen to occur at three years of age. Therefore, even at this relatively low level of sophistication for a screen, this proposal would add \$50,500 in additional costs to the SRS budget. While this is a relatively small fiscal impact for SRS, when added to other small impacts, without additional budgetary support it becomes problematic.

Most states, however are using more sophisticated screens than a gross hearing examination for mandated newborn screening. We currently pay \$50.89 for one of the tests typically used as a newborn hearing screen, otoacoustic emissions (OAE) testing. This test requires measuring the brainwave activity of a newborn in reaction to sounds. This test takes approximately 30 minutes. Assuming 10,100 births per year, implementation of this requirement would cost \$513,989 per year. Implementation of this requirement in other states has resulted in the per unit cost of the test reducing to between \$20.00 and \$30.00, however, reducing the potential fiscal impact to between \$202,000 and \$303,000.

Other states have chosen to require an even more sophisticated test of newborn hearing which Kansas currently pay \$108 per test for, auditory brainstem response (ABR) testing. The fiscal impact of implementing such a requirement would be \$1,090,800. Our audiology consultant does not believe there is sufficient justification for adoption of ABR testing for newborn screening.

2) Logistics

Although the bill does not specify this testing is to occur in the hospital setting, that seems to be implied. The bill would mandate testing of normal newborns within three to five days after birth. Most normal newborns leave the hospital prior the time this test would be required, missing the one practically universal opportunity to reach every newborn. This requirement, therefore, means new parents would need to identify a provider to see their child to administer the test within two to three days after the child and new mother are discharged from the hospital. Given the chaos of adding a new member to a family, I believe it is highly unlikely very many parents would comply with this mandate. I suggest the mandate be changed to require screening within the first two months after birth unless a different time period is medically indicated. This longer time frame coincides with other well child check-ups including the recommendations of the American Pediatric Association for well-child check-up and the screening schedule for the KAN Be Healthy program in Kansas.

Thank you for the opportunity to be heard.

*Bill and Dorothy Fansler
1940 SW Bowman Court
Topeka, Kansas 66604-3315*

1-800-766-3777 Kansas Message Relay 785-273-0612
785-273-9063 FAX
fanslerbd@cjnetworks.com e-mail

**Re: HB No. 2362
Newborn Infant Hearing Screening Act**

Health and Welfare Committee Members:

I strongly believe that the screening act be enacted by this Legislature because it will benefit all newborn babies and their parents.

Early detection of hearing loss in infants is very important because of language development whether be it thru hearing or thru visualizing. If a baby is found to be hard or hearing or deaf, the parents can get proper information and advise from qualified personnel.

It is absolutely important for ALL infant develop spoken language AND sign language (if the baby is found to be deaf) at an early age. Everybody knows that a baby picks up spoken language thru hearing. More importantly, deaf babies can benefit greatly thru visualizing.

If a child receives proper communication, he/she will grow up to be an intelligent person and contribute greatly to society.

I have lots of experience in socializing with deaf and hard of hearing people. I know that many of them would have better jobs and lives only if they were detected as having hearing problems during the 1940s thru 1970s. Deaf children at these times did not develop any language before enrolling at a school for the deaf because their parents did not know anything about deafness and education for them.

My wife, Dorothy who became totally deaf thru spinal meningitis at 9 years old and I would appreciate if the Health and Welfare committee pass this bill as favorable to the Senate and eventually be signed by the governor.

Bill Fansler

Submitted by Bill Fansler, 2nd vice-president of Kansas Association of the Deaf
Board member of Kansas Commission for the Deaf and
Hard of Hearing

Senate Public Health & Welfare
Date: 3-15-99
Attachment No. 5

83-12-1999 23-28P1 FRONT GREENBUSH 175328 2283 P.02

March 12, 1999

Dear Sandy Praeger, Chairperson, & Members of the Public Health & Welfare Committee;

My son was born severely-profoundly deaf but unfortunately for us, I was a young mother at the time and did not recognize anything until he was a year old. He was very sharp with his eyes and appeared to hear me. I was fooled by his baby babbles, and attentiveness to everything happening around him. He had normal intelligence and it wasn't until we went to a family reunion that I noticed he wasn't responding to noise behind him.

After a trip to see an Ear, Nose, & Throat Specialist in Kansas City, we were told the devastating news that he was deaf. I grew up in a small town and my son was the first deaf person I'd ever seen. This happened eighteen years ago and at that time there were few preschools for deaf children, but luckily I found a program in Sedalia, Mo., and we enrolled him in preschool at one year old.

I feel that he benefited from receiving training at an early age, we were able to communicate in Sign Language unlike other students that are not identified until much later. After my daughter was born five years later, I was surprised that she was signing before a year old, although she was a hearing child, she signed before she spoke.

I'm writing to ask that you support the House Bill No. 2362, to identify infants at birth. From my own personal experiences I know how much this would benefit other parents and children.

Thanks for your support.

Respectfully,



Teresa L. Belt



Southeast Kansas Education Service Center

947 W. 57 HWY.
Girard, Ks. 66743-2347
316-724-6281 Fax 316-724-6284

5 March 1999

To: Sandy Praeger, Chairperson
Members of the Public Health and Welfare Committee

Re: House Bill 2362 -Kansas Infant Hearing Screening

Dear Chairperson Praeger and Committee Members

As an educational audiologist in Southeast Kansas, I have the opportunity to be involved with hearing-impaired infants and toddlers, from the time they are first identified; until they graduate from high school. I am fortunate to be a part of a progressive Education Service Center, with an exemplary hearing impaired program and staff, that provides special support services to these children.

The earlier a child is identified with hearing impairment, the sooner intervention can be initiated, and the more successful their educational experience with fewer tax dollars spent on special education.

I ask for your full support of Kansas House Bill 2362 to enact Kansas Infant Hearing Screening.

Sincerely

Heidi Daley, MS, CCC/A
Educational Audiologist



Southeast Kansas
Education
Service Center

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Girard, Ks. 66743-2347
316-724-6281 Fax 316-724-6284

February 19, 1999

Dear Senator Praeger and Committee Members:

Research indicates that the identification of hearing loss by six months of age, followed by appropriate intervention, is the most effective strategy for the normal development of language in deaf and hard-of-hearing infants and toddlers. Identification of hearing loss by six months can only be accomplished through universal newborn hearing screening. None of the 13 deaf children I work with met any of the high risk criteria associated with hearing loss. Many of the students were identified well into the critical years for speech and language development, resulting in long lasting language, reading and learning difficulties. Only one infant was fortunate enough to be identified and fit with amplification by 6 months of age. This child was lucky to be born in a local hospital that conducts universal hearing screenings on all newborn infants. Please make it possible for all Kansas children to have access to these screenings. Our future depends upon their ability to learn, communicate and succeed. Please support Universal Hearing Screening Bill 2362.

Sincerely,

Alicia Troike, M.A., CCC-A, CCC-S
Educational Audiologist
Speech Language Pathologist



Southeast Kansas Education Service Center

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Girard, Ks. 66743-2347
316-724-6281 Fax 316-724-6284

March 11, 1999

To: Sandy Praeger, Chairperson
Members of Public Health and Welfare Committee

Re: House Bill 2362, Kansas Infant Hearing Screening

Ms. Praeger:

My name is Kristina Shilts and I am an educational audiologist working in Southeast Kansas. I provide audiology services for children, ages 0 to 21, at home, school, and through the education service center. Currently I am providing home based services to two 2 1/2 year old children that are profoundly deaf. Neither one was identified at birth. The first child was identified at age 13 months, through parent concerns. The second child was identified at 25 months, again with parent concerns, but the doctor did not believe anything was wrong with the child's hearing. We know that the first three years of a child's life is important for language development and these kids had no language for the first year or two.

I strongly urge you to support House Bill 2362, Kansas Infant Hearing Screening, and make a difference in the life of a child.

Thank you,

Kristina Shilts, M.S., CCC-A
Educational Audiologist

Subject: Newborn Infant Hearing Screening Act
Date: Fri, 12 Mar 1999 10:07:27 -0600
From: Campbell <campbell@horizon.hit.net>
To: goodwin@senate.state.ks.us
CC: dmo@srskansas

March 12, 1999

Dear Senator Goodwin:

I am writing to strongly encourage support of House Bill #2362, the Newborn Infant Hearing Screening Act. Permanent congenital hearing loss is the most frequently occurring birth defect in the United States today, affecting nearly 12,000 babies annually. Although the technology exists to identify this disability shortly after birth, the average age at identification is two and one-half to three years, and many children are not identified until nearly the age of six years. Many studies have shown that, if normal language development is to occur, intervention must begin before age six months. When hearing loss is diagnosed after the age of six months, it is difficult, and often impossible, for children to acquire the language, social, and cognitive skills which form the basis for later success in school and in society. Hearing impaired infants may be fitted with appropriate hearing aids as young as four weeks of age. With appropriate early intervention, normal language, social, and cognitive development is possible.

In March of 1993, the National Institutes of Health (NIH) issued a consensus statement regarding the early identification of hearing impairment in infants and young children. They recommended the "screening of all newborns, both high and low risk, for hearing impairment prior to hospital discharge." The conclusions of the NIH are supported by the Joint Committee on Infant Hearing, which represents the American Academy of Pediatrics, the American Academy of Otolaryngology, the American Academy of Audiology, and the American Speech-Language-Hearing Association.

The cost per child identified with congenital hearing loss is about one-tenth the cost per child identified with PKU, hypothyroidism, or sickle cell anemia in metabolic disorder screening programs. Such metabolic disorder screening programs are required in all fifty states. Research has shown that, by the time a child with a hearing loss graduates from high school, as much as \$421,000 per child can be saved in special education costs if that child is identified early and given appropriate early intervention. These savings will pay for universal hearing screening, detection, and intervention many times over.

Thank you for allowing me to share some information regarding this important issue. Again, I would like to strongly encourage support of the Newborn Infant Hearing Screening Act. If I can provide you with any further information, please do not hesitate to contact me.

Sincerely,

Jane L. Campbell, M.A., C.C.C.
Audiologist
William Newton Memorial Hospital