

Quota International of Massillon

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SCREEN ALL NEWBORNS



TO: Fellow Quotarians
FROM: Quota International of Massillon
Universal Newborn Hearing Screening Committee

Hearing loss is the most frequently occurring birth defect that is not screened for at birth in United States and Ohio. Each year, approximately 457 babies are born in Ohio with a hearing loss, yet most are not identified as hearing impaired until 2 1/2 - 3 years of age.

As Quotarians concerned about children with speech and hearing disorders, we felt strongly that something should be done about this. We met with our State Representative, Johnnie Maier, and asked for his help.

HB 480, a bill that would require a hearing screening of each newborn born in a hospital in Ohio, was introduced in the House of Representatives on October 13, 1999. It is co-sponsored by Representative Kirk Schuring of N. Canton, and Representative Nancy Hollister of Marietta. The bill has been referred to the House Health, Retirement, and Aging Committee. We have continually met with Representatives Schuring and Hollister, as well as other stakeholders throughout the state, regarding passage of this legislation.

Companion legislation (SB 255) has recently been introduced in the Senate by Senator Eugene Watts, and assigned to the Senate Health Committee.

We are asking for your support and help in guaranteeing that this important bill is passed. A very important part of the legislative process takes place in committee and your legislators can make a difference. Please contact your local Representative and/or Senator by person, phone, or letter to inform him/ her of the importance of this issue and ask for their support. We have enclosed a fact sheet of important information that you can share with your Legislator, and a sample letter to reinforce the importance of HB 480 / SB 255.

Thank you in advance for your support. Your involvement in passing this legislation will make a difference in the lives of children with hearing loss in Ohio.

... professionals and executives united in service

NEWBORN AND INFANT HEARING SCREENING

LEGISLATIVE ACTION ALERT!

Quota clubs have an excellent opportunity to support landmark legislation in the House of Representatives regarding early identification of hearing loss, which has been a special focus of our service mission for many years. Read below for further information. Excerpted from ASHA (American Speech-Language-Hearing Association) :

The "Newborn and Infant Hearing Screening and Intervention Act of 1999," introduced in the U.S. House of Representatives March 18, 1999 by Congressman James T. Walsh (R-NY), will support early detection, diagnosis, and interventions for newborns and infants with hearing loss. The bill, H.R. 1193, currently has 67 cosponsors, including Michael Bilirakis (R-FL), Chairman of the Subcommittee on Health and Environment.

Nationally recognized as a leader in child welfare, Representative Walsh has focused on the problem of hearing loss among infants for the past nine years. "We test newborns now for other important disorders," said Representative Walsh. "Hearing loss is critical to learning, communication, and the development of self-esteem among young people."

Screening just those infants considered at risk for hearing loss has resulted in a large number of infants with a hearing loss that has gone undetected. "The impact of this legislation would be significant," said Donna Geffner, Ph.D., CCC-A/SLP, president of the American Speech-Language-Hearing Association (ASHA). "The average age that children are diagnosed with a hearing loss is 2 ½ years. We know the profound effect on babies who go through critical years of neurophysiological and behavioral development without the benefit of adequate speech-language and auditory stimulation."

Walsh discussed the legislation at a news conference held March 18, 1999. Over a three-year period, the legislation would award, through the Health Resources and Services Administration, at least \$13 million in grants to help states design and implement model newborn and infant hearing screening, evaluation, and intervention programs. The legislation also would provide \$12 million to support technical assistance and data collection through the Centers for Disease Control and Prevention (CDC), and research through the National Institutes of Health. CDC data has indicated that the cost of the screening is running between \$20 and \$30 per test and that states will be able to save tremendous costs by identifying hearing loss early.

For more information on this legislation, contact Jim Potter (ASHA Government Relations and Public Policy Department.) at 800-498-2071, or see the ASHA web site: <http://www.asha.org>, and click on ASHA's Gateway to Action.

What Quota clubs can do:

Write, fax or call your representative or senator to urge them to support this legislation. See below for *sample letter of support*:

Newborn and Infant Hearing Screening Legislation — H.R. 1193

Representative (or Senator):

As a constituent, I would like to inform you about an important bill, H.R. 1193, the "Newborn and Infant Hearing Screening and Intervention Act of 1999," introduced by Congressman Walsh. If you are not already a cosponsor, I would like to respectfully request that you become one.

Screening only those infants considered at risk for hearing loss has resulted in a large number of infants with a hearing loss that has gone undetected.

The impact of this legislation would be significant, considering the average age that children are diagnosed with a hearing loss is 2 and a half years. We know the profoundly negative effect on babies who go through critical years of neurophysiological and behavioral development without the benefit of adequate speech-language and auditory stimulation.

Data from the Center for Disease Control (CDC) has indicated that the cost of the screening is running between \$20 and \$30 per test, and that states will be able to save tremendous costs by identifying hearing loss early.

Thank you for your consideration. I will follow up on this issue in the near future.

Rationale for Universal Newborn Hearing Screening Legislation in Ohio

Early identification and intervention for hearing loss is critical for development of language, social, and cognitive skills in children.

Ohio's Infant Hearing Screening and Assessment Program (IHSAP), which currently utilizes an Infant Hearing Risk Questionnaire to screen for infant hearing loss, identifies less than one-third of babies with congenital hearing loss born in Ohio.

By using a non-invasive, cost effective, electrophysiologic technique to screen infant hearing, rather than a questionnaire to determine risk for hearing loss, nearly 99% of all children born with hearing loss can be identified at birth.

Therefore, it is imperative that Ohio's legislation regarding newborn hearing screening be modified to require screening techniques that identify hearing loss in all infants as early as possible.

- HEARING LOSS IS THE MOST FREQUENTLY OCCURRING BIRTH DEFECT IN THE UNITED STATES. BASED ON NATIONAL AVERAGES, 3 OF EVERY THOUSAND BABIES BORN IN OHIO (OR APPROXIMATELY 457 EACH YEAR) ARE BORN WITH HEARING LOSS.
- THE AVERAGE AGE THAT CHILDREN WITH CONGENITAL HEARING LOSS ARE IDENTIFIED IS 2- 1/2 TO 3 YEARS OF AGE, WITH MANY CHILDREN NOT BEING IDENTIFIED UNTIL 5 OR 6 YEARS OF AGE. THIS MAKES IT DIFFICULT, IF NOT IMPOSSIBLE, TO ACQUIRE THE FUNDAMENTAL LANGUAGE, SOCIAL, AND COGNITIVE SKILLS THAT PROVIDE THE FOUNDATION FOR LATER SCHOOLING AND SUCCESS IN SOCIETY.
- RESEARCH SHOWS THAT BY THE TIME THEY ENTER FIRST GRADE, CHILDREN WITH HEARING LOSS WHO WERE IDENTIFIED AND RECEIVED INTERVENTION BEFORE 6 MONTHS OF AGE ARE 1 - 2 YEARS AHEAD OF THEIR LATER-IDENTIFIED PEERS (AFTER 6 MONTHS OF AGE) IN LANGUAGE, SOCIAL, AND COGNITIVE SKILLS.
- THE COST FOR HOSPITAL-BASED UNIVERSAL NEWBORN HEARING SCREENING IS VERY INEXPENSIVE, AND CONTINUES TO DECREASE. USING CURRENT TECHNOLOGY, THE COST IS APPROXIMATELY \$30-55 PER BABY. THE U.S. CONGRESS RECENTLY PASSED THE NEWBORN INFANT HEARING SCREENING AND INTERVENTION ACT OF 1999, AND FEDERAL APPROPRIATIONS COMMITTEES IN BOTH THE HOUSE AND SENATE HAVE EARMARKED NEW FUNDING TO ASSIST STATES IN DEVELOPING NEWBORN HEARING SCREENING PROGRAMS.
- THE COST PER CHILD IDENTIFIED WITH CONGENITAL HEARING LOSS IS ABOUT 1/10TH THE COST PER CHILD IDENTIFIED WITH PKU, HYPOTHYROIDISM, OR SICKLE CELL ANEMIA IN METABOLIC DISORDER SCREENING PROGRAMS. THESE SCREENING PROGRAMS ARE REQUIRED IN ALL 50 STATES.
- BY THE TIME A CHILD WITH HEARING LOSS GRADUATES FROM HIGH SCHOOL, AS MUCH AS \$421,000 PER CHILD CAN BE SAVED IN SPECIAL EDUCATION COSTS IF THE CHILD IS IDENTIFIED EARLY AND GIVEN APPROPRIATE EARLY INTERVENTION.
- THE EVIDENCE FOR THE BENEFITS, PRACTICALITY, AND COST-EFFICIENCY OF UNIVERSAL NEWBORN HEARING SCREENING IS SO COMPELLING THAT 22 STATES HAVE ALREADY PASSED LEGISLATIVE MANDATES REQUIRING HOSPITALS TO SCREEN ALL NEWBORNS FOR HEARING LOSS. SIMILAR LEGISLATION IS PENDING IN SEVERAL OTHER STATES.