
HOUSE RESOLUTION

REQUESTING THE SUPERINTENDENT OF EDUCATION AND THE DIRECTOR OF HEALTH TO FORM A WORKING GROUP TO ASSESS WHETHER CHILDREN IN HAWAII WHO ARE DEAF OR SEVERELY HARD OF HEARING AND WHO CHOOSE THE AURAL/ORAL ROUTE OF COMMUNICATION RECEIVE PROPER TRAINING AND SUPPORT TO LEARN SPOKEN LANGUAGE SKILLS.

1 WHEREAS, while children who are deaf or severely hard of
2 hearing often live happy lives that are richly enhanced by
3 learning sign language, they are also restricted from
4 experiences that hearing would allow them and can be isolated in
5 areas where few people know sign language; and
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7 WHEREAS, in Hawaii, according to the Hawaii health data
8 warehouse and the Hearing Loss Association of America, nearly
9 nineteen thousand children are born each year and two to three
10 of every one thousand children are hard of hearing or deaf; and
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12 WHEREAS, if the Hearing Loss Association of America's
13 statistics are correct, that means between thirty-eight and
14 fifty-seven children born in Hawaii each year are deaf or hard
15 of hearing; and
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17 WHEREAS, if given access to proper screening under the
18 universal newborn hearing screening program, these children can
19 receive hearing aids as young as eight-weeks old or cochlear
20 implants as young as one-year old; and
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22 WHEREAS, hearing aids are enough to vastly improve the
23 quality of life of those who have moderate to middle level
24 hearing loss; and
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26 WHEREAS, sometimes people who are considered profoundly
27 deaf are better candidates for cochlear implants, because the
28 nerve damage in their ears is too great for them to hear with
29 the assistance of hearing aids; and
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31 WHEREAS, for children with such profound deafness, a
32 cochlear implant has the potential to help them hear and learn
33 how to speak as if they had no auditory problems at all, if the



1 implant is given to the child as early as possible and if the
2 child is given the correct spoken language training; and

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4 WHEREAS, a cochlear implant does not establish regular
5 hearing; rather it works by picking up sound in a small
6 microphone and a speech processor that stimulate the auditory
7 nerves that lead to the area of the brain that recognizes sound
8 signals; and

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10 WHEREAS, as a result, it takes time for people to get used
11 to the cochlear implant, making spoken language training
12 essential for the cochlear implant to work to its full
13 potential; and

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15 WHEREAS, for those children who are working towards regular
16 speech and writing skills, it is best if a cochlear implant
17 surgery takes place in a child as young as possible, in concert
18 with intensive oral speech therapy taught by trained oral speech
19 therapists; and

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21 WHEREAS, the State is sorely lacking in oral speech
22 therapists, leaving children with cochlear implants at a loss
23 for obtaining the proper skills necessary to attain spoken
24 language skills; and

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26 WHEREAS, the Rehabilitation Act of 1973 "protects the
27 rights of individuals with disabilities to access programs and
28 services that are supported by federal funds"; and

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30 WHEREAS, since public schools receive federal funding, they
31 must provide a free education in a "least restrictive
32 environment to students with physical and mental health
33 impairments"; and

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35 WHEREAS, the Individuals with Disabilities Education Act of
36 1990 (IDEA) ensures that all students receive "free appropriate
37 public education" no matter what their abilities or challenges
38 and also requires that "children who qualify under IDEA are
39 provided with services and accommodations individualized to
40 their needs . . . at no cost to parents"; and

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42 WHEREAS, for children who are seriously hard of hearing or
43 deaf, some of the accommodations that the State is required to
44 provide under these laws are: access to least restrictive



1 environments, including carpeted rooms and tiles on the ceiling
2 to absorb sound; and individual education programs to establish
3 a specific course of action for these children's education; and
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5 WHEREAS, some of the children who are hard of hearing or
6 deaf in Hawaii may not be receiving adequate educational
7 opportunities that are legally afforded to them, including all
8 of the accommodations necessary to establish least restrictive
9 environments and all of the tools necessary to meet the
10 requirements of the children's individual education programs;
11 and
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13 WHEREAS, for rural areas of the State where access to oral
14 speech therapists are difficult, telehealth services can serve
15 to link families with therapists working out of the State or on
16 other islands; and
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18 WHEREAS, the Patient Protection and Affordable Care Act has
19 included habilitation services in its list of benefits that are
20 required to be provided by all health care plans run by State
21 and federal health insurance exchanges; and
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23 WHEREAS, telehealth services for children with hearing
24 disabilities should be covered by the Patient Protection
25 Affordable Care Act's habilitation service benefits; and
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27 WHEREAS, another aspect of educating children in Hawaii who
28 are deaf or hard of hearing that can be confusing and
29 frustrating is the transition that takes place from the
30 Department of Health, which addresses the needs of these
31 children from birth to the age of three years, to the Department
32 of Education after the age of three years; and
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34 WHEREAS, the transition of children from the Department of
35 Health to the Department of Education can lead to some of the
36 children falling through the cracks as their issues and concerns
37 are not adequately tracked from one department to the next; now,
38 therefore,
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1 BE IT RESOLVED by the House of Representatives of the
2 Twenty-seventh Legislature of the State of Hawaii, Regular
3 Session of 2014, that the Superintendent of Education and the
4 Director of Health are requested to convene a working group to
5 assess whether children in Hawaii who are deaf or severely hard
6 of hearing and who choose the aural/oral route of communication
7 receive proper training and support to learn spoken language
8 skills; and
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10 BE IT FURTHER RESOLVED that the working group is requested
11 to assess whether a gap in education and health care exists for
12 children who are deaf or severely hard of hearing such that they
13 do not adequately receive the guidance of therapists who are
14 trained in the field of oral speech therapy and that these
15 children are given the accommodations required for their
16 schooling according to the Rehabilitation Act of 1973, IDEA, and
17 the Patient Protection and Affordable Care Act; and
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19 BE IT FURTHER RESOLVED that the working group is
20 specifically requested to review the following:
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- 22 (1) The transition from the Department of Health to the
23 Department of Education to determine whether one
24 department should follow the progress of each child
25 for a longer period of time or whether there is a more
26 productive method to facilitate the transition between
27 the two departments;
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- 29 (2) The methodology for the responsible department to
30 recruit properly trained teachers, including the
31 posting of the job listings, salary requirements, and
32 the recruiting entity;
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- 34 (3) The possibility of hiring an experienced oral speech
35 therapy teacher to fill the gap in training while the
36 hiring is underway for permanent oral therapy
37 teachers; and
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- 39 (4) The possibility of covering the insurance cost of
40 families who choose to use telehealth services to
41 receive oral speech therapy sessions; and
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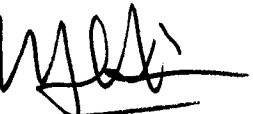

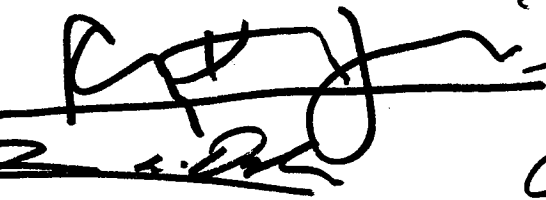



1 BE IT FURTHER RESOLVED that the Superintendent of Education
 2 and the Director of Health are requested to appoint to the
 3 working group representatives from the Developmental
 4 Disabilities Division of the Department of Health, the
 5 Department of Education, and other stakeholders involved in
 6 ensuring that children in Hawaii who are deaf or severely hard
 7 of hearing receive the proper training and access to the correct
 8 tools to succeed in achieving the goals laid out in their
 9 individual education programs; and

10 BE IT FURTHER RESOLVED that the working group is requested
 11 to submit a report of its findings and recommendations,
 12 including any proposed legislation, to the Legislature not later
 13 than twenty days prior to the convening of the Regular Session
 14 of 2015; and

15 BE IT FURTHER RESOLVED that certified copies of this
 16 Resolution be transmitted to the Superintendent of Education and
 17 the Director of Health.
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OFFERED BY:

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