Written Testimony of:

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Written Testimony on:

<u>Senate Bill 155</u> - To expand newborn screening services and increasing transfers from the medical assistance fee fund to the Kansas newborn screening fund

Chair Hilderbrand and Members of the Senate Committee on Public Health and Welfare:e

Support for SB 155, Expanding newborn screening services and increasing transfers from the medical assistance fee fund to the Kansas newborn screening fund.

As the coordinator for the Sound START program in the state of Kansas, I support SB 155, expanding newborn screening services and increasing transfers from the medical assistance fee fund to the Kansas newborn screening fund, which would increase the cap from \$2.5 million to \$5 million. An increase is important for the sustainability of the screening program as federal funding has been decreased for the upcoming year and is expected to decrease over the years.

Newborn hearing screening is one element of the newborn screenings that are performed. The CDC recommends that all babies should be screened for hearing loss no later than 1 month of age. If they do not pass a hearing screening, it is important to get a diagnostic test by 3 months of age so early intervention can occur no later than 6 months of age.

Sound START partners with tiny-k programs across the state to provide early intervention support and services to children ages birth to three who are deaf/hard of hearing once they have been identified. Early identification of hearing loss combined with early intervention has been shown to improve language outcomes for children who are deaf/hard of hearing. Early language acquisition is essential for children who are deaf/hard of hearing, and the first steps of early identification provided by the newborn hearing screening program allows us to more quickly get these children referred to the services they need to be successful.

Without adequate support for the newborn hearing screening program, these children will not be identified as early, and this will have impacts on their referral to appropriate early intervention services as well as their future outcomes related to all areas of development, but most specifically to their language development.