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Testimony of

Connecticut ENT Society

Before the Public Health Committee

In Opposition to

Proposed Bill No. 5988 "An Act Concerning Hearing Assessments for Middle School Students"

The Connecticut State ENT Society, an organization that represents the vast majority of practicing otolaryngologists (ear, nose and throat) in our state, unfortunately OPPOSES 5988. We agree that this bill is very well-intentioned and its proponents should be commended on efforts to address this difficult issue. However, as hearing loss medical specialists, we feel this bill falls short on its stated purpose to improve identification of noise-induced hearing loss (NIHL).

Recent studies estimate that 16 percent of teenagers, or approximately 6 million children, suffer from permanent noise-induced hearing loss. The ever expanding use of personal audio devices with direct delivery of noise in the ear canal (ear buds) at an earlier age is the main cause of this disturbing trend. The rock concert-attending baby-boomer generation already has 26% more hearing loss than the senior population.

Unfortunately most hearing tests performed in pediatrician and family practice offices are not sophisticated enough to catch the early signs of NIHL. This bill proposes that hearing be tested at frequencies of 3000 to 6000 hertz, but NIHL first affects much higher frequencies, up to 16,000 hertz. By the time hearing loss is detected at 6000 hertz, the child is well on his/her way to irreversible damage.

New techniques, such as otoacoustic emissions (OAE's) have been shown to be significantly more sensitive in the early detection of NIHL. OAE screening systems are available for use in pediatricians' offices with proper training. The possibility of early detection of hearing alteration by OAEs may allow physicians to warn patients about the risks of hearing loss before it is too late.

In summary, as otolaryngologists we are acutely aware of the physical and societal effects of NIHL in children and adolescents. Bill 5988 however does not adequately address this issue, and in our opinion will be "too little, too late". Real prevention starts with education, and we would support any measure that seeks to improve awareness of this issue for both physicians and the young patients we treat.