



State of Connecticut
Department of Developmental Services



Dannel P. Malloy
Governor

Morna A. Murray, J.D.
Commissioner

**DEPARTMENT OF DEVELOPMENTAL SERVICES TESTIMONY
BEFORE THE COMMITTEE ON CHILDREN**

February 24, 2015

Senator Bartolomeo, Representative Urban, and members of the Committee on Children. I am Morna A. Murray, J.D., Commissioner of the Department of Developmental Services (DDS). Thank you for the opportunity to submit testimony regarding [H.B. No. 6805](#) - **AN ACT CONCERNING THE BIRTH-TO-THREE PROGRAM AND YEARLY HEARING TESTS.**

[H.B. No. 6805](#) would require the Department of Developmental Services' Birth-to-Three program to implement a universal hearing screening program, which would conduct annual hearing screenings on every child enrolled in the Birth-to-Three System (9,686 children served in FY14). While DDS and the Birth-to-Three program support hearing screening at a young age for children who present with speech and behavioral concerns, requiring the Birth-to-Three program to implement such a universal screening program would come at a significant cost that is not included in Governor Malloy's proposed budget for the biennium ending June 30, 2017.

The Birth-to-Three System adheres to the federal IDEA Part C regulations that require that every child evaluated for eligibility for Birth-to-Three services (approximately 8,000 in FY 14) be evaluated on the child's physical development, including hearing and vision. Federal IDEA Part C regulations also require the Birth-to-Three System to assess enrolled children's hearing on an ongoing basis as part of the annual evaluation of the child's Individualized Family Service Plan (IFSP). Currently, when a child is referred for Birth-to-Three eligibility, questions are asked about a child's hearing and any speech delays. If there is a concern expressed about a child's hearing or if there are identified speech delays then the Birth-to-Three provider will explain the benefits of a hearing test, resources available to the child, and other information that would be helpful to the child's family.

Some of the costs that can be anticipated for a universal hearing screening program would be for specialized equipment for hearing tests for children under three, staff training time, and staff time to conduct these annual tests. Because the Birth-to-Three program is a private provider-based system and provides services to children in their homes, DDS is not sure whether these annual screenings are anticipated to be carried out by the private providers and what burden this might place on these agencies.

Connecticut already mandates newborn hearing screening. Newborns who do not pass this initial hearing screening in their first few days are then referred by their pediatrician to an audiologist. If a hearing loss of any severity in either ear is confirmed, then the child is automatically eligible

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for Birth-to-Three services. Results of newborn hearing screenings are generally considered adequate for the first year of life.

Following up on Connecticut's newborn hearing screening mandate, the Birth-to-Three System thinks that it may be more beneficial to all the state's children if pediatricians and other primary health care providers were to continue to do hearing screening for at-risk one and two-year-olds. This would ensure that not only children served by Birth-to-Three programs but the entire population of children under three years of age would have access to screenings from a trusted source of medical care. It makes sense that the responsibility for ensuring that all children have regular hearing screenings lies with the child's primary health care provider.

If the hearing screening program contemplated in this bill were to be enacted, the logistics of staff of Birth-to-Three programs, who may serve children in many different towns, and who rarely come into a central office, all having to access specialized, calibrated, and expensive equipment to test hearing in a family's home would be quite daunting. The travel with this specialized equipment would require constant re-calibration of the equipment and would presumably mean that provider agencies would need several of these pieces of equipment to keep up with the schedule of annual hearing testing.

Aside from the fact that there is currently no funding for this initiative in the Governor's proposed budget for the next biennium, DDS foresees unanticipated costs and logistical problems in implementing such a program and therefore cannot support [H.B. No. 6805](#). In anticipation of the Birth-to-Three System moving over to the Office of Early Childhood (OEC) as is proposed in the Governor's budget, the legislature should be cognizant that any legislation concerning the Birth-to-Three System would impact OEC going forward, and not DDS.

Thank you again for the opportunity to submit testimony on [H.B. No. 6805](#). Please contact Christine Pollio Cooney, DDS Director of Legislative and Executive Affairs at (860) 418-6066, if you have any questions.