

**LEGISLATIVE EDUCATION STUDY COMMITTEE  
BILL ANALYSIS**

**Bill Number:** HB 332

**51st Legislature, 1st Session, 2013**

**Tracking Number:** .191284.3

**Short Title:** Education for Deaf & Hard-of-Hearing Students

**Sponsor(s):** Representatives Jimmie C. Hall, Larry A. Larrañaga, and James E. Smith

**Analyst:** LaNysha Adams

**Date:** February 8, 2013

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**Bill Summary:**

HB 332 appropriates money from the General Fund to contract with an organization that provides early childhood oral-deaf spoken language education to deaf and hard-of-hearing children who use:

- cochlear implants<sup>1</sup> and hearing aids; and
- qualify for federal *Elementary and Secondary Education Act* Title I services.

Provisions in this bill state that these services will equip those children with the skills needed to become literate and to succeed as mainstreamed kindergarten and first grade students in public schools in accordance with the *Deaf and Hard-of-Hearing Children's Educational Bill of Rights*.

**Fiscal Impact:**

\$503,020 is appropriated from the General Fund to the Children, Youth and Families Department (CYFD) for expenditure in FY 14.

**Fiscal Issues:**

According to CYFD and the Department of Health (DOH), HB 332 makes an appropriation to CYFD even though CYFD is not the designated state agency that is responsible for providing services for children who are deaf and hard-of-hearing under the federal *Individuals with Disabilities Education Act* (IDEA) (see "Background," below).

**Substantive Issues:**

According to the CYFD bill analysis:

- HB 332 addresses the need of deaf and hard-of-hearing children who have cochlear implants to access oral-deaf spoken language;
- several studies have shown that children with cochlear implants who receive both spoken language and signed language actually increase their spoken language production; and

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<sup>1</sup> A cochlear implant is a surgically implanted electronic device that provides a sense of sound to a person who is deaf or hard-of-hearing.

- that while CYFD administers child-care and state-funded pre-kindergarten services (Pre-K), the New Mexico School for the Deaf (NMSD) is designated as the state-funded agency to serve children with hearing loss.

According to the DOH bill analysis:

- approximately 80 infants in New Mexico are born with significant hearing loss each year, excluding children who are born with normal hearing but have hearing loss that develops after birth and/or worsens over time, which, by age five, is estimated to be about three times the newborn prevalence rate;
- hearing loss in one ear can have substantial negative consequences for academic achievement;
- children with unilateral hearing loss are 10 times as likely to repeat at least one grade compared to children with normal hearing;
- several studies have shown that deaf children by age eight are already 1.5 years behind their hearing peers in reading comprehension scores, and half of deaf children graduate from high school with a fourth grade reading level or less;
- early identification of hearing loss, fitting of high-quality hearing aids, cochlear implants and comprehensive early intervention services can minimize or avoid many negative outcomes experienced by children with hearing loss including improved school performance, communication skills, and speech-language development;
- the NMSD and DOH have a Memorandum of Agreement which identifies NMSD as providing early intervention to children who are deaf or hard-of-hearing. NMSD provides this service in accordance with the IDEA-Part C Family Infant Toddler (FIT) Program provider network (see “Background,” below);
- Presbyterian Ear Institute is the only school in New Mexico that offers deaf and hard-of-hearing children the chance to learn and use spoken language in a hearing environment; and
- through technological advances, such as cochlear implants and hearing aids, children are supported in acquiring spoken language and have a chance to enter mainstream schools.

According to the Commission for the Blind bill analysis:

- the Commission serves a small number of children who have both vision and hearing loss, which typically requires a greater degree of resources;
- the number of children with both hearing and vision loss is growing due to the increasing rate of premature births, as well as conditions such as Usher Syndrome, Rubella Syndrome, and Stickler Syndrome; and
- if enacted, HB 332:
  - would increase early intervention, which is critical for children with both vision and hearing loss; and
  - would result in fewer funds spent in vocational rehabilitation and independent living services provided to individuals with both vision and hearing loss.

## **Background:**

### ***New Mexico State Agencies that Provide Early Childhood Care and Education Services***

In addition to the federal Head Start programs, there are three state agencies that provide early childhood care and education services, including:

1. CYFD, which provides Child Care Assistance, Home Visiting, and Pre-K;
2. PED, which provides Pre-K, Early Childhood Special Education, and K-3 Plus; and
3. DOH, which provides the Family Infant Toddler (FIT) Program<sup>2</sup>, and a number of other programs such as Project Linking Actions for Unmet Needs in Children's Health (LAUNCH), which is designed to promote the wellness of young children ages birth to eight by addressing the physical, emotional, social, and behavioral aspects of their development.

The federal *Individuals with Disabilities Education Act* (IDEA) is a law that governs how states and public agencies provide early intervention, special education and related services to more than 6.5 million eligible infants, toddlers, children, and youth with disabilities throughout the United States. Infants and toddlers with disabilities (birth to age two) and their families receive early intervention services under IDEA-Part C. Children and youth (ages three to 21) receive special education and related services under IDEA-Part B. In New Mexico:

- DOH is the agency responsible for providing services to children who are deaf and hard-of-hearing in the Family Infant Toddler (FIT) Program under IDEA-Part C. The FIT Program is one of several programs offered by Children's Medical Services as part of the Family Health Bureau in the Public Health Division of the DOH;
- PED is the agency responsible for providing services to children who are deaf and hard-of-hearing through the Special Education Bureau under IDEA-Part B;
- the Commission for the Blind, which was created through legislation enacted in 1986, implements federal programs and is subject to federal matching and Maintenance of Effort requirements, distinguishing the Commission for the Blind from other agencies, such as the New Mexico Commission for Deaf and Hard of Hearing<sup>3</sup>, and
- the New Mexico School for the Deaf (NMSD) is designated as the state-funded agency to serve children with hearing loss. The NMSD:
  - is considered both a provider under the FIT Program and a local education agency;
  - reports that in 2012, 165 deaf and hard-of-hearing children birth to age 3 and 110 children ages three to five were served. This includes infants and toddlers in the home with their family, at NMSD preschool sites (in Santa Fe, Farmington, Albuquerque, and Las Cruces) and supporting the inclusion of children in preschools with local school districts across the state;
  - has a mission to support "the development of auditory skills and spoken language as appropriate to the strengths and needs of the individual child/student";
  - reports that in 2012, language modalities selected by parents for their children receiving education and early intervention services through NMSD were:

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<sup>2</sup> The Family Infant Toddler (FIT) Program includes home visiting in its service array for children up to the age of three with developmental delay or those at-risk for delay, including those at environmental risk.

<sup>3</sup> In 1991, legislation was enacted to create the State of New Mexico Commission for Deaf and Hard of Hearing to promote services for deaf, hard-of-hearing, and deaf-blind individuals throughout the state.

- 39 percent spoken English or Spanish;
- 28 percent speech supported by sign;
- 13 percent spoken English/Spanish (separate instruction);
- 2.0 percent American Sign Language only; and
- 18 percent other combinations.

***Research on Early Childhood & Hearing and Other Sensory or Communication Disorders***

According to the Centers for Disease Control and Prevention (CDC), one to three children per 1,000 are born with hearing loss each year in the United States. The CDC Fact Sheet on Hearing Loss states that:

- hearing loss can affect a child’s ability to develop speech, language, and social skills; and
- the earlier a child who is deaf or hard-of-hearing starts getting services, the more likely the child’s speech, language, and social skills will reach their full potential.

In 2000, the Joint Committee on Infant Hearing, which was established in late 1969, stated that without auditory input and the opportunity to learn language, children with hearing loss:

- almost always fall behind their peers in language, cognition, and social-emotional development; and
- have difficulties attaining the same level of academic achievement as their hearing peers.

On December 10, 2010, the US Public Health Service released *Healthy People 2020*, their 10-year agenda with goals and objectives for health promotion and disease prevention. *Healthy People 2020*, which relies on data sources from the National Vital Statistics System and the National Health Interview Survey, identifies nearly 600 objectives with 1,200 measures to improve one’s health. *Healthy People 2020* recommends increases in:

- the proportion of children who are ready for school in all five domains of healthy development: physical development, social-emotional development, approaches to learning, language, and cognitive development;
- the proportion of newborns who are screened for hearing loss by no later than age one month, have audiologic evaluation by age three months, and are enrolled in appropriate intervention services no later than age six months;
- the proportion of persons with hearing impairments who have ever used a hearing aid or assistive listening devices or who have cochlear implants;
- the proportion of persons with communication disorders of voice, swallowing, speech, or language who have seen a speech-language pathologist (SLP) for evaluation or treatment;
- the proportion of young children with phonological disorders, language delay, or other developmental language problems who have participated in speech-language or other intervention services; and
- the proportion of persons with communication disorders of voice, swallowing, speech, or language in the past 12 months whose personal or social functioning at home, school, or work improved after participation in speech-language therapy or other rehabilitative or intervention services.

**Committee Referrals:**

HEC/HAFC

**Related Bills:**

HJM 1 *NM Speech-Language & Hearing Association Day* (Identical to SJM 2)  
HJM 2 *“Better Hearing & Speech Month”* (Identical to SJM 3)  
SB 113 *Tobacco Fund for CYFD Programs*  
SB 323 *Developmental Disability Reimbursement Rates*  
SJM 2 *NM Speech-Language & Hearing Association Day* (Identical to HJM 1)  
SJM 3 *“Better Hearing & Speech Month”* (Identical to HJM 2)  
SJM 17 *“Disability History & Awareness Month”*  
SM 20 *Developmental Disability Service Waiting Time*