**PLEASE SUPPORT HF910/SF1021 RENEW THE NEWBORN HEARING SCREENING ADVISORY COMMITTEE**

Since 2007, the Newborn Hearing Screening Advisory Committee has brought professionals, parents and advocates together that have a stake in improving Early Hearing Detection and Intervention (EHDI) systems; they wouldn’t be in the same room if we didn’t have the committee- they learn from each other and monitor and continuously improve the system. Because of their work, Minnesota has one of the best systems in the country. Because of it we have strong standards and polices. Their work needs to continue.

* From 2017-2018 the Committee recommended the following protocols to the Minnesota Department of Health.
* Medical Guidelines were updated, providing recommended protocols for medical home providers for a standardized approach to hearing screening, diagnosis and care for infants and young children who are deaf or hard of hearing. *Guidelines for Primary Care and Medical Home Providers*
* Revised *Guidelines for Hearing Screening After the Newborn Period to Kindergarten Age* Providing best practice guidelines for screening children between the post-newborn period to kindergarten-entry for hearing loss.
* Revision of the *Newborn Hearing Screening Committee Bylaws/Operating Procedures*. Providing rules to direct the operations of the Newborn Hearing Screening Advisory Committee.
* Audiology Assessment Guidelines were updated, providing recommended protocols for early diagnosis of hearing loss in infants who do not pass their newborn hearing screening for a more standardized approach to follow-up hearing care to ensure consistency in outcomes.  *Guidelines for Infant Audiologic Assessment*
* Committee members have also begun work to review and revise the following documents:
* 2008 Guidelines for Pediatric Amplification
* 2009 Guidelines for Audiologist Referral to Early Intervention & Family to Family Support
* The Commission board approved amending the bill and adding Deaf Mentors (DM) to the advisory committee.   This will be added as an amendment during a hearing. Why?
  + When the bill passed in 2007, they were a small ($40K grant program). Now Deaf Mentors are written into statute as part of the EHDI system.
  + As part of the Newborn Hearing Screening Board, they would report the progress and barriers they face to the committee.
  + Adding DM to the advisory committee would strengthen the monitoring and tracking process we have in place and add visual language acquisition. The advisory committee could add guidelines for visual language acquisition.
  + Because of changes that were made in the federal EHDI reauthorization law, the federal funder for state EHDI systems, HRSA, will add reporting requirements for visual language acquisition. Minnesota is ahead of the game because we have a funding mechanism in place that covers the cost and a system in place. They need to be integrated into the system and made part of the Advisory Committee.
* The Commission also approved adding the Minnesota State Academies as an advisory member.

**For more information, contact Mary Hartnett, Commission of Deaf, DeafBlind and Hard of Hearing, 651-968-9709.**