July 9, 2021

The Honorable Patty Murray, Chair
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
United States Senate
156 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Roy Blunt, Ranking Member
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
United States Senate
131 Hart Senate Office Building
Washington, DC 20510

The Honorable Rosa DeLauro, Chair
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
United States House of Representatives
2358-B Rayburn House Office Building
Washington, DC 20515

The Honorable Tom Cole, Ranking Member
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
United States House of Representatives
1036 Longworth House Office Building
Washington, DC 20515

Dear Chairwoman Murray, Ranking Member Blunt, Chairwoman DeLauro, and Ranking Member Cole:

The Friends of the Congressional Hearing Health Caucus (FCHHC), which consists of organizations representing hearing healthcare providers, patients, industries and advocates, write to express our support for the inclusion of hearing health provisions in the Fiscal Year 2022 Labor-HHS-Education (LHHS) appropriations bill. As you begin the FY2022 markup process, we urge you to fully fund the Early Hearing Detection and Intervention (EHDI) program, support critical research into hearing loss through the National Institute on Deafness and Other Communication Disorders (NIDCD), prioritize hearing screening research across the National Institutes of Health (NIH), and address pediatric hearing healthcare disparities. Most of these requests were reflected in an April 2021 Dear Colleague letter to House appropriators, spearheaded by the Congressional Hearing Health Caucus Co-Chairs, Representatives Mike Thompson and David McKinley, which was signed by 21 Members in the House of Representatives.

Hearing loss affects more than 38 million individuals in the United States, including two to three out of every 1,000 children, one in three people between the ages of 65 and 74, and over half of those over the age of 75. Hearing loss is a serious health condition that spans a range of age and occupational groups. For children, identifying and addressing hearing loss is crucial to communicating and developing language and speech. For older adults, hearing loss is associated with significant comorbidities, including dementia, depression, social isolation, falls, and reduced quality of life.

To that end, as you begin consideration of FY2022 appropriations measures, we urge your support for the following hearing health provisions to help the millions of Americans with hearing loss.
We urge you to fund the EHDI Initiative at its full FY2022 authorization level of $11,851,488 to the Centers for Disease Control and Prevention (CDC) and $19,522,758 to the Health Resources and Services Administration (HRSA).

EHDI is one of the nation’s most important public health programs, offering universal early hearing screening, diagnosis and intervention to all newborns, infants, and young children. Failure to fund EHDI at its full authorization level may leave thousands of children with undiagnosed hearing loss and deprive deaf and hard of hearing children from receiving follow-up services that improve language skill and development.¹ When state-based universal newborn hearing screenings were established with the passage of the Children’s Health Act of 2000, only 46.5% of infants were screened for hearing loss, yet with today’s programs, 98% of infants are screened for hearing loss.² However, the EHDI initiative has not received the full authorized funding level since Congress reauthorized the program in 2017.

Early Hearing Detection and Intervention – The Committee recognizes the importance of access to pediatric hearing healthcare. The Committee is aware of the significant racial and ethnic disparities in care facing children with hearing loss, and the effect unaddressed congenital hearing loss has on communication skills, psychosocial development, educational progress, and language development. The Committee encourages the CDC to expand their work to improve surveillance of state and territorial-based EHDI systems to ensure access to timely identification of congenital and acquired hearing loss and develop materials to enhance connection to follow up services among racial and ethnic minorities, and other medically underserved populations.

Children with hearing loss face significant barriers in accessing hearing healthcare services. Variables including socioeconomic factors, geographic location, medical infrastructure, and access to social support contribute to delays in diagnosis and treatment of hearing loss. These disparities particularly impact racial and ethnic minority communities. According to a 2017 study, African American infants are 92% more likely to experience loss-to-follow-up compared with infants from other ethnic groups. Rural Hispanic children whose caregivers have low English fluency encounter greater difficulty accessing these healthcare services.³ Furthermore, according to CDC data, American Indian and Alaskan Native children enroll in Early Intervention services at a rate 26.4% less than their White counterparts.⁴ Ultimately, delays in identification and intervention have long-term effects on a child’s future communication skills, psychosocial development, and educational progress. In addition, according to the CDC, the economic costs associated with hearing loss are about $2.1 billion for children born in 2000. Therefore, it is crucial for the CDC to expand their work to improve surveillance, ensure access to timely identification of congenital and acquired hearing loss and enhance connection to follow up services, particularly among racial and ethnic minority populations.

³ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5973811/
Funding Request #2:

We urge you provide at least $511.8 million for the National Institute on Deafness and Other Communication Disorders (NIDCD), reflecting a $13.7 million increase from FY2021.

NIDCD investments are needed to ensure groundbreaking research in communication sciences as rehabilitation continues to evolve and expand. Increases in funding for the NIDCD will help the Institute develop improved treatment and prevention services to address hearing and balance disorders. As a whole, the Institute supports and conducts more than 1,300 research projects. NIDCD research grants, career development awards, individual and institutional research training awards, center grants, and contracts generate evidence on which clinical practice is based.

Report Language Request #2:

Hearing Health Screening. The Committee recognizes the associated comorbidities and costs of untreated hearing loss and, with the growing aging population, the importance of hearing screening for older Americans. The Committee directs the National Institutes of Health (NIH) Office of the Director to provide an accounting of all funds used for hearing screening research across all Institutes within 90 days of enactment of this Act. The Committee encourages NIH to prioritize funding through the Office of the Director and engage appropriate Institutes like the National Institute on Deafness and Other Communication Disorders (NIDCD) and National Institute on Aging (NIA) for studies that address the research needs and gaps identified by the U.S. Preventive Services Task Force (USPSTF). These research needs may include gaps identified in USPSTF review of hearing screening recommendations for older Americans.

In March 2021, the U.S. Preventive Services Task Force (USPSTF) issued final recommendations regarding hearing screening for older adults over the age of 50. The USPSTF ultimately declined to make a recommendation in support of hearing screening, finding that “current evidence is insufficient to assess the balance of benefits and harms of screening for hearing loss in older adults.” The final recommendation notes that more research is needed.

Identifying hearing loss and utilizing appropriate interventions can have positive long-term effects and lead to better health outcomes. Untreated and undertreated hearing loss may have significant negative physical, emotional, and economic implications, with research associating untreated hearing loss in adults over the age of 60 with approximately 46 percent higher total healthcare costs over a 10-year period, or about $22,434 per person. In addition to the associated comorbidities of social isolation, higher risk of falls, hospitalization, and depression, hearing loss also has a cognitive link, as a recent study found that mild hearing loss doubled the risk of dementia, moderate loss tripled risk, and those with severe hearing impairment were five times more likely to develop dementia.

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5 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6439810/
We understand the gaps in research identified in the final recommendations and agree that additional research to support a hearing screening recommendation for older adults is needed. Given the significant associated comorbidities of hearing loss and susceptibility of older adults to hearing loss, we believe this research is necessary and should be prioritized to support a universal hearing screening recommendation.

We appreciate your continued work in support of hearing health and stand ready to provide any additional information you may need as you develop the subcommittee’s bill for the coming fiscal year. Please contact Erik Lazdins (elazdins@asha.org) with the American Speech-Language-Hearing Association (ASHA) or Bridget Dobyan (bdobyan@hearing.org) with the Hearing Industries Association (HIA) with any questions.

Sincerely,

Academy of Doctors of Audiology (ADA)
Alexander Graham Bell Association for the Deaf and Hard of Hearing (A.G. Bell)
American Academy of Audiology (AAA)
American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS)
American Cochlear Implant Alliance (ACI Alliance)
American Speech-Language-Hearing Association (ASHA)
American Tinnitus Association
Ear Community
Hearing Health Foundation (HHF)
Hearing Industries Association (HIA)
Hearing Loss Association of America (HLAA)
International Hearing Society (IHS)

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