

Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

INTERIM STUDY PROPOSAL 2009-008

State of Arkansas

87th General Assembly

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A Bill

HOUSE BILL 1495

By: Representatives Carroll, Adcock, J. Roebuck, Stewart, Webb

By: Senators Elliott, P. Malone

Filed with: House Interim Committee on Public Health, Welfare and Labor
pursuant to A.C.A. §10-3-217.

For An Act To Be Entitled

AN ACT ESTABLISHING THE SOUNDSTART PROGRAM OF
COORDINATED SERVICES TO FACILITATE AND UNITE
DIAGNOSTIC, INTERVENTION, AND TRANSITIONAL
EFFORTS AIMED AT IMPROVING OUTCOMES FOR INFANTS
AND CHILDREN WITH PERMANENT HEARING LOSS,
INCLUDING FAMILY SUPPORT AND OTHER RESOURCES FOR
FAMILIES ; AND FOR OTHER PURPOSES.

Subtitle

TO ESTABLISH A PROGRAM OF COORDINATED
SERVICES TO FACILITATE AND UNITE
DIAGNOSTIC, INTERVENTION, AND TRANSITION
EFFORTS TO HELP INFANTS AND CHILDREN
WITH PERMANENT HEARING LOSS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code Title 20, Chapter 15 is amended to add an
additional subchapter to read as follows:

20-15-1901. Title.

This subchapter shall be known and may be cited as the "SoundstART
Act".



1 20-15-1902. Findings -- Purpose.

2 (a) The General Assembly finds that:

3 (1) Early intervention in newborns, infants, and children who
4 are deaf or hard of hearing is highly effective in facilitating a child's
5 healthy development in a manner consistent with the child's age and cognitive
6 ability;

7 (2)(A) Universal newborn hearing screening is recognized as the
8 standard of care for all newborns before discharge from a hospital or
9 birthing center.

10 (B) However, linkages between hearing screening programs
11 and early intervention programs are not consistently established due to lack
12 of effective or underused state tracking and monitoring systems, or both;

13 (3) Nationally, almost fifty-two percent (52%) of infants who do
14 not pass the newborn hearing screening become lost to follow-up care or
15 documentation for a variety of reasons, including without limitation:

16 (A) Lack of effective state early hearing detection
17 intervention surveillance and tracking systems;

18 (B) Inadequate reporting to these systems by providers;
19 and

20 (C) Poor communication among state agencies;

21 (4) Children who are identified early and enrolled in
22 appropriate early intervention services by six (6) months of age are more
23 likely to demonstrate age-appropriate language development, spoken or signed,
24 cognitive, social, and academic outcomes;

25 (5) Any degree of hearing loss in one or both ears, if left
26 undetected, can negatively impact a child's speech, language, cognitive, or
27 social development, or any combination of negative impacts on a child's
28 developmental processes;

29 (6) Information regarding hearing loss and intervention
30 opportunities should be communicated to families by qualified early
31 intervention professionals in a culturally competent, language-appropriate,
32 unbiased, and easily understandable format to allow for informed decision-
33 making;

34 (7) Research shows that by the time a child who is deaf or hard
35 of hearing graduates from high school, more than four hundred thousand
36 dollars (\$400,000) per child could be saved in special education costs if the

1 child is identified early and given appropriate medical, audiological,
2 educational, vocational, and family support services; and

3 (8) The savings in special education costs could pay many times
4 over for universal newborn hearing screening and subsequent intervention, and
5 transition.

6 (b) The purpose of this subchapter is to:

7 (1) Establish the SoundstART as the single point of entry to
8 effectively plan, establish, and evaluate a seamless system of appropriate
9 services for newborns, infants, and children from birth through age five (5)
10 years of age who are at risk of hearing loss, have a hearing loss, or are
11 deaf;

12 (2) Connect all stakeholders involved in the screening,
13 identification, treatment, and transition of children who are deaf or hard of
14 hearing through shared information thereby ensuring prompt and effective
15 referral, evaluation, communication, and ongoing developmental support for
16 newborns, infants, and children identified with hearing loss and for their
17 families;

18 (3) Coordinate shared consent forms from parents or guardians as
19 necessary to ensure that the implementation of timely follow-up and provision
20 of services is not impeded by confidentiality requirements;

21 (4) Provide timely access to appropriate family-centered
22 intervention and interagency transition services for newborns, infants, and
23 children with confirmed hearing loss;

24 (5) Provide families and caregivers with culturally competent
25 family support programs and access to unbiased information regarding
26 opportunities for intervention, treatment, and education;

27 (6) Work with all state and federally mandated programs to
28 develop and monitor the efficacy of screening, diagnostic, intervention,
29 treatment, and transition services under the Individuals with Disabilities
30 Education Act, 20 USC §§ 1431-1445; and

31 (7) Develop written documentation for sharing information among
32 participating programs, ensuring timely and appropriate services consistent
33 with the family's choice and family-focused initiatives across the childhood
34 lifespan from birth through twenty-one (21) years of age.

35
36 20-15-1903. Definitions.

1 As used in this subchapter:

2 (1) "Child" means a child twenty-four months (24) months to nine
3 (9) years of age;

4 (2) "Early intervention" means the early intervention services
5 described in the Individuals with Disabilities Education Act, 20 U.S.C. §§
6 1431-1445;

7 (3) "Family" means a birth parent, stepparent, adoptive parent,
8 legal guardian, or other legal custodian of a newborn, infant, or child;

9 (4) "Family-centered" means the beliefs, values, and practices
10 that emphasize the essential role of the family in all aspects of the
11 decision-making and intervention process regarding the young child;

12 (5) "Follow-up care" means necessary hearing and medical
13 services for the diagnosis and management of newborn, infant, or child
14 hearing loss;

15 (6) "Hearing loss" means a hearing loss of twenty-five decibels
16 hearing loss (25 dB HL) or greater in the frequency region important for
17 speech recognition and comprehension in one (1) or both ears, approximately
18 five hundred hertz (500 Hz) through four thousand hertz (4000 Hz);.

19 (7) "Infant" means a child thirty (30) days to twenty-four (24)
20 months years of age;

21 (8) "Newborn" means a child from birth to twenty-nine (29) days
22 of age; and

23 (9) "SoundstARt" means the establishment of an overriding agency
24 providing coordination and a sense of unity throughout the state to multiple
25 state and nonprofit agencies funded by state and government dollars and
26 giving Arkansas children who are at risk for or who have been identified with
27 a hearing loss in one (1) or both ears of any degree qualifying them as deaf
28 or hard of hearing the chance to be contributing members of society who are
29 self-sufficient, tax-paying members of society.

30
31 20-15-1904. SoundstARt -- Created -- Program.

32 (a) There is created SoundstARt as an independent agency of the
33 executive branch of state government.

34 (b) Services for children at risk for or with a primary diagnosis of
35 hearing loss shall be referred to and managed by "SoundstARt" for the
36 purpose of providing a seamless system of coordinated services for infants

1 and children and their families.

2 (c) SoundstART shall facilitate hearing screening follow-up services,
3 support families through the process of identification and diagnosis, and
4 coordinate family support systems and services, including without limitation:

5 (1) Existing communities;

6 (2) Parent advisors;

7 (3) Parent-to-parent support;

8 (4) Professional-to-parent support;

9 (5) Deaf and hard of hearing role models; and

10 (6) Family-centered communication intervention services provided
11 by qualified service providers with specialized training in working with
12 children who are deaf or hard of hearing and their families.

13 (d)(1) The program created in this subchapter shall provide a seamless
14 system with one (1) point of entry that supports children with hearing loss
15 and their families enabling them to move efficiently from diagnosis to
16 intervention facilitating transition into the educational process.

17 (2) The program created in this subchapter shall be:

18 (A) Consistent with the child's needs and the family's
19 goals and preferences; and

20 (B) Provided in a seamless system of care and an
21 unambiguous manner to ensure informed decision-making.

22 (e) The goals of the program created in this subchapter are to:

23 (1) Establish SoundstART as the single point of entry to the
24 early intervention process for Arkansas families of infants and preschoolers
25 diagnosed with hearing loss;

26 (2) Serve as a central resource for information regarding early
27 intervention and the transition to education for families of children with
28 hearing loss;

29 (3) Develop a self-sustaining organization supporting families
30 through culturally sensitive practices recognizing family choice;

31 (4) Facilitate collaboration and reduce barriers among service
32 providers, stakeholders, and families involved in the early intervention
33 process; and

34 (5) Provide impartial access to information supporting sound
35 decision-making practices regarding technology, communication, and
36 educational process.

1
2 20-15-1905. SoundstART Intervention and Transition Coordinator.

3 (a) The program created in this subchapter shall be staffed by the
4 SoundstART Intervention and Transition Coordinator.

5 (b) The coordinator shall:

6 (1) Respond to referrals and requests for services consistent
7 with state and federal guidelines;

8 (2) Identify, support, promote, and recommend culturally
9 appropriate and evidence-based practices for children who are deaf or hard of
10 hearing;

11 (3) Promote training, outreach, and use of technology aimed at
12 increasing consistency in statewide service provision of assistance for
13 children birth through five (5) years of age who are deaf or hard of hearing
14 with the long-term goal of improving educational outcomes, thus improving
15 integration into the work force;

16 (4) Facilitate the use of culturally appropriate, specialized,
17 reliable, and valid instruments to assess and track the progress of children
18 birth through five (5) years of age;

19 (5) Ensure that providers, parents, and members of the
20 individual family service plan team and individualized education plan team
21 are provided with child progress data birth through five (5) years of age
22 resulting from specialized assessments to develop and to modify service plans
23 as indicated; and

24 (6) Facilitate the collection of aggregate data regarding
25 school readiness and other outcomes as appropriate for children birth through
26 five (5) years of age who are deaf or heard of hearing.

27 (c) The coordinator shall function under the direction of the
28 SoundstART Council of Directors.

29
30 20-15-1906. SoundstART Council of Directors.

31 (a) There is created the SoundstART Council of Directors that shall
32 consist of:

33 (1) The Director of Maternal and Child Health of the Department
34 of Health or his or her designee;

35 (2) The Director of the Part C Section of the Department of
36 Human Services or his or her designee;

1 (3) The Associate Director of Special Education at the Arkansas
2 Department of Education or his or her designee;

3 (4) The Executive Director of Disability Rights Center or his or
4 her designee;

5 (5) The Superintendent of the Arkansas School for the Deaf or
6 his or her designee;

7 (6) The Director of the Audiology and Speech Pathology
8 Department of Arkansas Children's Hospital or his or her designee;

9 (7) The Chair of the Department of Audiology and Speech
10 Pathology in the College of Health Related Professions at the University of
11 Arkansas for Medical Sciences or his or her designee;

12 (8) Two (2) parents of children who are deaf or hard of hearing
13 representing Arkansas Hands and Voices or a comparable support group; and

14 (9) The President of the Arkansas Academy of Pediatrics,
15 Arkansas Chapter or his or her designee.

16 (b) Additional council members may be recruited at the discretion of
17 the council.

18
19 20-15-1907. Parent-to-parent support network.

20 (a) SoundstART shall:

21 (1) Provide families with unbiased information in a family-
22 centered, culturally competent manner through trained parent-to-parent
23 support; and

24 (2) Offer families the full range of intervention and transition
25 options available to children who are deaf or hard of hearing from birth
26 through five (5) years of age.

27 (b) The support provided under this section shall include without
28 limitation:

29 (1) Direct parent-to-parent assistance; and

30 (2) Information on communication, educational, medical ,and
31 transition options.

32 (c) SoundstART may contract with a nonprofit organization that can
33 provide throughout the state the services required under this section.

34
35 20-15-1908. Hearing Instrument and Technology Loaner Bank.

36 (a) As used in this section, "eligible child" means a child from birth

1 through five (5) years of age with documentation of confirmed diagnosis of
2 hearing loss from a referring audiologist and no immediate access or
3 financial means, or both, to obtain hearing aids or other assistance
4 technology.

5 (b)(1) SoundstART shall establish a Hearing Instrument and Technology
6 Loaner Bank to lend hearing aids and other assistance technology on a
7 temporary basis to the family of an eligible child.

8 (2) SoundstART may arrange trial periods to assist in the
9 selection of appropriate technology.

10
11 20-15-1909. Rules

12 (a) The SoundstART Council of Directors shall adopts rules as
13 necessary to implement this subchapter.

14 (b) The rules adopted under this subchapter may include a modification
15 of the definition of "hearing loss" to allow for the detection of hearing
16 loss of less than twenty-five deciles of hearing loss (25dB HL).