



MISSOURI

Speech-Language-Hearing Association

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March 30, 2020

The Honorable Roy Blunt
Chairman
Room 135 Dirksen Senate Office Building
Washington, DC 20002

Dear Chairman Blunt:

As the Subcommittee prepares to mark up the fiscal year (FY) 2021 Labor-HHS-Education appropriations bill, I write on behalf of the Missouri Speech-Language-Hearing Association (MSHA). MSHA serves as the state association representing the interests of 4,358 audiologists, speech-language pathologists, speech, language, and hearing scientists and related personnel associated with professional speech, language, and hearing therapy services. More specifically, to provide leadership, to perform membership services, and to advocate for rights of people with communication disorders. MSHA urges you to support the following programmatic funding levels:

- Increase funding for the Individuals with Disabilities Education Act (IDEA) Part B State Grants to \$14 billion, which includes an increase to \$684 million for IDEA's Part B Section 619 and an increase to \$491 million for IDEA Part C Infants and Toddlers with Disabilities.
- Provide full funding of the Early Hearing Detection and Intervention (EHDI) initiative at its FY 2021 authorization level of \$11.5 million to the Centers for Disease Control and Prevention (CDC) and \$19 million to the Health Resources and Services Administration (HRSA).
- Increase funding for the National Institute on Deafness and Other Communications Disorders (NIDCD) at the National Institutes of Health (NIH) by \$17 million.
- Support a \$3 million increase for the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) at the Administration for Community Living.

IDEA serves more than 6.5 million children in our nation's schools and preserves a free appropriate public education for children with disabilities, including students with communication disorders. Infants and toddlers with disabilities (birth-2) and their families receive early intervention services under IDEA Part C, and children and youth (3-21) receive special education and related services under IDEA Part B. IDEA provides important civil rights protections for children that must be maintained and strengthened. Congress must do more to meet the needs of the country's education system to ensure children with disabilities receive the free appropriate public education (FAPE) they are entitled to under law. Increasing funding for the program is a significant step in fulfilling the promise that Congress made to fund 40% of the average per-pupil expenditure in public elementary and secondary schools.

The EHDI program is one of the nation's most important public health programs, offering early hearing screening and interventions to all newborns, infants, and young children in every state. When the Child Health Act of 2000—which established the state-based universal newborn hearing screening programs—was passed, only 46.5% of newborns were being screened.¹ With today's programs, approximately 98% of newborns receive an audiologic screening totaling 4 million infants and children in the year 2016 alone.² Failure to fund this initiative at its full

authorization level may leave thousands of children with undiagnosed hearing loss. It would also deprive children of early intervention services that improve language skills and development.

Continued increases in funding for the NIDCD and NIDILRR are needed to ensure groundbreaking research on communication sciences and rehabilitation continues and expands. Approximately 46 million Americans have a communication disorder.³ These disorders impact the economy through costs related to lost productivity, special education services, rehabilitation needs, health care expenditures, and lost revenues. Providing a small increase in NIDILRR's funding for FY 2021 would allow the Institute to continue supporting the wide range of applied research that it conducts and to expand into new areas of emerging science to support the population of individuals with relevant disabilities.

MSHA looks forward to working with you as the FY 2021 appropriations process moves forward. If you or your staff have any questions, please contact Patricia Jones at pat.jones@lps53.org.

Sincerely,
Patricia Jones

MSHA President

¹ Centers for Disease Control and Prevention (CDC). (2010). *Summary of infants screened for hearing loss, diagnosed, and enrolled in early intervention, United States, 1999–2008*. Atlanta, GA: U.S. Department of Health & Human Services, CDC; 2010. Retrieved from https://www.cdc.gov/ncbddd/hearingloss/2008-data/ehdi_1999_2008.pdf.

² Centers for Disease Control and Prevention (CDC). (2018). *Summary of 2016 National CDC EHDI Data*. Retrieved from <https://www.cdc.gov/ncbddd/hearingloss/2016-data/01-2016-HSFS-Data-Summary-h.pdf>.

³ National Institute on Deafness and Other Communication Disorders (NIDCD). (2019). *Mission*. Retrieved from <https://www.nidcd.nih.gov/about/mission>.