



Nationwide Hearing Screening for Infants

Research has shown that children with hearing loss identified before six months of age demonstrate superior language skills over those identified after six months of age. Language skills are vital for an infant's future education and employment success. Parents need to know immediately when hearing loss exists so that they can learn how to best communicate with the infant. The sooner communication lines are established, the better.

The Walsh Bill (also known as the "Newborn and Infant Hearing Screening and Intervention Act of 1999" and named after its sponsor, Representative James Walsh) is designed to set up a system of grants that will encourage states to establish statewide programs to identify hearing loss in newborns and infants. These programs will ensure that the children and their families receive appropriate communication, language, audiological and medical evaluation, and intervention.

Babies will be tested (or screened) for hearing loss immediately after birth. When hearing loss is identified, infants and their families will be referred to resource agencies and individuals to ensure top-quality care and education.

The NAD took a leadership role with other medical, audiological and educational organizations to ensure passage of this bill (it was passed in December, 1999). In addition, the NAD gives technical advice and support to state legislatures who wish to enact statewide programs. To date, the following states 23 states have passed similar legislation: Arkansas, California, Colorado, Connecticut, Georgia, Hawaii, Illinois, Indiana, Kansas, Louisiana, Maryland, Massachusetts, Mississippi, Missouri, New York, Oregon, Rhode Island, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

State legislation should have the following elements:

1. Screening should occur for all newborns and infants, not just for those from deaf and hard of hearing families or those who fall in a high-risk category.
2. State Advisory Boards should include representatives from the deaf and hard of hearing communities as well as deaf and hard of hearing professionals.
3. State programs should include not only newborn hearing screening, but also follow up evaluation and intervention services. Communication and language development in the early years are critical building blocks for excellence in education.
4. Personnel who provide these services should have the specialized knowledge, skills, experience and attributes needed to serve deaf and hard of hearing infants and their families, including being proficient in American Sign Language or other forms of visual communication.
5. Each state should have complete, up-to-date listings of all state and national resources for

providers of early intervention programs and services, professional and/or consumer based organizations serving deaf and hard of hearing communities, social service agencies, statewide educational programs, parent resources, speech and hearing personnel, and related networks for referral purposes.

You can help make a difference in two ways!

1. Work with your state association to have your state pass legislation to set up a statewide program.
2. You can also make a difference by joining the NAD! Established in 1880, the NAD is a non-profit organization dedicated to safeguarding the civil rights of 28 million deaf and hard of hearing Americans.