

# NORTH CAROLINA SOCIETY OF OTOLARYNGOLOGY AND HEAD & NECK SURGERY

PO Box 27167 · 222 North Person Street · Raleigh, NC 27611  
919-833-3836 · (fax) 919-833-2023 · [ncoto@ncmedsoc.org](mailto:ncoto@ncmedsoc.org) · [www.ncoto.org](http://www.ncoto.org)

February 8, 2016

Senator Richard Burr  
United States Senate  
217 Russell Building  
Washington, DC 20510

*Via Email: [Anna\\_abram@help.senate.gov](mailto:Anna_abram@help.senate.gov) ./ [Angela\\_Boothe@help.senate.gov](mailto:Angela_Boothe@help.senate.gov)*

Dear Senator Burr:

On behalf of the NC Society of Otolaryngology-Head and Neck Surgery and the otolaryngologists in North Carolina, I am reaching out to ask for your support of legislation to reauthorize the Early Hearing Detection and Intervention (EHDI) program (S. 2424).

The EHDI program supports statewide plans that identify children with hearing loss, directing them to early intervention services. This vital program includes initial screening of infants for hearing loss, audiological diagnostic evaluations to confirm hearing loss, and early intervention. At the first signs of hearing loss, it is imperative that children receive medical services, early intervention programs, and family support.

Since the inception of the EHDI program in 2000, it has become clear that early detection and intervention programs provide children and infants who face a range of hearing deficiencies with a better chance of developing language, communication, cognitive, and social development skills along with their peers. The importance and success of the EHDI program can be evaluated by simply examining the statistics relating to infant screening.

Hearing loss continues to be one of the most common birth defects in America - 1.4 babies per 1,000 screened in the United States are born deaf or with a hearing impairment. EHDI grants to states have significantly increased the number of infants screened for hearing loss. In 2000, only about 40 percent of all newborns in the United States were screened. However, the Centers for Disease Control now reports EHDI federal grants have resulted in about 97 percent of infants being screened for hearing loss within the first month of life, and if necessary, referred for intervention services.

Despite these advances, additional work must be done to ensure that ALL newborns with hearing loss receive the appropriate services, and in a timely manner. With the U.S. House of Representatives already having passed legislation to reauthorize the EHDI program, we are hopeful that the Senate will similarly act.

Please support passage of S. 2424.

If you or your staff have any questions, please let me know. As always, thank you.

Very best regards,



W. Alan Skipper, CAE  
Executive Director  
NC Society of Otolaryngology-Head and Neck Surgery