

## Joy Brewer

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**From:** Stach, Casey <cstach@med.umich.edu>  
**Sent:** Monday, March 7, 2022 3:35 PM  
**To:** Joy Brewer  
**Subject:** Opposing HB 5777

Dear Ms. Brewer,

I am an audiologist and have worked with Deaf and hard of hearing children for 32 years. I support efforts to improve care and outcomes for all children who are deaf or hard of hearing in Michigan as hearing loss is a developmental emergency which should be treated as soon as it is identified in a manner consistent with the family's wishes and tailored to the individual needs of each child. I support parental choice for all modes of communication. I am opposing HB 5777 for the following reasons:

- It distracts from other early intervention programs for Deaf and hard of hearing children in Michigan. Early On which is housed within the Michigan Department of Education tracks language development and performs assessments to monitor progress on Deaf and hard of hearing children birth to 3 years of age. After age 3, these children are transitioned to their local Intermediate School District. Additionally, the Michigan Department of Education, Low Incidence Outreach provides support for students who are Deaf or Hard of Hearing, by providing training for staff to conduct assessments to monitor progress in ASL. The MDE-Low Incident Outreach updated a tool called the Michigan Early Childhood Planning Guide for Children Who Are Deaf or Hard of Hearing (attached). This tool enhances collaboration within a child's educational team and parents, and it includes a resource for parents that allows them to track language goals in 4 stages.
- Result in inefficient use of public funds. Implementation will require an allocation of state monies for a program that will compete with existing IDEA laws, which are jointly funded by federal and state governments.
- Conflict with key provisions of Federal IDEA law by focusing on a single point in time during an "assessment" and not focusing on a multidisciplinary approach based on the unique needs of the child.
- Inject bias, as the advisory committee proposed is biased to favor American Sign Language (ASL). Current data shows that 66% of families choose listening and spoken language and only 6% use sign language.
- Not represent the needs of the multi-cultural community in the State of Michigan for whom spoken English or American Sign Language (ASL) is not their first language.

I support parent choice via existing federal legislation including IDEA, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act (ADA). I oppose state laws that would recommend intervention services for children with hearing loss based solely on standardized milestones for children with typical hearing without consideration of a range of child specific factors such as age of identification, age of fitting with technology, other medical issues such as developmental delay, demographic considerations including the language used in the family home, and audiologic factors.

Sincerely,

Casey Stach Au.D., FAAA  
Audiologist  
University of Michigan Hospital and Health Systems  
475 Market Place, Bldg 1, Suite A  
Ann Arbor, MI 48108  
734/998-8119  
734/998-8122 fax