



**AMERICAN ACADEMY OF
OTOLARYNGOLOGY—
HEAD AND NECK SURGERY**

May 20, 2015

The Honorable Brett Guthrie
2434 Rayburn House Office Building
U.S. House of Representatives
Washington, DC 20515

The Honorable Lois Capps
2231 Rayburn House Office Building
U.S. House of Representatives
Washington, DC 20515

Dear Representatives Guthrie and Capps:

On behalf of the approximately 12,000 members of the American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS), thank you for introducing legislation (H.R. 1344) to reauthorize the Early Hearing Detection and Intervention (EHDI) program. The AAO-HNS strongly supports this important legislation.

The AAO-HNS is the national medical association of physicians dedicated to the care of patients with disorders of the ears, nose, throat (ENT), and related structures of the head and neck. As a physician organization whose members specialize in medical issues often relating to hearing healthcare, we know how early detection and intervention can positively benefit infants and children with hearing loss.

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 hard of hearing. 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.

There is also a clear economic benefit associated with hearing-related early intervention services. According to a 2014 article published by the Department of Pediatrics at the University of California San Francisco, a child with untreated hearing loss has estimated direct educational costs of \$400,000, with an additional \$1,000,000 in lifetime societal costs due to lost productivity. Given that approximately 10,000 children in the United States are born with congenital hearing loss every year, the estimated lifetime economic cost approaches \$10 billion, which is on par with the most common childhood medical disorders, such as asthma.

However, the promising statistics relating to the EHDI program underscore the importance of infant screening. 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 approximately 97 percent of infants being screened for hearing loss within the first month of life, and if necessary, referred for applicable intervention services.

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Your support of this important program helps to ensure that infants and children continue to receive the highest quality of hearing care and that those with hearing deficiencies have the support and infrastructure to be successful in all aspects of life. The AAO-HNS praises your leadership and looks forward to working with you to ensure passage of H.R. 1344 in the 114th Congress. If you have questions, or would like additional information, please contact Megan Marcinko, Director of Congressional Affairs, at 703-535-3796 or mmarcinko@entnet.org.

Sincerely,

James C. Denny III, MD
Executive Vice President/CEO