



February 8, 2025

The Honorable Cynthia Roe, Chair
Committee on Public Health
State Capitol
2300 N Lincoln Blvd
Oklahoma City, OK 73105

Re: HB 2188

Dear Chair Roe and Members of the Committee:

On behalf of our Oklahoma-based members and the children they serve in local schools, we, the undersigned audiology and hearing care organizations, write to firmly support the expansion of hearing screenings in Oklahoma. Many states already require screenings for school-aged children; we believe Oklahoma must take this step to ensure early identification. Our organizations are committed to collaborating with the legislature and state agencies to ensure legislation strengthens educational outcomes by providing all students with effective hearing screenings.

In evaluating the HB 2188 legislation, our organizations have analyzed and collected feedback from our members in Oklahoma, including clinicians, researchers, and providers who are currently administering screening programs in local schools. We have also solicited information from the Oklahoma Department of Health and the Oklahoma State Department of Education concerning the state's current hearing screening efforts. Based on this input and consultations with clinical experts and researchers advising our organizations, we have identified several key concerns regarding HB 2188 that warrant further examination by the legislature.

First, HB 2188 proposes that by 2026, all public schools in the state assess special education students using a tablet-based speech-in-noise application that has not been thoroughly evaluated. Currently, no school system in the U.S. requires speech-in-noise assessments as part of its school hearing screening program.¹

This is primarily because speech-in-noise testing is traditionally utilized in clinical practice as a diagnostic tool rather than an initial screen of hearing status. By contrast, pure tone hearing screening, which some school districts in Oklahoma already use, determines if a child potentially has hearing loss. We recognize that the tablet-based protocol mandated by this bill incorporates *both* pure-tone hearing screening and speech-in-noise testing. Under the proposed mandate, however, schools would be required to utilize the specified tablet application to add speech-in-noise testing for all special education students. This would be in addition to a pure-tone hearing screening, which can be performed with a portable audiometer and is the standard measure used to identify those who need to be referred for further testing.

This lack of flexibility for schools will lead to challenges statewide, particularly because the legislation does not provide funding to assist schools in adopting the new technology. We have heard from many school personnel in Oklahoma who are concerned that implementing speech-in-noise testing will require significant investments and could overwhelm providers who are already struggling to meet the needs of students receiving or being referred for special education services. While we support the long-term goal of advancing hearing screening practices, we encourage the legislature to assess the feasibility of adopting this new technology in various school districts, particularly in rural areas, and to evaluate its effectiveness and cost before making it a statewide mandate.

Second, this legislation requires that schools implement tympanometry screening in a manner that could lead to untrained personnel interpreting highly technical information. For example, the bill specifies that tympanometry should yield “peak acoustic immittance in mmho, ml, or compliance for a 226 Hz probe tone, or tympanometric width in daPa”. These measurements can be used in a diagnostic manner or to determine a pass/fail result. However, the current mandate does not specify how those measurements should be interpreted. It is important to note that the administration and interpretation of tympanometry requires an advanced level of training.

Finally, this legislation requires the state Department of Health to train providers and maintain a registry of all individuals who are able to conduct hearing screenings using specified methods. There is no funding for implementation or enforcement of this training, however, nor is there funding to maintain a web-based registry of all trained providers in Oklahoma. This not only presents an implementation challenge, but this requirement could prevent existing school personnel from continuing to perform hearing screenings as they have for many years. In conjunction with the speech-in-noise testing mandate, the net effect of these issues is that HB 2188 will likely hinder the adoption of a pure-tone hearing screening mandate for the purpose of determining those students who need further hearing assessment instead of expanding it. Given this, we urge the legislature to work with our organizations to find a better path forward for expanding hearing screenings in Oklahoma that will do no harm.

We assert that the state of Oklahoma should not shy away from exploring the effectiveness and feasibility of new screening technologies and becoming a leader in school-based early intervention. We support the legislature’s pursuit of that goal while not losing sight of the immediate need in Oklahoma schools. By expanding hearing screening for school-age children, the state could prevent years of unnecessary health, educational, and social costs.

Thank you for considering our organizations’ perspectives on this vital topic.

Sincerely,

American Academy of Audiology (AAA)

Academy of Doctors of Audiology (ADA)

American Speech-Language-Hearing Association (ASHA)

Hearts for Hearing

Oklahoma Speech-Language-Hearing Association (OSHA)

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¹ American Speech-language-hearing Association. (Oct. 2024). *School Hearing Screening: State Laws and Guidelines*. <https://www.asha.org/siteassets/advocacy/state-hearing-screening-requirements.pdf>