



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 106		DATE: 3/1/2023	
COMMITTEE: Elementary and Secondary Education			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: AMY DEANGELO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: amymdeangelo@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/28/2023 9:29 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

This bill is so important to be passed so that a process can be in place in the public school system for deaf and hard-of-hearing children. Since teaching deaf and hard-of-hearing children is so foreign to most educators, it is essential for them to become more informed about the importance of deaf/hard-of-hearing children establishing language through the use of American Sign Language. I have heard so many stories of children that grow up never learning any language because they never had access to American Sign Language. This needs to change!



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ANTE COLIC		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/1/2023 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: BECKY DAVIS		PHONE NUMBER: 573-298-6752	
BUSINESS/ORGANIZATION NAME: MISSOURI COMMISSION FOR THE DEAF AND HARD OF HEARING		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: 3216 EMERALD DRIVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/1/2023 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CLAIRE MENGWASSER, M.S., CCC-SLP		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: ckemna@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/28/2023 7:08 PM	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

To the committee members of HB106, I would like to begin by introducing myself. My name is Claire Mengwasser. I am a speech-language pathologist who works with Deaf and Hard of Hearing (D/HH) children exclusively. I was trained as an SLP at the only liberal arts university for Deaf and Hard of Hearing individuals in the world, Gallaudet University. It was there that I learned the importance of a complete and full, first language. Following graduation, I moved back to my hometown of Jefferson City and began working with D/HH students at the state school for the Deaf. This is my 18th year working with this population, and I am constantly reminded of what I learned at Gallaudet so many years ago. I believe:

- Language develops effortlessly when it is 100% accessible.
- There is a window of time (birth to five years) when a child's brain is wired to acquire language.
- The modality (spoken or visual) of a language does not matter. It is the access to that language.
- I believe hearing aids or cochlear implants do not fix or cure a hearing loss.
- Language Deprivation Syndrome is real.
- If a child misses learning a complete and full, first language during the critical window (birth to five years), they are at risk of Language Deprivation Syndrome.
- Language Deprivation Syndrome significantly disrupts a child's ability to learn language after the critical window and subsequently impacts their cognitive and social-emotional development.
- Tracking a child's language development during the critical window has the potential to prevent Language Deprivation Syndrome from occurring.
- Visual language can enhance the development of spoken language. Additionally, visual and spoken language can develop simultaneously when both languages are respected and separated.
- Visual language is 100% accessible. I support HB 106 and any efforts by the Missouri lawmakers to address the issues facing the Deaf and Hard of Hearing children of this state. I work with the students who missed out on learning a first, full language. I see the struggles they face daily; to communicate using words/signs instead of behavior, to understand concepts years behind their chronological-age peers, to learn to read and write, and finally, to become a successful adult like you and me. I want to end this by sharing one more thing. While I was at Gallaudet University, I met many successful adults who were Deaf. The one thing they all had in common was they were given the opportunity to develop a complete and full, first language. I encourage you to pass HB106 so that all the D/HH children of Missouri may have the same. Thank you for your consideration, Claire Mengwasser, M.S., CCC-SLP



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CLARK H. COROGENES		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/1/2023 12:00 AM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: COLLEEN BURDISS		PHONE NUMBER: 314-732-1468	
BUSINESS/ORGANIZATION NAME: PARAQUAD		TITLE: INDEPENDENT LIVING SPECIALIST	
ADDRESS: 5240 OAKLAND AVENUE			
CITY: ST. LOUIS		STATE: MO	ZIP: 63110
EMAIL: cburdiss@paraquad.org	ATTENDANCE: In-Person	SUBMIT DATE: 2/27/2023 1:45 PM	
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Paraquad supports HB 106 and thanks to Rep. Barnes for bringing this legislation forward and allow us to have opportunity to speak up why LEAD-K is a very important bill to pass for Deaf & Hard of Hearing children from birth to 5 years old to end language & cultural deprivation by providing language acquisition by using sign language/English before starts kindergarten. About Paraquad: Paraquad is one of the oldest and largest independent living centers in the country. Centers for Independent Living are unique because more than 50% of our board and staff are people with disabilities, and there are many self-advocacy groups among the people served by these centers. It is essential that the voices of personally impacted people be heard.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DANNY DEANGELO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: dannydeangelo3@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/28/2023 9:44 PM
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My daughter was born deaf and we are currently in the process teaching her ASL. I can cant stress enough the struggle it has been to find ways to get her the language acquisition she needs currently at Day Care. This bill would allow for not just us parents having milestones her, but also day cares and schools in order to make sure she gets the language acquisition she needs and does not fall behind her peers who are hearing. Children who are deaf and hard of hearing often are allowed to fall through the cracks when it it comes to language, many times simply because it is a rather rare condition and facilities often only have to one student that is deaf or hard of hearing and therefore do not put a lot of emphasis on the student to make sure the care they need is being provided. If language milestones are set up for these children it will only help parents be better advocates for their children and have set standards to follow that will help them provide the care needed in order to prevent students from falling behind in language. This bill will help thousands of kidd live a better life.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DAVA-LEIGH BRUSH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: dems22blue@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/1/2023 5:40 PM	
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I believe that giving deaf/hard of hearing children access to ASL as an early intervention would be a huge improvement in the state of Mo. I studied to be a deaf educator, and though I changed to a different track, I saw deaf students occasionally. Because our district required Signed Exact English, and the students used ASL everywhere else, it created confusion. Additionally, language acquisition happens very early, as early as 6 mos. There are multiple studies that demonstrate children who acquire ASL early learn to read and write faster in school because they already have language. As an ELL teacher, I have seen similar studies in non-native English speakers: acquisition of one language facilitates the learning of another. Signed exact is not a language. It is a kinetic representation of existing English grammar. The argument has been, "If they do not use signed exact, they will not be able to read or write as well." My response always was, "If I can teach little Mid-MO kids to stop writing, 'I shoulda went to the game' and 'I seen it with my own eye,' I can certainly teach kids with ASL to be able to know when to use prescriptive grammar, too." My cousin is deaf, and went through a speaking program with assistive devices in the 70s. When her parents made the decision to send her to a school for the deaf, she did not know much ASL because it was discouraged. Discouraged. She learned it and became so passionate about its use, she now has advanced degrees in ASL and teaching transliterators/interpreters. Programs like those at CID and MOOG work to make D/HH children function more like hearing peers in the hearing world, rather than allowing them to teach them how to be D/HH and thrive. This is much more common with deaf children of hearing parents. It's time for MO to address this issue. ASL is the primary communicative tool in the D/HH community; hearing parents can learn it to better help their children thrive in any school.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DAVID EAKER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: daveeaker@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2023 9:34 PM
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I support HB 106. It is vital to our deaf children in the future. I am deaf. I was born deaf. I knew nothing about a language until 6 years old when I entered Missouri School for Deaf. Why? My parent did not sign American Sign Language. I was forced to learn a speech. I hate it because a lot of times I misunderstand. My deaf friend had Deaf parents. He already signed ASL and learned fast. I struggled to understand the English. Now I am okay, but still struggling. I am 69 years old. Please Please vote for HB 106.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DEBRA ALEXANDER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: debbiealexander1111@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/24/2023 2:49 PM
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I work as an educational Interpreter, and so many of our children are language deprived. This needs to be resolved.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DELINDA BRITE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/1/2023 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ELLA EAKINS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: president@msdaa.org		ATTENDANCE: Written	SUBMIT DATE: 2/28/2023 7:26 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

February 28, 2023 To the Elementary and Secondary Education Committee, In the Missouri House of Representatives, Representative Jerome Barnes filed HB106 on December 1, 2022. Senator Greg Razer filed a similar bill, SB340, in the Senate. My name is Ella Eakins. I am the president of the Missouri School for the Deaf Alumni Association. On behalf of Missouri School for the Deaf Alumni Association (MSDAA), I want to affirm that we stand firmly in support of HB 106 and SB 340 which is known as Language Equality and Acquisition For Deaf Kids (LEAD-K). LEAD-K creates a resource for parents to empower them to track the language developmental of their deaf child. It also requires state agencies to select and provide training on professional assessment tools in ASL and English for use by educators who work with deaf children from birth to age 5. Acquisition of language from birth is a human right for every person. Through LEAD-K, the parents of deaf infants and children will have the necessary resources to make informed decisions pertaining to American Sign Language exposure and acquisition as early as possible. LEAD-K bill is about making sure that our deaf kids are kindergarten ready with language, be it ASL or English. Currently there's no language assessment for children who are ACQUIRING ASL. The assessment will provide a tool within the current system of early intervention program to ensure that deaf child meets the language milestones and is set up for success in the long term. With current data from other states that have LEAD-K laws, deaf children's language acquisition has improved and they are better prepared to enter kindergarten. Please feel free to contact me at president@msdaa.org to answer any questions. Sincerely, Ella Eakins, President Missouri School for the Deaf Alumni Association cc: Becky Davis, Executive Director, Missouri Commission for the Deaf and Hard of Hearing Representative Jerome Barnes Senator Greg Razer



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ERIN RATH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: bookishsprite@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/24/2023 5:19 PM
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Many Deaf and Hard of Hearing children have language deprivation issues that lead to disfluency and aphasia with regard to their overall language usage including English and ASL due to a lack of exposure. Our current system is not working. Changes need to be made.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JACOB MARSHALL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jacob.interpreter1@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/28/2023 4:52 PM
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I have been working with families who have Deaf and hard of hearing children in Missouri for 7 years as a social worker and also as a sign language interpreter. HB 106 would greatly support families in providing their Deaf and hard of hearing children opportunities to grow and thrive with their hearing peers. I have worked with many families who have had Deaf or hard of hearing children that slipped through the cracks in our educational and social support systems. Examples of this include children being identified as having a hearing difference late or being severely language deprived which may lead to developmental disabilities. Having systems that closely track Deaf and hard of hearing students' progress through assessment programs and developmental milestones would be a game changer for these children especially children of lower socioeconomic status and minority groups. Please support this bill and the children of Missouri!



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JEANETTE MOTT OXFORD		PHONE NUMBER: 314-775-3261	
BUSINESS/ORGANIZATION NAME: PARAQUAD		TITLE:	
ADDRESS: 5240 OAKLAND AVENUE			
CITY: ST. LOUIS		STATE: MO	ZIP: 63110
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/1/2023 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JESSICA BROWN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: Jeslbrown@outlook.com	ATTENDANCE: Written		SUBMIT DATE: 2/28/2023 8:05 PM
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I support this as a Language Assessor, a Deaf interpreter who works with language deprived children. This bill will bring resources to the deaf community, hard of hearing community, educators and interpreters.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JULIE HOLLAND		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: julie@pltikc.org	ATTENDANCE: Written	SUBMIT DATE: 2/24/2023 2:20 PM
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A child's early years, specifically ages 0-5, are the most important years for brain development. Research shows that responsive communication and connection stimulate that development. Unfortunately, many Deaf & Hard-of-Hearing (DHH) children miss out on this crucial development because their families do not have the proper information and tools to communicate and connect with their children. HB 106, the MO LEAD-K Bill, would provide parents with information about language milestones for DHH children and assessments to measure their early language acquisition in English, American Sign Language, or both. These milestones and assessments would identify and address language deprivation before DHH children enter school so they can be on the same track as their hearing peers. I fully support this bill.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KARA ROSS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/1/2023 12:00 AM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LAURA BURKHARDT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: aplomb-grove0n@icloud.com	ATTENDANCE: Written	SUBMIT DATE: 3/1/2023 5:13 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LESIA SHELTON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Lesia@1791.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/27/2023 10:56 AM
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I have family and friends who are deaf / hard of Hearing. I have worked for more than twenty-two years, serving the Deaf / Hard of Hearing Communities in Southwest Missouri. The number of young adults graduating high school with significant language deprivation, is alarming. The impact of language deprivation is lifelong; for the victims, their families, and their communities. Please consider the most basic effort to improve access to education for some of our most vulnerable citizens - Measurable objectives, regular assessments of language development, and strict oversight of progress/outcomes.



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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: PAUL KIEL		PHONE NUMBER: 314-695-0516
BUSINESS/ORGANIZATION NAME: MISSOURI ASSOCIATION OF THE DEAF, INC.		TITLE: PRESIDENT
ADDRESS: 2170 GREEN SLOPE DRIVE		
CITY: SAINT LOUIS		STATE: MO
		ZIP: 63136
EMAIL: moadpres@gmail.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/23/2023 8:48 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

To Honorable Legislators on Elementary and Secondary Education: This is to affirm my support for HB 106. This will help Deaf and Hard of hearing children gain better understanding of language. Those years from 0 to 5 years old are important years for language development and acquisition. With HB 106, the future of Deaf and Hard of Hearing children is brighter. About 22 states in this Union are already got LEAD-K laws on books. It will be educational and helpful for Missouri Deaf and Hard of hearing children gain better understanding of our language. Thank you for hearing me out!
Sincerely, Paul Kiel MoAD President Missouri Association of the Deaf, Inc. ###



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: PAULA BERTELS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: pab_313@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/25/2023 7:28 PM	
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As a sibling of two brothers who were born deaf to hearing parents it is extremely important for parents to be able to explore and make their own informed choices about the language that would help make there children kindergarten ready. I support the parents right to make the choice. Be that language choice be American Sign Language (ASL), spoken language, cued speech, augmentative/alternate communication , or any combination of these. My brothers were born profoundly deaf and they started with only speech and no sign language and that was not the best for them as it was frustrating and very isolating for them to not be able to sign and communicate to their fullest. As time passed their parents made an informed decision to include ASL in their language set and that was the best choice they made for my brothers as parents. The choice was my parents though and that choice should remain parents. My brothers also attended school at Missouri School for the Deaf and that was absolutely the best education choice for them. Both my brothers have did well adults.Both of my brothers have raised hearing children and they chose to raise them with ASL and speech and their children were 100% kindergarten ready and are very successful adults. Their children are fluent in both languages.Parents who are deaf, just like hearing parents, should be able to make the informed choice of the language they select or the combination of languages they choose be it ASL, speech or a combination of both to make their children kindergarten ready.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 106		DATE: 3/1/2023
COMMITTEE: Elementary and Secondary Education		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: PRIANA DONLEY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: pdonley2005@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/24/2023 6:01 PM
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I believe Mr. Barnes can make changes in our deaf and hard of hearing community. He have strong background knowing what Deaf and Hard of Hearing community is fighting for us he have an daughter is fully deaf. Mr. Barnes will have my full support as he is fighting for your community is I said earlier in the statement. Lastly, we need our ADA rights at all times and I know he will stand with us to fight the rights for your community.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RUTH ADAMS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: signru62@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2023 6:36 PM
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After working for nearly forty years with deaf children in the educational setting, it became obvious that children who came in lacking knowledge of their native language, meaning ASL, lagged way behind in their ability to keep up in the hearing world. As they became old enough to realize this, they drove into ASL and were much more successful!



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SHARON LIEBMAN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: sharonaliebman@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/27/2023 6:21 AM
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MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SONYA SMITH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/1/2023 12:00 AM
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MISSOURI HOUSE OF REPRESENTATIVES
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TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: STACIE ADRIAN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/1/2023 12:00 AM
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TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: STEPHANIE UPTON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/1/2023 12:00 AM
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MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Elementary and Secondary Education			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SUSAN HUELSKAMP		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: signingrealestate@prodigy.net		ATTENDANCE: Written	SUBMIT DATE: 2/27/2023 8:09 AM
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WITNESS APPEARANCE FORM

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TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: THOMAS GREEN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/1/2023 12:00 AM
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TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: WENDY JENSEN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/1/2023 12:00 AM
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TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: WILLIAM WALKER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: walkercad8@gmail.com		ATTENDANCE: In-Person	SUBMIT DATE: 2/28/2023 4:29 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Hello, My name is William Walker and I am the spokesperson for Missouri LEAD-K. I ran as a President for Missouri Association of the Deaf for ten years and represents little over 600.000 deaf and hard of hearing in the state of Missouri. I strongly support this House Bill 106 on Language Assessment Program. Often deaf and hard of hearing has delay language or not knowing how to read and write has cause them not to succeed in employment and dependence. Strongly believe in deaf kid's ability to have Bi-Bi language (English and ASL). It is harder to have just English alone, because deaf kids rely on Visual ASL language. Language and Literacy is the key to independence and productivity in their life. Spoken English is NOT a language. How can we change this? WE want to have children to be screened at age 0 to 5 to make sure they are making the progress meeting the expected language milestones in English and ASL both. The point is kids needs a strong language foundation to success to follow in literacy and educational pursuits. We want to monitor the kids AND their parents in making sure the kids meet the language milestones during the most critical years before it's too late. There is NO ASL/Visual language assessment specifically for deaf and hard of hearing. There are several language assessments for English but where is ASL for deaf kids?With this bill, solution would be helpful with Language Assessment processes, having Advisory committee experts to focus on improving system and reporting of data information in the right path. With proven data information, you will find more deaf kids with their language delayed. My childhood experience:I grew up deaf and wear hearing aid. Growing up, my parents (both hearing) was not aware to how or where i should go to receive better education. They find "special needs" program at public school and put me there. With several times transferring to different schools, my parents realized my language was not improving along with reading/writing skills. Being at different schools, between Missouri School for the Deaf and mainstream schools, I realized the language has been different and that caused my education delayed a year and a half. I do not want to see those deaf kids suffer the same path as I was, By supporting this bill, will impact the big change in our future deaf kids and parent's lives.



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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ALISON STEELE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: cooke0528@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/28/2023 1:45 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

This bill is redundant, unfunded, and unnecessary. The bill is requiring things that are already in place.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: AMY BRAKEMEYER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: aarstorekiss@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2023 9:08 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Dear Representative Barnes, Chairmen Pollitt, and Members of the House Elementary and Secondary Education Committee: Thank you for this opportunity to provide testimony on HB 106. I am writing to ask you to oppose HB 106. As you may know, all major hearing health organizations in the United States are opposed to legislation similar to this bill. The majority of children with hearing loss today are identified at birth and should be offered a range of language development options with full parent choice. Federal law, including the Early Hearing Detection and Intervention (EHDI) Act and IDEA, requires that all options be offered equally. This bill does not support parent choice with regarding to communication modality, which could include listening and spoken language, cued speech, sign language, and/or any combination. Our role is to support all communication modalities, not push one option that is preferred by a small minority who support only sign language above all others. In states where similar bills have been implemented, hearing technology options and spoken language are pushed as nonviable and problematic, which directly contradicts federal law and medical science. Over 90% of children who are deaf or hard of hearing are born to two typically hearing parents who do not know sign language and typically seek a language development model for their child that emphasizes the spoken language with which they are familiar. If children receive hearing aids and/or cochlear implants early and receive appropriate family-centered therapy that emphasizes talking, listening, and reading, children with hearing loss can develop age appropriate language. In fact, there is ample research and information on the success of spoken language acquisition and no evidence of language deprivation that would require creating a new position, an advisory council, and resources outside the current ones provided by EHDI and other programs. Over 80% of children identified under newborn hearing screening programs have mild to moderately severe hearing loss (National Center for Hearing Assessment and Management). Of those 20% born with severe or profound hearing loss, some 55-60% receive cochlear implants (Sorkin 2013, 2016). Children who use cochlear implants may use spoken language only, spoken language and Cued Speech, or spoken language and sign language. There is no right way to be deaf. In addition, in Missouri, the things proposed in this bill, including development of a list of milestones, assessments, and resources are not needed, as they already exist. This bill does nothing to address our true need and the need of children who are deaf or hard of hearing or funding for that need in Missouri, which primarily is qualified personnel to teach children who are deaf or hard of hearing to learn to listen and talk and/or to use sign language. My son, now 6, was born with a progressive hearing loss from a genetic disorder called Pendred Syndrome. By 3 months of age he was fitted with his first hearing aide. By 6 months he was fitted with his second hearing aide. Then at 2.5 YO and at 3 YO he underwent surgery for Cochlear Implants. When presented with the option of learning sign language we decided that it wasn't the direction that we wanted to go. When you start thinking about communicating and learning sign language your circle of family and friends becomes smaller and smaller. It wasn't just my son and I needing to learn but his father and brother,

grandparents, sitters, aunts, uncles, cousins, etc. As you can imagine that's a lot to ask of family. We decided that our son would always have spoken language. As he becomes a teenager or adult he will have the option to decide for himself if he would like to learn sign and I will support and join him in that journey. It should not now or ever be a decision forced upon us. Each family has their own journey and it should be theirs and theirs alone to make. Please oppose HB 106. Thank you for your time and consideration. Respectfully submitted, Amy, Jake, Lee and Eli Brakemeyer



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: AMY L BIRATH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: amybirath@juno.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2023 1:59 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

February 27, 2023 House Elementary and Secondary Education Committee 201 West Capitol Avenue Jefferson City MO 65101 Oppose HB 106 Dear Representative Barnes, Chairmen Pollitt, and Members of the House Elementary and Secondary Education Committee: Thank you for this opportunity to provide testimony on HB 106. I am writing to ask you to oppose HB 106. As you may know, all major hearing health organizations in the United States are opposed to legislation similar to this bill. Children with hearing loss today are identified at birth and should be offered a range of language development options with full parent choice. Federal law, including the Early Hearing Detection and Intervention (EHDI) Act and IDEA, requires that all options be offered equally. This bill does not include spoken language, cued speech, or other communication modalities other than ASL and written English. Our role is to support all communication modalities, not push one option that is preferred by a small minority above all others. In states where similar bills have been implemented, hearing technology options and spoken language are pushed as nonviable and problematic, which directly contradicts federal law and medical science. Over 90% of children who are deaf or hard of hearing are born to two typically hearing parents who do not know sign language and typically seek a language development model for their child that emphasizes the oral language that they are familiar with. If children are amplified or implanted early and receive appropriate family-centered auditory verbal therapy that emphasizes talking, listening engaging and reading, children with hearing loss develop age appropriate language. In fact, there is ample research and information on the success of language acquisition and no evidence of language deprivation that would require creating a new position, an advisory council, and resources outside the current ones provided by EHDI and other programs. Over 80% of children identified under newborn hearing screening programs have mild to moderately severe hearing loss (National Center for Hearing Assessment and Management). Of those 20% born with severe or profound hearing loss, some 55-60% receive cochlear implants (Sorkin 2013, 2016). Children who use cochlear implants may use spoken language only, spoken language and Cued Speech, or spoken language and sign language. There is no right way to be deaf. In addition, in Missouri, the things proposed in this bill, including development of a list of milestones, assessments, and resources are not needed as they already exist. This bill does nothing to address our true need and the need of children who are deaf or hard of hearing or funding for that need in Missouri, which primarily is qualified personnel to teach children who are deaf or hard of hearing to learn to listen and talk or to use sign language. As a pediatric audiologist and speech-language pathologist working solely with children who are deaf or hard of hearing and their families, I oppose this bill, as it does nothing to improve the services being providing to those children and families and suggests replication of resources which already exist. Please oppose HB 106. Thank you for your time and consideration. Respectfully submitted, Amy Lynn Birath, AuD, CCC-SLP/A, LSLS Cert. AVEd.



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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ANDREA MONTGOMERY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: andrefeleci@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/28/2023 9:42 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I do not not agree with this bill. The issue in our state is not the need for a list of milestones, assessments, or more access to resources. These things already exist and HB 106 will have no impact. It does not address the true need in Missouri which is qualified personnel to teach children who are deaf or hard of hearing to listen and talk, or to use ASL.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 3/1/2023 11:24 PM
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I am Opposed to this Bill. This is a Duplications of Services already being Provided by Local School District, Special School Districts and Missouri School For the Deaf.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ASHLEY ARMITAGE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ashleyparmitage@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2023 3:36 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

February 27, 2023 House Elementary and Secondary Education Committee 201 West Capitol Avenue Jefferson City, MO 65101 Oppose HB 106 Dear Chairmen Pollitt and Members of the House Elementary and Secondary Education Committee: Thank you for this opportunity to provide testimony on HB 106. I am writing to ask you to oppose HB 106. I am a professional who works with children with hearing loss and their families. This is NOT the right move for Missouri families who have children with hearing loss. Children with hearing loss today are identified at birth and should be offered a range of language development options with full parent choice. Federal law, including the Early Hearing Detection and Intervention (EHDI) Act and IDEA, requires that all options be offered equally. This bill does not include spoken language, cued speech, or other communication modalities other than ASL and written English. Our role is to support all communication modalities, not push one option that is preferred by a small minority above all others. In states where similar bills have been implemented, hearing technology options and spoken language are pushed as nonviable and problematic, which directly contradicts federal law and medical science. Over 90% of deaf and hard of hearing children are born to two typically hearing parents who do not know sign language and typically seek a language development model for their child that emphasizes the oral language that they are familiar with. If children are amplified or implanted early and receive appropriate family-centered auditory verbal therapy that emphasizes talking, listening engaging and readying, children with hearing loss develop age-appropriate language. In fact, there is ample research and information on the success of language acquisition and no evidence of language deprivation that would require creating a new position, an advisory council, and resources outside the current ones provided by EHDI and other programs. Over 80% of children identified under newborn hearing screening programs have mild to moderately severe hearing loss (National Center for Hearing Assessment and Management). Of those 20% born with severe or profound hearing loss, some 55-60% receive cochlear implants (Sorkin 2013, 2016). Children who use cochlear implants may use spoken language only, spoken language and Cued Speech, or spoken language and sign language. There is no right way to be deaf. I'd like to also share my own experience. I have worked with children with hearing loss for over 20 years and fully support parents in their right to choose their child's communication mode. With over 90% of parents of children with hearing loss being hearing, parents typically choose their native language--spoken language (English, Spanish, Urdu, Mandarin, etc.). I have seen similar legislation implemented in our neighboring state of Kansas. From my perspective, it has decreased parental authority/choice for parents who choose for their child to learn to listen and speak and parents are not presented communication options in an unbiased manner. Families are often told they do not know the right thing/can't make decisions for their child with hearing loss because they themselves are not Deaf. This is not the program that Missouri needs. If anything, Missouri needs to invest in families who are choosing spoken language as an option for their children--as the resources to these services are sparse and difficult to find

(exception: St. Louis is well-resourced in this arena). Thank you for your time and consideration. Regards, Ashley Armitage, MS, CCC-SLP, LSLS Cert AVT. Speech-Language Pathologist Listening and Spoken Language Specialist, Certified Auditory-Verbal Therapist



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: BARBARA ROCHEL MEYERS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: brmeyers1@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/28/2023 1:36 PM
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Here is some explanation about the bill. This bill is asking for things that are already being done in Missouri:

- HB 106 is requiring the development of language milestones for spoken English and ASL. These milestones already exist and are widely used by teachers of the deaf and speech language pathologists who work with children who are deaf or hard of hearing.
- HB 106 is requiring the development of a standardized list of assessments to be used throughout the state for the purpose of assessing and tracking language development for children and students from birth through age 12. Standardized assessments already exist and are being widely used by teachers of the deaf and speech language pathologists who work with children who are deaf or hard of hearing.
- Federal law requires monitoring and tracking of student progress. IDEA, the Individuals with Disabilities Act Parts C and B has provisions for assessment and tracking of language development.
- HB 106 is requiring an Advisory Committee be formed to provide oversight to the development of these abovementioned milestones and assessments.
- Since we already have these things, this bill is not necessary and is a poor use of limited resources.
- Missouri does not need to divert resources to something that already exists.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: BETH KORNBLATT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: bethkornblatt@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/27/2023 2:26 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

This bill is redundant, unfunded, and unnecessary. This bill is requiring things that are already in place. MO does not need a list of milestones, nor another assessment. HB 106 will have no impact and does not address our true needs in Missouri - which is the need for qualified Teachers of the Deaf to teach Deaf children language - and for those Deaf children who choose to use spoken language, ASL instruction SHOULD NOT be a requirement!!! My son is bi-lateral, DEAF, and chooses not to use ASL. He is in the 7th grade, at grade level, and this requirement would have hurt him in elementary school!!!



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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BETSY MOOG BROOKS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: bbrooks@moogcenter.org	ATTENDANCE: In-Person	SUBMIT DATE: 2/27/2023 8:30 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Missouri does not need HB 106. This bill requires the development of a list of language milestones, which already exist. This bill requires the development of a list of language assessments, which already exist. This bill requires a list of resources, which are currently readily available. These things already exist and HB 106 will have no impact and does not address our true needs in Missouri. The true issue and need in our state is access to qualified professionals who can administer the language assessments and teach children who are deaf or hard of hearing the necessary English language skills to learn to read and achieve academic success.



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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BRITTANY DEZEEUW		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: britt@brittdezeeuw.com	ATTENDANCE: Written	SUBMIT DATE: 3/1/2023 1:46 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

As a parent of a 4 year old daughter with profound hearing loss, I oppose HB 106. The bill is redundant and unnecessary. The bill is requiring assessments and milestone tracking that are already in place. Resources need to be directed at providing more qualified personnel to teach speech, language, and ALS to deaf and hearing of hearing children.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CARRIE SCHMITZ		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: carriebear91711@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2023 6:00 PM
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This bill is redundant, unfunded, and unnecessary.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 106		DATE: 3/1/2023	
COMMITTEE: Elementary and Secondary Education			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CASEY REDDING		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: caseyredding7@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 3/1/2023 8:46 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

March 1st, 2023 House Elementary and Secondary Education Committee 201 West Capitol Avenue Jefferson City MO 65101 Oppose HB 106 Dear Chairmen Pollitt and Members of the House Elementary and Secondary Education Committee: Thank you for this opportunity to provide testimony on HB 106. I am writing to ask you to oppose HB 106. The ACI Alliance and all other major hearing health organizations in the United States are opposed to legislation similar to this bill. Children with hearing loss today are identified at birth and should be offered a range of language development options with full parent choice. Federal law, including the Early Hearing Detection and Intervention (EHDI) Act and IDEA, requires that all options be offered equally. This bill does not include spoken language, cued speech, or other communication modalities other than ASL and written English. Our role is to support all communication modalities, not push one option that is preferred by a small minority above all others. In states where similar bills have been implemented, hearing technology options and spoken language are pushed as nonviable and problematic, which directly contradicts federal law and medical science. Over 90% of deaf and hard of hearing children are born to two typically hearing parents who do not know sign language and typically seek a language development model for their child that emphasizes the oral language that they are familiar with. If children are amplified or implanted early and receive appropriate family-centered auditory verbal therapy that emphasizes talking, listening engaging and readying, children with hearing loss develop age appropriate language. In fact, there is ample research and information on the success of language acquisition and no evidence of language deprivation that would require creating a new position, an advisory council, and resources outside the current ones provided by EHDI and other programs. Over 80% of children identified under newborn hearing screening programs have mild to moderately severe hearing loss (National Center for Hearing Assessment and Management). Of those 20% born with severe or profound hearing loss, some 55-60% receive cochlear implants (Sorkin 2013, 2016). Children who use cochlear implants may use spoken language only, spoken language and Cued Speech, or spoken language and sign language. There is no right way to be deaf. I'd like to tell you about my own experience. I am a pediatric audiologist in Kansas City at a major medical institution. I see children ages birth to 21 and am intrinsically involved in the identification and diagnosing of infants with hearing loss. For the last six years, I served on the Executive Board of Sound Beginnings (Kansas' Early Hearing Detection and Intervention group). Prior to obtaining my doctorate in audiology, I studied Education for students who are Deaf and Hard of Hearing at Illinois State University. I am fluent in American Sign Language and feel closely connected to the Deaf community in my personal life. I completed my student teaching rotation at Illinois School for the Deaf where I lived on campus and taught Literature for High School Students. I have seen and served hundreds if not thousands of infants, children, and teenagers who are deaf or hard of hearing. Some of them only use their hearing and their voices, some of them use their voices and some signs, and some use only American Sign

Language. Some of them wear cochlear implants, bone-anchored devices, or hearing aids. Some of them wear hearing aids or assistive devices just when they need or want to. Some of them don't wear anything at all. No two patients are alike. They each have their own unique, beautifully written story that is reflective of their families, relationships, hardships, and experiences. Some are wildly successful. Others are still struggling to find their path and place. Their mode of communication does not dictate this path. The only similarity amongst those that are successful is that they are the absolute center of their family's world. ...It's difficult for me to wrap my head around this bill. I'm saddened that a small group of individuals would be pushing an unfaceted agenda on a particularly vulnerable population—new parents. From my experience, working with parents through a new diagnosis of hearing loss can be difficult. Becoming a new parent is difficult and stressful in and of itself. Add on a new, unexpected diagnosis and parents can sometimes be overcome with emotions and feelings. As the pediatric audiologist, I am the person that carefully and gently provides them this diagnosis and discuss with them the path forward. At this stage, parents are most vulnerable and most susceptible to misinformation. They are overwhelmed, they are scared, they are grieving, and they are desperate for possible lifeline being thrown at them that seems like it can be. It is critical that we leave all options available to families. American Sign Language is a beautiful language that embodies an incredible community. However, pigeonholing vulnerable, new parents into one particular choice for their infant and for their child is alarming. Establishing new legislation that suggest parents of new infants with hearing loss should be forced to learn American Sign Language is unilaterally wrong. Parents are the only ones that can make these types of decisions and choices for their children and their families. Parents are the only ones who can reflect on their family's desires and goals for their child and be able to make subsequent decisions that might meet those goals. Our job as teachers, mentors, healthcare providers, and legislators is to support parents in making those decisions and meeting those goals. Trust parents. Thank you for your time and consideration. Regards, Casey Redding AuD, CCCA Pediatric Audiologist Kansas City, Missouri



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 106		DATE: 3/1/2023
COMMITTEE: Elementary and Secondary Education		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CHANDLER ROSE SCHNELLE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: chandlerschnelle@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2023 4:22 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

February 27, 2023 House Elementary and Secondary Education Committee 201 West Capitol Avenue Jefferson City MO 65101 Oppose HB 106 Dear Chairmen Pollitt and Members of the House Elementary and Secondary Education Committee: Thank you for this opportunity to provide testimony on HB 106. I am writing to ask you to oppose HB 106. The ACI Alliance and all other major hearing health organizations in the United States are opposed to legislation similar to this bill. Children with hearing loss today are identified at birth and should be offered a range of language development options with full parent choice. Federal law, including the Early Hearing Detection and Intervention (EHDI) Act and IDEA, requires that all options be offered equally. This bill does not include spoken language, cued speech, or other communication modalities other than ASL and written English. Our role is to support all communication modalities, not push one option that is preferred by a small minority above all others. In states where similar bills have been implemented, hearing technology options and spoken language are pushed as nonviable and problematic, which directly contradicts federal law and medical science. Over 90% of deaf and hard of hearing children are born to two typically hearing parents who do not know sign language and typically seek a language development model for their child that emphasizes the oral language that they are familiar with. If children are amplified or implanted early and receive appropriate family-centered auditory verbal therapy that emphasizes talking, listening engaging and readying, children with hearing loss develop age appropriate language. In fact, there is ample research and information on the success of language acquisition and no evidence of language deprivation that would require creating a new position, an advisory council, and resources outside the current ones provided by EHDI and other programs. Over 80% of children identified under newborn hearing screening programs have mild to moderately severe hearing loss (National Center for Hearing Assessment and Management). Of those 20% born with severe or profound hearing loss, some 55-60% receive cochlear implants (Sorkin 2013, 2016). Children who use cochlear implants may use spoken language only, spoken language and Cued Speech, or spoken language and sign language. There is no right way to be deaf. I'd like to tell you about my own experience. My daughter was officially diagnosed with severe to profound hearing loss when she was only a month old, after initially failing the newborn hearing screening. She received hearing aids when she was two months old, had cochlear implant surgery when she was nine months old, and had them turned on two and a half weeks later. We worked tirelessly keeping her hearing aids and cochlear implant processors on during all waking hours. This helped her get auditory stimulation to the brain to help with hearing and speech development. When my daughter was a year old we started Auditory Verbal Therapy (AVT). We receive ours through Missouri First Steps. It is only an hour a week and in our own home. My daughter loves it! She is often at the door excited for our therapist to come and says "more" and "please", wanting to see what toys she has in her bag. My daughter is now 19 months old and she is meeting all of the speech milestones for hearing kids her age. She can say over 40 words

and follows everyday commands, just by hearing them. My daughter does not take her processors off and brings them to me when they fall off while playing, wanting them back on. As a choice, my husband and I chose to not learn or teach her ASL. We have not needed it since she has been implanted. To successfully learn and teach ASL, we would “ideally” need to attend classes and even get a Deaf Mentor and we do not want that for our child, or for us. I can’t imagine forcing a new parent to learn an entire language on top of the emotions and fears they have when they find out their baby is deaf, plus all of the other common hardships of being parents. Getting your child cochlear implants is not an easy task. There are a lot of doctor appointments and therapy to juggle, and adding the requirement of learning a new language is not a necessary task that should be forced upon them. Common practices to learn ASL include “voice off” times where you all use ASL only, instead of talking. During these times she would not get the important auditory stimulation that we want her to have to help with her listening and speech skills. It could also encourage her to sign instead of speak, even further hurting her speech development. We want to have the choice for our daughter and not be forced to learn and teach a new language. Setting her up to learn listening and spoken language is so important to us so that she can thrive in the predominantly hearing world. She can go to whatever schools she wants and work whatever job she wants, without needing an interpreter or being limited to the deaf community. She will always have the option to learn ASL when she is older, but she will never have the option to go back to those early years of life to help develop listening and spoken language. Thank you for your time and consideration. Regards, Chandler Schnelle



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 106		DATE: 3/1/2023
COMMITTEE: Elementary and Secondary Education		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CRYSTAL G PFITZNER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: crystalpfitzner@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/28/2023 9:45 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Dear Representative Barnes, Chairmen Pollitt, and Members of the House Elementary and Secondary Education Committee: Thank you for this opportunity to provide testimony on HB 106. I am writing to ask you to oppose HB 106. As you may know, all major hearing health organizations in the United States are opposed to legislation similar to this bill. The majority of children with hearing loss today are identified at birth and should be offered a range of language development options with full parent choice. Federal law, including the Early Hearing Detection and Intervention (EHDI) Act and IDEA, requires that all options be offered equally. This bill does not support parent choice with regarding to communication modality, which could include listening and spoken language, cued speech, sign language, and/or any combination. Our role is to support all communication modalities, not push one option that is preferred by a small minority who support only sign language above all others. In states where similar bills have been implemented, hearing technology options and spoken language are pushed as nonviable and problematic, which directly contradicts federal law and medical science. Over 90% of children who are deaf or hard of hearing are born to two typically hearing parents who do not know sign language and typically seek a language development model for their child that emphasizes the spoken language with which they are familiar. If children receive hearing aids and/or cochlear implants early and receive appropriate family-centered therapy that emphasizes talking, listening, and reading, children with hearing loss can develop age appropriate language. In fact, there is ample research and information on the success of spoken language acquisition and no evidence of language deprivation that would require creating a new position, an advisory council, and resources outside the current ones provided by EHDI and other programs. Over 80% of children identified under newborn hearing screening programs have mild to moderately severe hearing loss (National Center for Hearing Assessment and Management). Of those 20% born with severe or profound hearing loss, some 55-60% receive cochlear implants (Sorkin 2013, 2016). Children who use cochlear implants may use spoken language only, spoken language and Cued Speech, or spoken language and sign language. There is no right way to be deaf. In addition, in Missouri, the things proposed in this bill, including development of a list of milestones, assessments, and resources are not needed, as they already exist. This bill does nothing to address our true need and the need of children who are deaf or hard of hearing or funding for that need in Missouri, which primarily is qualified personnel to teach children who are deaf or hard of hearing to learn to listen and talk and/or to use sign language. I am a mother to a 7 year old deaf child with cochlear implants. I oppose this bill, as it would keep my son from reaching his fullest potential. He uses spoken language only, and does well communicating and being a part of the hearing community. We are not against ASL but for our family spoken language is what works best for us. It is not right to put all deaf children in one category, they are all different and come from different backgrounds and beliefs. What we need is more people to be educated on the deaf and cochlear implants. What we need is more resources and support for children with cochlear implants. What we

need is easier access to upgrades and accessories through insurance companies. I'm blown away how little people know and understand deafness. Please oppose this bill, we already fight everyday to get him the resources he needs to make his life a little bit easier. Thank you for your time. Respectfully,
Crystal Pfitzner



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 106		DATE: 3/1/2023	
COMMITTEE: Elementary and Secondary Education			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: DONNA SORKIN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: ACI ALLIANCE		TITLE:	
ADDRESS:			
CITY: MCLEAN		STATE: VA	ZIP: 22101
EMAIL: nwestin@acialliance.org	ATTENDANCE: Written	SUBMIT DATE: 2/28/2023 9:06 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

February 27, 2023 House Elementary and Secondary Education Committee 201 West Capitol Avenue Jefferson City MO 65101 Oppose HB 106 Dear Chairmen Pollitt and Members of the House Elementary and Secondary Education Committee: I am writing on behalf of the membership of American Cochlear Implant Alliance—a non-profit organization of parents of children with hearing loss, adults with hearing loss, cochlear implant clinicians, and educators of children who are deaf and hard of hearing. I ask that you oppose HB 106. This legislation is yet another attempt to enact problematic language that every national hearing health organization opposes. The effort is a waste of state resources. I believe a better focus is on improving the services that already exist. Children with hearing loss today are identified at birth and should be offered a range of language development options with full parent choice. Federal law, including the Early Hearing Detection and Intervention (EHDI) Act and IDEA, requires that all options be offered equally. Our role is to support all communication modalities, not push one option that is preferred by a small minority above all others as language should not be legislated. In states where similar bills have been implemented, hearing technology options and spoken language are pushed as nonviable and problematic, which directly contradicts federal law and medical science. HB 106 proposes to establish a new committee under a government department that could supersede the established and effective Missouri Early Hearing Detection and Intervention (EHDI) program. This bill will result in inefficient use of public funds as implementation will require an allocation of state monies for a program that will compete with existing IDEA law, which are jointly funded by federal and state governments. Missouri is a state with superlative programs for families that choose LSL and 21st hearing technology, such as the Moog Center for Deaf Education. This multidisciplinary approach not only focuses on the family and the child, but also on professional development. Legislation should not put in place mechanisms that may second guess these professionals and programs working with families over the long term. HB 106 is problematic because of language that would: • The advisory committee proposed membership would likely inject bias for one communication approach—American Sign Language (ASL)—as half of the proposed members are trained in or use ASL. Current data shows that 66% of families choose listening and spoken language and only 6% use mostly sign language. Any committee should reflect the perspectives of the population being served. • Disrupt parent choice on communication modality for children who are deaf or hard of hearing. The vast majority of families are choosing the option for their children to hear and speak over visual communication. This option is supported by published scientific research. • Conflict with Federal legislation that already exists relative to early intervention decision-making and parent choice. I would like to share my own story as an adult who is deaf. My hearing loss was identified while I was in elementary school. I used an FM system and hearing aids. My parents—like 90 percent of parents of children with hearing loss—did not know sign language though

my father had a severe to profound hearing loss and used hearing aids all of his adult life. I went to college and graduate school and worked—totally in a mainstream environment. As my hearing loss progressed, I considered learning sign language but knew no one in my family, my circle of friends nor work colleagues who knew how to sign. Who would I have signed with? In 1992, I received a cochlear implant—which has allowed me to remain connected to my community of friends, family members and work. It has also allowed me to contribute beyond my earlier work in the field of urban planning by supporting families of children who are deaf and hard of hearing to know their rights and the choices that are open to them. This proposed law conflicts with everything that I have worked on for families over the past 25 years. Thank you for your time. I respectfully request that the Committee to oppose HB 206 and continue to support and improve local programs. Regards, Donna Sorkin Executive Director



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 106		DATE: 3/1/2023
COMMITTEE: Elementary and Secondary Education		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ELIZABETH FALES		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lfales@moogcenter.org	ATTENDANCE: Written	SUBMIT DATE: 2/26/2023 4:31 PM
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This bill is asking for things that are already being done in Missouri: • **HB 106 is requiring the development of language milestones for spoken English and ASL.-These milestones already exist and are widely used by teachers of the deaf and speech language pathologists who work with children who are deaf or hard of hearing.** • **HB 106 is requiring the development of a standardized list of assessments to be used throughout the state for the purpose of assessing and tracking language development for children and students from birth through age 12.-Standardized assessments already exist and are being widely used by teachers of the deaf and speech language pathologists who work with children who are deaf or hard of hearing. -Federal law requires monitoring and tracking of student progress. IDEA, the Individuals with Disabilities Act Parts C and B has provisions for assessment and tracking of language development.** • **HB 106 is requiring an Advisory Committee be formed to provide oversight to the development of these abovementioned milestones and assessments. -Since we already have these things, this bill is not necessary and is a poor use of limited resources.-Missouri does not need to divert resources to something that already exists. These things already exist, and HB 106 does not address our true needs in Missouri which is the need for qualified personnel to teach children who are deaf or hard of hearing to listen and talk, or to use ASL.**



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 106		DATE: 3/1/2023
COMMITTEE: Elementary and Secondary Education		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ELIZABETH SUBA	PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:	TITLE:	
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: suba.beth@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/28/2023 3:21 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Dear Representative Barnes, Chairmen Pollitt, and Members of the House Elementary and Secondary Education Committee: Thank you for this opportunity to provide testimony on HB 106. I am writing to ask you to oppose HB 106. As you may know, all major hearing health organizations in the United States are opposed to legislation similar to this bill. The majority of children with hearing loss today are identified at birth and should be offered a range of language development options with full parent choice. Federal law, including the Early Hearing Detection and Intervention (EHDI) Act and IDEA, requires that all options be offered equally. This bill does not support parent choice with regarding to communication modality, which could include listening and spoken language, cued speech, sign language, and/or any combination. Our role is to support all communication modalities, not push one option that is preferred by a small minority who support only sign language above all others. In states where similar bills have been implemented, hearing technology options and spoken language are pushed as nonviable and problematic, which directly contradicts federal law and medical science. Over 90% of children who are deaf or hard of hearing are born to two typically hearing parents who do not know sign language and typically seek a language development model for their child that emphasizes the spoken language with which they are familiar. If children receive hearing aids and/or cochlear implants early and receive appropriate family-centered therapy that emphasizes talking, listening, and reading, children with hearing loss can develop age appropriate language. In fact, there is ample research and information on the success of spoken language acquisition and no evidence of language deprivation that would require creating a new position, an advisory council, and resources outside the current ones provided by EHDI and other programs. Over 80% of children identified under newborn hearing screening programs have mild to moderately severe hearing loss (National Center for Hearing Assessment and Management). Of those 20% born with severe or profound hearing loss, some 55-60% receive cochlear implants (Sorkin 2013, 2016). Children who use cochlear implants may use spoken language only, spoken language and Cued Speech, or spoken language and sign language. There is no right way to be deaf. In addition, in Missouri, the things proposed in this bill, including development of a list of milestones, assessments, and resources are not needed, as they already exist. This bill does nothing to address our true need and the need of children who are deaf or hard of hearing or funding for that need in Missouri, which primarily is qualified personnel to teach children who are deaf or hard of hearing to learn to listen and talk and/or to use sign language. As a pediatric audiologist working solely with children who are deaf or hard of hearing and their families, I oppose this bill, as it does nothing to improve the outcomes of those children or services being providing to those children and families and suggests replication of resources which already exist. Everyday, I see patients with hearing loss gain access to sounds in their environment through the use of medical technology such as hearing aids and cochlear implants. This children are successful in using their technology, learning listening and spoken language, and using accommodations to access their classroom and daily

environments. Please oppose HB 106. Thank you for your time and consideration. Respectfully submitted, Elizabeth Suba, Au.D., CCC-A



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 106		DATE: 3/1/2023
COMMITTEE: Elementary and Secondary Education		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: HANNAH GARBACZ		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: HannahGarbacz@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/28/2023 7:16 AM
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As the mother of two deaf children, I have done my best to stay informed about bills that may impact my boys and children like them. This bill, while certainly brought forward with good intentions, will unfortunately only impact deaf children negatively. It is redundant, unfunded and unnecessary. The things it requires are all already in place, so the formation of an advisory committee will only take the time of people who are already very busy providing services to deaf children away from what should be their primary focus - the children they are providing for.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 106		DATE: 3/1/2023	
COMMITTEE: Elementary and Secondary Education			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: HEATHER GRANTHAM		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/1/2023 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 106		DATE: 3/1/2023
COMMITTEE: Elementary and Secondary Education		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JACOB DEZEEUW		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jrdezeeuw@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/1/2023 1:56 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am a parent of a four year old with profound hearing loss. I am opposed to HB106. This bill is redundant and unnecessary, these assessments are already in place. Please focus your efforts on bolstering the resources for deaf and heard of hearing children such as teachers of ASL, speech pathologists, audiologists, and teachers of the deaf and hard of hearing.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 106		DATE: 3/1/2023
COMMITTEE: Elementary and Secondary Education		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JENNIFER COUGHLIN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jmryan139@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2023 2:23 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

As a parent of a child who is deaf, I oppose this bill. I believe this bill is unnecessary, unfunded, and redundant. The bill is asking for things that are already being done in Missouri.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 106		DATE: 3/1/2023
COMMITTEE: Elementary and Secondary Education		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JENNIFER MARTIN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jennifermartin311@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/28/2023 10:03 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am in opposition of this bill as the items the bill is requiring are already in place which makes this bill redundant, and unnecessary. Additionally, this bill is unfunded. The issue in our state regarding deaf and hard of hearing children is not a need for a list of milestones, assessments or access to resources. The true need in Missouri for deaf and hard of hearing children is qualified personnel to teach children who are deaf or hard of hearing to listen and talk, or to use ASL.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 106		DATE: 3/1/2023
COMMITTEE: Elementary and Secondary Education		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JENNY KWOK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jennykim2@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2023 2:14 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I oppose this bill. It is unnecessary, redundant, and unfunded. The bill requires things that are already in place.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 106		DATE: 3/1/2023
COMMITTEE: Elementary and Secondary Education		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JENNY LIVINGSTON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jenericlivingston@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/28/2023 6:34 PM
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I am a mother of two children with hearing loss and cochlear implants. We have no family history of hearing loss nor have we ever used ASL, so when our children were initially diagnosed with hearing loss, we were lost. We depended on the doctors, audiologists, other parents, and state programs around us to give us as much information as possible and to help us navigate this very foreign world. We were given well-rounded resources, with both auditory-verbal spoken language options and ASL. After researching and trying both, and every variation in between, we have found the right path for our family. After our children turned three and were no longer eligible for Missouri First Steps, we were told there were only 2 listening therapists in the Kansas City area. And one of them had a long wait list. We have the resources and the time to travel to therapy but know others in the deaf and hard of hearing community that do not. The existing programs need a greater ability to reach more families and encourage more professionals to serve in capacities to help the majority of the children needing interventions, most of which have assistive technology and families that use spoken language. A new bill that limits choice or strongly advocates for only one avenue would not benefit the children of Missouri. ASL is great for some families and spoken language is great for some families, the choice is already there. Thank you for your time and consideration. Regards, Jenny & Eric Livingston, and children Drake & Maggie



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 106		DATE: 3/1/2023	
COMMITTEE: Elementary and Secondary Education			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JEREMIAH MARTIN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jeremiahmartin12@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/28/2023 9:23 PM
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I oppose this bill as it is unfunded and not necessary given it is requiring things that are already in place. The issue in MO for deaf and hard of hearing kids is that we need qualified educators (deaf educators) to teach deaf and hard of hearing students to listen and talk or ASL. It's not that we need assessments or access to resources as we already have those.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 106		DATE: 3/1/2023
COMMITTEE: Elementary and Secondary Education		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JESSICA HAMILL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jmdktb@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2023 8:07 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Dear Representative Barnes, Chairmen Pollitt, and Members of the House Elementary and Secondary Education Committee: Thank you for this opportunity to provide testimony on HB 106. I am writing to ask you to oppose HB 106. As you may know, all major hearing health organizations in the United States are opposed to legislation similar to this bill. The majority of children with hearing loss today are identified at birth and should be offered a range of language development options with full parent choice. Federal law, including the Early Hearing Detection and Intervention (EHDI) Act and IDEA, requires that all options be offered equally. This bill does not support parent choice with regarding to communication modality, which could include listening and spoken language, cued speech, sign language, and/or any combination. Our role is to support all communication modalities, not push one option that is preferred by a small minority who support only sign language above all others. In states where similar bills have been implemented, hearing technology options and spoken language are pushed as nonviable and problematic, which directly contradicts federal law and medical science. Over 90% of children who are deaf or hard of hearing are born to two typically hearing parents who do not know sign language and typically seek a language development model for their child that emphasizes the spoken language with which they are familiar. If children receive hearing aids and/or cochlear implants early and receive appropriate family-centered therapy that emphasizes talking, listening, and reading, children with hearing loss can develop age appropriate language. In fact, there is ample research and information on the success of spoken language acquisition and no evidence of language deprivation that would require creating a new position, an advisory council, and resources outside the current ones provided by EHDI and other programs. Over 80% of children identified under newborn hearing screening programs have mild to moderately severe hearing loss (National Center for Hearing Assessment and Management). Of those 20% born with severe or profound hearing loss, some 55-60% receive cochlear implants (Sorkin 2013, 2016). Children who use cochlear implants may use spoken language only, spoken language and Cued Speech, or spoken language and sign language. There is no right way to be deaf. In addition, in Missouri, the things proposed in this bill, including development of a list of milestones, assessments, and resources are not needed, as they already exist. This bill does nothing to address our true need and the need of children who are deaf or hard of hearing or funding for that need in Missouri, which primarily is qualified personnel to teach children who are deaf or hard of hearing to learn to listen and talk and/or to use sign language. As a parent of a deaf child I support the parent's right to choose what type of language is best for our child. My son, Henry was born with ANSD and through multiple testing found to be profoundly deaf. He was bilaterally implanted by 2 years old. Through the Moog Center we were given the choice as to what kind of language we wanted to teach Henry. After trials in sign language, assistive technology and spoken language we ultimately have decided on spoken language. Henry can now say over 60 words and works very hard each day to let his voice be heard. With his cerebral palsy, sign language was very cumbersome for him. Please

support a family's choice for their child and allow all types of language for deaf children. Please oppose HB 106. Thank you for your time and consideration. Respectfully submitted, Jessica Hamill, Parent of a Deaf Child



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 106		DATE: 3/1/2023
COMMITTEE: Elementary and Secondary Education		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JESSICA ROBINSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jmcneilrobinson@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/28/2023 12:26 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Dear Representative Barnes, Chairmen Pollitt, and Members of the House Elementary and Secondary Education Committee: Thank you for this opportunity to provide testimony on HB 106. I am writing to ask you to oppose HB 106. As you may know, all major hearing health organizations in the United States are opposed to legislation similar to this bill. The majority of children with hearing loss today are identified at birth and should be offered a range of language development options with full parent choice. Federal law, including the Early Hearing Detection and Intervention (EHDI) Act and IDEA, requires that all options be offered equally. This bill does not support parent choice with regarding to communication modality, which could include listening and spoken language, cued speech, sign language, and/or any combination. Our role is to support all communication modalities, not push one option that is preferred by a small minority who support only sign language above all others. In states where similar bills have been implemented, hearing technology options and spoken language are pushed as nonviable and problematic, which directly contradicts federal law and medical science. Over 90% of children who are deaf or hard of hearing are born to two typically hearing parents who do not know sign language and typically seek a language development model for their child that emphasizes the spoken language with which they are familiar. If children receive hearing aids and/or cochlear implants early and receive appropriate family-centered therapy that emphasizes talking, listening, and reading, children with hearing loss can develop age appropriate language. In fact, there is ample research and information on the success of spoken language acquisition and no evidence of language deprivation that would require creating a new position, an advisory council, and resources outside the current ones provided by EHDI and other programs. Over 80% of children identified under newborn hearing screening programs have mild to moderately severe hearing loss (National Center for Hearing Assessment and Management). Of those 20% born with severe or profound hearing loss, some 55-60% receive cochlear implants (Sorkin 2013, 2016). Children who use cochlear implants may use spoken language only, spoken language and Cued Speech, or spoken language and sign language. There is no right way to be deaf. In addition, in Missouri, the things proposed in this bill, including development of a list of milestones, assessments, and resources are not needed, as they already exist. This bill does nothing to address our true need and the need of children who are deaf or hard of hearing or funding for that need in Missouri, which primarily is qualified personnel to teach children who are deaf or hard of hearing to learn to listen and talk and/or to use sign language. As a parent of a child with hearing loss, I oppose this bill, as it does nothing to improve the outcomes or services of children like my Jack and suggests replication of resources which already exist. Please oppose HB 106. Thank you for your time and consideration. Respectfully submitted, Jessica Robinson, CFP®



MISSOURI HOUSE OF REPRESENTATIVES
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BILL NUMBER: HB 106		DATE: 3/1/2023
COMMITTEE: Elementary and Secondary Education		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JORDAN RENNER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jellis114@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2023 2:05 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. the bill is redundant, unfunded, and unnecessary.		



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Elementary and Secondary Education		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KATHLEEN SINKS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sinksk@chsstl.org	ATTENDANCE: Written	SUBMIT DATE: 2/28/2023 2:33 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

February 28, 2023 House Elementary and Secondary Education Committee 201 West Capitol Avenue Jefferson City MO 65101 Oppose HB 106 Dear Chairmen Pollitt and Members of the House Elementary and Secondary Education Committee: Thank you for this opportunity to provide testimony on HB 106. I am writing to ask you to oppose HB 106. The ACI Alliance and all other major hearing health organizations in the United States are opposed to legislation similar to this bill. Children with hearing loss today are identified at birth and should be offered a range of language development options with full parent choice. Federal law, including the Early Hearing Detection and Intervention (EHDI) Act and IDEA, requires that all options be offered equally. This bill does not include spoken language, cued speech, or other communication modalities other than ASL and written English. Our role is to support all communication modalities, not push one option that is preferred by a small minority above all others. In states where similar bills have been implemented, hearing technology options and spoken language are pushed as nonviable and problematic, which directly contradicts federal law and medical science. Over 90% of deaf and hard of hearing children are born to two typically hearing parents who do not know sign language and typically seek a language development model for their child that emphasizes the oral language that they are familiar with. If children are amplified or implanted early and receive appropriate family-centered auditory verbal therapy that emphasizes talking, listening engaging and readying, children with hearing loss develop age appropriate language. In fact, there is ample research and information on the success of language acquisition and no evidence of language deprivation that would require creating a new position, an advisory council, and resources outside the current ones provided by EHDI and other programs. Over 80% of children identified under newborn hearing screening programs have mild to moderately severe hearing loss (National Center for Hearing Assessment and Management). Of those 20% born with severe or profound hearing loss, some 55-60% receive cochlear implants (Sorkin 2013, 2016). Children who use cochlear implants may use spoken language only, spoken language and Cued Speech, or spoken language and sign language. There is no right way to be deaf. I'd like to tell you about my own experience. As the Director of Audiology at the Center for Hearing & Speech I work with patients with all degrees of hearing loss and modes of communication. The one unifying factor among all my patients is access to communication. Whether that be spoken language, use of an augmentative communication device, American sign language, cued speech, or a combination thereof. I have a young female patient who was diagnosed with moderate to severe sensorineural hearing loss at birth. She has been a hearing aid user since the age of six months and just last spring graduated with honors from Lindbergh High School. She did attend speech therapy as a young child for a couple of years, but was discharged as having met her therapeutic goals and is extremely articulate. She has only ever communicated via spoken language. She is currently enrolled at Mizzou and majoring in business. While access to language is critical, it is the right of the individual and their family to determine the

most appropriate method for their environment. Placing restrictions and dictating mode of communication at a legislative level is violating their right to choose. Proponents of this bill s will argue that for children who have hearing loss there is significant difficulty to develop the ability to communicate with listening and spoken language. That learning American Sign Language is much easier. However, to become proficient and conversational in ASL requires a minimum of two and half years with consistent study. If a child and their entire family does not have the means to access educational tools then you have inherently created a barrier to communication. Thank you for your time and consideration.Regards,Kate Sinks, AuD, ABAC, CCC-ADoctor of Audiology



MISSOURI HOUSE OF REPRESENTATIVES
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BILL NUMBER: HB 106		DATE: 3/1/2023
COMMITTEE: Elementary and Secondary Education		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KIMBERLI GRINSTEAD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kimberli.wolff@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2023 4:21 PM

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I believe this bill is redundant, unfunded, and unnecessary and requiring things that are already in place.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Elementary and Secondary Education		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KIMBERLY SLACK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mrs_kimmie_slack@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2023 2:46 PM
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The issue in our state is not the need for a list of milestones. The issue in our state is not a need for assessment. The issue in our state is not access to resources. These things already exist and HB 106 will have no impact and does not address our true needs in Missouri which is qualified personnel to teach children who are deaf or hard of hearing to listen and talk, or to use ASL.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Elementary and Secondary Education			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KIRSTEN KENAGY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: cugradkk@outlook.com	ATTENDANCE: Written	SUBMIT DATE: 2/28/2023 1:17 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

Dear Representative Barnes, Chairmen Pollitt, and Members of the House Elementary and Secondary Education Committee: Thank you for this opportunity to provide testimony on HB 106. I am writing to ask you to oppose HB 106. As a mom to a 6 year old Kindergartner who attends school in the Rockwood School District, I would much rather have these funds be appropriated to educational focus that has not already been addressed with other legislation or standards. The items proposed in this bill, including development of a list of milestones, assessments, and resources are not needed, as they already exist. This bill does nothing to address our true need and the need of children who are deaf or hard of hearing or funding for that need in Missouri, which primarily is qualified personnel to teach children who are deaf or hard of hearing to learn to listen and talk and/or to use sign language. When our son was born, and then soon thereafter diagnosed as being profoundly deaf, my husband and I made the decision at just 8 weeks old, to enroll him a spoken language program so that he could learn to speak and interact with his peers in the most natural way possible. This was our choice as his parents, and one that we hold great value and pride in today, as he is mainstreamed into his Kindergarten class and learning so many new things and making so many friends amongst typically hearing classmates. Things that may not have been possible without early interventions and a lot of hard work by our family and all of the professionals and deaf educators who worked tirelessly with him. I don't discredit or take anything away from families who choose another path for their child on their hearing journey, I simply want all of us to have the power to make that choice for the little ones we love so much. Over 90% of children who are deaf or hard of hearing are born to two typically hearing parents, like my husband and I, who do not know sign language and typically seek a language development model for their child that emphasizes the spoken language with which they are familiar. If children receive hearing aids and/or cochlear implants early and receive appropriate family-centered therapy that emphasizes talking, listening, and reading, children with hearing loss can develop age appropriate language. In fact, there is ample research and information on the success of spoken language acquisition and no evidence of language deprivation that would require creating a new position, an advisory council, and resources outside the current ones provided by EHDI and other programs. The majority of children with hearing loss today are identified at birth and should be offered a range of language development options with full parent choice. Federal law, including the Early Hearing Detection and Intervention (EHDI) Act and IDEA, requires that all options be offered equally. This bill does not support parent choice with regarding to communication modality, which could include listening and spoken language, cued speech, sign language, and/or any combination. Our role is to support all communication modalities, not push one option that is preferred by a small minority who support only sign language above all others. In states where similar bills have been implemented, hearing technology options and spoken language are pushed as nonviable and problematic, which directly contradicts federal law and medical science. I oppose this bill, as it does nothing to improve the

outcomes of those children or services being provided to those children and families. This bill suggests replication of resources which already exist, thereby wasting quite valuable resources, time, and funds which could better support deaf children and their families to receive the best educational outcomes possible. Please oppose HB 106. Thank you for your time and consideration. Respectfully submitted, Kirsten Kenagy



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Elementary and Secondary Education			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: LAURA ROBERTS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: lauracroberts@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/27/2023 6:34 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

February 27, 2023 House Elementary and Secondary Education Committee 201 West Capitol Avenue Jefferson City MO 65101 Oppose HB 106 Dear Chairmen Pollitt and Members of the House Elementary and Secondary Education Committee: Thank you for this opportunity to provide testimony on HB 106. I am writing to ask you to oppose HB 106. The ACI Alliance and all other major hearing health organizations in the United States are opposed to legislation similar to this bill. Children with hearing loss today are identified at birth and should be offered a range of language development options with full parent choice. Federal law, including the Early Hearing Detection and Intervention (EHDI) Act and IDEA, requires that all options be offered equally. This bill does not include spoken language, cued speech, or other communication modalities other than ASL and written English. Our role is to support all communication modalities, not push one option that is preferred by a small minority above all others. In states where similar bills have been implemented, hearing technology options and spoken language are pushed as nonviable and problematic, which directly contradicts federal law and medical science. Over 90% of deaf and hard of hearing children are born to two typically hearing parents who do not know sign language and typically seek a language development model for their child that emphasizes the oral language that they are familiar with. If children are amplified or implanted early and receive appropriate family-centered auditory verbal therapy that emphasizes talking, listening, engaging and reading, children with hearing loss develop age-appropriate language. In fact, there is ample research and information on the success of language acquisition and no evidence of language deprivation that would require creating a new position, an advisory council, and resources outside the current ones provided by EHDI and other programs. Over 80% of children identified under newborn hearing screening programs have mild to moderately severe hearing loss (National Center for Hearing Assessment and Management). Of those 20% born with severe or profound hearing loss, some 55-60% receive cochlear implants (Sorkin 2013, 2016). Children who use cochlear implants may use spoken language only, spoken language and Cued Speech, or spoken language and sign language. There is no right way to be deaf. I'd like to tell you about my own experience. I have worked in the Kansas City area with families who have children with hearing loss for 23 years. The majority of the families I see have children who are birth to five years old. Most of the families that I work with have one main goal for their child that is that they want their child to listen and speak as they do. When they find out this is possible with Listening and Spoken Language Therapy they are eager to do everything they can do to make this happen. The majority of children are mainstreamed in their home schools with little or no additional support needed in the classroom by five years old. Families need to hear about all of the communication options that are available for their child. This bill may limit the communication options (listening and spoken language, cued speech, total communication (spoken language and sign language)) offered through early intervention services. Early intervention services (birth through 3 years old) are critical to a child's success in developing age-appropriate language. Families need to

know all of the communication options available to them when they begin early intervention services so that they can make an educated decision on what is best for their child. Thank you for your time and consideration. Regards, Laura Roberts, M.S. Ed. LSLS Cert. AVEd. Listening and Spoken Language Specialist Early Childhood Deaf Educator



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 106		DATE: 3/1/2023
COMMITTEE: Elementary and Secondary Education		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LEIGHTON ALLEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: leightonallen@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/28/2023 9:01 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

February 27, 2023 House Elementary and Secondary Education Committee 201 West Capitol Avenue Jefferson City MO 65101 Oppose HB 106 Dear Chairmen Pollitt and Members of the House Elementary and Secondary Education Committee: Thank you for this opportunity to provide testimony on HB 106. I am writing to ask you to oppose HB 106. The ACI Alliance and all other major hearing health organizations in the United States are opposed to legislation similar to this bill. Children with hearing loss today are identified at birth and should be offered a range of language development options with full parent choice. Federal law, including the Early Hearing Detection and Intervention (EHDI) Act and IDEA, requires that all options be offered equally. This bill does not include spoken language, cued speech, or other communication modalities other than ASL and written English. Our role is to support all communication modalities, not push one option that is preferred by a small minority above all others. In states where similar bills have been implemented, hearing technology options and spoken language are pushed as nonviable and problematic, which directly contradicts federal law and medical science. Over 80% of children identified under newborn hearing screening programs have mild to moderately severe hearing loss (National Center for Hearing Assessment and Management). Of those 20% born with severe or profound hearing loss, some 55-60% receive cochlear implants (Sorkin 2013, 2016). Children who use cochlear implants may use spoken language only, spoken language and Cued Speech, or spoken language and sign language. There is no right way to be deaf. I'd like to tell you about my own experience. My name is Leighton Allen. I am 21 years old and I currently live in Plano, TX where I work full time while studying for my master's degree but I grew up in Missouri and received therapy, etc. through the available programs there. In 2001, I was born profoundly deaf to hearing parents. I am the middle child of 5 kids with the older three being profoundly deaf. My parents were already prepared in raising me as they already did the research for my older siblings. They chose the early cochlear implantation and audio verbal method for them and decided to continue it with me. The three of us deaf siblings were implanted with cochlear implants (CIs) under the age of one year old. My mother understood the importance of early intervention for the development of spoken language (SL) and hearing ability. The first 5 years of a child's life is the language acquisition window where they have the opportune moment to learn to hear and speak. During that time period the brain is developing synapses and is stimulated for auditory information. Missing this window results in a drastic decline in developing proficient speech and maximum hearing ability. Additionally, my mother chose not to teach the three of us American Sign Language (ASL) to prioritize our speech and hearing skills. This was done so that ASL would not hinder SL. During the early years we had extensive speech therapy with a speech and language pathologist to ensure the development of our language acquisition was on track. We were also enrolled in mainstream hearing schools, equipped with IEPs, and a teacher for the deaf to advocate for our accommodations in the classroom. My siblings had success at the same level but let me share my experience. I lived in Kansas

City, Missouri from first grade to fifth grade, and then Hannibal, Missouri from 5th grade to college graduation. In elementary, I was a high achiever and very involved in the classroom. I was speaking and performing at the same rate alongside my classmates. I was actually performing better academically than the majority of my hearing peers. In elementary the only assistance I had was an FM system to amplify my teachers voice, and the IEP accommodations for minor things such as; siting in the front, extra time on tests, access to teacher notes, etc. I was taught to self-advocate for myself and ask questions when needed. In 5th grade, I won the DARE essay challenge for the 5th grade level because my strong writing skills. I delivered my DARE essay to the entire school during our year end pep assembly. I gave my speech through the language method my mother had chosen with no errors. Spoken Language. In middle school, I began very self-sufficient as an older kid and dropped the FM system as my hearing ability far exceeded the need for it. The only assistance I used was access to teacher notes for the rest of my academic years. I was proficient with SL and was hearing in the 90 percentiles for word recognition. People didn't believe I was deaf because my hearing and speaking skills were just like everyone else. "You can hear something without your devices, right?" I had to convince them I was in fact, 100% deaf without my devices. I guess it can be hard to imagine how someone can hear and speak so well if they are deaf. They must have some hearing at least. In middle school, I ran track/cross country, and played basketball. In high school, I continued sports and was still a high achiever in my academics. I continued track/country and even played football one year. During junior year I was told I had the credits to graduate early. I took that opportunity and skipped senior year. I graduated with a 3.5 GPA. I was successful with SL and CIs and I performed above average in mainstream hearing schools. After high school, I went straight into mainstream private college, beginning with 17 college credits. I decided to get a communications degree as that is the very thing, I had been learning how to do my entire life. I took heavy course loads so that I could graduate in four years. During college, I was involved in the campus broadcast team sharing and producing news stories. I also ran track for one year. I graduated in 2022 with my bachelors in Public Relations achieving Magna Cum Laude, a 3.7 GPA. Since then, I moved to Texas to pursue my master's degree in communication leadership and I also landed a job working for a non-profit in development since October 2022. My story is evidence that CIs and SL language are a successful method of communication for deaf children. I have never needed ASL to communicate in my environments. It pains me to hear opposition towards CIs and the SL method as nonviable, problematic, abuse, and language deprivation. From my experience, that couldn't be more wrong. I still face these negative perspectives from the deaf community today, as I advocate for other deaf children to use CIs and SL. So that they might have the same opportunities as I have had. CIs and SL along have been proven to be successful and a viable option for deaf children. The crucial factor to the success of CI's is early implantation and the audio-verbal method without ASL. Parents should have the choice to choose if they wish to include ASL in their deaf child's path with CIs and SL. I've met parents that chosen to include ASL alongside CIs and SL, and they tell me their child quickly dropped it in favor of their hearing and speaking skills. Remember my two older deaf siblings that also received cochlear implants and use SL as their primary method of communication? My sister, Bethany, has a master's of architecture and works for an architect firm. My brother, Evan, is graduating with a bachelor's in construction management and has already landed a job with a construction company that is waiting for him right after he walks the stage. My mother chose this path for us. During a time of unknowns for implanting children with cochlear implants at a young age. She understood the research and the importance of early identification and early intervention for CIs and SL. She knew ASL could potentially affect the development of speech and hearing ability of deaf children with CIs. Her three deaf children have been incredibly successful with CIs and SL, to say CIs are unviable and that it is language deprivation to not use ASL alongside CIs and SL is a dishonor to her efforts and years of work. I want to take a moment to recognize my mother, Stacy Allen. For her choice, her courage, and her dedication to providing her three deaf children with the best opportunities possible. As a deaf individual from birth that was raised with CIs and SL, my communication method is not an option in this bill. I stand with the ACI alliance, my mother, and my siblings to say I oppose this bill, HB 106. I hope my voice can be heard. Thank you for your time and consideration. Regards, Leighton Allen



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 106		DATE: 3/1/2023
COMMITTEE: Elementary and Secondary Education		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LYNN GOESSLING		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lynngoessling@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 3/1/2023 3:31 PM
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I am the parent of a deaf/hard of hearing child. My daughter attended school for the deaf through age 5 to learn to listen and talk and is now a freshman in mainstream private high school functioning alongside her hearing peers. The purpose of this bill is baffling and I oppose it. Milestones and assessments already exist. My daughter has reached and taken all of them. This bill seems like a waste of resources. If there are resources to spare, those resources would be better spent providing early intervention, developing qualified personnel to teach children who are deaf/hard of hearing and providing resources to the schools to support deaf/hard of hearing children.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Elementary and Secondary Education		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MARGIE KEMP		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: margiekemp@att.net	ATTENDANCE: Written	SUBMIT DATE: 2/25/2023 7:13 PM
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No one should make that decision for anyone. I have two brothers that are profoundly deaf. They went to CID when they were very little. Then we found out about MSD, where they both graduated high school. They could finally make people understand them through sign, and we're much happier and well adjusted children. They live productive lives today. My brothers were very angry little boys until we found MSD - Missouri School For the Deaf, where they learned to sign. Since they were born profoundly deaf, they had never heard a sound, and could not understand what the sounds were. All people cannot learn to speak, just because they go to speech therapy. And while trying to learn speech, they are missing out on things.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Elementary and Secondary Education		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MATT CHAMBERS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: matt.a.chambers@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/28/2023 4:25 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I have 2 daughters that are hard of hearing and wear hearing aids. The existing laws and services have adequately provided for both of my children in accordance with IDEA and EDHI. Their current and past educators have done a wonderful job preparing them for kindergarten and also advocating on their behalf for additional medical and/or educational services. If there are shortcomings in the existing IDEA and EDHI guidelines, resources would be better spent enhancing the current regulations rather than enacting new guidelines that duplicate or contradict what is already in place. I support the principles suggested by the ASHA: ? Early access to language, either visual-manual (e.g., ASL) and/or listening-spoken (e.g., English); ? Parents' right to choose the most appropriate language and communication modalities for their child and family based on balanced evidence-based information; ? Assessment of language, communication, academic, and social-emotional development at an early age and throughout the child's educational experience; ? Early intervention services to support acquisition of a language base for communication during the child's early, critical years; Pg. 3 ? Qualified personnel* to implement appropriate assessments and interventions for children who use ASL and/or listening and spoken language in the primary communication mode(s) and language(s) used; and ? Direct access to auditory and visual information necessary for instruction and other school-based programs, services, or activities in the child's preferred language and communication mode, with the appropriate supports and/or accommodations (e.g., assistive technology, interpreters).



MISSOURI HOUSE OF REPRESENTATIVES
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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MEGAN A F LAWSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: mfriedman@saint-lukes.org		ATTENDANCE: Written	SUBMIT DATE: 2/28/2023 3:21 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

February 28, 2023 House Elementary and Secondary Education Committee 201 West Capitol Avenue Jefferson City MO 65101 Oppose HB 106 Dear Chairmen Pollitt and Members of the House Elementary and Secondary Education Committee: Thank you for this opportunity to provide testimony on HB 106. I am writing to ask you to oppose HB 106. The ACI Alliance and all other major hearing health organizations in the United States are opposed to legislation similar to this bill. Children with hearing loss today are identified at birth and should be offered a range of language development options with full parent choice. Federal law, including the Early Hearing Detection and Intervention (EHDI) Act and IDEA, requires that all options be offered equally. This bill does not include spoken language, cued speech, or other communication modalities other than ASL and written English. Our role is to support all communication modalities, not push one option that is preferred by a small minority above all others. In states where similar bills have been implemented, hearing technology options, and spoken language are pushed as nonviable and problematic, which directly contradicts federal law and medical science. Over 90% of deaf and hard of hearing children are born to two typically hearing parents who do not know sign language and typically seek a language development model for their child that emphasizes the oral language that they are familiar with. If children are amplified or implanted early and receive appropriate family-centered auditory verbal therapy that emphasizes talking, listening engaging and readying, children with hearing loss develop age-appropriate language. In fact, there is ample research and information on the success of language acquisition and no evidence of language deprivation that would require creating a new position, an advisory council, and resources outside the current ones provided by EHDI and other programs. Over 80% of children identified under newborn hearing screening programs have mild to moderately severe hearing loss (National Center for Hearing Assessment and Management). Of those 20% born with severe or profound hearing loss, some 55-60% receive cochlear implants (Sorkin 2013, 2016). Children who use cochlear implants may use spoken language only, spoken language and Cued Speech, or spoken language and sign language. There is no right way to be deaf. I have dedicated my 17-year career to working with children with hearing loss and their families. As a Speech-Language Pathologist, helping children communicate with their family is the most important part of my job. I have worked with countless families that have chosen to use oral communication as the primary mode of communication for their child. Innovative technology allows children with hearing loss to have access to the hearing world. Along with appropriate device usage and focused listening therapy, these children develop the ability to communicate with their families in their first language (spoken language). These children have gone on to mainstream into their local schools, play sports, musical instruments, learn a foreign language (including American Sign Language), go to college, get advanced degrees, and eventually get a job, all without the help of a sign language interpreter. Researcher Carol Flexer, PhD states that "our brains are pre-wired to learn to spoken language by listening". Once a child begins using appropriate

hearing technology, they can begin using their hearing brain as it was programmed to do. If a child focuses solely on a visual language (American Sign Language) the first 3 years of life, learning to listen and talk becomes much more challenging because the brain has already begun to reallocate the listening and talking parts of the brain to the visual parts of the brain. The ability to learn to listen and talk proficiently becomes extremely challenging past the age of 3 1/2. Learning to listen and talk via the language of the home is the most efficient way to develop communication skills. Some children have learned to use spoken and visual language at the same time, but the family has had the choice to do so. These families decide to dedicate learning a new language (American Sign Language) as well as learning to care for a child with hearing loss. If the family continues to learn sign language, it often takes years for them to become proficient in American Sign Language. Many of these children go on to learn to listen and talk, but at a slightly slower rate than those that focus on listening only (Geers, Mitchell, Warner-Czyz, Wang, Eisenberg, 2017). Often these children begin to only want to talk and use less and less sign language because they are surrounded by listening and talking family, school peers, and neighbors. House Bill 106 will likely have a committee of professionals across the state to decide what is best for a child with hearing loss and their families rather than the family themselves. There are Federal guidelines that state families should decide the mode of communication for their family. Learning to listen and talk with technology is challenging, but so is becoming proficient in sign language. The current educational system in Missouri is already set up to help children with hearing loss and their families. The systems are imperfect and I suggest they be reviewed rather than signing a new bill that may actually complicate or hinder the current services provided to families and children with hearing loss Thank you for your time and consideration.Regards,Megan A. Lawson, MS, CCC-SLP, LSLS Cert. AVEdSpeech-Language PathologistListening and Spoken Language Specialist



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 106		DATE: 3/1/2023	
COMMITTEE: Elementary and Secondary Education			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MEGAN GLUESENKAMP		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: meggglues@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/1/2023 8:17 AM	
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Hi! I am Brantley's mom, Megan. I tell you his name, because I want you to think about a **THRIVING 10** year old boy as you make decisions regarding children with hearing loss/deafness. Brantley was identified during his newborn screening that he was born with a hearing impairment. Brantley was diagnosed with Sensorineural Hearing Loss at less than three weeks old. Imagine the diagnosis for your own children at that age. Tough, huh? The feeling was like you were kicked in the teeth, you feel like a ton of bricks on top of you. Worry sets in, your immediate worry is that your child is never going to **HEAR** your voice, you worry about how your child will manage in life, how will he succeed, how will he learn? It goes on and on. Thankfully, Brantley and our family became a part of the **MOOG** family. Brantley started with hearing aids before 12 weeks of age. He attended Moog's toddler program and preschool. We had a teacher of the deaf come to our home and the same teacher taught him at school. Moog taught us how to teach our child with hearing loss how to talk! I feel, if we were pushed to use sign language, he would have been delayed in his speaking. He mainstreamed into public school at Kindergarten. He has continued to excel beyond what we ever expected. Now Brantley is finishing 5th grade, he attends a program for exceptionally gifted children, he had the option next year to choose a language to start studying. His options were - sign language, German, French, and Spanish. He chose German, based on his family heritage. Think about that- a child given a choice, chooses a spoken language over sign language. He was encouraged by so many professionals in the hearing loss community to be where he is today. I pray that the State of Missouri continues to support our children and adults appropriately. Please provide the resources that are best for the child. Please make this about the child and what is best for them! Spoken language is **BEST!**



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MEGAN KEMP		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: megankemp98@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/25/2023 6:55 PM
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I don't believe deaf and hearing impaired children should have to learn speech, because they don't get to make that decision themselves.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MELODY BOYD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mollygrose@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/28/2023 12:39 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

This bill is redundant and unnecessary. It is requiring the development of language milestones for spoken English and ASL. These milestones already exist and are widely used by teachers of the deaf and speech language pathologists who work with children who are deaf or hard of hearing. I have two grandchildren born deaf, 10, and 3. The 10-year-old is reading and speaking well above her peers. The 3-year-old is progressing along a very similar path. They speak in very well-structured sentences with proper diction based on their learning at the Moog Center St. Louis. DO NOT restrict or demand deaf children learn ASL. Neither of my grandkids know ASL. Yet they are performing at grade levels above their peers. My oldest, in 4th grade, speaks so well I guarantee you would not know she was born deaf and has cochlear implants. This bill is not in the best interest of deaf children and their parents.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MICHELLE ATCHISON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: obxbound@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 3/1/2023 11:54 PM

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This comes to state objection to this bill...my own objection, my Deaf husband's, and many in the Deaf community, that what is being proposed has been "Tried" and is "UNtrue". My husband and I write this objection jointly. In contrast to American Sign Language, a native, and ever-evolving language expressing concepts, with its own grammar including gestures and facial expressions, SEE is not a language; it is a way to sign the ENGLISH language. When D/HH students are taught their own language by proficient ASL users, (primarily Deaf adults, who use D/HH students' native language, who are "role models" to those students, who are "like them"), they are better able to connect, learn, and appreciate what they are being taught. Use of ASL, the native signed language of so many D/HH students, provides opportunities for those students to gain confidence and inspiration in learning, because it prevents frustration. Teaching using SEE with the ultimate goal of eventually understanding reading the English language, has proven over decades NOT to work. It creates frustration and disincentive, as well as has created in many D/HH students, hate for the English language, reading and other subjects. Students are often uninspired by being taught English, or reading, or any other subject, using a language that they themselves do not use. What it has done, thus far, is cause failure for so many students, leading to disinterest in their learning. D/HH students are already challenged so much by the fact that they are unable to hear. They are unable to hear the sounds in words that make up the English language. That is the REAL issue...they have limited ability to gain phonological awareness as typically hearing students do, and teaching using SEE will not change that. They CAN NOT hear. Teaching "English" or reading to D/HH students via SEE has NOT proven beneficial, or students taught using SEE back in the 1970's would not be included in statistics of D/HH high school graduates with a reported median fourth-grade reading level. Reading instruction geared specifically to the D/HH, using their native language is what will improve their reading abilities. Children, even with language deficits, are able to learn the foundation for the alphabetic principle during prekindergarten. Teaching D/HH students vocabulary using ASL is the cornerstone to learning to read. Being read to, using ASL is another such cornerstone. "Encouraging children to look at the way sounds are made on the lips - perhaps with the additional information that can be provided by visual phonics (Narr, 2008; Trezek, Wang, Woods, Gampp, & Paul, 2007) - can support the development of more robust phonological coding skills. We leave you with this thought. "On the basis of the available theoretical and empirical evidence, deficits in language seem to be at the root of these challenges. Until this issue is addressed, it is likely that achievement for deaf learners will continue to lag behind that of their hearing peers. No writing intervention or approach, however well designed, will solve this language problem."Mayer, C., & Trezek, B. (2019). Writing and deafness: State of the evidence and implications for research and practice. Education Sciences, 9(3), 185.



MISSOURI HOUSE OF REPRESENTATIVES
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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MOLLY O'HARA		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/1/2023 12:00 AM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RUSSELL G BOYD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: r_boyd_stl@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/28/2023 9:53 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

This bill is redundant and unnecessary. It is requiring the development of language milestones for spoken English and ASL. These milestones already exist and are widely used by teachers of the deaf and speech language pathologists who work with children who are deaf or hard of hearing. I have two grandchildren born deaf, 10, and 3. The 10-year-old is reading and speaking well above her peers. The 3-year-old is progressing along a very similar path. They speak in very well-structured sentences with proper diction based on their learning at the Moog Center St. Louis. DO NOT restrict or demand deaf children learn ASL. Neither of my grandkids know ASL. Yet they are performing at grade levels above their peers. My oldest, in 4th grade, speaks so well I guarantee you would not know she was born deaf and has cochlear implants. This bill is not in the best interest of deaf children and their parents.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RUTH KELSO SORRELL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: sorrellruth@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/28/2023 9:37 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Dear Representative Barnes, Chairmen Pollitt, and Members of the House Elementary and Secondary Education Committee: Thank you for this opportunity to provide testimony on HB 106. I am writing to ask you to oppose HB 106. As you may know, all major hearing health organizations in the United States are opposed to legislation similar to this bill. The majority of children with hearing loss today are identified at birth and should be offered a range of language development options with full parent choice. Federal law, including the Early Hearing Detection and Intervention (EHDI) Act and IDEA, requires that all options be offered equally. This bill does not support parent choice with regarding to communication modality, which could include listening and spoken language, cued speech, sign language, and/or any combination. The government's role is to support all communication modalities, not push one option that is preferred by a small minority who support only sign language above all others. In states where similar bills have been implemented, hearing technology options and spoken language are pushed as nonviable and problematic, which directly contradicts federal law and medical science. Over 90% of children who are deaf or hard of hearing are born to two typically hearing parents who do not know sign language and typically seek a language development model for their child that emphasizes the spoken language with which they are familiar. If children receive hearing aids and/or cochlear implants early and receive appropriate family-centered therapy that emphasizes talking, listening, and reading, children with hearing loss can develop age-appropriate language. In fact, there is ample research and information on the success of spoken language acquisition and no evidence of language deprivation that would require creating a new position, an advisory council, and resources outside the current ones provided by EHDI and other programs. Over 80% of children identified under newborn hearing screening programs have mild to moderately severe hearing loss (National Center for Hearing Assessment and Management). Of those 20% born with severe or profound hearing loss, some 55-60% receive cochlear implants (Sorkin 2013, 2016). Children who use cochlear implants may use spoken language only, spoken language and Cued Speech, or spoken language and sign language. There is no right way to be deaf. The things proposed in this bill, including development of a list of milestones, assessments, and resources are not needed, as they already exist. This bill does nothing to address the true needs of children who are deaf or hard of hearing or funding for that need in Missouri, which primarily is qualified personnel to teach children who are deaf or hard of hearing to learn to listen and talk and/or to use sign language. My son, James Sorrell, was born with bilateral profound deafness in June 2004. He received cochlear implants in January and September 2006. He was mainstreamed into school with typically developing peers in kindergarten with moderate support for a couple years, then minimal support. Today he is a senior at a rigorous private Catholic college preparatory high school in the St. Louis area with very little support - 45 minutes of language therapy a week and occasionally additional time on long written assignments. He is accepted to attend Westminster College in Fall 2023 where he will major in history and museum studies and pursue his

dream of running a museum one day. He has no speech impediment or deaf accent - NONE whatsoever. Key to his success was my ability, as his parent, to decide the mode of communication most appropriate for him and our family. All modes of communication were offered to us - ASL, cued speech, listening and spoken language, and combinations thereof. We were provided information about all modes of communication at the hospital the day my son was diagnosed as profoundly deaf. They were offered by the school district when we enrolled for early intervention and again when it was time for him to enroll in kindergarten. In preschool, when the school district was still pushing a combination of cued speech and listening and spoken language when my family only wanted listening and spoken language taught, I enrolled my child in private oral deaf school. ASL is a beautiful language, but it is not a language spoken by anyone in our family or in our circle of friends. ASL is truly a foreign language with its own grammar and syntax. Can you imagine your child's primary language being different than your own? Neither could I. Nor, could I imagine my son trying to make his way in this country without being fluent in English. I want him to learn ASL someday, but as a second language - NOT his first language. Please do not pass this bill and further diminish parent choice in this deeply personal matter. Please oppose HB 106. Thank you for your time and consideration. Respectfully submitted, Ruth Kelso Sorrell, parent of James Sorrell



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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SIMANTI BANERJEE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: simanti.banerjee@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2023 9:32 PM
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I oppose this bill since it proposes things which are already in place in Missouri and would be a poor use of limited tax dollars.



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COMMITTEE: Elementary and Secondary Education		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: TERESA DOUGHERTY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: doughertyad@aol.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2023 7:22 PM
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I'm opposed to this bill because it is redundant and requiring things that are already in place. The development of milestones already exist and are widely used by teachers of the deaf and speech pathologists. The development of standardized list of assessments already exist and are also used by teachers of the deaf and speech pathologists. In addition, federal law requires monitoring and tracking of student progress. Requiring an advisory committee to be formed is not necessary and is a poor use of limited resources. HB 106 will have no impact or address the true needs of Missouri which is getting qualified personnel to teach children who are deaf or hard of hearing to either listen and talk or use ASL.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: TORI FURSE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: torigrisham@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/28/2023 1:32 PM
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Dear Representative Barnes, Chairmen Pollitt, and Members of the House Elementary and Secondary Education Committee: Thank you for this opportunity to provide testimony on HB 106. I am writing to ask you to oppose HB 106. As you may know, all major hearing health organizations in the United States are opposed to legislation similar to this bill. The majority of children with hearing loss today are identified at birth and should be offered a range of language development options with full parent choice. Federal law, including the Early Hearing Detection and Intervention (EHDI) Act and IDEA, requires that all options be offered equally. This bill does not support parent choice with regarding to communication modality, which could include listening and spoken language, cued speech, sign language, and/or any combination. Our role is to support all communication modalities, not push one option that is preferred by a small minority who support only sign language above all others. In states where similar bills have been implemented, hearing technology options and spoken language are pushed as nonviable and problematic, which directly contradicts federal law and medical science. Over 90% of children who are deaf or hard of hearing are born to two typically hearing parents who do not know sign language and typically seek a language development model for their child that emphasizes the spoken language with which they are familiar. If children receive hearing aids and/or cochlear implants early and receive appropriate family-centered therapy that emphasizes talking, listening, and reading, children with hearing loss can develop age appropriate language. In fact, there is ample research and information on the success of spoken language acquisition and no evidence of language deprivation that would require creating a new position, an advisory council, and resources outside the current ones provided by EHDI and other programs. Over 80% of children identified under newborn hearing screening programs have mild to moderately severe hearing loss (National Center for Hearing Assessment and Management). Of those 20% born with severe or profound hearing loss, some 55-60% receive cochlear implants (Sorkin 2013, 2016). Children who use cochlear implants may use spoken language only, spoken language and Cued Speech, or spoken language and sign language. There is no right way to be deaf. In addition, in Missouri, the things proposed in this bill, including development of a list of milestones, assessments, and resources are not needed, as they already exist. This bill does nothing to address our true need and the need of children who are deaf or hard of hearing or funding for that need in Missouri, which primarily is qualified personnel to teach children who are deaf or hard of hearing to learn to listen and talk and/or to use sign language. I am a parent of a Profoundly Deaf child. My son, Wyatt, was born moderately hearing impaired. Within his first 10 months of life he was officially diagnosed, and we were set up with The Moog Center for Deaf Education in St. Louis, MO, where they tested his hearing, fit him with his first set of hearing aids by the time he was the age of one, and they immediately began teaching him to form words through speech and language therapy. Wyatt very quickly was able to start forming words, and in what felt like no time, he was speaking in complete sentences. . By the time Wyatt was 2 years old, his hearing had gotten worse and he became

Severely deaf. He continued his services provided through the Moog Center and continued his journey of learning as if he would have in a classroom of his normal hearing peers. Today, Wyatt is 14 years old and is now Profoundly Deaf. He has bilateral hearing aids, and could be a cochlear implant candidate, however at this time he is so high functioning, he chooses not to get cochlear implants, and his audiologist agrees that they are not a necessity for him at this time, as long as he wears the hearing aids. He attends the Rolla Public School System, where he has attended since Kindergarten, and he requires no special services for his education. He plays football on the school team, and also plays basketball on the school team. His GPA has remained above a 3.8 average and he will begin his Freshman year of high school in Fall of 2023. **WYATT HAS NEVER LEARNED TO USE SIGN LANGUAGE.** As a mother of a Profoundly Deaf child, there is nothing about this Bill that would have helped me or my child in our journey with hearing impairment. Learning Sign Language for my child to be able to communicate would have been an additional struggle to the new life we were already trying to modify in order to best provide and give him the strongest start in life that we possibly could have. The best thing for Wyatt to do was to learn to talk! What we needed most was financial help in order to pay for the services and the equipment he needed to be able to hear and learn to talk. We drove over 100 miles to get him these services and it has been the best decision ever made. Missouri needs better services to help more families, not try to make things more difficult by requiring them to learn sign language as a second means for communication. I oppose this Bill, it does nothing to improve the outcome of hearing impaired children or their families and will only make life more difficult for them. Please oppose HB106. Thank you for your time and consideration to this matter.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 106		DATE: 3/1/2023
COMMITTEE: Elementary and Secondary Education		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: VALERIE SONNEVELDT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: vsonneveldt@moogcenter.org	ATTENDANCE: Written	SUBMIT DATE: 2/27/2023 11:38 AM
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I am submitting a testimony in opposition to HB 106 as the bill is asking for things that are already in-place (i.e., the development of language milestones for spoken English and ASL and the development of a standardized list of assessment for assessing and tracking language development) and requiring the development of an advisory committee to provide oversight in developing the above items, which is unnecessary and a poor use of resources given these things already exist. As it stands, HB 106 will not address the actual needs of children with hearing-impairments in the state of Missouri, which is more qualified personnel to teach the children to either listen/talk or use ASL as appropriate/needed given the individual factors of each child (degree of hearing loss, family situation, other comorbidities, parental preference, etc.).



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 106		DATE: 3/1/2023
COMMITTEE: Elementary and Secondary Education		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: VANNA BOYD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: vboyd10210@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/28/2023 10:05 AM
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Through our 10 years of having children who are profoundly deaf, we have seen how important it is to teach spoken language first to create a strong foundation of listening and communication. Introducing sign language at a later date is one thing, after they have strengthened that foundation of spoken language. Families should be given a choice in this matter. We have now seen two of our children go through this by learning the spoken language. They have both successfully tested in comparison to their hearing peers. Please do not let this bill pass for our family and all the others who deserve the choice.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 106		DATE: 3/1/2023
COMMITTEE: Elementary and Secondary Education		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ZACH CLEM		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ezclem1@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2023 4:36 PM
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Dear Representative Barnes, Chairmen Pollitt, and Members of the House Elementary and Secondary Education Committee: Thank you for this opportunity to provide testimony on HB 106. I am writing to ask you to oppose HB 106. As you may know, all major hearing health organizations in the United States are opposed to legislation similar to this bill. The majority of children with hearing loss today are identified at birth and should be offered a range of language development options with full parent choice. Federal law, including the Early Hearing Detection and Intervention (EHDI) Act and IDEA, requires that all options be offered equally. This bill does not support parent choice with regarding to communication modality, which could include listening and spoken language, cued speech, sign language, and/or any combination. In states where similar bills have been implemented, hearing technology options and spoken language are pushed as nonviable and problematic, which directly contradicts federal law and medical science. Over 90% of children who are deaf or hard of hearing are born to two typically hearing parents who do not know sign language and typically seek a language development model for their child that emphasizes the spoken language with which they are familiar. If children receive hearing aids and/or cochlear implants early and receive appropriate family-centered therapy that emphasizes talking, listening, and reading, children with hearing loss can develop age appropriate language. In fact, there is ample research and information on the success of spoken language acquisition and no evidence of language deprivation that would require creating a new position, an advisory council, and resources outside the current ones provided by EHDI and other programs. Over 80% of children identified under newborn hearing screening programs have mild to moderately severe hearing loss (National Center for Hearing Assessment and Management). Of those 20% born with severe or profound hearing loss, some 55-60% receive cochlear implants (Sorkin 2013, 2016). Children who use cochlear implants may use spoken language only, spoken language and Cued Speech, or spoken language and sign language. There is no right way to be deaf. In addition, in Missouri, the matters proposed in this bill, including development of a list of milestones, assessments, and resources are not needed, as they already exist. This bill does nothing to address our true need and the need of children who are deaf or hard of hearing or funding for that need in Missouri, which primarily is qualified personnel to teach children who are deaf or hard of hearing to learn to listen and talk and/or to use sign language. As a parent of two daughters who are deaf, I oppose this bill as it is clearly written in favor of supporting parents to choose ASL. Take Section 2(6) which clearly states ASL as a choice of parents and lists "English" rather than "Spoken Language". I believe when discussing choice, we should consider the child's ability to choose their own language (when capable). For example, by teaching my daughters spoken language as a child, they retain their choice to exclusively learn and communicate with ASL in the future. We know that children develop speech and language skills very early on in life (years 0-5) with it becoming increasingly harder after that time. Had I chose to teach my daughters ASL, they may not have the ability to make their own choice regarding using

spoken language later in their life. Please oppose HB 106. Thank you for your time and consideration. Respectfully submitted, E. Zach Clem