1	State of Arkansas	A Bill		
2	87th General Assembly	A DIII		~
3	Regular Session, 2009		HOUSE BILL	1495
4				
5	•	Adcock, J. Roebuck, Stewart, Webb		
6	By: Senators Elliott, P. Malo	ne		
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8		For An Act To Be Entitled		
9 10	AN ACT I	ESTABLISHING THE SOUNDSTART PROGRAM	OF	
11		ATED SERVICES TO FACILITATE AND UNIT		
12		TIC, INTERVENTION, AND TRANSITIONAL	. E	
13		AIMED AT IMPROVING OUTCOMES FOR INF	₹∧₩₽₽	
14		LDREN WITH PERMANENT HEARING LOSS,	ANIS	
15		NG FAMILY SUPPORT AND OTHER RESOURCE	rs for	
16		S; AND FOR OTHER PURPOSES.	15 FOR	
17	TIMILLIAN	, and for office for obligi		
18		Subtitle		
19	TO ES	STABLISH A PROGRAM OF COORDINATED		
20		ICES TO FACILITATE AND UNITE		
21		NOSTIC, INTERVENTION, AND TRANSITION	1	
22		RTS TO HELP INFANTS AND CHILDREN		
23		PERMANENT HEARING LOSS.		
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26	BE IT ENACTED BY THE G	GENERAL ASSEMBLY OF THE STATE OF ARK	ANSAS:	
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28	SECTION 1. Arka	unsas Code Title 20, Chapter 15 is a	mended to add an	L
29	additional subchapter	to read as follows:		
30	20-15-1901. Tit	cle.		
31	This subchapter	shall be known and may be cited as	the "SoundstARt	
32	Act".			
33				
34	20-15-1902. Fin	ndings Purpose.		
35	(a) The General	Assembly finds that:		
36	<u>(1) Early</u>	intervention in newborns, infants,	and children wh	. <u>O</u>

1	are deat or hard of hearing is highly effective in facilitating a child's
2	healthy development in a manner consistent with the child's age and cognitive
3	ability;
4	(2)(A) Universal newborn hearing screening is recognized as the
5	standard of care for all newborns before discharge from a hospital or
6	birthing center.
7	(B) However, linkages between hearing screening programs
8	and early intervention programs are not consistently established due to lack
9	of effective or underused state tracking and monitoring systems, or both;
10	(3) Nationally, almost fifty-two percent (52%) of infants who do
11	not pass the newborn hearing screening become lost to follow-up care or
12	documentation for a variety of reasons, including without limitation:
13	(A) Lack of effective state early hearing detection
14	intervention surveillance and tracking systems;
15	(B) Inadequate reporting to these systems by providers;
16	<u>and</u>
17	(C) Poor communication among state agencies;
18	(4) Children who are identified early and enrolled in
19	appropriate early intervention services by six (6) months of age are more
20	likely to demonstrate age-appropriate language development, spoken or signed,
21	cognitive, social, and academic outcomes;
22	(5) Any degree of hearing loss in one or both ears, if left
23	undetected, can negatively impact a child's speech, language, cognitive, or
24	social development, or any combination of negative impacts on a child's
25	developmental processes;
26	(6) Information regarding hearing loss and intervention
27	opportunities should be communicated to families by qualified early
28	intervention professionals in a culturally competent, language-appropriate,
29	unbiased, and easily understandable format to allow for informed decision-
30	making;
31	(7) Research shows that by the time a child who is deaf or hard
32	of hearing graduates from high school, more than four hundred thousand
33	dollars (\$400,000) per child could be saved in special education costs if the
34	child is identified early and given appropriate medical, audiological,
35	educational, vocational, and family support services; and
36	(8) The savings in special education costs could pay many times

1	over for universal newborn hearing screening and subsequent intervention, and
2	transition.
3	(b) The purpose of this subchapter is to:
4	(1) Establish the SoundstARt as the single point of entry to
5	effectively plan, establish, and evaluate a seamless system of appropriate
6	services for newborns, infants, and children from birth through age five (5)
7	years of age who are at risk of hearing loss, have a hearing loss, or are
8	deaf;
9	(2) Connect all stakeholders involved in the screening,
10	identification, treatment, and transition of children who are deaf or hard of
11	hearing through shared information thereby ensuring prompt and effective
12	referral, evaluation, communication, and ongoing developmental support for
13	newborns, infants, and children identified with hearing loss and for their
14	<pre>families;</pre>
15	(3) Coordinate shared consent forms from parents or guardians as
16	necessary to ensure that the implementation of timely follow-up and provision
17	of services is not impeded by confidentiality requirements;
18	(4) Provide timely access to appropriate family-centered
19	intervention and interagency transition services for newborns, infants, and
20	children with confirmed hearing loss;
21	(5) Provide families and caregivers with culturally competent
22	family support programs and access to unbiased information regarding
23	opportunities for intervention, treatment, and education;
24	(6) Work with all state and federally mandated programs to
25	develop and monitor the efficacy of screening, diagnostic, intervention,
26	treatment, and transition services under the Individuals with Disabilities
27	Education Act, 20 USC §§ 1431-1445; and
28	(7) Develop written documentation for sharing information among
29	participating programs, ensuring timely and appropriate services consistent
30	with the family's choice and family-focused initiatives across the childhood
31	lifespan from birth through twenty-one (21) years of age.
32	
33	20-15-1903. Definitions.
34	As used in this subchapter:
35	(1) "Child" means a child twenty-four months (24) months to nine
36	(9) years of age;

1	(2) "Early intervention" means the early intervention services
2	described in the Individuals with Disabilities Education Act, 20 U.S.C. §§
3	<u>1431-1445</u> ;
4	(3) "Family" means a birth parent, stepparent, adoptive parent,
5	legal guardian, or other legal custodian of a newborn, infant, or child;
6	(4) "Family-centered" means the beliefs, values, and practices
7	that emphasize the essential role of the family in all aspects of the
8	decision-making and intervention process regarding the young child;
9	(5) "Follow-up care" means necessary hearing and medical
10	services for the diagnosis and management of newborn, infant, or child
11	hearing loss;
12	(6) "Hearing loss" means a hearing loss of twenty-five decibels
13	hearing loss (25 dB HL) or greater in the frequency region important for
14	speech recognition and comprehension in one (1) or both ears, approximately
15	five hundred hertz (500 Hz) through four thousand hertz (4000 Hz);.
16	(7) "Infant" means a child thirty (30) days to twenty-four (24)
17	months years of age;
18	(8) "Newborn" means a child from birth to twenty-nine (29) days
19	of age; and
20	(9) "SoundstARt" means the establishment of an overriding agency
21	providing coordination and a sense of unity throughout the state to multiple
22	state and nonprofit agencies funded by state and government dollars and
23	giving Arkansas children who are at risk for or who have been identified with
24	a hearing loss in one (1) or both ears of any degree qualifying them as deaf
25	or hard of hearing the chance to be contributing members of society who are
26	self-sufficient, tax-paying members of society.
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28	20-15-1904. SoundstARt Created Program.
29	(a) There is created SoundstARt as an independent agency of the
30	executive branch of state government.
31	(b) Services for children at risk for or with a primary diagnosis of
32	hearing loss shall be referred to and managed by "SoundstARrt" for the
33	purpose of providing a seamless system of coordinated services for infants
34	and children and their families.
35	(c) SoundstARt shall facilitate hearing screening follow-up services,
36	support families through the process of identification and diagnosis, and

1	coordinate lamily support systems and services, including without limitation:
2	(1) Existing communities;
3	(2) Parent advisors;
4	(3) Parent-to-parent support;
5	(4) Professional-to-parent support;
6	(5) Deaf and hard of hearing role models; and
7	(6) Family-centered communication intervention services provided
8	by qualified service providers with specialized training in working with
9	children who are deaf or hard of hearing and their families.
10	(d)(1) The program created in this subchapter shall provide a seamless
11	system with one (1) point of entry that supports children with hearing loss
12	and their families enabling them to move efficiently from diagnosis to
13	intervention facilitating transition into the educational process.
14	(2) The program created in this subchapter shall be:
15	(A) Consistent with the child's needs and the family's
16	goals and preferences; and
17	(B) Provided in a seamless system of care and an
18	unambiguous manner to ensure informed decision-making.
19	(e) The goals of the program created in this subchapter are to:
20	(1) Establish SoundstARt as the single point of entry to the
21	early intervention process for Arkansas families of infants and preschoolers
22	diagnosed with hearing loss;
23	(2) Serve as a central resource for information regarding early
24	intervention and the transition to education for families of children with
25	hearing loss;
26	(3) Develop a self-sustaining organization supporting families
27	through culturally sensitive practices recognizing family choice;
28	(4) Facilitate collaboration and reduce barriers among service
29	providers, stakeholders, and families involved in the early intervention
30	process; and
31	(5) Provide impartial access to information supporting sound
32	decision-making practices regarding technology, communication, and
33	educational process.
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35	20-15-1905. SoundstARt Intervention and Transition Coordinator.
36	(a) The program created in this subchapter shall be staffed by the

1	SoundstARt Intervention and Transition Coordinator.
2	(b) The coordinator shall:
3	(1) Respond to referrals and requests for services consistent
4	with state and federal guidelines;
5	(2) Identify, support, promote, and recommend culturally
6	appropriate and evidence-based practices for children who are deaf or hard of
7	hearing;
8	(3) Promote training, outreach, and use of technology aimed at
9	increasing consistency in statewide service provision of assistance for
10	children birth through five (5) years of age who are deaf or hard of hearing
11	with the long-term goal of improving educational outcomes, thus improving
12	integration into the work force;
13	(4) Facilitate the use of culturally appropriate, specialized,
14	reliable, and valid instruments to assess and track the progress of children
15	birth through five (5) years of age;
16	(5) Ensure that providers, parents, and members of the
17	individual family service plan team and individualized education plan team
18	are provided with child progress data birth through five (5) years of age
19	resulting from specialized assessments to develop and to modify service plans
20	as indicated; and
21	(6) Facilitate the collection of aggregate data regarding
22	school readiness and other outcomes as appropriate for children birth through
23	five (5) years of age who are deaf or heard of hearing.
24	(c) The coordinator shall function under the direction of the
25	SoundstARt Council of Directors.
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27	20-15-1906. SoundstARt Council of Directors.
28	(a) There is created the SoundstARt Council of Directors that shall
29	<pre>consist of:</pre>
30	(1) The Director of Maternal and Child Health of the Department
31	of Health or his or her designee;
32	(2) The Director of the Part C Section of the Department of
33	Human Services or his or her designee;
34	(3) The Associate Director of Special Education at the Arkansas
35	Department of Education or his or her designee;
36	(4) The Executive Director of Disability Rights Center or his or

1	<u>her designee;</u>
2	(5) The Superintendent of the Arkansas School for the Deaf or
3	his or her designee;
4	(6) The Director of the Audiology and Speech Pathology
5	Department of Arkansas Children's Hospital or his or her designee;
6	(7) The Chair of the Department of Audiology and Speech
7	Pathology in the College of Health Related Professions at the University of
8	Arkansas for Medical Sciences or his or her designee;
9	(8) Two (2) parents of children who are deaf or hard of hearing
10	representing Arkansas Hands and Voices or a comparable support group; and
11	(9) The President of the Arkansas Academy of Pediatrics,
12	Arkansas Chapter or his or her designee.
13	(b) Additional council members may be recruited at the discretion of
14	the council.
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16	20-15-1907. Parent-to-parent support network.
17	(a) SoundstARt shall:
18	(1) Provide families with unbiased information in a family-
19	centered, culturally competent manner through trained parent-to-parent
20	support; and
21	(2) Offer families the full range of intervention and transition
22	options available to children who are deaf or hard of hearing from birth
23	through five (5) years of age.
24	(b) The support provided under this section shall include without
25	limitation:
26	(1) Direct parent-to-parent assistance; and
27	(2) Information on communication, educational, medical, and
28	transition options.
29	(c) SoundstARt may contract with a nonprofit organization that can
30	provide throughout the state the services required under this section.
31	
32	20-15-1908. Hearing Instrument and Technology Loaner Bank.
33	(a) As used in this section, "eligible child" means a child from birth
34	through five (5) years of age with documentation of confirmed diagnosis of
35	hearing loss from a referring audiologist and no immediate access or
36	financial means, or both, to obtain hearing aids or other assistance

1	technology.
2	(b)(1) SoundstARt shall establish a Hearing Instrument and Technology
3	Loaner Bank to lend hearing aids and other assistance technology on a
4	temporary basis to the family of an eligible child.
5	(2) SoundstARt may arrange trial periods to assist in the
6	selection of appropriate technology.
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8	20-15-1909. Rules
9	(a) The SoundstARt Council of Directors shall adopts rules as
10	necessary to implement this subchapter.
11	(b) The rules adopted under this subchapter may include a modification
12	of the definition of "hearing loss" to allow for the detection of hearing
13	loss of less than twenty-five deciles of hearing loss (25dB HL).
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