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FISCAL IMPACT REPORT

ORIGINAL DATE 02/07/13

SPONSOR Hall LAST UPDATED _____ HB 332

SHORT TITLE Education for Deaf & Hard-of-Hearing Students SB _____

ANALYST Aledo-Sandoval

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY13	FY14		
	\$503.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Commission for the Blind (CB)
 Department of Health (DOH)
 Children, Youth and Families Department (CYFD)
 New Mexico School for the Deaf (NMSD)
 Public Education Department (PED)

SUMMARY

Synopsis of Bill

House Bill 332 appropriates \$503 thousand from the general fund to the Children, Youth, and Families Department for the purpose of contracting for services that provide early childhood education oral-deaf spoken language education to deaf and hard-of-hearing children who children who use cochlear implants and hearing aids.

FISCAL IMPLICATIONS

The appropriation of \$503 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of fiscal year 2014 shall revert to the general fund.

SIGNIFICANT ISSUES

The New Mexico School for the Deaf (NMSD) is designated as the state-funded agency to serve children with hearing loss. The NMSD is considered both a provider under the FIT Program and an LEA (Local Education Agency) under the education system. In 2012, NMSD served 165 deaf and hard-of-hearing children from birth to age 3 and 110 children from ages 3 – 5. This includes serving infants and toddlers in the home with their family, at NMSD preschool sites and supporting the inclusion of children in preschools with local school districts across the state. NMSD supports parents to make informed decisions about their child’s communication options. NMSD’s mission includes “supporting the development of auditory skills and spoken language as appropriate to the strengths and needs of the individual child/student”. They add that as a part of its 2008-2012 strategic plan, there is a focus area zeroing in on serving children with cochlear implants.

While CYFD administers child care and state funded pre-kindergarten services, the CYFD is not the responsible agency for children who are deaf and hard-of-hearing. The responsible agencies for children who are deaf and hard-of-hearing under the Individuals with Disabilities Education Act (IDEA) is the DOH’s Family Infant Toddler (FIT) Program (IDEA-Part C) for children birth to age three, and the Public Education Department’s (PED) Special Education Bureau (IDEA-619) for children age three to five.

The Public Education Department also added the following:

The New Mexico School for the Deaf (NMSD) receives NM Higher Education State and Federal Individual with Disabilities Education Act (IDEA) funding to provide educational programming to students who are deaf and hard of hearing. NMSD provides comprehensive and accessible education and support services to all deaf and hard of hearing children and youth between the ages of birth to 21, including extensive Early Childhood services and family outreach, in the State of New Mexico, free of charge.

In general, eligibility for services in a Title I preschool depends on whether a district or school is offering a preschool program and on the type of Title I program that the district or school is operating. Depending on available Title I funding, districts might fund preschool programs in whole or in part through a district wide Title I preschool program, or might limit the program to individual schools within the district. In either case, the district must establish and apply selection criteria based on age appropriate factors which identify students most at risk of failing the state academic achievement standards. It would be necessary for CYFD to work with PED to ensure that student eligibility for Title I preschool services are verified.

OTHER SUBSTANTIVE ISSUES

According to the DOH, each year, approximately 80 New Mexico infants are born with significant hearing loss. This estimate does not include children who are born with normal hearing but have hearing loss that develops after birth and/or worsens over time, which, by age 5, is estimated to be about 3 times the newborn prevalence rate. New Mexico has been successful in its ability to implement universal newborn hearing screening which was implemented in 2001 by Department of Health (DOH), Children’s Medical Services (CMS) program. The CMS program supports the right for families to choose the communication mode or method that best

matches that child's needs in light of the family's culture, values, lifestyle, and goals for their child, and the child's own inclinations and abilities once the child has been diagnosed with a hearing loss.

The DOH also notes that the consequences of hearing loss of any severity or type are profound for children, their families, and society. In 2000, the Joint Committee on Infant Hearing stated that without auditory input and the opportunity to learn language, children with hearing loss almost always fall behind their peers in language, cognition, and social-emotional development. They also have difficulties attaining the same level of academic achievement as their hearing peers. The DOH also added that early identification of hearing loss, fitting of high-quality hearing aids, cochlear implants and comprehensive early intervention services can minimize or avoid many negative outcomes experienced by children with hearing loss including improved school performance, communication skills, and speech-language development; better social skills and emotional health; decreased family stress; and improved quality of life

The CYFD states that several studies have shown that children with cochlear implants who receive both spoken language and signed language actually increase their spoken language production.

The Commission for the Blind (CB) states that the services set forth in the bill may help improve language acquisition in some children who are deaf and hard of hearing, including certain children who also have a loss of vision. The risk of developmental delay is especially significant in the population of persons with both vision and hearing loss, and early intervention is critically important in this population.

The DOH points out disparities based on income level and geographic location may occur for families with newly identified infants who are deaf or hard of hearing and try to access services outside the Part C Family Infant Toddler program.

MCAS/bm