

Dear [Senator/Representative] [Name]:

The Nevada Commission for Persons who are Deaf and Hard of Hearing is deeply concerned about recent disruptions to funding and support for the Nevada Early Hearing Detection and Intervention (EHDI) program due to recent layoffs at the US Dept. of Health and Human Services, as well as anticipated cuts to Medicaid funding proposed by the House of Representatives' and President's recent fiscal year 2026 budget proposals. These cuts are already threatening the health and wellbeing of deaf and hard of hearing children in Nevada and, if made permanent in next year's federal budget, will lead to long term and widespread impacts on the language acquisition and educational outcomes of these children. **We urge you to work with your colleagues to restore Centers for Disease Control and Prevention (CDC) staffing for the federal EHDI program office and preserve vital Medicaid funding in future federal budgets.**

EHDI programs are a cornerstone of preventative pediatric healthcare, dedicated to the early identification of infants born deaf or hard of hearing. The national EHDI goals, often referred to as the "1-3-6" benchmarks, stipulate that all infants should have their hearing screened before 1 month of age; those identified as potentially deaf or hard of hearing in this initial screening should receive a comprehensive audiologic diagnostic evaluation before 3 months of age; and infants identified with hearing loss should be enrolled in appropriate early intervention services before 6 months of age. Meeting these benchmarks are proven to improve language acquisition and early childhood education outcomes for deaf and hard of hearing children and the Nevada Division of Public and Behavioral Health (DPBH) strives to meet these critical timelines for infants in Nevada through the Nevada EHDI program.

Nevada EHDI receives critical funding and technical support in this effort from the US HHS Health Resources and Services Administration (HRSA) and the CDC's Disability and Health Promotion branch. As recently noted in a Time Magazine article (<https://time.com/7278169/baby-screenings-newborn-changing-trump-administration/>), the entire CDC Disability and Health Promotion branch was eliminated in recent staffing layoffs at HHS. This action has already interrupted funding to the Nevada EHDI program, which is critical to Nevada EHDI's ability to track newborn hearing screening outcomes in the state and identify and reach families requiring additional support and resources to get a proper diagnosis and early intervention services for their infant. Through years of careful planning and coordination with hospitals, family-based nonprofit service providers and Nevada Early Intervention Services (NEIS), Nevada EHDI has ensured that hearing screenings are performed competently and that infants requiring follow-up audiological and early intervention services are connected to the right providers. All of this infrastructure, and therefore the ability of Nevada to meet the "1-3-6" month benchmarks critical to getting deaf and hard of hearing children on the correct path to early language acquisition, is now at risk of unraveling.

The proposed cuts to Medicaid funding in future federal budgets will further impact the most vulnerable of families with deaf and hard of hearing. Once the Nevada EHDI program is successful in helping a child receive a proper diagnosis of deafness, further interventions are

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necessary for that child to achieve the language acquisition benefits of early screening. These may include ear, nose and throat medical services, ongoing audiological testing and amplification technology, and speech and language pathology services, among others. Medicaid funding is critical for many Nevada families facing such a diagnosis. The costs of accessing professionals providing these services, as well as hearing aids and cochlear implant technologies, are beyond the reach of most families without health insurance, and Medicaid is a vital resource to qualifying families in Nevada that lack employer-sponsored health insurance coverage for these interventions. Cuts to Medicaid funding threaten access for these families to these critical services and technologies. As noted above, failure to access such interventions early in an infant's development can impact a child's ability to communicate with family and friends and access educational content on equal terms as their hearing peers for years into their future.

Nevada families with deaf and hard of hearing children need your intervention today to reverse damaging cuts to HHS staffing and programs, as well as your vote to preserve vital Medicaid funding in the appropriations fight now underway for the federal fiscal year 2026 budget and beyond.

Sincerely,

Eric Wilcox
Chair

Catherine Nielsen
Vice-chair and
Executive Director, NV Governor's Council on
Developmental Disabilities