

IL Early Hearing Detection & Intervention HB 4215 & SB 3741

The Early Hearing Detection & Intervention program (EHDI) is one component of comprehensive newborn screening, in which newborns are screened for conditions which may not be obvious at birth but can cause harm if not treated until signs or symptoms are present.



**Over 25 kids a month
are diagnosed with hearing loss**

Facts

1.	Hearing loss is one of the most common birth conditions. Roughly 3 out of every 1,000 babies are born with hearing loss in one or both ears. Early detection and intervention is crucial for brain development and language learning. The number of children diagnosed doubles by Kindergarten due to late onset.
2.	Most children with hearing loss are born to hearing parents. About 95% of children with hearing loss are born to parents with no family history or prior experience with hearing loss, making early guidance and parent-to-parent support critical. Before EHDI programs were established, the average age of identification of a child with hearing loss was over 3 years of age . With the implementation of EHDI, the average age of identification is 3 months of age. (JCIH.org)
3.	Without EHDI oversight, children will have a delayed diagnosis and interventions. The EHDI program ensures babies receive hearing screening no later than 1 month , diagnosis no later than 3 months , and intervention no later than 6 months . Without this coordinated effort, delays are likely—leading to poor outcomes in language, learning, and social skills necessary for kindergarten readiness.
4.	Delayed support leads to higher costs for families and the State. Children with late-identified hearing loss often require more intensive services , including speech therapy, special education, accommodations, and additional health interventions— costing much more than early, preventive care.
5.	Underserved communities would be most affected. Families with limited access to appropriate healthcare, transportation, or information rely heavily on the EHDI program's follow-up system and support network . Without it, gaps in care widen, and disparities in early childhood grow.
6.	Illinois is not an outlier - We are behind. 11 other states have adopted similar amendments to provide sustainable funding for their EHDI programs. (Visit the state profiles at newsteps.org .)
7.	Recent state trends show this is standard practice. Since last fall alone, 17 states have increased their Newborn Metabolic Screening rates. These increases reflect inflation, workforce costs and the real cost of follow-up.
8.	Budget neutral. The newborn screening fee is part of the amount billed at birth. The modest increase to this fee will reflect current costs allocated to support the EHDI program in identifying, following up and supporting children diagnosed with hearing loss.
9.	What this means for IL. There are over 120,000 births a year in IL. Of those, over 4,700 babies need additional follow-up after not passing their Newborn Hearing Screening. Around 1400 of those babies will need pediatric audiology follow-up. If that doesn't happen by 6 months of age then the baby may require a sedated test which will cause undue additional costs and stress for the family.

Final Thoughts

This amendment brings Illinois in line with other states, is budget neutral for the state and protects and evidence-based system that prevents far more expensive outcomes later. We are not asking to increase services - we are sustaining a coordinated EHDI system that ensures children with hearing loss are screened, diagnosed, receive early intervention services and are connected to parent support in time to meet crucial language and developmental milestones.

This would align with the Joint Committee on Infant Hearing recommendations, the Federal Law and bring equity to the most frequently occurring birth condition.