

Submitter: Nawal Abdalkhalek
On Behalf Of:
Committee: House Committee On Behavioral Health and Health Care
Measure, Appointment or Topic: HB2685

Dear Chair Nosse, Vice Chair Nelson, Vice Chair Navarro, and Members of the Committee,

I write to you today as a future pediatric audiologist and a passionate advocate for early hearing detection and intervention (EHDI). I strongly support House Bill 2685, which seeks to integrate congenital cytomegalovirus (CMV) screening into Oregon's newborn screening program. This bill is not just about policy. It is about ensuring that every child has the opportunity to develop, learn, and thrive.

Hearing is the gateway to a child's world. It is how they connect with their families, recognize their name, and take their first steps toward language and learning. Yet congenital CMV, the leading non-genetic cause of pediatric hearing loss, is often undiagnosed until after it has already impacted a child's ability to develop speech, language, and cognitive skills. This delay in identification can have devastating consequences, leaving children struggling to catch up during the most critical years of brain development.

As it stands, our newborn hearing screening program is essential but incomplete. CMV-related hearing loss can be delayed or progressive, meaning a child who passes their hearing test at birth could still develop hearing loss months or even years later. Without early CMV screening, we are missing a crucial opportunity to detect and address this condition before it significantly impacts a child's future.

As a future pediatric audiologist, I have seen firsthand how early intervention transforms lives. When hearing loss is identified within the first months of life, we can provide timely treatment with hearing aids, cochlear implants, and speech therapy. The earlier we intervene, the better a child's chance of developing age-appropriate language and communication skills. House Bill 2685 ensures that families and healthcare providers have the knowledge and tools to act early, rather than waiting until a child has already fallen behind.

But this bill is not just about the children and families we serve. It will shape the future of pediatric audiology itself. The implementation of CMV screening will allow us, as the next generation of audiologists, to work in a system where comprehensive early hearing detection is the standard, not an afterthought. It will give us the ability to intervene sooner, provide more effective treatment, and prevent the devastating effects of undiagnosed and untreated hearing loss.

Supporting House Bill 2685 is an investment in the future of thousands of children and in the profession of pediatric audiology, ensuring that every child has the opportunity to develop, learn, and thrive. Every child deserves the best start in life. Every child deserves to be heard. By passing this bill, we can create a future where no child's potential is limited by undiagnosed hearing loss.

Thank you for your leadership and for supporting this critical initiative, your commitment to early detection and intervention will help ensure that every child reaches their full potential. I deeply appreciate your dedication to the well-being of Oregon's children and families, and I urge you to move this bill forward.

Sincerely,
Nawal H, MS
Pacific University, Doctor of Audiology Student