State of Vermont
Vermont Deaf, Hard of Hearing and Deaf/Blind Advisory Council

REPORT TO THE GOVERNOR AND GENERAL ASSEMBLY
Report Date: January 15, 2026

The Vermont Deaf, Hard of Hearing and DeafBlind Advisory Council Act 107 of 2016

Submitted to
The Honorable Governor Scott
House Committee on Human Services
House Committee on Health Care
House Committee on Education
House Committee on Government Operations
Senate Committee on Government Operations
Senate Committee on Health and Welfare
Senate Committee on Education

Submitted by

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Michelle John, Interim Vice Chair
on behalf of the
Deaf/Hard of Hearing/DeafBlind Advisory Council

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Executive Summary

Established under **33 V.S.A. § 1602**, the Vermont Deaf, Hard of Hearing and DeafBlind (D/HH/DB) Advisory Council began in spring 2016. The Council advises the Governor and the Legislature on policy implementation and quality improvement initiatives for DHHDB individuals. It also identifies gaps in current services and resources. The Council is made up of members with diverse professional, community, and personal insights. Its mission is to "improve the lives of all Vermonters who are Deaf, Hard of Hearing or DeafBlind by advocating for policies that promote diversity, equality, awareness and access."

In 2025, the Council held remote meetings in April, May, November, and December, with one in-person meeting in September.

As the Council prepares to mark its 10th anniversary, 2025 was a year of restructuring and revitalization with a focus towards sustainability. This included changes in leadership, updating membership, improved transparency, revising Council operating guidelines and ensuring adherence to the statute and best practices. One key modernization was to reinstate two long dormant subcommittees, Birth-to-Age Three and Mature Vermonters and restore the School-Aged/Young Adults subcommittee after a hiatus. A separate Nominating Subcommittee was developed to assist in recruiting and evaluating Council membership. A presentation by Department of Disabilities, Aging and Independent Living (DAIL) general counsel, Stuart Schurr, Esq. gave an overview of the Council's scope of work based on the governing statute and best practices for optimizing organizational procedures, including an overview of Open Meeting Law.

This year's report addresses the challenges faced by the DHHDB community in Vermont; and includes recommendations with supporting justifications. The appendices offer demographic information, a list of appointed council members representing various organizations and community partners, and an update from the Director of DHHDB services. We welcome ongoing discussions and are prepared to support any next steps outlined by the Administration and the Legislature. We invite feedback on how future reports can be improved. Comments can be directed to Laura Siegel, Director of DHHDB Services at the Department of Disabilities, Aging and Independent Living (DAIL), who will compile and relay them to the Council.

Mature Vermonters

Vermont ranks as the second oldest state in the United States, with approximately 194,000 individuals or nearly one-third of Vermonters aged 60 or older. The likelihood of hearing loss significantly increases with age, and it is estimated between 64,000 and 97,000 older Vermonters have some level of hearing loss. Unfortunately, many older Vermonters are not aware they have hearing loss, and their healthcare providers may not conduct hearing loss screenings. In addition, Medicare does not cover hearing aids, a significant financial barrier to hearing healthcare. Hearing loss is a public health issue given its association with increased risk of social isolation, falls, and dementia. It is critical that Vermont address hearing loss for older Vermonters through increased screening, public education, accessibility, and support to access treatment.

Recommendations

Recommendation 1: Commission a comprehensive study to assess access of hearing healthcare for older Vermonters. This study should examine the current state of hearing care, identify existing gaps, anticipate future needs, and suggest policy enhancements. For example, Innivee Strategies has conducted similar comprehensive analyses for other states' commissions on Deaf, Hard of Hearing, and DeafBlind (DHHDB) populations. We recommend teaming with the Department of Disabilities, Aging and Independent Living (DAIL) and the Vermont Department of Health to identify invested parties and avenues to prototype surveys.

Justification: Older Vermonters are the fastest growing demographic, and Vermont must be prepared to address hearing loss to prevent, mitigate or delay the need for more intensive (higher levels of) care. Accessibility to hearing healthcare directly impacts Vermonters' quality of life.

Recommendation 2: Revise current policies and regulations encompassing comprehensive communication access plans including various communication methods and assistive technology. Consideration should include accommodations for the entire DHHDB community; individuals in the Deaf Hard of Hearing and DeafBlind communities have vastly differing needs. In-depth revisions will enhance safety measures for older Vermonters in nursing homes, residential care homes, and assisted living facilities as well as other public spaces.

Justification: It is essential for the Division of Licensing and Protection (DLP) to update their regulations to include more thorough details on communication methods and access to assistive technologies, thereby building in support for Older Vermonters.

Recommendation 3: Secure sustainable funding for hearing aids and hearing assistive technology used in a variety of circumstances such as alerting systems with light strobes or assistive listening systems for conference rooms. Legislators should collaborate with the DHHDB Advisory Council to identify sustainable funding, including but not limited to, policy and legislative changes.

Justification: Medicare does not cover hearing aids or assistive technologies. Although previously some Medicare Advantage plans offered hearing aid benefits, over 26,000 Vermonters lost access to these plans in 2025, leaving most older Vermonters without insurance coverage for hearing aids. There is exceptionally limited funding for hearing assistive technology that enhances safety and quality of life.

School Aged/Young Adults

The recently reprised School-Aged/Young Adults Subcommittee is focused on identifying the necessary data to have clearer understanding of the needs of students aged 3-22 years with hearing loss. The majority of Vermont students who are DHHDB receive educational services from two main entities, the University of Vermont Consultation for Access, Resources, and Equipment Support (UVM CARES) or University of Vermont Medical Center Educational Services Practice (UVMMC ESP). A small number of schools have chosen to direct hire professionals who serve this student population. Organizations do not necessarily provide the same services, nor do they all receive state funding. Educational needs for students who are DHHDB are often complex, increasingly so if other diagnoses are present.

Recommendations

Recommendation 1: Have appropriate Legislative committees collaborate with the DHHDB Advisory Council, the Vermont Agency of Education (AOE), and the Vermont Council of Special Education Administrators (VCSEA) to identify other invested parties to establish a workgroup that reviews existing data sources and data-collection methods related to Vermont students who are Deaf, Hard of Hearing, or DeafBlind. The workgroup will identify opportunities to improve the quality and consistency of statewide data so that services can be strengthened across Vermont through informed planning and coordination. The workgroup should recommend a process for sharing end-of-year aggregate AOE and vendor data with the Council.

Justification: Current Agency of Education data primarily reflects special education reporting and does not capture students who are DHHDB served through 504 plans or students for whom DHHDB is not the primary disability on an Individualized Education Plan (IEP). Data reported to the Office of Special Education Programs (OSEP) upholds this need for ability to surveille. Most students who receive solely DHHDB consultation services are on 504 plans. As a result, statewide data does not accurately reflect the full population of students receiving DHHDB-related supports, nor the range of services provided. Improving data collection and reporting will facilitate an accurate, statewide understanding of student needs and inform policy, funding, and quality-improvement decisions as well as coordinated planning, resource allocation and collaboration among providers. Currently, to access AOE and vendor reports, a public records request must be submitted. This current recommendation allows for continued growth in data sharing and open communication with the DHHDB Advisory Council to abide by our statute-driven work of the Council "assess the services, resources, and opportunities available to children in the State who are Deaf, Hard of Hearing, or DeafBlind" as well as "consider and make recommendations to the General Assembly and the Governor on the following…appropriate data collection and reporting requirements concerning students with disabilities".

Recommendation 2: Have the House and Senate Committees on Education collaborate with DHHDB Advisory Council School-Age Subcommittee and the Vermont AOE to identify data elements, performance goals, and quality indicators that would be most useful for vendors providing services to students who are Deaf, Hard of Hearing, or DeafBlind. This would include a review of the current evaluation rubric. This work is intended to support quality improvement and better alignment of vendor services with student needs by exploring how these priorities could be incorporated into the AOE's Request for Proposal (RFP) process.

Justification: Vermont students who are Deaf, Hard of Hearing, or DeafBlind have widely varying needs that may require a range of service types and provider expertise. The National Association of State Directors of Special Education's (NASDSE) *Optimizing Outcomes for Students Who Are Deaf or Hard of Hearing (3rd Edition)* provides nationally recognized best-practice guidance emphasizing that students are unique, qualified providers are essential, and state leadership and collaboration are critical. While the NASDSE Guidelines are recommendations and not federal or state law, they offer an important framework for guiding program design and service delivery. Aligning the Agency of Education's RFP with these best practices through clear data elements, performance goals, and quality indicators will support informed decision-making and better align vendor services with student needs statewide.

Birth to Age Three

Vermont Early Hearing Detection and Intervention (VTEHDI), a Vermont Department of Health program, supports and coordinates services for families and their babies throughout the newborn hearing screening process, diagnosis of hearing differences, enrollment into early intervention services, and high-risk monitoring for hearing differences developing in early childhood. VTEHDI receives federal funding from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). The program works in collaboration with birth hospitals and various community providers, including audiologists, Early Head Start, homebirth midwives and primary care professionals. These partnerships emphasize follow-up screenings, appropriate referrals for diagnostic hearing testing and referral to early intervention (EI) services. Healthcare professionals submit hearing screening and diagnostic results for all newborns born in Vermont.

The Parent-Infant Program (PIP), responsible for specialized EI services for families with children aged 0-3 who are DHHDB, receives only Medicaid funding. However, this funding has significantly declined over the past decade, highlighting the urgent need to establish a sustainable funding plan to ensure the continued success of these essential programs.

Currently, 42 DHHDB children, ages birth to 3 years old are enrolled in EI services in Vermont. These children undergo language and developmental assessments at 8, 14, 20, 26, and 32 months of age. VTEHDI collaborates with the University of Colorado Early Language Outcomes Project and 11 other states/programs to compare assessment data, to improve service delivery for young children. The project's goal is to identify and recommend a standardized set of assessments for Deaf, Hard of Hearing and DeafBlind children from birth to 3 years of age that can be implemented nationwide Standout data categories show Vermont children in EI perform lower than those in other state programs in cognitive, gross motor and irregular nouns and verbs measures, but they perform higher in sentence length. Within the state, results are reviewed individually; PIP providers adjust content and delivery of services based on assessment data to better meet the needs of children receiving early intervention services.

Overall, the most significant need reported by medical staff, providers, and families is for direct family support, including access to an unbiased environment where families can express questions or concerns without fear of judgment or retribution. Providers frequently face overwhelming schedules, leaving them with limited time to offer in-depth guidance.

Recommendations

Recommendation 1: Commission a comprehensive study to assess access of pediatric hearing healthcare. This study should examine the current state of hearing care, identify existing gaps, anticipate future needs, and suggest policy enhancements including but not limited to insurance coverage.

Justification: Vermont is susceptible to a variety of barriers to healthcare. It is a rural state with only 2 Pediatric Diagnostic Centers available for young children, UVM Medical Center and Dartmouth Hitchcock Medical Center on the New Hampshire border. This creates significant mileage and travel time for appointments. Shortages of pediatric audiologists may result in longer waiting times. Within Early Intervention (EI), some Children's Integrated Services (CIS) providers may not view DHHDB EI services as a priority because of competing challenges that families are experiencing including housing, transportation, food insecurities and trauma. When families receive mixed messages, it may result in a delay of critical early intervention services for the DHHDB child. Hearing aids are often covered by Medicaid and some private insurances. When hearing aids are not covered it creates an often-insurmountable access barrier.

Recommendation 2: Secure sustainable funding for a long-term follow-up navigator program of experienced family leaders with professionalized standards focusing on advocacy, support, and direct service to families and children to meet EHDI benchmarks. The program will provide education, guidance, and follow-up for families and providers. Legislators should collaborate with VT Early Hearing Detection and Intervention (VTEHDI), VT Hands & Voices, and the University of Vermont Medical Center Educational Services Practice's (UVMMC ESP) Parent Infant Program (PIP) to identify sustainable long-term funding sources, including but not limited to, policy and legislative changes.

Justification: There are many unmet individual needs and systematic barriers related to timely hearing healthcare and early intervention for children who are DHHDB. The 2023 VTEHDI state baseline data benchmarks known as "1-3-6", submitted in Spring 2025: of infants screened by 1 month of age (VT: 97%), receive diagnosis by 3 months of age (VT: 69%) and entrance into early intervention by 6 months of age (VT: 82%). The federal goal is 100% in all categories.

Appendix A

Demographics

Approximately 70,000 Vermonters experience some form of hearing loss. Among them:

- 400 to 600 Vermonters are culturally Deaf and use American Sign Language.
- 12 to 20 Vermonters are DeafBlind.
- 33% of Vermonters over the age of 65 experience hearing loss.

Appendix B

Council Member Organizations & Community Partners

- Department of Disabilities, Aging and Independent Living (DAIL)
- HireAbility VT (formerly Vocational Rehabilitation)
- Vancro Integrated Interpreting Services (VIIS)
- Vermont Agency of Education (AOE)
- Vermont Association of the Deaf (VTAD)
- Vermont Center of Independent Living (VCIL)
- Vermont Chapter of Hearing Loss Association of America (VT HLAA)
- Vermont Early Hearing Detection & Intervention Program (VTEHDI)
- Vermont Hands & Voices (VT H&V)
- University of Vermont Consultation for Access, Resources, and Equipment Support (UVM CARES)
- University of Vermont Medical Center Educational Services Practice (UVMMC ESP)

Appendix C

Updates from Director of Deaf, Hard-of-Hearing, and DeafBlind Services

Using various virtual platforms and telecommunication methods, Laura Siegel provides critical technical assistance and guidance to numerous agencies and state departments in order to improve access to all services for this population. She has delivered presentations to diverse community groups and social service agencies, educating them on best practices for serving the DHHDB population. Laura consistently advocates for the inclusion of more assistive technology in various locations. She handles hundreds of referrals on topics ranging from ASL interpreting to assistive technology to resources.