

☞ **07hr_ab0133_AC-In_pt02**



Details:

(FORM UPDATED: 08/11/2010)

**WISCONSIN STATE LEGISLATURE ...
PUBLIC HEARING - COMMITTEE RECORDS**

2007-08

(session year)

Assembly

(Assembly, Senate or Joint)

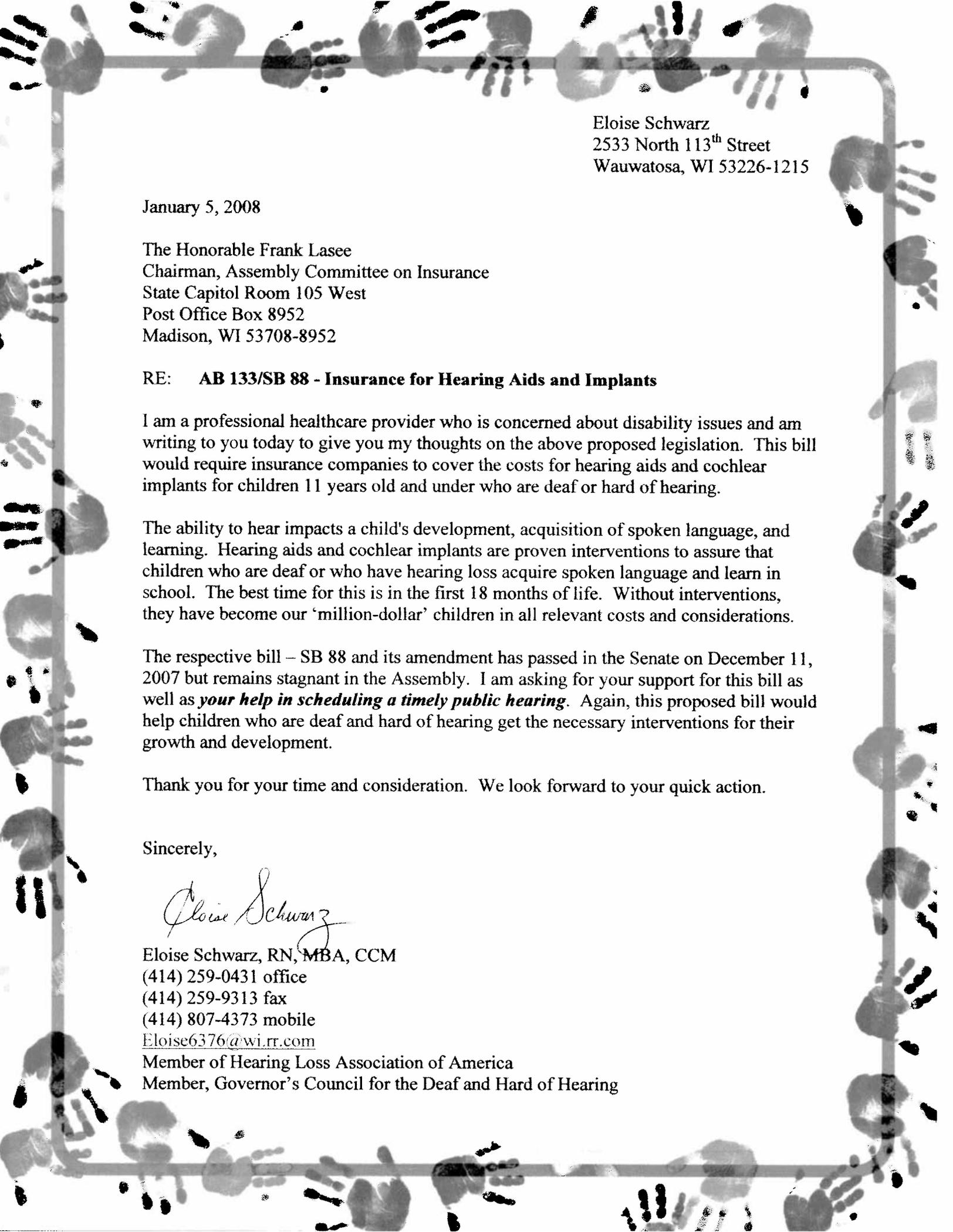
**Committee on ... Insurance
(AC-In)**

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**
- Record of Comm. Proceedings ... **RCP**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt**
- Clearinghouse Rules ... **CRule**
- Hearing Records ... bills and resolutions
 - (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
 - (**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

A decorative border of various handprints in different colors and sizes surrounds the text on the page.

Eloise Schwarz
2533 North 113th Street
Wauwatosa, WI 53226-1215

January 5, 2008

The Honorable Frank Lasee
Chairman, Assembly Committee on Insurance
State Capitol Room 105 West
Post Office Box 8952
Madison, WI 53708-8952

RE: **AB 133/SB 88 - Insurance for Hearing Aids and Implants**

I am a professional healthcare provider who is concerned about disability issues and am writing to you today to give you my thoughts on the above proposed legislation. This bill would require insurance companies to cover the costs for hearing aids and cochlear implants for children 11 years old and under who are deaf or hard of hearing.

The ability to hear impacts a child's development, acquisition of spoken language, and learning. Hearing aids and cochlear implants are proven interventions to assure that children who are deaf or who have hearing loss acquire spoken language and learn in school. The best time for this is in the first 18 months of life. Without interventions, they have become our 'million-dollar' children in all relevant costs and considerations.

The respective bill – SB 88 and its amendment has passed in the Senate on December 11, 2007 but remains stagnant in the Assembly. I am asking for your support for this bill as well as ***your help in scheduling a timely public hearing***. Again, this proposed bill would help children who are deaf and hard of hearing get the necessary interventions for their growth and development.

Thank you for your time and consideration. We look forward to your quick action.

Sincerely,

A handwritten signature in cursive script that reads "Eloise Schwarz".

Eloise Schwarz

Eloise Schwarz, RN, MBA, CCM
(414) 259-0431 office
(414) 259-9313 fax
(414) 807-4373 mobile
Eloise6376@wi.rr.com

Member of Hearing Loss Association of America
Member, Governor's Council for the Deaf and Hard of Hearing



File with Bill

January 11, 2008

JAN 17 2008

Representative Frank Lasee
Chairman of Committee on Insurance
Room 105 West
P.O. Box 8952
Madison, WI 53708

Dear Representative Lasee,

I am writing to you regarding the pending legislation relating to health insurance coverage of hearing aids and cochlear implants for children (AB133/SB88). I am a high school senior with a severe hearing loss. As a person with a hearing loss I know through experience how this bill would affect the families.

I was identified with a hearing loss when I was two years old. I immediately got hearing aids. I wear them all time. On the rare occasion that I don't have them on, I can't hear people talk, or any quiet noises. The only thing I can hear when I'm not wearing hearing aids is really loud sounds and even, when it's something loud it's not clear. Whereas if I'm wearing my hearing aids I can hear things clearly. I attend regular school and go to regular classes. I wear an FM system in school to be able to hear my teachers. I plan on going to technical college after high school. If I hadn't received my hearing aids at a young age, I may not be in the fortunate situation that I am in today.

Even though I was fortunate enough to have my family be able to pay for my hearing aids, they had to pay it off with their credit card. Hearing aids only last about six years so for my second set of hearing aids the insurance company only paid five hundred dollars on one hearing aid. The rest of the 3,500 had to be paid by my family somehow. Not all families are able to pay for a hearing aid that costs about 2,000- 3,000 a hearing aid and most people need two hearings aids.

I was very blessed to have those hearing aids at a very early age, not every child gets that opportunity. This bill may not help me out in the future, but it will help younger generations that need hearing aids to be able to hear. Please consider supporting this legislation relating to health insurance coverage of hearing aids and cochlear implants for children (AB133/SB88).

Thank you for your time and I hope you consider moving this bill forward.

Sincerely,

Heather R. Schreiber

Heather R. Schreiber

Heather Schreiber
119 Gilmore
Beaver Dam, WI 53916

MADISON WI 537

16 JAN 2008 PM 1 L



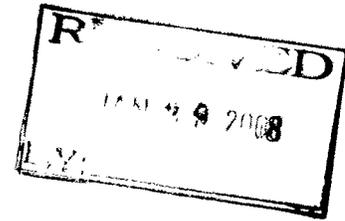
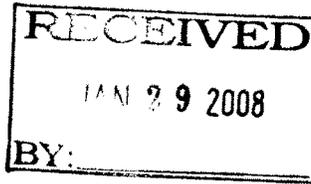
Rep. Frank Lasee
Chairman of Committee on Insurance
Room 105 West
P.O. Box 8952
Madison, WI 53708





January 27, 2008

Representative Frank Lasee
Room 105 West
State Capitol
P.O. Box 8952
Madison, WI 53706



Dear Representative Lasee,

It has been brought to my attention that there is an assembly bill that has recently been referred to the Committee on Insurance. This bill, **Assembly Bill 133**, is very near and dear to my heart and I am hoping that you will support it.

I have been teaching deaf and hard of hearing children for more than 30 years. Language competence is the key to these children being able to be successful in life. I have seen many changes in this field over the years, but one constant has been that early amplification for children with hearing loss is critical for establishing language.

Several years ago a critical piece in assisting with this was established. Universal Newborn Hearing Screening, where hospitals screen newborn infants for possible hearing loss, has revealed many hearing losses early where in the past they might not be discovered until the child was two or three. After identification, it is critical to provide the child with amplification so that speech and sound is available in order to develop language in a normal way. This amplification piece is a difficult one for most parents to afford. When I first started working one could purchase a set of hearing aids for roughly \$600. Now the price is usually \$6000. Families are already devastated by the knowledge that their child has a hearing loss and then to add financial responsibilities onto it is crippling.

There are private organizations that do help with this, but most of them do not offer their service until the family has filled out their paperwork and the paperwork has gone through a number of committees (rightly so). By the time that families are approved, the child has lost a great deal of time without amplification. Most families are not willing to wait that long.

Another option for families is to go on Medical Assistance. Medical Assistance will pay for hearing aids. I remember working with at least one family where the parent took a less paying job in order to qualify for Medical Assistance so that the costs related to the hearing loss were paid for. This hardly seems right for several reasons. Why would the state force families to take a lower paying job in order to provide basic services for their children? Why are some children able to receive these services for no cost, while others are penalized?

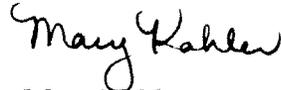
I am sure that one of your concerns is that insurance companies already have high rates and this will raise them even further. I'm sure that may be true, but this is such a low incidence population, I cannot foresee this being a huge jump in already high prices. Most people who are not familiar with hearing loss are surprised that this is not covered by insurance.

Recently, I attended a program in Pennsylvania where I was able to discuss the field of deaf education with other professionals from around the country. Most of the

time I boast of the things that are happening in Wisconsin, but I could not sing the praises of early amplification in our state. Most states have some kind of way of getting young children amplification. I am not saying that we need to be like every other state, but I want you to be aware where we are lagging.

Please consider supporting this legislation. I have already contacted the representative in my district, but now I am appealing to you. If you would like more information, I would be glad to supply you with it. Thank you for your time.

Sincerely,

A handwritten signature in cursive script that reads "Mary Kahler".

Mary Kahler
209 Beaver Street
Beaver Dam, WI 53916





Carol Burns
921 Perry Center Road
Mt. Horeb, WI 53572

*See attached
w/Burns*

January 30, 2008

Representative Frank Lasee
Chairman of Committee on Insurance
Room 105 West State Capitol
P.O. Box 8952
Madison, WI 53708

RECEIVED
FEB 01 2008
BY: _____

Dear Representative Lasee:

I am writing to you regarding the pending legislation relating to health insurance coverage for hearing aids and cochlear implants for children (AB-133/SB-88). I am an adult who has walked the shoes of the children this bill will help. I grew up with profound sensorineural hearing loss, also referred to as "nerve deafness".

AB-133 has remained in limbo in the Assembly Insurance Committee since March 2007, SB-88 passed the Senate on a bipartisan voice vote in December and has yet to move forward to a PUBLIC HEARING where the merits of this proposed bill can be heard and voted upon. I am aware you have received correspondence from your colleagues in the Assembly urging you to bring this bill forth to a public hearing. This bill has support in your Assembly and you owe it to the children of Wisconsin for this bill to be "heard" and discussed.

As an advocate, along with several others, I have spent a **great deal of time** attempting to provide you educational materials related to hearing disabilities, the benefits of early intervention to decrease the need for intense, long term educational intervention and expense for WI taxpayers and the added benefit of a healthier emotional and interpersonal relationship for the hearing impaired child and all who are a part of their lives.

If had not been for the difficult financial sacrifices made by my parents, I would not have become the successful adult who recently retired from the State of WI. That career was made longer by the fact I was able to acquire Cochlear Implant intervention, which allowed me to continue to work until normal retirement age. In fact, ONLY due to my increased ability to HEAR, I was able to promote THREE levels at the Dept. of Workforce Development almost one year to the day after the activation of the cochlear implant. That device was paid for by National Institutes for Health and Iowa Lions Club support of my clinic. This was because in 1996 our state insurance plans did not cover the Cochlear Implant. The uniform benefits have changed and now cover both Hearing Aids and Cochlear Implant surgery as of 2002 and 2003 respectively. Had it not been for my Cochlear Implant surgery in 1996, I would have been on disability retirement from the state as opposed to a fully employed person contributing to the tax base of our state. You enjoy this benefit, yet you are denying it for others by holding this bill hostage in your committee!

Please put SB-88/AB-133 forth for a public hearing and vote as soon as possible! Children of WI are depending on you to do the right thing. This is simply good public policy!

Please let me know when you plan to schedule this hearing.

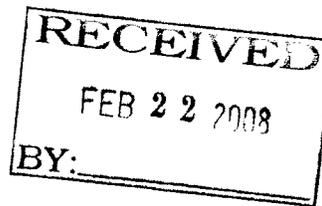
Respectfully,

Carol A. Burns
Carol A. Burns

CC: Representative Brett Davis



Susan Stanke
Po box 51
Mercer , WI 54547
715-476-2474



January 30, 2008

Representative FRANK LASSE
State Capitol
Rm 105 West
Madison, WI

RE SB88/ AB133

Dear Representative FRANK LASSE

I am writing to ask you to support SB88/AB133 and hold committee hearings on the merits of these bills.

I am oral a hard of hearing person who uses two hearing aids on a daily basis morning to night. I am a member of Hearing Loss Association of America.

Hearing aids do not cost the same as glasses. Glasses cost around \$300.00 while hearing aids can cost \$4000.00 or more the cost varies according to the severity of the hearing loss and the type of hearing aid being fitted.

Children need amplification in order to learn speech.. grammar and social skills. The process of learning speech does not happen overnight but rather is a complicated process with many steps along the way. The process starts with the babies cry and progresses to cooing and babbling. Speech has rhythm and pitch which must also be learned.

It is not enough to hear speech but one must be able to discriminate between sounds. In English we have many words that sound very much alike with only a subtle difference. We have words that look very much alike on the lips in speechreading.

I ask you for your support to pass AB133/ SB88. I ask you to schedule a hearing on the merits of these bills.

I am a voter and taxpayer.

Sincerely yours,

Susan Stanke





AB 133
Folder

Deaf Bilingual Coalition

Sign From the Start. Success for a Lifetime.

www.deafbilingualcoalition.com

February 12, 2008

We are excited to announce the First Annual Deaf Bilingual Coalition Conference to be held in Milwaukee, Wisconsin June 27 – 30th. DBC is a grass-roots organization established in 2007 to ensure that all Deaf babies and children succeed and thrive through early and strong acquisition of American Sign Language and English.

Currently, 3 children out of 1000 are born Deaf each day in the United States. Many parents are not informed of the marvelous benefits of complete and natural language acquisition and whole child development through American Sign Language. DBC holds strong to the research based facts as well as collective life experiences that babies and children exposed and acquiring fluency in American Sign Language have a higher level of social, emotional, and cognitive well being and development.

It is our goal to promote and celebrate true bilingualism for Deaf babies and children. In order to do so, we need your help. This Conference will be the first of its kind and will bring together people from all over the country and possibly other countries to advocate and learn more about how we all can work together to insure the brightest future for all Deaf babies and children.

In order to do so, we are asking people like yourself who care to become a sponsor of the event or make a financial donation. We are in the process of reserving a Conference location, securing speakers and sponsors. The cost will be between \$20,000 and \$30,000. We are expecting a very large turn-out for this event.

Your donation to this cause will go far into growing State DBC chapters so that a nation-wide system can be established working together with other organizations to ensure Deaf Babies and Children have access to American Sign Language from the start. We are passionate about this mission and appreciate your financial support.

Please send your contributions or sponsorships today to: (All donations are tax deductible.)
Pay Pal via <http://www.cad1906.org> (California Association of the Deaf)

OR...Make checks out to CAD and add DBC on the memo line and mail to:
CAD co CHAD
c/o CA Home for the Adult Deaf
529 Las Tunas Dr.
Arcadia, CA 91007

If you have further questions, please contact deafbilingual@gmail.com

With Sincere Gratitude of Your Support,

The Deaf Bilingual Coalition Core Committee

John Egbert, Ella Mae Lentz, David Eberwein, Barbara DiGiovanni, David Reynolds, Tami Hossler





CENTER for the DEAF
and HARD
OF HEARING

February 15, 2008

Representative Frank Lasee
Room 105 West
State Capitol
PO Box 8952
Madison, WI 53708

Dear Representative Lasee:

We are writing to support Assembly Bill 133 and Senate Bill 88 to require health insurance coverage of hearing aids and cochlear implants for infants and children less than 11 years of age.

The first three years of life are the critical time for language development. For hearing babies, this takes place naturally. For infants with a hearing loss, however, help is needed to enable these children to develop the language that will enable them to learn and become productive members of our community.

Hearing loss occurs across all demographics. When insurance companies deny coverage, many families have no means to obtain needed aids. We have seen families change jobs in order to try to get the coverage they need to help their deaf children. We have seen families struggle and lose precious time trying to find a solution.

Wisconsin State Employees already have coverage under the state healthcare plan. The rest of the families in Wisconsin deserve the same opportunity to get their children the help they need.

Sincerely,

Dorothy Kerr
Executive Director

OFFICERS

Peter J. Schuyler
President
Lynn Lucius
1st Vice President
Michael Carter
2nd Vice President
Peter C. Marshall
Treasurer
Mary J. York
Secretary
Ann Pieper Eisenbrown
Immediate Past President

EXECUTIVE DIRECTOR

Dorothy Kerr

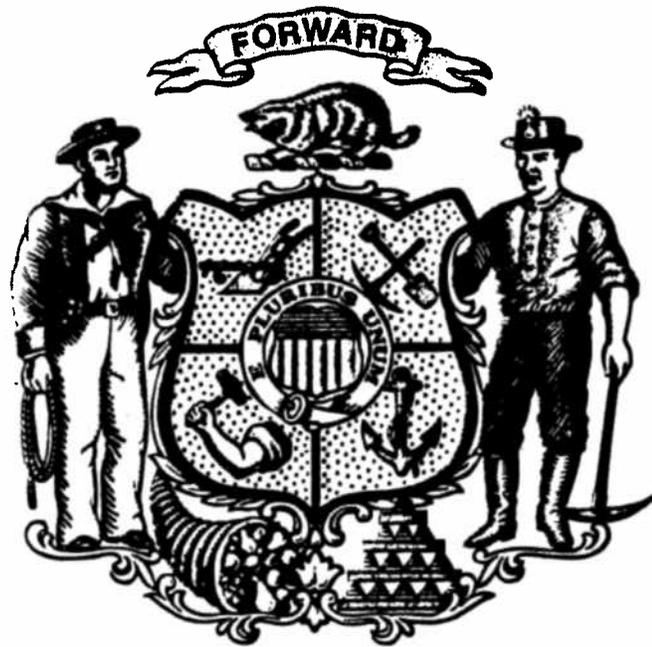
DIRECTORS

Hon. Patricia S. Curley
Steven R. Duback
Nancy Einhorn
Robert Frisch
John Gehlhaart
Steven Harvey, MD
Rita Lewenauer
Geoffrey Lowry
Nancy Maas
John V. McCoy
James W. Meisser
Judith G. Scott
Robert Tenges
Martin P. Tierney
Daniel Wilson

HONORARY DIRECTOR

June Carr





Representative Frank Lasee
Room 105 West
State Capitol
P.O. Box 8952
Madison, WI 53708

February 18, 2008

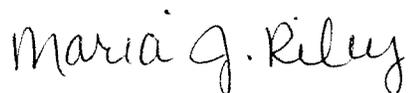
Dear Mr. Lasee,

My son is three now and was born with a severe hearing impairment which has progressively worsened. His hearing aides are very expensive and place quite a hardship on me trying to pay for them. His doctor has told me that he will need to have cochlear implants in the future because his hearing has continued to deteriorate.

I understand that you are not in favor of AB 133, which would require insurance companies to cover the cost of hearing aides and cochlear implants for severely deaf children. I hope you reconsider and vote for passage of this bill. I also feel the term "severely" should be taken out, so hearing aides for children who are certified as hard of hearing would be covered.

I am writing to you with the hope that you will vote in favor of extending the age for insurance companies to cover hearing aides and cochlear implants to at least age 11. The coverage that is provided now doesn't even cover the cost of the insurance premium.

Sincerely,

A handwritten signature in cursive script that reads "Maria J. Riley".

Maria J. Riley

Maria Riley
50035 Shanghai Rd.
Inauzeka WI 53826

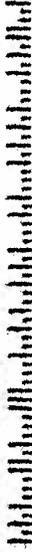


LACROSSE WI 546

19 FEB 2008 PM 1 T

Representative Frank Lasee
Room 105 West
State Capitol
P.O. Box 8952
Madison WI 53708

53708+5352





To: Committee on Insurance
Date: February 19, 2008
Subject: Assembly Bill 133

Hello. My name is Angela Klitzke and this is Chloe Jane Klitzke. Chloe has mild to moderate hearing loss and I am her mother. I am here to testify in favor of Assembly Bill 133.

Chloe was born in July 2006 in Reedsburg. What a wonderful day for such a beautiful, healthy girl to be born! Chloe is now 18 months old. Chloe is the youngest child in our family. She has an older brother, Connor, who is four and a sister, Cassidy, who is three. Yes, our house can be quite busy!

Let me take you back to the beginning of our amazing journey with our daughter. During our hospital stay Chloe had been tested for hearing loss. To our family, this was just a routine part of having a baby. Both of our other children were tested for hearing loss at birth and passed this test right away. Chloe did not. When we were discharged from the hospital after her birth we were told we should come back in for Chloe to take her newborn hearing screening, again. At this point, I was not worried about this as her birth was a c-section and often fluids can be in the baby's ear canal. Approximately two weeks later I took Chloe back to the maternity area of our hospital to take this test again. Again, Chloe did not pass this test. At this point I was getting a little bit worried. I can vividly remember sitting in that glider rocker snuggling my newborn with tears running down my face. A day I will never forget. We left the maternity area to go directly to see our pediatrician. He checked to be sure that there was no fluid in her ears, which there was not. He then recommended that we see Dr. McMurray, a pediatric ENT at UW. We saw Dr. McMurray a couple weeks later. Chloe also saw an audiologist. When Chloe had this hearing screening done in Madison she did not pass the test at all. At this point we were terrified, wondering what is in store for us? We had a more detailed test at the UW hospital about two weeks later. (We were very lucky to have all of this happening as quickly as it was, although to us, not knowing felt like a lifetime.) After this test we left the hospital feeling quite overwhelmed. We were told that Chloe had hearing loss.

My husband and I decided that we would do whatever we needed to do to get Chloe hearing aids as soon as possible to help her to be the best that she can be. However, we were not aware that insurance companies in Wisconsin do not cover this type of health need. My question to you is: "Why do insurance companies cover not only typical health needs, but go as far as covering atypical health issues that are at times self inflicted, but do not cover hearing aids, molds, and other hearing related needs?" My husband and I have jobs outside of the home, he is an engineer and I am a teacher. We work very hard and have good insurance through work. Still, the financial burden of hearing aids for our daughter has been overwhelming since even good insurance does not cover this. Because Chloe was so little she needed to have the "Cadillac" of hearing aids. The hearing aids alone cost almost \$5000.00. Keep in mind, that cost is solely the cost of the hearing aids. That does not include the molds, which keep the hearing aids in her ears or the visits to the ENT or the audiologist. Up to this point in Chloe's short life she has had 8 pairs of ear molds. Each ear mold costs \$109. That means that just the molds alone have cost us \$1744.00. As you can see this can be a financial burden for a family. The cost of hearing loss can add up quite quickly. In a sense, this is adding insult to injury. When paying for health insurance one would expect this to be covered. It was a shock to our family that in the state of Wisconsin, this is not the case.

As I said, I am a teacher, and work every day with young children. I currently teach third grade at a parochial school; however, I am certified to teach special education. I am aware of what type of delays can accompany hearing loss.

Some of my students struggle to read and I know what a burden this can be for these precious children. Without Chloe's hearing aids she would struggle more with reading. How? Well, you see, as an infant they are learning speech and language each and every day. If she cannot hear the sounds that we are speaking to her, she cannot learn to speak. In turn, she will have a more difficult time learning to read. This could then compound into struggling with other subjects. Ask any of my third graders and they will tell you the amount of reading that they are expected to do at this early elementary age. If a student struggles to a certain extent they will then need special education services and so on. It costs far more in the long run to support and educate individuals who do not receive the appropriate early intervention than to provide it as soon as possible.

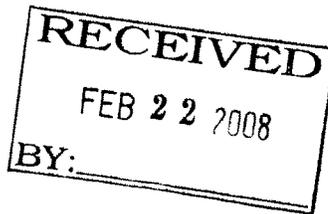
Chloe has had her hearing aids since she was three months old. Her speech is developing within the average range that it should be. She says: baby, Mama, Daddy, hot, no, and a few other words. In fact just the other day she said thank you! Chloe also uses some simple signs to communicate with us. We are very fortunate that we learned of Chloe's hearing loss at such a young age in order to intervene as soon as possible to help to maximize her language and speech. Although it was a financial burden and continues to be, we were also fortunate that we were able to afford hearing aids for Chloe; however, many families are not as fortunate.

I feel that it is important that Amendment 1, to increase the age to cover children under the age of 11, is passed to match the Senate version of the bill. In order for Chloe to be covered by this bill it is also important that the word "severely" be left out so that it covers all children who are certified as deaf or hard of hearing. The Senate has already been amended to take out the word: "severely", so please do the same.

I would like to thank you for your time. It means a lot to my family and I that you take the time out of your busy schedule to discuss an important matter such as this. For Chloe, and other precious children just like her, I thank you for understanding why insurance companies should cover the cost of hearing aids and cochlear implants for all children who are deaf and hard of hearing. So, please, for Chloe and all other precious children, please vote in favor of the bill.



AB 133
Folder



February 19th, 2008

Dear Representative Lasee,

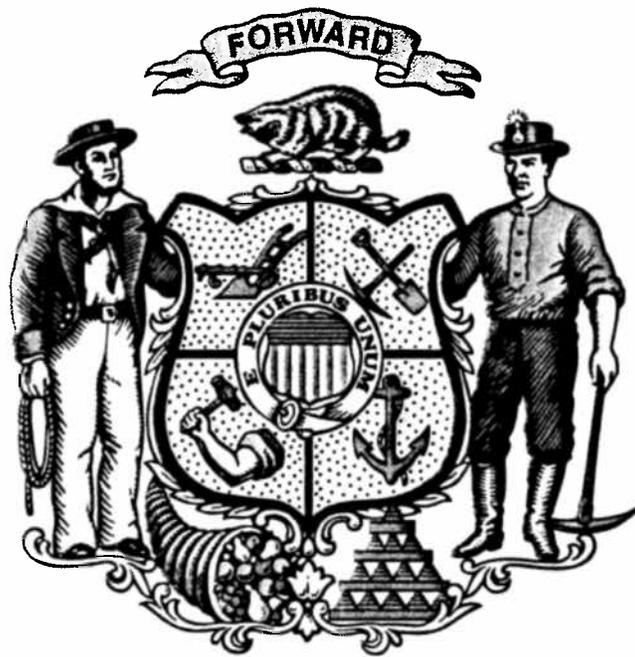
I am currently a student at the University of Wisconsin-Madison studying Communicative Disorders, and am working to become a speech-language pathologist for children in the area. Throughout the last three years, I have learned of the importance that hearing has on an individual's life as they acquire speech and language, and also the severe effects that a hearing loss might have on this process. A hearing loss of any degree can be detrimental to a child's development because it inhibits this acquisition of language during a very critical phase in life.

I am writing to you to ask for your support of the Senate Bill 88, and to put forth your greatest efforts to provide hearing aids for children up to 11 years of age with a documented hearing loss of any degree. Providing amplification is the single best tool we can use to overcome spoken communication difficulties among people with hearing loss, and when it is combined with early identification and intervention, children have the chance to obtain the same language skills as their peers by the age of 3. The purpose of the universal newborn hearing screenings is to provide this early detection of hearing loss, but amplification is the only thing that will allow the best possible results of this procedure.

As you make your decision about Senate Bill 88, please consider the provision of hearing aids to children up to age 11, and realize just how many lives you have the ability to impact.

Thank you for your time, and please provide a response to let me know your opinions regarding this bill.

Michelle Stupka
Michelle Stupka
523 W Dayton St.
Madison, WI 53703



To: Representative Lasee, Chairperson and Committee Members of the
Assembly Committee on Insurance
From: Alicia, Janko and Oliver Boehme
Date: February 25, 2008

AB 133
Folder

Our child, Oliver Boehme, was born with bilateral sensorineural mild to moderate hearing loss. He was identified as having potential loss upon discharge from the hospital after an eleven-day stay in the neonatal intensive care unit. A few months and numerous long tests later, he was officially diagnosed. We were informed during the testing process that our insurance company was not likely to cover the cost of hearing aids for Oliver.

The cost of hearing aids for Oliver totaled around 4,000 dollars, and despite the fact that our insurance company at the time did contribute to the cost, it was a financial burden for our family. We would like to point out that the price of the aids themselves is not the only cost that families encounter. There are costs associated with maintenance of the aids, creation of ear molds¹, and fixing the aids if they break.

You will hear many compelling stories from families today. We would like to focus on five major points that summarize some of the main arguments you hear today and illustrate why you should vote in favor of this bill.

1. AB 133/SB 88 is fiscally responsible

- a. Research shows that proper intervention (i.e., hearing aids or cochlear implants) that occurs early in the life of the child decreases or eliminates special education services that a child might need. A savings of between \$5,000 to \$10,000 per child per year² and 1 million dollars per person over a lifetime can be actualized³. So, it costs more in the long-run to pay for the consequences of children who do not get immediate and proper hearing intervention.

- As an aside, I have heard many compelling stories from families who have children with hearing aids and cochlear

¹ The hearing aid fits behind the child's ear and there is a tube that goes from the aid and attaches to plastic piece that fits snugly in the ear. As the child grows, they outgrow the mold. Therefore, new molds need to be cast and created. There is a cost associated with this. We are charged 80 dollars.

² Yoshinago-Itano, Christie, and Gravel, Judith. The Evidence for Universal Newborn Hearing Screening. American Journal of Audiology, December 2001; 10:62-64.

³ These figures are based on 1993 numbers as reported by Johnson, J.L., Mauk, G.W., Takekawa, K.M., Simon, P.R., Sia, C.C.J., and Blackwell, P.M. Implanting a statewide system of services for infants and toddlers with hearing disabilities. Seminars in Hearing. 1993; 14: 105-119.

implants across the state. One that sticks out in my mind is a parent who could not afford to pay for hearing aids for her child and was told by a professional that she should allow her child to become significantly developmentally delayed so that she would qualify for the state to pay for the cost of the hearing aids.

- b. This is not an expensive bill. There were only 95 babies identified by the newborn hearing screen in 2007. It is estimated that around 200 children in total are identified across the state each year.
- c. Not all children who need hearing aids or a cochlear implant are covered under insurance affected by this bill. Only 29 percent of the population is commercially insured. The bill would not impact children covered under self-insured plans (36%), or those who are covered under public insurance (30%).
- d. Fiscal estimates on similar bills reveal that the increased cost can be fewer than 2 dollars per year per customer.⁴

2. There is no logic to the current lack of coverage by insurance companies.

- a. Why don't insurance companies pay for hearing aids and cochlear implants for children? This is a good question. I would love for a representative from the insurance industry to address that question today. I have heard it is because insurance companies consider them to be "cosmetic" in nature. This is absurd. Hearing aids and cochlear implants are devices that are proven to be effective. In addition, insurance companies routinely pay for other cosmetic-related expenses for individuals. Our insurance company, for example, pays for cosmetic laser treatments for the removal of birthmarks and other birth defects of a child, wigs for cancer patients who have lost their hair in treatments. Additionally, our insurance company pays a whopping \$15,000 for individuals to receive a sex change.
- b. Health insurance companies also regularly pay for a multitude of other medical expenses. If someone cannot walk, insurance pays for a wheelchair. If someone needs prostheses, it is covered by insurance. What is different about hearing aids and cochlear implants that would justify omitting them as covered items?
- c. Our insurance company pays for everything surrounding Oliver's hearing loss. They pay for hearing tests, other tests to rule out possible syndromes, genetic testing, tubes to ensure there is no further hearing loss from ear infections, eye exams, and virtually anything else related to his hearing loss. In fact, our insurance company was charged around \$11,000 towards hearing related care over the first year of his life. It does not make sense for the insurance company to take responsibility for all these expenses and not the device itself that allows him to hear.

⁴ <http://www.drcnh.org/Hearingaid.htm>

- 3. The cost of hearing aids and cochlear implants places a financial strain on families.**
- a. You have heard the stories of how insurance companies have discriminated against families with children who are deaf and hard of hearing in our state. According to a survey completed by the Wisconsin Chapter of Hands and Voices, the majority of insurance companies are not paying for the cost of hearing aids. Fifty-four percent of the parents surveyed did not have insurance that covered any of the cost for hearing aids for their children. The average out of pocket expense for these parents was \$4,100. Parents with partial coverage for hearing aids did not fair much better; their out of pocket expense averaged \$3,727.
 - b. There are few, if any recourses for many families, and it is the children who suffer the consequences. There is no supplemental insurance offered to cover hearing aids or cochlear implants similar to supplemental dental or vision insurance.
- 4. The state of Wisconsin has set precedence that people's ability to hear is critical.**
- a. Clearly a number of people at the state feel that hearing is important to be covered. So why doesn't the state take a stand to ensure that our child is covered too?
 - Individuals covered under the **state insurance plan** have hearing aid and cochlear implant coverage regardless of age;
 - **prisoners** who reside in our state penitentiaries have hearing aid coverage regardless of age;
 - individuals who have **Medicaid** are covered regardless of age too; and
 - so are individuals covered under **Badgercare**.
 - b. Many others states such as Connecticut, Kentucky, Louisiana, Maryland, Minnesota, Missouri, Oklahoma, Rhode Island and Maine all have laws that require insurance companies to pay for hearing interventions for children. Most of the laws cover children under the age of 18. In addition, there are a handful of states like Pennsylvania and possibly Iowa that provide automatic coverage for children who are deaf and hard of hearing for hearing aids and cochlear implants under MA.
- 5. The amendments should be passed**
- a. When considering AB 133 also pass the two amendments introduced for this bill. One amendment would increase the age of children covered to those under the age of 11. Increasing the age will ensure that a child develops necessary speech, language, and social skills. Ideally however the bill would cover children up to the age of 18.
 - b. The second amendment takes the word "severely" from the bill. The bill states that a child will be covered who is "deaf or severely hearing

impaired". This language excludes children, like Oliver, who need hearing aids to acquire language and speech, but who don't have the label of being "severely hearing impaired."

Thank you for your consideration of this bill. We urge you to vote in favor of this bill immediately so that it can be heard and passed on the Assembly floor.





AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

February 26, 2008

RE: Wisconsin Assembly Bill 133 - A Bill Requiring Health Plan Coverage of Hearing Aids and Cochlear Implants For Infants and Young Children

Dear Assembly Member:

The American Speech-Language-Hearing Association, the scientific and professional organization for over 127,000 speech-language pathologists and audiologists, is pleased to learn that Wisconsin regards hearing as so important that it is considering a mandated health benefit to cover hearing aids and cochlear implants for young children. Hearing is priceless. Good hearing helps us communicate with others, be successful at work and school, and enjoy life. Permanent hearing loss in children interferes with the normal development of speech, language, literacy, and social-emotional development. Children with mild to moderate hearing loss, on average, achieve one to four grade levels lower than their peers with normal hearing, unless appropriate management occurs. While hearing aids provide sufficient auditory access for children with mild to fairly severe hearing loss, children with severe to profound hearing loss may not receive sufficient auditory information when using hearing aids alone.

Help for the Hearing Impaired

Fortunately, there is help for children and adults experiencing hearing loss. Hearing aids have proven effective in alleviating the communicative and psychosocial consequences of hearing loss. For children with severe to profound hearing loss, cochlear implants may provide significantly more auditory access than is available to them through hearing aids. Thorough auditory testing is required before cochlear implants are recommended rather than hearing aids. For infants, early detection of hearing loss and appropriate intervention within the child's first year of life is an evolving standard of care. Forty-seven states have passed laws requiring states to ensure that all infants are screened for hearing loss and follow-up assessment and intervention provided.

Children whose hearing loss is identified by 3 months and who start intervention by 6 months have the same language abilities as their peers by the time they enter kindergarten. Early intervention by audiologists and speech-language pathologists allows many children to compete successfully in school with their hearing peers (Yoshinaga-Itano et al., 1998). Hearing aid amplification is a critical element of this intervention. Research shows that by the time a child with hearing loss graduates from high school, more than \$400,000 per child can be saved in special education costs if the child is identified early and given appropriate educational, medical, and audiological services (National Center for Hearing Assessment and Management, <http://www.infanthearing.org>). Adults report benefits from the use of hearing aids in many areas as well including mental health, sense of safety, and self-confidence.

Role of Audiologists and Speech-Language Pathologists

Audiologists are professionals who diagnose the functional aspect of hearing and balance disorders and provide communication rehabilitation to infants, children, and adults with impaired hearing. Audiologists provide fitting and monitoring of amplification (hearing aids and hearing assistive listening technology). Audiologists assess patients for cochlear implant candidacy and provide post implant device setting and monitoring. Speech-language pathologists are involved with all aspects of communication including speech production, language development, voice characteristics and aural habilitation/rehabilitation.

Incidence and Prevalence of Hearing Disorders

Hearing loss affects 4 infants per 1,000 births. The prevalence of hearing loss in school age children is between 11% and 15%. Overall, 18% of the adult population in the United States experiences some hearing difficulty. Some causes of hearing loss include chronic ear infections, certain drugs, viral or bacterial infection, birth defects, aging, and exposure to loud noise.

Medically Necessary Services

Evaluation and treatment of hearing loss by audiologists and speech-language pathologists is a medically necessary health service. Medicare defines medical necessity as "a service that is reasonable and necessary for the diagnosis or treatment of an illness or injury, or to improve the functioning of a malformed body member." Hearing loss is an organic, physiological condition of the body that clearly meets this definition. Loss of hearing represents a loss of body function and services to treat this impairment must be regarded as meeting medical necessity.

Health Plan Coverage

Many health plans have coverage for evaluation and treatment of hearing loss as well as coverage of hearing aids and cochlear implants. In its publication *Investing in Maternal and Child Health: An Employer's Toolkit*, the National Business Group on Health recommends that employers have audiology benefits that include, at a minimum, "...cochlear implant, auditory rehabilitation, and hearing aid assessment and fitting," as well as "treatment of audiological rehabilitation/habilitation," (National Business Group on Health, 2007).

Cost Effectiveness of Adding Audiology Benefits, Hearing Aids, and Cochlear Implants

Cost data indicates costs to be minimal for adding audiology benefits and hearing aid coverage. Hearing aids represent a relatively inexpensive intervention for the amount of benefit gained, especially when calculating the long-term benefits of early intervention to children and society.

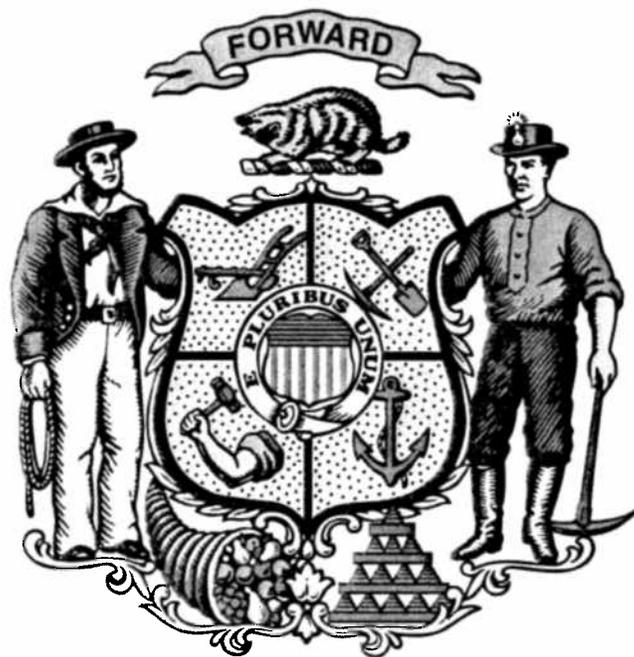
A number of investigators have examined the cost-effectiveness of cochlear implantation. Niparko et al. (2000) reported that children with cochlear implants were mainstreamed earlier (i.e., placed in classrooms with their normal hearing peers) and required less special education support services than unimplanted children with hearing impairment. The authors also completed cost-benefit projections based on the trend they observed toward greater educational independence following cochlear implantation. They concluded that cochlear implantation could result in substantial savings in educational expenses.

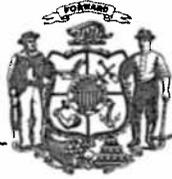
The ability to hear is one of our most valued possessions. Hearing loss can have a devastating impact on communication and psychosocial skills. It is fortunate that treatment is available which has proven to be so successful in alleviating communication and adjustment difficulties for the short and long term. Please help to ensure that the children of Wisconsin can obtain audiological services, hearing aids, and cochlear implants by mandating these services.

If you have any questions or concerns, feel free to contact me, Janet McCarty, ASHA's Private Health Plans Advisor, by e-mail at jmccarty@asha.org or by phone at 301-296-5674.

Sincerely,

Janet McCarty

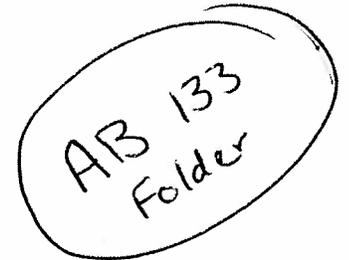




JULIE LASSA

STATE SENATOR

Assembly
PUBLIC HEARING ON SENATE BILL 88
Committee on Insurance
Wednesday, February 27, 2008
9:00 a.m.
412 E



Chairman Lasee and Committee Members,

Thank you for the opportunity to provide testimony today on Senate Bill 88.

Every year, about 200 Wisconsin infants are born with permanent hearing loss. Sometimes, hearing loss is not detected until a child is 2, 3 or even 4 years old. Hearing loss in children affects language development, academic achievement and can lead to social isolation. Statistics have shown that most deaf and hard-of-hearing children read at a 4th grade level upon high school graduation and have a 76% unemployment rate after graduation.

Hearing aids and cochlear implants greatly reduce these problems for kids. Unfortunately, Wisconsin law does not mandate that insurance companies cover hearing aids or cochlear implants and parents must pay out of pocket – as much as \$3,000 per hearing aid, for their children. Many children wear two hearing aids that need to be replaced about every three years, resulting in a cost of \$18,000 through their childhood.

Because many insurance companies don't cover the cost of cochlear implants or hearing aids, many school districts have to purchase special equipment for teachers to communicate with hearing impaired students as part of their Individual Education Plan. The costs for the equipment is passed along to taxpayers, as are special education costs because these children were not able to receive hearing aids or implants at a young enough age, as well as costs later in life for vocational rehabilitation.

Research shows that early intervention in children with hearing loss can provide a savings of \$5,000 - \$10,000 per child per year in reduced or eliminated special education services and a savings of about 1 million dollars per person over their lifetime. In Wisconsin, that correlates to a taxpayer savings of \$2 million a year.

WTMJ in Milwaukee has reported that if insurance companies were mandated to cover cochlear implants and hearing aids, it would increase the average insurance premium by \$1.27 per year...that's about a dime a month. Insurance companies need to start picking up the tab on medically necessary equipment instead of passing it along to taxpayers.

Many families are forced to drain their savings accounts, use their children's college funds, use credit cards or take out second mortgages just to give their children a chance to overcome the obstacles they face. Yet most insurance policies state that hearing aids are cosmetic in nature, and do not cover them.

Currently, nine states, including Illinois and Minnesota, mandate that insurance companies cover hearing aids.

Senate Bill 88, as amended, guarantees that all children up to the age of 11 who are diagnosed as deaf or severely hearing impaired by a physician or by an audiologist licensed can receive hearing aids or cochlear implants through their parent's insurance policy

The coverage requirement applies to both individual and group health insurance policies. Currently, Medical Assistance and BadgerCare programs pay for hearing aids and implants so this legislation may modestly reduce the costs to MA and BadgerCare if private insurance companies begin to pick up these costs.

Thank you for your time and consideration of this issue. I would be happy to answer any questions that you may have.



February 27, 2008

Thank you for this opportunity to speak regarding Assembly Bill 133/SB88- I come before you as a nurse with 40 years of experience. I am knowledgeable of the impact that illnesses, disabilities and medical issues place not just upon the patient, but the family as well. No family member is exempted from the affects on their lives, especially parents. The emotional component has as much impact as the physical component. To learn your child has a hearing loss, followed by the news that the insurance you pay for each month will not pay for the medical equipment that can give your child hearing can be devastating. To place parents who work hard and sacrifice for their children in a situation that not only creates financial hardship but emotion turmoil within the household only adds to the entire scenario. Children sense stress and unrest in a home —Do they deserve this? Does the family structure deserve this?

There are a multitude of reasons for insurance to be mandated to cover hearing aids

- New born testing in WI hospitals diagnoses approx 200 babies per year, Last year in Wisconsin 95 newborns born in hospitals were diagnosed– not including home deliveries. There were a total of 70,419 WI babies born in 2007
- Early diagnosis then requires immediate action to be taken to maximize early growth and development as well as facilitating communication skills for the child
- Hearing aids are **not cosmetic** nor are they **not medically** necessary.

And Example for Savings with Early Intervention(Information from “Hands and Voices”)

In 1990 the US Department of Education estimated that the annual cost of education for hearing impaired children in a mainstream classroom was \$3,400 The cost for this same child in a self-contained classroom or residential placement was \$9,700- \$35,800. Thus if early identification results in academic and communication development at near the rates of their normal hearing peer, the cost savings could be substantial over the educational lifetime of the child. This example illustrates the cost savings of early intervention with hearing aids or cochlear implants.

Why does AB-133/SB-88 need to move to a vote on the Assembly Floor?

- AB-133 has been introduced and referred to this Insurance Committee in March 2007
- There have been two amendments to this bill also introduced and in need of a vote
- A multitude of people have written and contacted their Assembly representatives to move this bill to a public hearing, supplying information and facts as to its importance since March of 2007
- Companion Bill SB-88 was introduced and subsequently passed unanimously in Dec 2007. It too could be voted upon
- This is a bi partisan issue and needs to be voted on with that objective in mind.
- Both AB-133 and SB88 have been kept from a timely public hearing and now needs to be expeditiously moved forward for an Executive Session vote before the Legislative Calendar comes to an end and this bill dies and the hearing impaired children of WI suffer from political agendas.
- Insurance lobbyists have not lobbied against this bill
- SB-88 has been amended and passed by the Senate so it could move smoothly to the Assembly Ex. Session for a vote
- Children should not pay the consequences of Political Turf Battles

I close with the beginning and the end of the most famous speech of Abraham Lincoln.

“Four score and seven years ago our fathers brought forth on this continent, a new nation, conceived in Liberty, and dedicated to the proposition that all men are created equal”

“that we here highly resolve that these dead shall not have died in vain – that this nation, under God, shall have a new birth of freedom -- and that government of the people, by the people, for the people, shall not perish from the earth.”

I ask that preferably SB-88 move forward to a vote, since it has passed the Senate UNNAMIIOUSLY and children with hearing loss be allowed to be equal and political turf battles end.

Judith A. Wagner, R.N.



2.27.2008

My name is Phoebe Allen and I am senior at the UW majoring in Communicative Disorders. I am also a leader of the Student Deaf Club on campus. I am here to speak in favor of the AB 133. As you know, each year 200 children are born with a documented hearing loss in WI. To develop as their typically hearing peers do, these children require amplification such as digital hearing aids. The typical development we as parents and professionals desire for these children includes aspects of social development, cognitive development and speech and language development, all of which affect a child's success in school. As a leader of the Student Deaf Club at the UW, I have seen firsthand the success that students can achieve when provided with all the possible tools to aid their development and their academic success, especially when these tools are provided early in life. The students who join the Student Deaf Club at UW-Madison were all lucky enough to be born into families who were able to provide them with the most current technology AND access to sign systems and languages. By having access to spoken language and sign language, they have achieved academic success comparable and in some cases, unparalleled by their hearing peers. However, providing these types of technologies and educational opportunities often places a large financial burden on the families of deaf and hard-of-hearing children. This financial burden may affect the family environment experienced by the child and potentially further inhibit their development and their academic success. Providing amplification and multimodal education to children early in their life also diminishes other costs that may be incurred by the state later on in the life of a hard of hearing child. Additionally, I would like to speak in favor of amendment 1, which would match the senate version of the bill. This amendment would require insurance companies to provide hearing aids to *all* children with a documented hearing loss (not just severe to profound losses) up to age 11 years, which would ensure that these children would be provided with adequate amplification through their middle school years.

Please vote in favor of this bill. Thank you for your time.



February 27, 2008

Approximately 14 months ago my son Dylan, now 4 ½, was diagnosed with a sensorineural hearing loss, that we later found was caused due to a genetic defect. When he was 3 we realized he was not gaining speech and language skills like other 3 year olds and it was brought to our attention by his preschool teacher that he may have a hearing impairment. At 3 ½ he was finally diagnosed with his hearing loss through a sedated Auditory Brainstem Response (ABR) test. Dylan was still under sedation when the audiologist informed us of the severity of his hearing loss and without hesitation she then preceded to tell us that most likely our insurance carrier would not pay for his hearing aids. So as we were trying to grasp the concept that our child had not been hearing us, now we were being told the tools he needed to help him hear would most likely not be covered by our insurance coverage. And she was correct. Our insurance carrier whom my husband pays \$7.50 for every hour he works denied him hearing aids. As parents it was an extremely helpless and desperate feeling. How were we going to help our child?

My family was extremely fortunate to be at Children's Hospital where the care is beyond anyone's expectations. We were told time and time again that determining the cause was not nearly as important as getting our son hearing. We would have plenty of time to find the cause but curing him, with aids, was the most crucial element. Fortunately Children's Hospital has a loaner program so he received his first pair of loaner hearing aids in a matter of weeks, after all getting him hearing immediately was the most important factor. After nearly 10 months he did receive a pair of his own from the generosity of the HIKE Fund.

One of my initial thoughts was that people would treat my son differently and think of him as disabled, but I soon realized that he is not disabled at all. With his hearing aids he is as vibrant as any other 4 year old. He is able to have a life with sound!

Our initial expectations for Dylan were for him to gain a few new words a week, but much to our surprise he was gaining several new words a day. And his constant frustrations soon decreased. He could understand me and I could understand him. Dylan is now enrolled in a regular 4k class and is **closing the gap** on his peers. In just 10 short months he has gained over 2 years of cognitive skills and language development. Without hearing aids none of this could have been possible.

No one would expect him to go to school and read the chalkboard without classes if his vision was impaired, so why would we send him to school without being able to hear the teacher's instructions or interact with his classmates? Hearing is not a luxury, but a necessity for my child's development. I challenge anyone to go even one day without sound.

Dylan has taught me more than I could ever teach him. He is creative, imaginative, talkative...he is just like any other 4 year old. He just needed to be given the tools to succeed and he will be successful. His tools are what he wears upon his ears every moment he is awake. Our expectations for him are no lower than they are for his normal hearing siblings. We do not now nor will we ever accept or expect any less of him. He will be given the same opportunities and advantages in life and will be a contributing member to society. All because of hearing aids.

I am asking you today to support **AB133** and its amendments. Not just for my son, but also for the nearly 200 children born each year in the state of Wisconsin who are either deaf or hearing impaired. This is not about politics, but about our children and their future that they not only deserve but they are entitled to receive.

Amy Boehler and Dylan, 4 years old



February 27, 2008

Dear Assembly on the Committee of Insurance:

Thank you for holding a hearing for Assembly Bill 133.

I am a parent of two deaf boys (Nicholas, age 5 and Parker, age 3). Both of our children's hearing losses were identified at birth through the mandated Universal Newborn Hearing Screening. In order to hear and be able to speak, our children needed to have a cochlear implant. My insurance company excluded cochlear implants in our policy. In order to hear and be able to speak, our children needed to have a cochlear implant. My husband and I filed a grievance with our insurance company to get them to pay for our first child's cochlear implant. It was an extremely stressful and time-consuming process, which time was in the essence for the surgery. We are grateful that our insurance company paid for our children's cochlear implants. However, this is not the case for many families.

Because of their cochlear implants, both of our children are speaking, hearing and succeeding in their mainstreamed kindergarten and preschool classrooms. Without a cochlear implant, Nicholas (age 5) would not be mainstreamed in a regular Kindergarten classroom. Both children would require a special education class, an interpreter (for sign language), closed captioned etc. throughout their 18 years of school without a cochlear implant, literally costing the taxpayers a huge amounts of money. The only support Nicholas receives is 1 1/2 hours of speech therapy a week and a FM system.

Cochlear implants have allowed my children to be independent and successful in school and life. They are forming friendships and learning skills that will shape their future both academically and socially. Hearing aids and cochlear implants allow children to meet their full potential and empower them to be successful in all educational and social settings by optimizing their listening, speaking and academic skills.

Requiring insurance companies to pay for hearing aids and cochlear implants will save taxpayers a tremendous amount of money. The development and education of a child with a hearing loss into a literate taxpayer can happen if the child is identified early and amplified through hearing aids or cochlear implants.

The state mandate to screen all infants and identify hearing loss in the first three months of life has not provided financial assistance or insurance benefits that would provide hearing aids and cochlear implants. Thus a child's hearing loss is identified, but without the hope of insurance paying for hearing aids or cochlear implants. Therefore, many children never receive hearing aids or a cochlear implant. If they do receive a hearing aid or cochlear implant, their parents are in a financial crisis since they have to pay for them out of pocket. This should not be happening when families have insurance and are paying premiums for insurance coverage.

Please vote for Assemble Bill 133. By doing so, you would not only be helping the hearing impaired child and his or her family, but society as well. You would be providing the tools necessary to produce a literate adult hearing taxpayer. Instead of a person who can't hear, speak and therefore unable to get an education or a job. Thus living in poverty and requiring financial assistance from the government their entire lives.

Take just a moment to consider the impact that the gift of hearing would have on a child. A child who is deaf will talk, laugh and sing. A child who is deaf will be sung to sleep. A child who is deaf will hear their parents say "I love you" for the first time. A child who is deaf will be able to hear.

Thank you for your support on Assemble Bill 133.

Sincerely,



Cindy Norfke
2856 Warner Lane
Madison, WI 53713
(608) 274-7919



February 27, 2008

Dear Assembly on the Committee of Insurance:

Thank you for holding a hearing today on Assembly Bill 133.

When I graduated from UW-Madison in 1993, the commencement address was given by, an African Studies Professor, Harold Scheub. He spoke to us about our futures, repeating to us over and over to "Consider the Children". Today we need to do just that.

I am the proud father of two deaf boys. Both were born Deaf, with a bilateral sensorineural hearing loss. They are now able to access the hearing world through the miracle of a cochlear implant in one ear and a hearing aid in the other ear.

Our story is similar to many others. We have no history of deafness in our family and have had many challenges in coming to terms with the situation. Our insurance company excluded cochlear implants, so we filed a formal grievance. We were extremely fortunate that our insurance company, Physicians Plus, agreed to cover our boys' cochlear implants.

Today, we have an opportunity to "Consider the Children". Today we can help assure that the hardworking taxpaying constituents of this state have the same coverage as those covered by the State's insurance plan. At what cost? WTMJ's research indicates that if such legislation were approved the average insurance premium would increase about \$1.27 a year. That's about a dime a month or about a third of a cent a day.

"Consider the Children".....those that will follow us. Don't worry about my boys. My oldest is mainstreamed into kindergarten in Madison and receives minimal speech therapy. Bottom line to our school district is a very conservative \$20,000/year savings in Interpreter services alone. Multiply that times 12 years and you have nearly \$.25 million. My youngest son, Parker, was implanted a little younger at 9 months, and may not need any speech services entering Kindergarten. Just think about it for a second. Because of my families' early intervention, these two deaf boys will save our school district \$.5 million for less than \$20 in insurance premiums that I'm already paying for. Yes, Physicians Plus covers cochlear implants now.

Today I understand what Professor Scheub meant when he said "Consider the Children". I hope you will also "Consider the Children" by voting in favor of Assembly Bill 133.

Sincerely,



Chris Noffke
2856 Warner Lane
Madison, WI 53713
(608) 274-7919



To: Mr. Lasee (Chair) and concerned Committee members re: AB133
From: Michelle Quinn, Clinical Associate Professor, Communicative Disorders, UW Madison
Date: 29 Feb 2008
Re: Request for Facts for AB: 133

At the Chair's request, here are answers and published citations/sources for some of the questions you posed at the 2-26-08 public hearing. I have listed these in terms of the frequency with which the questions were asked, and in relation to the cost-utility analysis many members of the committee were seeking.

Are there objective measures of the various degrees of hearing loss?

Yes, two national data bases define these as:

Hearing loss defined by pure tone average (PTA)

PTA4 (PTA of 500, 1000, 2000, & 4000 Hz) and categorized as:

- Normal = $PTA4 \leq 15$ dB HL, AU
- Mild = $15 < PTA4 \leq 30$ dB HL
- Moderate = $30 < PTA4 \leq 45$ dB HL
- Severe = $45 < PTA4 < 75$ dB HL
- Profound = $PTA4 > 75$ dB HL

* The PTA 4 are four tones presented at the frequencies stated and indicates which tones a child can recognize that silence has been broken by the sound 50% of the time

Sources:

National Institute on Deafness and other Communication Disorders (NIDCD)

<http://www.nidcd.nih.gov/funding/programs/hb/outcomes/report.htm>

National Hearing and Nutrition Surveys (NHANES) www.cdc.gov/nchs/nhanes.htm.

Centers for Disease Control and Prevention <http://www.cdc.gov/ncbddd/ehdi/FAQ/questionsgeneralHL.htm>

Why are the prevalence numbers for individuals with hearing loss only estimates?

Because there had been no mandatory federal registry process. However, the above data bases are routinely used by researchers with re: to prevalence trends.

What percent of children get a cochlear implant?

In 2005 of all children in American with documented hearing loss, (936,000) 10,000 were fit with cochlear implants, meaning that a legitimate estimate is

1.07 – 1.60 percent of U.S. children with documented sensorineural hearing loss have a cochlear implant, and the others have either hearing aid instruments or no amplification whatsoever. This estimate was calculated from the following data:

Prevalence data provided in Appendix A, were analyzed to determine:

In the NHANES data base, the number of children who had cochlear implants was estimated to be 10,000 in 2005. The projections for 2005 (based on the most recent NHANES survey data presented in Appendix A) suggest that for children age 0-19:

Prevalence	Degree of Hearing Loss
33,000	profound sensorineural hearing loss
	in 2005, 10,000 of whom had cochlear implants
112,000	moderate or several sensorineural hearing loss
791,000	including transient and permanent conductive hearing loss, not only permanent sensorineural ;
	assuming even 1% of the mild category have permanent hearing losses

In the 2008 FDA data base, the number of US children with cochlear implants is 15,000. That number is what led us to calculate the estimated range as reported in bold above. (Dr. Kim Schairer, Assistant Professor and Michelle Quinn, M.A., CCC-SLP, Clinical Associate Professor, Univ. of Wisconsin-Madison).

Pediatric Criteria for Children's Candidacy for CI

General candidacy criteria for children: #1. a profound sensorineural hearing loss in both ears
http://www.medel.com.ar/ENG/US/10_Understanding_CI/20_Understanding_the_CI/070_candidates_for_ci.asp#gen

What is the current cost of a cochlear implant in terms of cost/benefit analysis?

Johns Hopkins study on cochlear implant cost-utility analysis in children: \$53,198 over a child's lifetime <http://jama.ama-assn.org/cgi/content/full/284/7/850>

American Academy of Otolaryngology- Head and Neck Surgery stated the cost is around \$40,000 with evaluation, surgery, device, and rehabilitation. This website was updated in 2008.
<http://www.entnet.org/healthinfo/ears/cochlear-implant.cfm>

The costs of cochlear implants vary widely depending on a number of factors, including the duration and extent of a patient's hearing loss prior to surgery. The average cost for the entire procedure, including the post-operative aural rehabilitation process, exceeds \$40,000. However, cochlear implantation consistently ranks among the most cost-effective medical procedures ever reported, according to research completed by the Johns Hopkins University and the University of California-San Diego. **These studies indicate that cochlear implantation can result in a net savings of more than \$53,000 per child versus the more than \$1 million average expected lifetime cost of a child who has profound hearing loss prior to language development.**

Source: National American Speech Hearing Association
http://www.asha.org/about/news/tipsheets/cochlear_facts.htm

The implant, the surgery, and the necessary adjustments and training that happen after the surgery cost an estimated \$60,000 for each person implanted. That may seem very expensive. However, to see if it is really expensive or not, we need to look at the one-time cost of a cochlear implant and compare it to some other costs over a lifetime. If a little girl like Marie J or a boy like Will M, who were born deaf, or another child becomes deaf before he or she is 3 years old, **the services, special education, and adaptation related to his or her deafness will cost about \$1,020,000**, according to people who study the costs of disease (economists). Now \$60,000 does not seem as expensive. If a boy or girl becomes deaf between the ages of 3 and 17, the same economists estimate that the expense in services and education and assistive devices will be \$919,000 per person....Cochlear implants may look expensive at first, but looking at cost across a lifetime, they save billions of dollars for the nation as a whole and improve the quality of life for many individuals. http://www.nidcd.nih.gov/health/hearing/coch_moreon.asp#i

National Institutes of Health Research Into What Works Best – 3 Updated August 2007
Timing of Cochlear Implants

- About 36,000 Americans have received cochlear implants, which convert vibrations into electrical impulses and thus can cure deafness. This study evaluated the most effective timing of treatment and provided third party payers evidence that the device was cost-effective.
- The earlier in life the device was implanted, the better speech perception and language outcomes were. Normal speech and language skills were documented in 80 % of children who lost hearing after birth who underwent implantation within a year of onset of deafness.
- A cost-utility analysis, comparing cost of therapy to money saved through reduction in need for special education, and increased projected future earning potential for an individual with hearing, revealed each implant resulted in a net saving to society of over \$53,000 over the lifetime of the child. Now considered standard treatment, cochlear implants are covered by most insurance companies <http://www.nih.gov/about/researchresultsforthepublic/whatworks.pdf>

American Academy of Otolaryngology- Head and Neck Surgery stated the cost is around \$40,000 with evaluation, surgery, device, and rehabilitation. This website was updated in 2008.
<http://www.entnet.org/healthinfo/ears/cochlear-implant.cfm>

What are the complications of cochlear implant surgery?

Please see Appendix B for details.

There is less than a 1% device failure rate for cochlear implants, and in these rare instances, there is always the possibility of re-implanting or implanting the other side. There is 9.3% total failure rate including minor post-surgery factors. Overall Conclusions "The cochlear implant surgery has a low morbidity rate. We found no cases of meningitis due to this procedure."

The success rate for cochlear implants that work very well is 99.6%. There is less than a 1% device failure rate for cochlear implants, and in these rare instances, there is always the possibility of re-implanting or implanting the other side. Physicians of the House Clinic Answer Questions About the Cochlear Implant <http://www.hei.org/news/presskits/ci/ciganda.htm>

How does a cochlear implant work? <http://www.nidcd.nih.gov/health/hearing/coch.asp>

What are the expected/typical outcomes for children with early amplification provided a cochlear implant?

Data presented at the 2000 International Cochlear Implant Conference showed that German children who do not receive surgery by age 2 for blindness difficulties, did not perform as well due to atrophy of their brain nerves. This led to a global endeavor for the parallel sense of hearing to provide early amplification. Data presented at the 2004 International Cochlear Implant Conference demonstrated that children implanted by/at age 2, made on average month for month progress from the time their implant was activated.

Children under age 5

4 of 5 of these children have age appropriate listening, language and speech skills by age five
1 of 5 late amplified children will have those same age appropriate communication skills by age 5
Source: Yoshinago-Itano, Sedey, Coulter, and Mehl, *Pediatrics* (1998) 1161-1171.

Children under age 18

In the decades 1955-1995, the average reading level of deaf children was 4.2-4.3 grade level, despite mainstreaming, sign interpreting, and intensive special education services.

Children with analog hearing aids made 2.5 months progress per academic year in reading with a ceiling of 4.3 grade level reading graduating from high school

Children with cochlear implants, who varied in their speech pronunciation clarity, 50 percent were reading on grade level in high school, and another 20 percent were reading above grade level.

Source: Spencer, L.J., Tomblin, J.B., and Gantz, B.J. (1999). Reading Skills in Children with Multichannel Cochlear-Implant Experience. *Volta Review*, 99(4), 193-202.

Univ. of Iowa data reported by Dr. Tomblin (2007) indicates that children with hearing loss and early amplification are virtually indistinguishable from their hearing four year old counterparts. Children who received cochlear implants, after age four, are breaking all literacy comprehension outcomes obtained in the field of Deaf education, whether or not those same students had clear pronunciation skills.

Why is there a difference in perspective between members of the Deaf community and some medical/educational personnel and parents? Initially in their first position statement (early 1990s) the National Association of the Deaf (NAD) was concerned that cochlear implant surgery did not allow for consent of the individual undergoing the surgery and would mean genocide for their Culture. The most recent position of the NAD is not against cochlear implants; however, they encourage full discussion and access to all options so that respect for sign

language and Deaf Culture is part of the information dissemination process provided to parents of deaf children.

What the NAD wants is for family members to be fully apprised of the facts before a decision is made. This should include review of both the pros and cons of cochlear implants. It should also include talking with members of the deaf community, and not just with medical experts.

What precedent is set with regard to insurance mandates or state coverage for amplification for children? Please see Appendix C. 10 states have set a precedent; the most recent of which is New Jersey who voted on Monday, Feb 25, 2008 to support through age 18. <http://www.hei.org/news/presskits/ci/ciqanda.htm>

Should insurance companies reimburse for cochlear implants, will that be the preferred amplification method in all cases?

No, hearing aids will continue to be the first choice in the vast majority of cases. The FDA requires that a trial with amplification is necessary and if no benefit can be documented, then one of the criteria is met for pursuing a cochlear implant. However, it should be noted that because hearing aid preserves to a greater degree the natural benefits of inner ear function that a cochlear implant bypasses (specifically, the range of loudness and pitch that allows the listener to integrate information for understanding speech), hearing aid instruments will usually be preferred.

Importantly, there is not a 1:1 match between degree of hearing loss and its impact. However, in broad terms, the Centers for Disease Control and Prevention

Normal Range (-10–15 dB): A child will hear all speech sounds.

Slight Hearing Loss (16–25 dB): A child will hear vowel sounds clearly, but might miss some consonants sounds.

Mild Hearing Loss (26–40 dB): A child will hear only some of the speech sounds.

Moderate Hearing Loss (41–55 dB): A child will hear almost no speech sounds at a normal speaking level.

Moderate/Severe Hearing Loss (56–70 dB): A child will hear no speech sounds at a normal speaking level.

Severe Hearing Loss (70–90 dB): A child will hear no speech and almost no other sound.

Profound Hearing Loss (91+ dB): A child will hear no speech and no other sound.

How often are earmolds replaced for children?

--Earmolds provide a seal so that the sound travels into the listener's ear.

In layman's terms, earmolds need to be changed in young children (under 6) every time their shoe size changes. After that age replacement occurs every 1-3 years.

--Earmolds for babies and young children need to be replaced often. Young children's ears grow quickly and new earmolds will be needed whenever feedback starts to be a problem. It is not unusual for babies to need new earmolds every 2-3 months.

http://www.agbell.org/DesktopDefault.aspx?p=Ear_Molds

--Young children's bodies, including their ears, grow at an incredibly fast rate and earmolds will need to be replaced quite often. There may be a need to remake the earmolds as often as every 3-6 weeks when a child is very young. As the child matures, his or her growth rate slows and the earmolds need to be remade less often (so that eventually it will be once every 1-2 years per Tye-Murray, 2002).

<http://www.babyhearing.org/HearingAmplification/AidChoices/practical.asp>

How often do batteries for hearing aids need to be replaced?

Batteries should be changed about every ten to 14 days. Most new digital hearing aids have battery warning indicators. Before the battery goes out, the hearing aid will "beep, beep, beep" to indicate you have another hour or two before the battery fails. Using excellent, fresh batteries is important, and changing batteries should take no more than 60 seconds.

www.healthyhearing.org Feb 28, 2008

How often do batteries for cochlear implants need to be replaced? Battery life varies with the type of speech processing program, the amount of wear time, and the volume settings on the processor. For the body processors, average battery life is approximately twelve to fifteen hours if using rechargeable batteries, and almost twenty-four hours if using alkaline. For BTE speech processors, it is best to discuss the issue of battery life with the implant team. Rechargeable batteries have to be replaced after one year of use. Children should carry a spare battery with them at all times. <http://gupress.gallaudet.edu/excerpts/PGCIfive6.html>

**Appendix A: Pediatric Prevalence Data
6 yoa – 19 yoa
based on National Health and Nutrition Examination Surveys**

- NHANES surveys from which these data are summarized
 - NHANES II 1976-1989 (6 – 19 yr olds, N=7119)
 - NHANES III, 1988-1994 (N=6166)
- Includes survey info on prevalence of hearing loss in US Children
 - Hearing loss defined by PTA4 (PTA of 500, 1000, 2000, & 4000 Hz) and categorized as:
 - Normal = $PTA4 \leq 15$ dB HL, AU
 - Mild = $15 < PTA4 \leq 30$ dB HL
 - Moderate = $30 < PTA4 \leq 45$ dB HL
 - Severe = $45 < PTA4 < 75$ dB HL
 - Profound = $PTA4 > 75$ dB HL

Profound bilateral HL prevalence

- 0.75 per 1000 and 0.57 per 1000 in NHANES II and III, respectively
- =39,063 and 27,764 kids, respectively
- If take into account increase in population, yields prevalence estimates of 43,000 and 33,000 kids with profound bilateral HL in 2005

Prevalence of severe HL (better ear, but bilateral loss):

- 0.51/1000 and 0.28/1000 in NHANES II and III respectively
- Adjusting for 2005 population increase, 30,000 and 16,000 kids with severe HL

Prevalence of moderate HL (better ear, but bilateral loss)

- 2.37/1000 and 1.66/1000 in NHANES II and III, respectively
- Adjusting for 2005 population increase, 136,000 and 96,000 kids with moderate HL

Prevalence of mild HL (better ear, but bilateral loss)

- 1.37% and 1.38% in NHANES II and III, respectively
- Adjusting for 2005 population, 791,000 with mild HL

Prevalence of unilateral mild, moderate, or severe HL in worse ear and normal hearing in better ear

- 4.9% and 5.7% in NHANES II and III respectively
- Adjusting for 2005 population, 2.8 and 3.

Appendix B: Complications of Cochlear Implant Surgery

<http://www.ncbi.nlm.nih.gov/sites/entrez>

PubMed:

Acta Otorrinolaringol Esp. 2006 Mar;57(3):122-5.

Complications in cochlear implantation

Ramos A, Charlone R, de Miguel I, Valdivielso A, Cuyas JM, Pérez D, Vasallo JR.

"The objective of this paper is to present the surgical complications in cochlear implant, in a serie of 346 patients, submitted to surgery by the same surgical team with the subsequent control and follow-up for a long period of time. We show the description and the handling of each complication. MATERIAL AND METHODS: A follow-up was carried out on 346 cochlear implant patients by the same surgical team, from February 1993 to March 2004. The complications were assessed and their handling and follow-up is reported. The series includes 211 children and 135 adults. RESULTS: The complication rate was 9.8% (n = 34). The complications found were: Intraoperative Complications: Cerebrospinal Fluid Leaks (CSF), 7; Facial nerve injury, 1; excessive thinning of the posterior wall, 2; immediate post operative complications: infection of the surgical wound, 4; post operative persistent pain, 1; Tinnitus, 2; late complications: Mastoiditis, 2; extrusion of the stimulating receptor, 1; facial nerve stimulation, 5; late infections of the stimulation receptor, 2; technical failure of the implanted system, 7. Neither alteration or migration was found in the receptor placing. CONCLUSIONS: The cochlear implant surgery has a low morbidity. We found no cases of meningitis due to this procedure."

Otolaryngol Head Neck Surg. 2006 Sep;135(3):383-6

Complication rate of minimally invasive cochlear implantation

Stratigouleas ED, Perry BP, King SM, Syms CA 3rd.

PubMed:

OBJECTIVES: To assess the complication rate of minimally invasive cochlear implantation (MICI). STUDY DESIGN AND SETTING: Data for this study were obtained via a retrospective analysis of records at the Ear Medical Group, San Antonio, TX, after IRB approval at the University of Texas Health Science Center at San Antonio. The surgical complications of MICI were recorded in a spreadsheet format; 176 patients were included in the study. RESULTS: A total of 22 (12.5%) complications were noted in the study. There were 0 life-threatening, 7 major, and 15 minor complications. Of the 7 major complications, 3 were device failures, 2 developed delayed mastoiditis, 1 required receiver/stimulator repositioning, and 1 involved facial paralysis. CONCLUSIONS: MICI is as safe as standard cochlear implantation (SCI) and affords with it other benefits. Eliminating the scalp flap avoids devascularization and minimizes the opportunity of flap infection or necrosis. Complications not related to the flap are similar to SCI. EBM rating: C-4.

http://www.ncbi.nlm.nih.gov/pubmed/17414094?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum

Otol Neurotol. 2007 Jun;28(4):459-62.

Intracranial complications of cochlear implantation.

Dodson KM, Maiberger PG, Sismanis A.

PubMed:

"There was a 9.3% overall complication rate"

Appendix C State Insurance Mandates for hearing aids and/or cochlear implants.

Who are the other states that mandate types of hearing aid or cochlear implant laws? What are the details of their laws?

http://www.asha.org/about/legislation-advocacy/state/issues/ha_reimbursement.htm#ct

Links to Information Re: State Provisions for Hearing Aids and/or Cochlear Implants: State Insurance Mandates for Hearing Aids from the American Speech-Language-Hearing Association:

http://www.asha.org/about/legislation-advocacy/state/issues/ha_reimbursement.htm

Cochlear Implants Covered by State Programs for Children with Special Health Care Needs:

<http://www.cochlear.org/sys-tmpl/childandmaternalhealthservices/>

South Dakota Department of Rehabilitative Services:

<http://www.cochlear.org/sys-tmpl/southdakota/>

State Insurance Mandates for Hearing Aids

Connecticut, Kentucky, Louisiana, Maryland, Minnesota, Missouri, and Oklahoma require that health benefits plans in their state pay for hearing aids for children. Requirements vary state by state for: ages covered, amount of coverage, benefit period, provider qualifications, type of hearing loss

Rhode Island requires coverage for both children and adults.

Existing laws in these eight states are summarized below with a link to each statute:

Connecticut:

Requires, after October 1, 2001, individual and group health insurance policies to provide coverage for hearing aids for children 12 years old or younger; classifies hearing aids as durable medical equipment and allows policies to limit the benefit to \$1,000 every 24 months.

Citation: Conn. Gen. Statute 38a-490b and 38a-516b (Use number indicated and select "Statutes - Section Text" as search options at <http://search.cga.state.ct.us/>)

Kentucky:

Requires health benefit plans, including those provided to state employees or their dependents, to cover the cost of a hearing aid for each ear, as needed, as well as related services necessary to assess, select, and fit the hearing aid; payment capped at \$1400 per hearing aid every 36 months; insured able to choose a higher price hearing aid and pay the difference in cost; hearing aid must be prescribed by a licensed audiologist and dispensed by a licensed audiologist or hearing instrument specialist.

Citation: KRS 304.17A-132

<http://www.lrc.state.ky.us/krs/304-17a/132.pdf> (PDF format)

Louisiana:

Requires any new health insurance policy after January 1, 2004, and any existing policy on or before its renewal date but no later than January 1, 2005, to cover hearing aids for children under 18 years of age if the aids are fitted and dispensed by a licensed audiologist or hearing aid specialist. May limit benefits to \$1,400 per ear with hearing loss over a 36 month period. The insuree is able to purchase a more expensive hearing aid and pay the difference to the hearing aid provider.

Citation: La. R.S. 22:215.25

<http://www.legis.state.la.us/lss/lss.asp?doc=207219>

Maryland:

Requires insurers to provide coverage for hearing aids for a minor child if the hearing aids are prescribed, fitted, and dispensed by a licensed audiologist; coverage may be limited to \$1,400 per hearing aid for each hearing-impaired ear every 36 months; insured may choose a more expensive hearing aid and pay the difference.

Citation: Md. Insurance Code Ann . §15-838

http://mlis.state.md.us/cgi-win/web_statutes.exe

(Select "Insurance" and then enter "§15-838")

Minnesota:

Requires coverage of hearing aids for children 18 years of age or younger if hearing loss is congenital and not correctable by other procedures covered in the policy, e.g., surgery; coverage limited to one hearing aid per affected ear every three years; may impose co-payment, co-insurance, or other limitations only if similar limitations apply to other coverages under the plan. Effective for policies issued on or after August 1, 2003.

Citation: Minn. Stat. 62Q.675

<http://www.revisor.leg.state.mn.us/stats/62Q/675.html>

Missouri:

Requires health insurance and Medicaid coverage for infant hear screening, re-screening (if necessary), audiological assessment and follow-up, and initial amplification, including hearing aids.

Citation: §376.1220 R.S. Mo.

<http://www.moga.state.mo.us/statutes/c300-399/3760001220.htm>

Oklahoma:

Effective November 1, 2002, requires any group health insurance or health benefit plan to provide coverage for audiological services and hearing aids for children up to 18 years of age; adds requirement of hearing aid prescription and dispensing by a licensed audiologist; allows hearing aid benefit every 48 months without a dollar limit.

Citation: 36 Okl. St. §6060.7

<http://www.lsb.state.ok.us/>

(Select "Oklahoma Statutes & Constitution", then enter 36-6060.7 in "Search Oklahoma Statutes")

Rhode Island:

After January 1, 2006, requires every individual or group health insurance contract and hospital or medical expense insurance policy to provide \$400 coverage per hearing aid per ear every three years for children and adults; the insurer may choose the provider of hearing aids with which to contract; the contract or policy shall also provide, as an optional rider, additional coverage for hearing aids.

Citation: <http://www.rilin.state.ri.us/BillText/BillText05/HouseText05/H5742A.htm>

Acknowledgement of colleagues: Dr. K. Schairer and R. Litovsky in forwarding relevant citations
Gratitude to Students in CD 252:425: P. Allen, R. Chang, K. Maves, A. Marx, S. Zwiefelhofer for
coming to testify at the 2/27/8 Public Hearing

and for providing assistance in verifying current websites per Mr. Lasee's request:

R. Bissell, M. Ellington, L. Gilbertson, K. Henslin, L. Ottenstein, and L. Wood