

☞ **07hr_ab0133_AC-In_pt03**



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**

AB 133?
Date?

My name is Michelle Kihntopf from Green Bay. I would like to ask for your support on the SB88 bill. I am the proud mother of two beautiful little girls. My oldest daughter Michaela was identified at birth with having a hearing loss. At the time I did not even know that they gave hearing tests on babies. Now I couldn't be more grateful. My daughter was born with a mild to moderate hearing loss in only one ear.

After several trips to the ENT over the next few weeks we found out she would benefit from the use of a hearing aid. We were told to check with our insurance company and then decide what we wanted to do. Being an early childhood professional I knew that the ability for my child to have access to language was critical with in the first months of life. I was also told by professionals that they did not know what caused the hearing loss and that this type of loss sometimes continues to progress over time. My husband and I decided that we would defiantly want her to be able to access language.

We checked with the insurance company and found out that they would cover up to \$500.00 every five years for a hearing aid. We were very excited. We came up with the other half and she was aided by five months of age. At the age of two and a half we were at the ENT for a routine visit and the audiologist said she was afraid she had some bad news. Michaela's audiograms showed that she had a decrease in both ears. Her ear was slowly getting worse and now the other ear(the good one as we called it) was also showing signs of a loss. She would need new more powerful hearing aids and now she would need two.

We were very excited that my husband now had a good job working for the federal government with the Department of Home Land Security. We were shocked to learn that our insurance covered nothing for hearing aids.

We were living in MI for his new job and because of Michaela's hearing loss the state offered us the opportunity to purchase insurance to cover any incidentals that our insurance did not cover. Children's special health care. Even though we were over the income level we could use a sliding fee based on our over income and pay to have special coverage through the state of MI.

We purchased it and in the end they paid 100% of all her hearing related bills. My husband transferred back to Green Bay so that our daughter could attend school with other deaf and hard of hearing kids. She entered kindergarten at the age of 4. She is now in first grade reading at a third grade level. She is part of the Green Bay schools gifted and talented program and loves school. Her last hearing test again shows a decrease in hearing. Her audiologist told me that this year our next year her hearing aids will need to be replaced. I sat down with my husband last week to look over our insurance and flexible spending. REMEMBER he works for the federal government. It does NOT cover hearing aids! We looked at planning for it with flexible spending, you can NOT use that for hearing aids! I was very upset. The quote I got for her new aids is \$5500.00. I am a stay at home mom teaching my youngest child American Sign Language so she can communicate with her sister. Now I may have to look for a job. I am begging you on behalf of all the deaf and hard of hearing families in WI something NEEDS to be done. Please support SB88.

Thank you , Michelle Kihntopf



**Testimony in support of Assembly Bill 133:
Insurance Coverage for Hearing Aids and Cochlear Implants for Children**

Date ?

I am the parent of a 12-yr old daughter, Claire, who has a mild to moderate bilateral hearing loss and wears hearing aids. I am writing in support of Assembly Bill 133, requiring insurance coverage for children who need hearing aids & cochlear implants. I also support the amendment that expands this bill to cover children up to the age 11 and encourage you to amend it to cover ****all**** children who are certified as deaf or hard of hearing (not just "severely" hard of hearing).

Claire has always had excellent health care, but her hearing loss went undetected until she was in 2nd grade (8 years old). It is believed that she may have had this hearing loss since birth, but because she worked very hard to compensate, no one (including her) realized that she was not hearing everything. By the time this loss was detected, Claire was really struggling both socially and academically. She still continues to receive extra support at school due to her hearing loss.

Although Claire's hearing loss is described as "mild to moderate", there is nothing mild to moderate about the effect hearing aids have had on her life, including but not limited to her self-esteem and ability to function as a competent, independent person.

The diagnosis of a hearing loss came as a complete surprise to us. We had suspected the possibility of learning disabilities, but hearing loss wasn't even on our radar screen. The clear and immediate solution was to ensure that our daughter received services from a competent pediatric audiologist and to get her fitted with hearing aids. We were shocked when we learned the cost of the hearing aids.

Fortunately for us, my spouse's insurance as a state employee covered 1/2 of the cost of each hearing aid, up to \$1000 per aid. Even with this coverage, however, we had to suddenly figure out how to come up with \$2000 (our "co-pay" for the hearing aids). What could we do? Our daughter had been struggling for 8 years with an undiagnosed hearing loss - for 8 years, she had been missing out on so much in her environment, including academic and social information and opportunities. This wasn't like a car repair we could just put off. So we did what most folks would do - we put it on our credit card & then worked hard to pay it off.

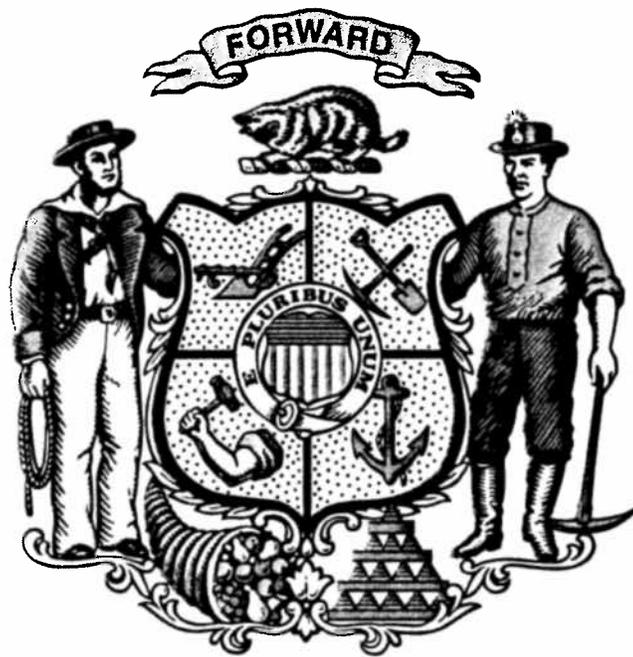
But what about the families that don't have health insurance that covers even part of their costs? What about families that don't have credit or that put it on their credit cards, only to struggle to pay off that debt?

It's been 4 years since Claire got her hearing aids & they have changed her life. She still has struggles, but now she has better access to the world. And again we're the lucky people: her hearing aids haven't broken or worn out yet; if they do, her health insurance will cover up to 1/2 the cost of the aids once every 3 years, so we can get some coverage. But let's face it, the prospect of paying \$2000 or more is not something we relish.

And I haven't even talked about the on-going costs of batteries (which must be replaced every two weeks) and replacing ear molds whenever she out-grows them or they tear (approximately \$160 a pair). These costs are not covered by insurance. Additionally our visits to the audiologist and the ear doctor 1-2 times a year are covered by our insurance, but for other families, this is an additional out-of-pocket expense that greatly adds to the family burden.

So, please pass this bill, with the amendments I have described. It's the right thing to do. If you have any questions, please feel free to contact me by email at scgwis@gmail.com or by phone at 608-345-4761. Thank you.

Deb Wisniewski
21 Corry St., Madison WI 53704



Date?

**Tiffany (& Emmanuel "Manny" – age 16 months) Wilke, Beaver Dam
Mother of Deaf & Hard of Hearing Child
In favor of AB133/SB88**



Story: Our son, Manny, was born with a rare congenital birth defect called Bilateral Microtia and Atresia - Manny was born without ears and open ear canals, making him legally deaf, along with other birth defects. Soon after Manny was born, we had bone conduction hearing tests which showed that he had inner ear hearing; we were told to get a hearing aid ASAP. At just 3 weeks old Manny was fitted for a specialized bone conduction hearing aid and we were told that it would cost \$5000. We were extremely shocked to find out that this was not covered by insurance, despite our excellent insurance

through the school district. In fact, everyone was and continues to be shocked that it is not covered by insurance. We were told that there are some non-profits/grants out there you can apply for but the paperwork and decision takes 8-12 months and not retroactive (you cannot receive a hearing aid until after you sit and wait this period of time months, and then, you may not even be eligible - at that point you have lost precious time for speech and language development, let alone the quality of life and communication skills.) Our speech therapist tells us that speech development is absolutely critical the first few years and by age 7, speech or lack-of is pretty much established for life. So, we had to come up with \$5000, in full, within weeks to pay for his hearing aid. We are lucky that we had access to a credit card.

During recent hearing tests we found out that Manny hears perfectly at 10 decibels (whisper) with his hearing aid on and not well at 75 decibels (loud dog barking) without it. We know when his battery runs out because Manny becomes unresponsive and uninterested. How heartwrenching to think of Manny without a hearing aid, knowing that he can hear perfectly with one. *He has the ability to have perfect speech with his hearing aid.* How heartwrenching to think that some children don't have access to hearing aids and the enriched quality of life that we all take for granted. Cover your own ears and imagine what life would be like - then think about your child, your family, your way of life.

Why Vote Yes: You should vote for AB133/SB88 because it is the right thing to do for these children and families of need, who are already paying for insurance. It is not only an emotional strain for an entire family, but a financial strain. It is a medical device with proven results, not some unapproved drug. Let WI be proactive with early intervention, not reactive. There are already 8 states with Insurance Mandates for Hearing Aids for children: Connecticut, Kentucky, Louisiana, Maryland, Minnesota, Missouri, and Oklahoma. I'm in business and can appreciate the rising cost of insurance - but this is a small percentage of children needing hearing aids at minimal costs involved. Is there where you really want to cut costs? Educational statistics say it costs anywhere from \$400k on up for a deaf child to go through the K-12 public school system with their special accommodation needs (signors in every class, special teachers, IEPs, etc). Why make Manny Special Ed or Special Needs if he doesn't have to be? Special Ed percentages are rising much too quickly, and AB133/SB88 can alleviate part of the problem. Get these kids a positive start in the school system so they can excel. Give them an equal playing field. This isn't a Democratic or Republican issue (as the Senate validated with a unanimous vote on SB88)...it's a solution that will provide children who can't provide for themselves so that they can listen, learn and be a productive member of society.

Amendment: In April it was suggested that AB133 is amended to cover children under the Age of 11. SB88 passed Age 11 along with looser language on the deafness requirements. AB133 should match SB88 on both accounts. Let's get these bills PASSED! Our son Manny can eventually have surgery on both his inner and outer ears, but doctors will not do the surgeries until he is at least 6-7 years old, as then his rib cartilage and skull will be strong enough and the inner ear bones will be properly formed. At that time a hearing aid could be implanted behind his ear. In my opinion the age should be 18 like Minnesota's law. Thank you for your time and consideration.

9/21/07 Jennifer Ploch, Clinical Audiologist, UW Hospital states in her report: "Manny should continue to utilize his bone conduction hearing aid during all waking hours. His functional gain results indicate he is receiving excellent benefit from his hearing aid and we are confident he has appropriate audibility for speech and language development."

1/18/08 Dr Diane Contreras, Doctor of Audiology, Children's Hospital of Wisconsin states in her report: "It was recommended that Emmanuel utilize binaural amplification to improve Manny's detection of sounds, localization skills, and speech understanding in noise. Recommendations: Full time use of amplification" (In order to have most benefit from Manny's bilateral hearing loss, we have recently found out that Manny should optimally be wearing 2 hearing aids, for speech and language development and for safety.)



Date ?

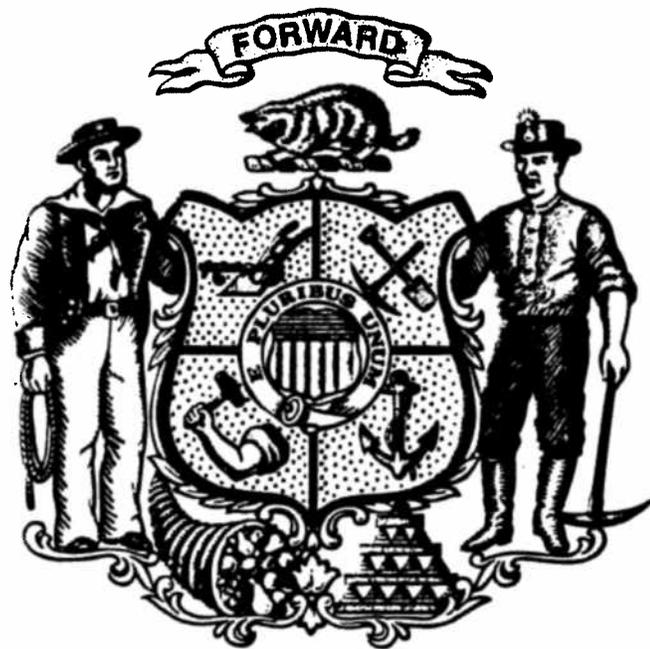
Parent's Testimony of a Hard of Hearing Child

My name is Stephanie Shankle and I am here today to testify in favor of Assembly Bill 133. I am a proud parent of a 4 year old child, Mackenzie, who is hard of hearing. Approximately 1 ½ years ago she was diagnosed with a moderate/severe hearing loss in both ears. We took all of the testing and diagnosis in stride and prepared as well as we could for our future in raising a special needs child. You can imagine our disappointment when we learned from our insurance company that they would not cover any expense of her extremely necessary hearing aids, a \$3,600 purchase.

Both my husband and I are experienced teachers. I have my master's degree in Early Childhood Development and 15 years of service in public education. We are very dedicated service members of our community. Along with Mackenzie's hearing loss, we learned of her significant speech and language delay of over 2 years. We realized that we had a lot of work to do in helping her communicate. Through this journey and after much discussion, we decided it would be best for Mackenzie if I, her mom, stayed home and worked with her. Ethically, we made the right choice. Financially, it has been a struggle. Our budget went from two generous incomes to less than half and we have since been declared well below the state average household income. To come up with the means to pay out of our pocket for hearing aids has been demanding. We have gathered small amounts of money from various funds, have removed money from Mackenzie's college savings, have withdrawn from our retirements, and have scraped and saved to be able to provide hearing aids for her. It has not been an easy accomplishment. You can imagine our frustration in doing what we feel is right for our child, and yet struggling to be able to make it from month to month financially. After all, our daughter is the future and investing in her ability to communicate is advantageous for everyone. Would you not agree, that requiring insurance companies to pay for hearing aids is a relatively small expense, in comparison to the cost required of the state when a child reaches the public education system and requires extensive additional services?

I, a respectful and loyal state educator, ask that you approve this Assembly Bill. I also urge you to approve Ammendment 1 which will increase the coverage of children who are under age 11. In addition to these requests, I ask that you amend the language of the bill to include children who are deaf or hard of hearing, excluding the word "severely".

Thank you for your time and for holding this crucial hearing today. I urge you to vote in favor of this bill.



Date ?

My name is Heather Schreiber and I'm here to testify in favor of this bill. I am a hard of hearing high school senior.

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).

I would like to suggest that the age limit be increased to children under the age of 11 to meet the senate bill.

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





Date?

Hi. My name is Peyton Nelson and I am here to support Assembly Bill 133. I am hard of hearing. I wear hearing aids in both of my ears. My hearing aids are **very** important to me. They help me understand what people are saying. They help me hear environmental sounds to keep me safe. They help me to understand conversations with my peers. I have a lot of friends, so my hearing aids help me to know what it going on at my school. I wear an FM system at school which helps me hear my teachers too. If I did not have my hearing aids or FM, I would not be able to understand very much! That would be very frustrating.

I hope that you will pass this Bill so that all kids with hearing loss like me can get hearing aids and that their Moms and Dads don't have to pay for them. That's why I am here, because this is very important.

Moms and Dads should not have to pay for hearing aids.
Insurance companies should!

Thank you!



Date ?

Hello. My name is Laurie Nelson and I am Peyton's Mom and we are here to support AB 133, with the same modifications as made to Senate Bill 88. Our daughter's hearing loss was diagnosed shortly after her second birthday. Our insurance did not cover any costs for hearing aids. My husband and I have had to bear this financial burden totally out of pocket. I am not talking about a couple hundred dollars. Each pair of hearing aids cost us between \$3-4,000 and we have purchased three pairs. The Clinic we have used did not offer a lengthy payment plan either. We had to pay 1/2 down and pay the balance in 3-4 months. WOW! It has been an extreme financial burden, but what were we supposed to do? She's our daughter!

Peyton is truly our inspiration and hero and we firmly believe we need to keep up with the fast changing pace of technology and get her new hearing aids every 3-4 years. Desperate times have called for desperate measures. Have you ever had to pay for your groceries with a credit card? Have you ever had to eat meals at your parents' house because you didn't have enough money to put food on your own table until your next paycheck? We have. Fortunately, we were lucky. We had the support of our family and scraped by financially to get through it. Other families are not so lucky. **Getting hearing aids or a cochlear implant for your child should not be a desperate measure for any family to have to bear financially.**

Hearing loss is a sensory issue. All people with hearing loss have the basic fundamental right to access language and communication. Hearing aids and cochlear implants are part of that access. Without that access, children may develop delays in their language skills, which could lead to delays in their comprehension skills, which could then lead to frustration and possible behavioral issues, and then perhaps to depression in our youth. **Children should not have to wait to get access to the world around them while their parents make arrangements, or find assistance, for funding for hearing aids or CIs. The effect this can have on our kids would be profound and extremely detrimental.**

Hearing aids are NOT cosmetic. They are what give our deaf/hh kids ACCESS to the world around them. This bill needs to be passed so that all kids who have a hearing loss can get access to their worlds. Families should not have to bear that overwhelming financial burden and our children should not have to pay the price.

I am requesting two amendments to AB 133. One that increases the ages of children covered to match the Senate version of the bill – which is age 11.

The other is that the bill inadvertently restricts children who are covered to those who are "certified as deaf or *severely* hearing impaired. Please remove the word "severely" so all children who are deaf or hard of hearing can be covered.

Thank you for holding this hearing and please vote in favor of this bill! Our kids are counting on you!

Laurie & Peyton Nelson
lcpnelson@verizon.net



AB 133 ?
Date ?

My name is Molly Martzke and I am from Green Bay, WI. I am the mother of two children with cochlear implants. I am also the President of Wisconsin Families for Hands & Voices, a nonprofit organization dedicated to the support and advocacy of families who have children who are Deaf and Hard of Hearing.

Our family story begins like so many others, with the birth of our son. Jack was diagnosed with a profound hearing loss at 10 ½ months. After a trial period with hearing aids, we decided to pursue a cochlear implant. This device would allow him to access sounds that had otherwise been unattainable. Our insurance company approved this procedure and Jack was implanted at 18 months.

Our daughter was then born in 2003. When we discovered that she was deaf, we pursued getting her a cochlear implant as well. We still had the same insurance company and thought that this would not be a problem. We were wrong. When we sent through the paperwork for a prior authorization we received a denial based upon the fact that “the treatment requested is experimental/investigational and not medically necessary for children with prelingual, severe, bilateral deafness”. The same procedure that the same insurance company had approved and paid for five years earlier was now considered “experimental” in nature. This denial was dated in July of 2003. The next month the insurance company then sent a notice of change to our health plan that would then exclude “diagnostic tests, surgery, devices, and related instruction or therapy for cochlear implants”. By explicitly changing this language they had prevented any chance of appeal.

We had seen how our son was able to utilize his implant to access spoken language and couldn't imagine not offering our daughter this same opportunity. We pursued any and every option that was available to us. We contacted an attorney, but because of the change of the plan language we were unable to fight this way. We looked at medical assistance, but made too much money. We tried to have my husbands' employer receive coverage through a special rider on their policy, but the insurance company was unwilling to do this. We even considered giving up parental rights to our daughter if my parents insurance would cover her. I hope this is something you would never have to contemplate.

Tressa did receive her implant. This was made possible through some very generous donations. But make no mistake about it, we were willing to bankrupt ourselves to make sure that she received the medical care that she needed. We couldn't imagine looking at her one day when she asked why she didn't have a cochlear implant when her brother did. Were we supposed to say “Well dear, we had better insurance back then?”

The reason we need to have this legislation is because of stories like ours. I have often said that I have insurance for when something big happens. I don't pay those premiums every month for a well-child checkup every year. I pay them for something like this a piece of medical equipment that has made all the difference in the lives of my children.

Molly Martzke
1120 Garland St
Green Bay, WI 54301
920-437-7370
mpmartzke@yahoo.com



Testimony in favor of passing Assembly Bill 133

Date ?

Presented by: Michael and Elaine Flood
300 Wentworth Lane
Appleton, WI 54913
Email: floodmi@msn.com

Parents of six year old Tommy Flood: hard of hearing (requires two hearing aids), currently in kindergarten at Ferber Elementary School in Appleton.

Reasons to pass Assembly Bill 133

- The method of operation of the insurance industry has always been to spread the expense of a rare, known risk from a small number of people to many people. In this way, everyone pays a manageable amount so no one person pays a huge amount.
- Approximately 200-300 babies are born deaf or hard of hearing in Wisconsin each year. Approximately 71,000 babies were born in Wisconsin in 2005 based on the latest CDC statistics. Thus, approximately 0.35% of babies are born deaf or hard of hearing in Wisconsin each year: a relatively rare and known risk.
- Based on the insurance industry's own historical method of operation, covering the expense of hearing aids/cochlear implants for children (in this case asking to cover children under the age of eleven who are certified deaf or hard of hearing) is a completely consistent and logical request.
- It is in keeping with the growing bipartisan national talk of focusing more of our limited healthcare resources/insurance dollars on "preventative care". See Fact Sheet for studies indicating savings generated from early intervention/preventative care for deaf and hard of hearing children.
- Several states have passed similar legislation (see Fact Sheet) and New Jersey's version of Assembly Bill 133 just passed the New Jersey Assembly Finance and Insurance Committee on 2/25/08 after being stalled in Committee for several years.



AB?

Date?

Public Hearing on SB-133 SB-88

Speaking in Favor

1. Introduction of family (including grandparents who babysit while my husband and I work). It is hard to find child care providers who can communicate with a deaf child.
2. Abigail's type hearing loss. Hearing aids won't help her hear our voices. A cochlear implant is needed.
3. Language barrier. Sign is not the language of the rest of our family. What if you were told tomorrow that the whole United States would only speak Russian and you didn't know a word of Russian. Would you want to learn a whole new language when you already have one established? The average adult makes it to the preschool level learning sign language.
4. Our struggle with insurance and how everything was new and confusing to us. We had to learn along the way (i.e. direct exclusions of insurance) when looking for funding for Abby's hearing aids. Exhausting every option of payment for cochlear implants, Medicaid had an enormous deductible, if we even qualified. Our hearts dropped when we received a denial letter from my insurance company. We appealed and were basically told to look elsewhere for help.
5. Americans with Disabilities Act (ADA). Equal Employment Opportunity Commission (EEOC) Section 1630.16(f) page 8. In contrast, however, health-related insurance distinctions that are based on disability may violate the ADA. A term or provision is "disability-based" if it singles out a particular disability (e.g. deafness, AIDS, schizophrenia), a discrete group of disabilities (e.g. cancer, muscular dystrophy, kidney disease) or disabilities in general (e.g. Non-coverage of all conditions that substantially limit a major life activity. I feel that hearing and speaking are both major life activities. We are being discriminated against because our daughter is deaf. The same insurance my employer carries will pay for a weight loss lap band procedure (about \$20,000) for an obese person who is a health risk.
6. Because of so much lost time, Abby will be going to preschool at a school for the deaf. If she would have been implanted at age one, she could possibly have a sufficient vocabulary to allow her to attend a preschool with hearing and speaking children. Her language for now is sign. So the taxpayer's money will be spent having to bus her to school and back, a 40 mile round trip, when she could be attending a preschool in her home town. (I do want her to know her deaf culture). She will always be deaf, but a cochlear implant will be a prosthesis and will enable her to function better in a hearing world.
7. Our family has had one disappointment after another. We thank you for taking the time to hold this hearing and for your support in voting in favor of AB-133 and SB-88. We hope that other families will not have to go through all the disappointments and time lost that we have experienced, just to bring our daughter into our world, the hearing world.

Thank you.

The family of Abigail Brensel

Ann and Matthew Brensel
815 McCoy Park Road
Fort Atkinson, WI 53538
(920)-428-1567
(920)-988-9766



Date ?



My new friend Oliver with Ann, Abby's Mom



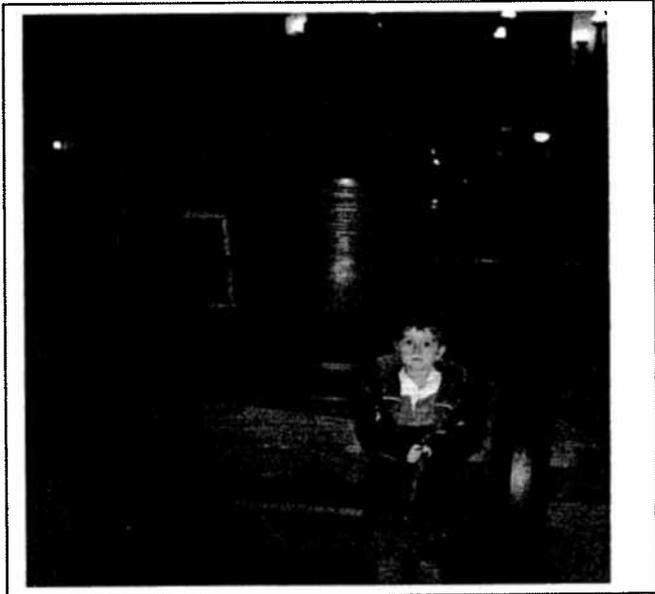
My new friend Abby, who can't hear me when I talk to her nor can she speak to me, but we understand!

I ask that you take action for all the other kids in Wisconsin who need hearing aids to be the same as "hearing kids" so we all can make a difference for Wisconsin in the future! Vote to pass "Hearing Aid Bill AB-133" with amendments to match Bill SB-88

Y
K I G A



My new friend Manny, his mom and my mom and baby sister Kaitlyn on our second trip to the Capital to try to get the Hearing Aid Bills to move forward.



Here I am at the Capital (My FIRST TRIP) going to the Insurance Committee Meeting for SB-88. WOW, they passed it unanimously!



AB 133 Folder

Date?

Good afternoon. I am here today to speak on the behalf of my students and their parents to ask you to please pass this bill into law. Many of the families that I work with suffer financial hardship because the insurance they have will not cover hearing aids. They have to pay thousands of dollars out of their pockets for their child to hear. One family in particular has two boys with a bilateral loss. This means that they have had to purchase four hearing aids at approximately \$2,000 per ear. This does not include annual maintenance on the aids such as recasing and fitting for new earmolds. I have seen families max out their credit cards paying for hearing aids and then wonder where they will get the money for necessities (i.e. clothing etc). Christmas is usually a very difficult time of year for most of my families

The statistics for unaided children is alarming. They are twice as likely to end up in the ER as children with normal hearing. They are ten times as likely to be held back a grade. 9% of children diagnosed with ADHD actually have an unaided hearing loss. As adults these children will make eight to twelve thousand dollars a year less on average, even after adjusting for geography and education.

The National Institute of Health have estimated that the cost of not providing aids or cochlear implants to deaf infants is approximately \$1 million dollars over that child's lifetime. Most of that cost (special education, Medicaid services, lost tax revenue) is born by the states.

There are about 10 states currently mandating coverage for hearing aids. The average pair of digital hearing aids(which is what children really need because of all the background noise associated with classrooms) is \$5800 and needs to be replaced every four – five years.

As an educator, unfortunately I have also seen parents unable to pay for hearing aids and the child goes unaided or with only one hearing aid. Therefore, my students miss much of what is being taught in school. I ask you again today to please support this bill and help my students and their families.

Sue Whooley
Teacher of the Deaf & Hard of Hearing CESA #2
swhooley@deforest.k12.wi.us
(608) 842- 6183
404 Yorktown Road
DeForest, WI 53532





AB 133
Folder

Date?

February 27, 2008 Please vote in favor of reimbursement of amplification for children through age 11 with documented sensorineural hearing loss.

As a speech language pathologist, I have provided assessment and intervention in the area of communication development for individuals with hearing loss for the past 25 years. I currently hold the title of Clinical Associate Professor in the Dept. of Communicative Disorders on the UW-Madison Campus, and work with regional hospital teams in the pre-candidacy and post surgery listening training for people who choose a cochlear implant. I also teach two courses in sign language, and support each family's mode of communication as long as their children are making significant progress toward realizing their own communication and cognitive potential.

I do not sell, fit or profit from the sale of amplification. Rather, I help people communicate face to face...with their family members, daycare providers, coaches, teachers, and employers. I speak today to encourage your support for families of children through age 11 in being able to have insurance reimbursement for these reasons:

1. Were we arguing for reimbursement for ALL individuals with hearing loss, I would agree this would place a ubiquitous burden on insurance companies: 1 of every 3 citizens over age 65 would qualify, 9 of every 10 citizens over age 80 would qualify and since the fastest growing segment of the population are those over age 85, this would mean that statistically more than 5 of every 6 people insured in that age bracket would siphon the profits of insurance companies and send your constituents' insurance premiums skyrocketing.

However, we are here today advocating for children. National demographic data consistently have demonstrated that this low incidence hearing impairment affects only 1-3 children in every 1000.

That is .3 of one percent of the population.

2. For those children, the data are compelling that early, appropriate and daily amplification interfaces with brain development so that outcomes in this millennium outpace anything recorded in our country's earlier history. Specifically, the Yoshinago-Itano 1998 study showed that children fit properly by 6 months, were in the low average range by age 3; the Univ. of Iowa data reported on 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.

3. How do those data matter to you as our representatives? It means that the annual cost of a school district's budget allocated to these children can and will be significantly cut. In one state conference meeting in 2006, I was told that the average cost of education a child with hearing loss was approximately \$30,000 per year. In the 1970's-2000, 1/1000 children with a diagnosis of SNHL would require intensive special education accommodations for the full course of his/her education which, using the number above, would suggest \$450,000 per student for that youngster to obtain a high school diploma.

As representatives of your constituents, I encourage you to offset that tax dollar allocation by approving amplification reimbursement to families, which has been demonstrated over the last 50 years to be THE single most effective treatment to hearing loss serving as a barrier for learning a spoken language and interacting independently and effectively with those of us in hearing culture. As an instructor of talented and committed undergrad and graduate college students, I beseech you to help us expanding the WI Idea into our communities by relieving families like those you have met today, so that they can allocate their financial resources to intervention, utilities, childcare and their emotional resources to communicating with their children who they deeply love and advocate for, today and every day of their lives.

Respectfully,

Michelle Quinn, CCC-SLP

Clinical Associate Professor

Dept. of Communicative Disorders

1975 Willow Drive

University of Wisconsin-Madison 53706

Department of Communicative Disorders

Goodnight Hall University of Wisconsin-Madison 1975 Willow Drive Madison, Wisconsin 53706

608/262-3951 Fax: 608/262-6466