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(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2009-10

(session year)

Senate

(Assembly, Senate or Joint)

Committee on ... Health, Health Insurance, Privacy, Property Tax Relief, and Revenue (SC-HHIPTRR)

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

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

Senate

Record of Committee Proceedings

Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue

Senate Bill 323

Relating to: requiring newborn hearing screening.

By Senators Lassa, Taylor, Lehman, Schultz, Kreitlow, Risser, Miller, Darling, Coggs and Erpenbach; cosponsored by Representatives Dexter, Kaufert, Berceau, Black, Townsend, Schneider, Hilgenberg, Mason, Soletski, Sinicki, Jorgensen, Hixson, Lothian, Turner, Grigsby, A. Williams, Krusick, Wood, A. Ott, Molepske Jr. and Bernard Schaber.

September 30, 2009 Referred to Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue.

March 3, 2010

PUBLIC HEARING HELD

Present: (7) Senators Erpenbach, Carpenter, Robson, Lassa, Lazich, Kanavas and Darling.
Absent: (0) None.

Appearances For

- Julie Lassa — Sen.
- Rachel Currans-Sheehan — DHS
- Pamela Pfeffer — March of Dimes
- Laura Feldhake, Stoughton — Dr., WSHA-P
- Michelle Mettner — Children's Hospital and Health System

Appearances Against

- None.

Appearances for Information Only

- None.

Registrations For

- Tom Petri — WI Primary Health Care Assn.
- Kristen Dexter — Rep.
- Janko Boehme, Madison
- Alicia Boehme, Madison

Registrations Against

- None.

Registrations for Information Only

- None.

March 16, 2010

EXECUTIVE SESSION HELD

Present: (7) Senators Erpenbach, Carpenter, Robson, Lassa, Lazich, Kanavas and Darling.

Absent: (0) None.

Moved by Senator Carpenter, seconded by Senator Erpenbach that **Senate Amendment 1 to Senate Substitute Amendment 1** be recommended for adoption.

Ayes: (7) Senators Erpenbach, Carpenter, Robson, Lassa, Lazich, Kanavas and Darling.

Noes: (0) None.

ADOPTION OF SENATE AMENDMENT 1 TO SENATE SUBSTITUTE AMENDMENT 1 RECOMMENDED, Ayes 7, Noes 0

Moved by Senator Carpenter, seconded by Senator Erpenbach that **Senate Substitute Amendment 1** be recommended for adoption.

Ayes: (7) Senators Erpenbach, Carpenter, Robson, Lassa, Lazich, Kanavas and Darling.

Noes: (0) None.

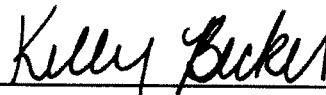
ADOPTION OF SENATE SUBSTITUTE AMENDMENT 1 RECOMMENDED, Ayes 7, Noes 0

Moved by Senator Carpenter, seconded by Senator Erpenbach that **Senate Bill 323** be recommended for passage as amended.

Ayes: (6) Senators Erpenbach, Carpenter, Robson, Lassa, Kanavas and Darling.

Noes: (1) Senator Lazich.

PASSAGE AS AMENDED RECOMMENDED, Ayes 6, Noes 1



Kelly Becker
Committee Clerk

Vote Record

Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue

Date: _____

Moved by: Carp

Seconded by: Erp

3/2/2

AB _____

SB _____

Clearinghouse Rule _____

AJR _____

SJR _____

Appointment _____

AR _____

SR _____

Other _____

Sub 1

SA 1

TO Sub 1

A/S Amdt _____

A/S Amdt _____ to A/S Amdt _____

A/S Sub Amdt _____

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Be recommended for:

- Passage Adoption Confirmation Concurrence Indefinite Postponement
 Introduction Rejection Tabling Nonconcurrency

Committee Member

	Aye	No	Absent	Not Voting
Senator Jon Erpenbach, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Tim Carpenter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Judith Robson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Julie Lassa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Mary Lazich	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Ted Kanavas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Alberta Darling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

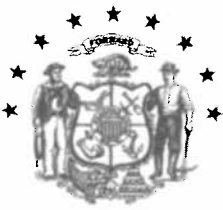
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Motion Carried Motion Failed





STATE REPRESENTATIVE
KRISTEN DEXTER

WISCONSIN STATE ASSEMBLY

68TH DISTRICT

**Testimony from Representative Kristen Dexter
March 3, 2010**

**Committee on Health, Health Insurance,
Privacy, Property Tax Relief, and Revenue
In Support of Senate Bill 323**

Mr. Chairman, Committee members, thank you for convening today to hold this hearing on Senate Bill 323, relating to the newborn hearing screening test.

This legislation will allow Wisconsin to join the 35 other states that currently require that all newborns born in a hospital, at home, or in a birthing center, receive a hearing screening test.

The bill requires physicians, nurse-midwives, or certified professional midwives who attend a birth to arrange for infants to be tested before hospital discharge, or within 30 days of the birth if the infant was not born in a hospital, to determine if the infant has hearing loss.

Left undetected, hearing impairments in infants can negatively impact speech and language acquisition, academic achievement, and social and emotional development. If detected early, however, these negative impacts can be diminished and even eliminated through intervention.

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 per person over a lifetime.

Since this bill's introduction, Senator Lassa and I have been in contact with the Department of Health Services, the State Lab of Hygiene and many interested groups. The substitute amendment that is before you has minimal effect on the intent of the legislation that I just described. The main purpose of the sub was to move the bill language from a statute directing the State Lab of Hygiene to a statute directing DHS.

I would also like to thank the March of Dimes and Senator Lassa for their work on this legislation. Again, thank you for convening today and I hope that we can work together to pass Senate Bill 323 as amended.



Date: March 3, 2010

**To: Chairman Erpenbach and members of the Senate Committee on Health, Health Insurance,
Privacy, Property Tax Relief, and Revenue**

From: Laura J. Feldhake, Au.D., WSHA-P VP of Audiology Services

Re: Senate Bill 323

Chairman Erpenbach and members of the committee thank you for the opportunity to speak in favor of Senate Bill 323.

My name is Laura Feldhake. I am a resident of Stoughton Wisconsin, I hold an Au.D. (Doctor of Audiology), and I am in private practice in Stoughton, WI. Today I am here representing the Wisconsin Speech Language Pathology and Audiology Professional Association otherwise known as WSHA-P, which represents over 700 audiologists and speech language pathologists, as the VP of Audiology Services. I want to thank Senator Lassa and other committee members for their work on SB 323.

An interdisciplinary ad-hoc work group was established in the late 90's with the goal of universal newborn hearing screening. As a member of that group, we had many in depth discussions about the who, the why and the cost of starting up hearing screening programs in hospitals. At no time did we anticipate the increase in the amount of home births in the state, nor did we anticipate the long-term financial needs for the tracking of these results, originally only requesting funding for the screening startup costs, which was vetoed by then Governor Thompson. Senate Bill 323 looks to address several shortcomings of current law in order to preserve the original intent of universal newborn hearing screening.

The knowledge that there are still some infants in our state who do not have access to the programs that have been developed since 1999 is saddening. SB 323 effectively addresses this lack of screening along with improving the tracking system through the State Lab of Hygiene with its notification of positive referrals to the Department of Health Sound Beginnings program. The State Lab has a system for tracking various reportable congenital diseases with an excellent record and will be able to help improve the current issues we have across the state with the loss to follow-up after the infant receives a referral for hearing loss.

As an audiologist, one of my main focuses is that of the pediatric population. Since the start of newborn screening, we have seen a reduction in the age of identification of children with congenital hearing loss. This allows for intervention to occur at an earlier age which in turn results in a higher success in education and citizenship.

I would like to thank the Committee once again for allowing me to testify before you today. I will be happy to answer any questions.





JULIE LASSA

STATE SENATOR

Public Hearing on Senate Bill 323
Senate Committee on Health
Wednesday, March 3, 2010
Room 201SE
10:00am.

Senator Erpenbach and members of the Senate Committee on Health,

Thank you for the opportunity to testify today in support of Senate Bill 323, which would require a hearing screening for all newborns in Wisconsin.

Hearing loss is the most common congenital birth defect, affecting an estimated 200 Wisconsin infants each year. Newborn hearing screening is now considered a standard of care. Since the initiation of newborn hearing screening and Early Hearing Detection and Intervention programs in the late 1990s, the average age of confirmed hearing loss has decreased from 2½ years to 2-3 months of age.

In its annual report to the legislature, the Department of Health Services reported that in 2008, all of the state's birthing hospitals had implemented a screening program and that 98% of babies born in Wisconsin were born in a hospital with hearing screening. 96% of babies were screened prior to discharge, with only a 0.2 rate of refusal. While these are impressive numbers, our state does not require that infants born outside of birthing hospitals be screened for hearing loss. These children are currently missed and are at risk of not being caught early for hearing loss intervention.

In 2007 there were 71,397 births in Wisconsin. 68,683 of these infants passed screening, but 1,410 of infants were not screened. Most of these children were born at home. Hearing impairments left undetected in infants can harm speech and language acquisition, academic achievement, and social and emotional development. If detected early, however, these negative impacts can be diminished and even eliminated through intervention.

This legislation allows Wisconsin to join the 35 other states that currently require that all newborns who are born in a hospital or at home receive a hearing screening test. The bill requires that physicians, nurse-midwives, or certified professional midwives who attend a birth ensure that infants are screened for hearing loss before being discharged from the hospital or within 30 days of the birth if the infant was not born in a hospital. The legislation also requires that the physician or midwife ensure that the parents are advised of the screening results. Additionally, if the baby has an abnormal hearing screening result, parents must be provided with information on available resources for diagnosis and treatment of hearing loss.

My office has worked closely with the Department of Health Services, the State Lab of Hygiene and the March of Dimes in drafting this legislation. There were some technical issues in the first draft that have been resolved in a substitute amendment that I have introduced. One of these changes simply places the language in Chapter 253.115, the newborn hearing screening program statutes, instead of Chapter 253.13 dealing with congenital disorders. The other change clarifies language on who is responsible for the screening and how follow-up services are provided.

Thank you for your time and consideration. I would be happy to answer any questions.





TO: Chairman Erpenbach & Members of the
Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief, and
Revenue

FROM: Michelle Mettner, Vice President Government Relations & Advocacy
Children's Hospital & Health System

DATE: March 3, 2010

RE: SB323 Newborn Hearing Screening

Testimony on Senate Substitute to SB323

Chairman Erpenbach & Members of the Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue, my name is Michelle Mettner and I am the Vice President of Government Relations & Advocacy for Children's Hospital & Health System. **Children's Hospital & Health System supports the Senate Substitute to SB323.** We appreciate working with the authors of this legislation and the modification made by the substitute to better address the function of reporting the screening results.

Children's Hospital of Wisconsin is the only hospital in Wisconsin dedicated solely to the care and treatment of children and one of the nation's top pediatric facilities. Founded in 1894, Children's Hospital serves children with all types of illnesses, injuries, birth defects and other disorders. We provide care to children from Wisconsin, Michigan, northern Illinois and beyond. Children's Hospital is a major teaching affiliate of the Medical College of Wisconsin and is affiliated with several schools of nursing.

With your help over the years, we have made great progress in newborn screenings. This bill is a smart addition to that list and we applaud Senator Lassa and Representative Dexter for bringing this issue forward. Upon circulating this legislation among the physicians and practitioners at Children's Hospital & Health System, our Chief Medical Officer heard resounding support for this legislation. We encourage this committee to move forward on this legislation.

We also ask you to consider language modification to subsection (7) 2. (page 3, lines 12-14) as follows:

(2) If the infant has hearing loss, ensure the parents or legal guardian are provided information on available resources ~~for diagnosis and treatment of~~ to further evaluate and manage the hearing loss.

We believe this more accurately reflects the language used by the medical and patient community with respect to hearing loss. We hope you will support these modifications and vote to move this legislation forward.





State of Wisconsin
Department of Health Services

Jim Doyle, Governor
Karen E. Timberlake, Secretary

Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue
SB 323 – Senate Substitute Amendment
March 3, 2010
Rachel Currans-Sheehan, Executive Assistant
Dr. Murray Katcher, Chief Medical Officer for Community Health Promotion
Department of Health Services

Chairman Erpenbach and members of the committee, thank you for the opportunity to testify on this important piece of public health legislation. Approximately 3 in 1,000 babies are born with permanent hearing loss, making hearing loss one of the most common birth defects in America.¹

Currently, not all babies are screened for hearing loss and those that are screened are not always referred to follow-up services. The Senate Substitute Amendment for SB 323 would make several changes to current law. The bill requires:

- Physicians and midwives attending births to arrange for the infant to have a hearing test before being discharged from the hospital or within 30 days if the infant was not born in the hospital;
- Provision of necessary services to confirm hearing loss and referral to intervention programs;
- Parents or legal guardians to be advised of screening results;
- Parents or legal guardian to be provided information on available resources for diagnosis and treatment of hearing loss if the infant has an abnormal hearing screening test result; and
- Screening results to be sent to the State Lab of Hygiene.

The Department of Health Services supports newborn hearing screening, early diagnosis of hearing loss, reporting, tracking, and early referral to intervention programs.

- Not all newborns are currently screened for hearing loss. *SB 323 will move Wisconsin closer to our goal of 100%.*
- Of those babies currently failing the initial screening, approximately half are lost to follow-up before they receive early confirmation of hearing loss and enter into early intervention programs. *SB 323 will facilitate an improved reporting diagnosis, tracking, and referral system to establish appropriate follow-up care and linkages between hearing screening, early intervention services, and a seamless transition into the education system.*

Late identification of hearing loss or lack of early intervention services can negatively impact speech and language development, academic achievement, and social-emotional development.³

Newborn hearing screening has become the standard of care in the United States. Since the initiation of newborn hearing screening and Early Hearing Detection and Intervention (EHDI) programs in the late 1990s, the average age confirmed hearing loss has decreased from 2-½ years to 2-3 months of age.^{5, 6}

- The US Preventive Services Task Force recommends screening for hearing loss in all newborn infants (Grade B recommendation).⁷
- The 2007 Joint Committee on Infant Hearing Statement recommends all infants:
 - be screened at no later than 1 month of age;
 - those who do not pass screening should have a comprehensive audiological evaluation at no later than 3 months of age;
 - those with confirmed hearing loss should receive appropriate intervention at no later than 6 months of age from health care and education professionals with expertise in hearing loss and deafness in infants and young children.⁸

In 2008, of the 70,866 records in WE-TRAC (Wisconsin Early Hearing Detection and Intervention Tracking Referral and Coordination), the Wisconsin Early Hearing and Detection and Intervention (EHDI) data collection and tracking system.

- 68,766 (97%) passed screening by one month of age;
- 1,341 (1.9%) were not screened (1,065 of these were not screened for a variety of reasons not including deceased or parental refusal); and
- 759 infants did not pass.

Among the 759 infants who did not pass the newborn hearing screening:

- 301 infants were eventually found to have normal hearing;
- 89 infants were diagnosed with a hearing loss; and
- 369 (49%) were lost to follow up or documentation

Among the 89 babies diagnosed with a hearing loss

- 48 (54%) were lost to follow up;
- 40 (45%) were enrolled in Birth to 3; and
- 1 parental refusal.

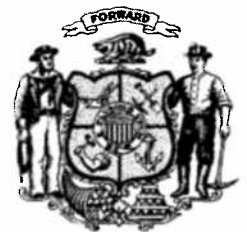
The Senate Substitute Amendment for SB 323 places newborn hearing screening within an exiting fee structure for congenital disorders to provide a sustainable public health funding mechanism. The congenital disorders fee supports laboratory testing, provision of diagnostic and counseling services, special dietary treatment, and periodic evaluation of infant screening programs. Hearing loss is one of 29 core newborn screenings for congenital disorders which states are directed by the federal government to monitor. Hearing loss is the most common congenital birth defect and is currently part of the recommended newborn screening panel. Hospitals currently report newborn hearing screening on the blood test cards of the congenital disorders program which are provided to the State Lab of Hygiene. The Department is examining the current federal funds we have available to support the diagnostic and follow-up services addressed in this bill.

Data demonstrate the need in Wisconsin to screen early for hearing loss, to have early diagnosis of confirmation of hearing loss, and to provide follow up referral and track these components of the state's Early Hearing Detection and Intervention program. Early screening, diagnosis, and intervention have been documented to improve quality of life for children as well as reduce lifelong medical, educational, and other societal costs.

Thank you. I would be happy to answer any questions you may have.

REFERENCES

1. Ross, D., Holstrum, W.J., Gaffney, M. Green, D., Oyler, R., and Gravel, J. Hearing Screening and Diagnostic Evaluation of Children with Unilateral and Mild Bilateral Hearing Loss. *Trends in Amplification*, 2008; 12; 27.
2. U.S. Preventive Services Task Force. *Universal Screening for Hearing Loss in Newborns: Clinical Summary of U.S. Preventive Services Task Force Recommendation*. AHRQ Publication No. 08-05117-EF-3, July 2008. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/uspstf08/newbornhear/newbhearsum.htm>
3. Yoshinaga-Itano C., Sedey A.L., Coulter B.A., and Mehl A.L. Language of early and later-identified children with hearing loss. *Pediatrics*. 1998; 102:1168-1171.
4. Sharma A., Gilley P.M., Dorman M.F., and Baldwin R. (2007). Deprivation-induced cortical reorganization in children with cochlear implants. *International Journal of Audiology*, 46(9), 494-9.
5. Hoffman, J., and Beauchaine, K. (2007, Feb 13). Babies with hearing loss: Steps for effective intervention. *The ASHA Leader*, 12(2), 8-9, 22-23.
6. Harrison, M., Roush, J., & Wallace, J. (2003). Trends in age of identification and intervention in infants with hearing loss. *Ear and Hearing*, 24, 89-95.
7. U.S. Preventive Services Task Force. *Universal Screening for Hearing Loss in Newborns: Clinical Summary of U.S. Preventive Services Task Force Recommendation*. AHRQ Publication No. 08-05117-EF-3, July 2008. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/uspstf08/newbornhear/newbhearsum.htm>
8. Joint Committee on Infant Hearing. (2007). Year 2007 position statement: Principles and guidelines for early hearing, detection and intervention. Available at www.asha.org/policy.



SB 323

**TESTIMONY
NEWBORN HEARING SCREENING**

Testimony on behalf of the

March of Dimes

Before the Senate Committee on Health, Health Insurance, Privacy, Property
Tax Relief, and Revenue

March 3, 2010

Presented by:

Pamela Pfeffer

March of Dimes Wisconsin Chapter

State Public Affairs Committee

Good morning Chairman Erpenbach and members of the Committee. My name is Pamela Pfeffer. I am a mother of three and the State Director of Programs Services and Public Affairs for the March of Dimes. Thank you for the opportunity to present testimony today on behalf of the March of Dimes in support of Senate Bill 323. This important legislation would significantly improve Wisconsin's Newborn Hearing Screening Program.

The mission of the March of Dimes is to improve the health of babies by preventing birth defects, premature birth and infant mortality. Birth defects are the leading cause of infant death in this country, as well as a leading cause of childhood disability. It is estimated that 150,000 babies are born with a birth defect each year in the United States, which is approximately 4% of live births. It is estimated that approximately 2,700 babies are born with birth defects in Wisconsin annually.

In addition to human costs, birth defects also have significant economic costs. Lifetime costs for a child with a birth defect range from \$140,000 to \$700,000. For example, the lifetime cost of one case of spina

bifida is nearly \$300,000. In Wisconsin, the total lifetime cost to care for all children born with birth defects is over \$140 million.

The impact of undetected hearing related birth defects is substantial, but could be diminished considerably by the implementation of a more effective screening process. An estimated two to three of every 1,000 babies born in the United States is born deaf or hard of hearing. That means approximately 12,000 babies are affected each year. Without a proper screening system, hearing impairment in children can go unnoticed for years, interfering with speech and language development, academic progress, and social development.

Historically, children with undetected severe to profound hearing impairments have completed high school with fourth grade reading levels and language levels equivalent to those of nine to ten year old children. By contrast, children whose hearing impairment has been identified in infancy, and properly managed with appropriate interventions, have much better outcomes by various measures of speech, language, cognitive and social-emotional development, which are generally within the normal range of same-age children without hearing impairments.

The changes to the current screening system proposed under Senate Bill 323 would make the system much more effective by:

- 1) establishing a clear process that will allow medical professionals to more effectively identify hearing impairment at the earliest opportunity
- 2) providing notice of impairment to the parents or guardians of the child to enable them to make the best treatment decisions for the child without unnecessary delay
- 3) providing positive hearing screening results to DHS to assist in ongoing research

The elements of Senate Bill 323 accomplish the goals set forth by the Joint Committee on Infant Hearing (JCIH). The JCIH represents the views of the American Academy of Pediatrics and several national audiology and speech and language organizations. The U.S. Preventative Services Task Force also recommends steps identical to those taken in SB 323. With these changes, children born in Wisconsin will be better protected and will have hearing impairments identified and addressed more quickly than they do under current law.

The March of Dimes, and I personally, would like to recognize the efforts of Senator Lassa, and Representative Dexter, with whom we

worked very closely on this bill. We thank them for their leadership and commitment to the health and well-being of Wisconsin's children.

Again, I would like to thank you for your time and urge you to support SB 323 and help enhance Newborn Hearing Screening Program in Wisconsin. The volunteers and staff of the March of Dimes look forward to working with you in the future to help prevent birth defects in Wisconsin.

Contact: Pamela Pfeffer