



(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**
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- 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**



Date: March 18, 2009

To: Chairpersons Erpenbach and Cullen, Members of the Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief and Revenue, Members of the Assembly Committee on Insurance

From: Dr. Laura J. Feldhake, Au.D, Wisconsin Speech Language Pathology and Audiology Professional Association, VP of Audiology Services

Re: 2009 Senate Bill 27/Assembly Bill 16

Chairman Erpenbach, Chairman Cullen, and members of the committees, thank you for this opportunity to speak in favor of SB 27 and AB 16. My name is Laura Feldhake. I am a resident of Stoughton, Wisconsin, where I currently operate a private practice audiology clinic. I am here representing the Wisconsin Speech Language Pathology and Audiology Professional Association, otherwise known as WSHA-P, as the VP of Audiology Services. WSHA-P represents over 700 audiologists and speech language pathologists. I am also a parent of a child with a hearing loss that requires amplification.

The bills you have before you include the language from amendments that were proposed last session. The bills also include a more inclusive definition of what a cochlear implant is and require health insurance coverage for hearing aids and cochlear implants for children under the age of 18, rather than under the age of 11 years. This change was proposed as the financial burden of purchasing hearing devices does not decrease as a child ages, nor does the susceptibility of acquiring a hearing loss that requires amplification.

Over a decade ago, I was privileged to participate in the development of the Wisconsin's newborn hearing screening initiative. At that time, many stakeholders felt that intervention should be part of a newborn hearing-screening proposal arguing, "why screen for something that is not required to be covered by insurance?" Ultimately the consensus was to first detect and then correct. The hope being that correction would come sooner than later. Unfortunately, here we are over a decade later and the "correct" part has yet to be addressed. Why provide newborn hearing screening but not require insurance coverage for appropriate early intervention for hearing loss?

The main purpose of screening hearing is so intervention can start earlier in life. Without intervention, language development will be delayed. Language is used for a range of functions in school and in everyday life. Without proper access to language, children are at risk for development delays, which translate into higher education costs, reduced employment capabilities, and an increase in long term costs to the general population. Research tells us that earlier intervention for hearing loss results in lower costs for services an individual with a hearing loss will need. Knowing this, why wait to begin intervention? Many parents answer

this question by saying “we would have begun treatment sooner if we could afford the process.”

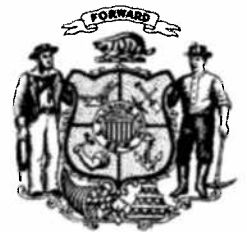
I would like to speak briefly about the reasoning beyond changing the minimum age for insurance coverage from 11 to 18 years of age. There are many documented childhood progressive hearing loss processes that do not require amplification upon diagnosis but will require amplification as the hearing loss develops. My own daughter did not require amplification for her hearing loss until the age of 11 years when it had progressed enough to interfere with her classroom learning. Language development occurs well beyond the early years. Between the ages of 5 and 11 years, children learn on average 3000 to 5000 new words each year and are developing more complex aspects including reading and writing. Beyond 11 years, teens are learning to comprehend metaphors, idioms, sarcasm, and figurative language. They become less literal and more abstract in their descriptions. Without treatment and ongoing intervention, these skills will not develop correctly, which directly impacts their interactions with peers, family, instructors, and future employers.

Many states already require insurance coverage for hearing aids and cochlear implants and several more have legislation pending, including Illinois. We, as a state, are doing terrific compared to other states with lowering the age of identification, but we are behind with lowering the age of intervention.

In conclusion, I ask committee members to please to support SB 27 and AB 16. Thank you for allowing me to testify before you today. I will be happy to answer any questions.



WISCONSIN STATE LEGISLATURE



Date: March 18, 2009

To: Chairpersons Erpenbach and Cullen, Members of the Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief and Revenue, Members of the Assembly Committee on Insurance

From: Dr. Cindy Grant-See, Au.D

Re: 2009 Senate Bill 27/Assembly Bill 16

Thank you, Chairpersons Erpenbach and Cullen, and members of the respective committees for allowing me to submit written testimony in support of 2009 Senate Bill 27 and Assembly Bill 16. My name is Cindy Grant-See, and I am an audiologist at Marshfield Clinic.

In the state of Wisconsin, over 95% of hospitals are screening newborns for hearing loss. Data particularly from Yoshinaga-Itano (1998) has found babies who are diagnosed soon after birth and have the benefit of early intervention are able to make up the milestones of speech and language development and be on target with their normal hearing peers when they enter kindergarten. This is very remarkable!

Prior to newborn hearing screening, children typically were not identified with hearing loss until two to four years of age, when speech and language was already significantly delayed. Even with significant intervention throughout the school years at great expense, the later identified children continue to demonstrate not only speech and language delays but cognitive, academic, and social delays at tremendous cost to society.

The reason for screening babies for hearing loss is to intervene. A considerable part of the intervention process is appropriate amplification (hearing aids) or in cases of severe and profound hearing loss, cochlear implantation.

Currently, through a grant from the Maternal and Child Health Bureau, the state of Wisconsin has formed a statewide learning collaborative effort to get babies who refer on the newborn hearing screening, diagnosed by three months of age, and enrolled in early intervention services by six months of age. Participants in the collaborative effort include: staff and physicians from the newborn nurseries, primary care providers, audiologists, genetic counselors, ENTs, Birth-Three case workers, and parents. Part of this process is securing appropriate amplification in a timely manner. This bill goes a long way in support of this effort!

It is becoming more and more of a challenge to secure funding for appropriate hearing aids for children. The funding for Wisconsin's program for Children with Special Healthcare needs dried up 10 years ago. The Wisconsin Lions Hearing Aid Program and Children's Miracle Network have experienced budget constraints over the years, limiting the funds available to get appropriate hearing aids for children.

In this age of miniaturization of technology, many of the school systems rely on the children's personal hearing aids or cochlear implants to link with the classroom amplification (FM) systems. More and more hearing aids are also beginning to use blue tooth technology which will benefit many children with hearing loss in the years to come.

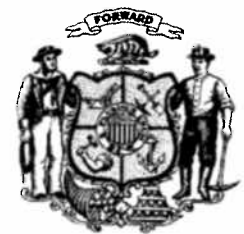
So while this bill may cause a slight increase in insurance premiums, the potential savings are in the educational system where a child with hearing loss will arrive in kindergarten on target with his or her normal hearing peers. In addition, a child with appropriate amplification/cochlear implantation throughout the school years will be able to take full advantage of all educational opportunities.

Thank you for scheduling a public hearing on these important bills.

Respectfully,
Cynthia See, Au.D.
Audiologist
11778 Hwy 73
Pittsville WI 54466
715-884-6944



WISCONSIN STATE LEGISLATURE



From: "Happel's" <ctaj@charter.net>
Subject: **try this...**
Date: March 18, 2009 7:14:37 AM CDT
To: <4bjs@charter.net>

My name is Andrea Happel and I am 12 years old. I live in La Crosse, WI. I have been hard of hearing since I was diagnosed with a mild to moderate hearing ^{loss} ~~lose~~ when I was 4. While I passed the new-born hearing screening my hearing just went away as I got older. We don't know what is causing my hearing loss; we do know that I need hearing aids. When the doctor told me that I needed hearing aids I was excited. When I got them they were better than I dreamed. I didn't say "what" as much, and in school I didn't need the teacher to repeat directions. Even though the hearing aids were awesome, they cost so much money. We got a loan from the clinic to pay for them. When I first got my hearing aids, I could hear my hair move – did you know your hair makes sound when it moves? I didn't – until I got my hearing aids. Also at first, flushing the toilet made me jump because it made a loud sound! But now I know that my hearing aids do so much more for me like I can hear clearer, the teacher doesn't have to repeat things for me, I can answer my parents on their first call (I can choose to "selective listen!"). My hearing aids also make me more interesting - I get the opportunity to teach people about hearing and how hearing works, I also get to teach people that just because we have hearing aids doesn't mean we need help – we're just as smart as or good as anyone without hearing aids. I think everyone who has hearing loss should have the same opportunities as me. Hearing should be something everyone can choose to have – regardless of how much money you do or don't have. This is why Senate Bill 27 and Assembly Bill 16 needs to pass.

Thank you for listening.



Dear Legislators,

March 18, 2009

My name is Mary Heun and I am the mother of two daughters(7&9) who were born with mild-moderate bilateral hearing impairment. Having no previous indicators(four generations) that hearing impairment might run in our families, we were in no way prepared as first-time parents with the news that our child was hearing impaired. Our oldest daughter Amber, born in January of 2000, passed the Universal Newborn Hearing Screening in the hospital, so we assumed we were bringing home an extremely healthy and hearing child. After chronic ear infections as an infant, it was suggested to us that she have tubes surgically implanted at 14 months of age. All went well, the infections greatly diminished, but the routine hearing check after the surgery didn't go so well. Long story short . . . we were put in a sound proof booth to have several more hearing tests done that day and she was failing every one. That is how her hearing loss was discovered. Mind you that I was already four months pregnant with our second child and all they could tell me was that child #2 would more than likely be born hearing impaired, too. Talk about a parent's world coming crashing down. I was too shocked to say anything, feel anything or to cry, and they said they thought I was "handling the news very well." Handling?? I had no idea how to react to that sort of news. Of course I wanted to deny it, but Amber was sitting on my lap during all those lengthy tests and I knew first-hand that she failed them all. The ride home from the ENT that day was very long and will never leave my mind. As a mother, all you want to do is protect your child from harm, and there was nothing I could do besides learn to be optimistic and a strong advocate for her. You may be thinking, "But how could the parent not have even known?" Well, Amber's hearing loss was bilateral mild-moderate. Meaning she did have some hearing, but not as a normal hearing child would. We never had a speech issue, as some hearing impaired children do, and she responded age appropriately to us, so again, we had no indicators that she was hearing impaired. We were immediately referred to several ENT's and audiologists from Children's Hospital and out of network, and began the arduous process of choosing doctors for Amber even though we had no idea what we were doing. We were also referred to a truly remarkable place called The Center for Deaf & Hard of Hearing(CDHH). We were told this is where Amber would be going twice a week until she turned three for her birth-3 program in Milwaukee County, to receive her speech services(if necessary), assistive technology, parent classes for us, a playgroup for Amber to interact with other hearing and hearing-impaired children her age, etc. . . . a whirlwind of services we never even knew we would ever need. Through our audiologist at Children's, Amber's hearing was tested several more times, she was finally fitted for hearing aids, and received them about a month later. By now she is almost two, and thriving as any other active and curious little girl. Then the bomb dropped . . . insurance doesn't pay for hearing aids. We were completely devastated! We had no idea what to do. I thought they were kidding. Glasses are paid for. Braces are paid for . . . but not hearing aids? I thought that obviously nobody in the insurance business had any family members with hearing impairment! Where in the world were young, first-time parents going to come up with almost \$4,000? I am a teacher and my husband was laid off at the time. Needless to say, we didn't get much sleep for a long time following that. The road we had to take was to charge them on our credit card after having to call to get a higher spending limit. After much research, we thankfully did finally receive some funding through the Hike Fund.

Right after Amber was aided, Sarah was born. Fearing the worst, Sarah did fail the

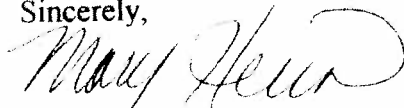
Newborn Screening at the hospital. Not that we weren't surprised, but we were hoping for better news. And being it a few days before Christmas, we were hoping for a little Christmas miracle. Again, the thought of forking out another \$4,000 so soon was nauseating. Sarah went through the whole process Amber already did and she was aided right away. She, too, would begin at CDHH with Amber. As I look back at all we have been through, I still don't know how we got through those beginning months & years, emotionally and financially. I know there were many other necessary things such as planning for the girls' education we could have used that money on back then if hearing aids had only been covered by my insurance. I am now thinking that if these Bills for some unjustly reason do not pass now, within 2-3 years, we will have to come up with the money for hearing aids for both girls yet again, and then in 8-10 more years, and I'm sure it's a lot more than \$8,000 now with all the new assistive technology that has been developed. I don't know of many families who have that kind of money set aside with the economy as it has been and trying to plan for retirement and their child's educational future at the same time.

Both girls were very good, on most days, at not taking out their aids. It was a rough start for Amber, and Sarah only knew of that way- being aided at a few weeks old. They adapted well to the change and to the beginning of our lifetime routine of audiology, ENT, and other doctor visits. I have to say that thank God our children were aided at such an early age, because they are both excelling in all academic areas. Amber even skipped kindergarten and her 4th grade WKCE state test scores are off the chart! Amber never needed speech services through Milwaukee Public Schools and Sarah has received limited speech services at school, and is being exited from speech as we speak. She is also above grade level reading in 1st grade. I am an extremely proud mom who has every right to brag about my children who came into this world physically disadvantaged and have overcome obstacles to become the best that they can be! Socially they are advanced and I know this will assist them in the future when they need to be self advocates for their own hearing loss as well as fighting for the rights of others. I owe much of these successes to the fact that they were aided at an early age. As a teacher it deeply touches my heart to hear stories of families who financially cannot properly aid their hearing-impaired child due to insurance decision we have no say in. Thankfully, I feel ours is a success story for hearing-impaired families and that's why we are here today sharing our story.

I urge you to support Assembly Bill 16 and Senate Bill 27 so that in the future all hearing impaired children under age 18 have the same rights as other children do . . . the right to hear. Hearing isn't a privilege, it's a right, and insurance companies do not have the right to make that decision for families with hearing-impaired children!

Thank you for your time and support!

Sincerely,



Mary Heun

414-445-0254

3277 N. 85th Street

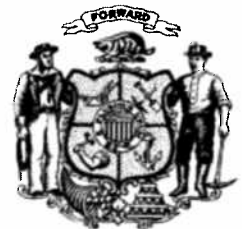
Milwaukee, WI 53222

heunma@milwaukee.k12.wi.us





WISCONSIN STATE LEGISLATURE



March 18, 2009

Dear Honorable Legislators,

I am the Program Director for the Kellogg Child & Family Program at the Center for the Deaf and Hard of Hearing (CDHH) in West Allis, WI. I have been a teacher for children who are Deaf or Hard of Hearing for more than twenty years, the last 7 of which have been in my current position. I have taught Deaf and Hard of Hearing children from infancy through middle school ages, in Iowa, Missouri and Wisconsin. I am testifying in **support** of Senate Bill 27/Assembly Bill 16, a bill that will allow these children that I teach to get hearing aids and cochlear implants covered by insurance.

As I said, I have been in this field for quite some time. Prior to Universal Newborn Hearing Screening (UNHS), many children's hearing losses were not identified until they were around 2 years old. By that time, the prime window of opportunity for language learning was already past (birth – 2 years). This is when the human brain is MOST ready to learn incidentally. Now that we have UNHS, we are able to identify a child's hearing loss extremely early, many times by 2 or 3 months of age. What an enormous advantage that is for these children—that we now know about their hearing loss in plenty of time to help them get access to language during the same “critical period” of development for their brains that other “hearing” children have! *Now we just have to make sure we have the appropriate equipment, education and training available to assure that these early-identified children can take advantage of this critical period.*

When I was teaching deaf and hard of hearing children in the public schools, it was not uncommon at all for me to have children enter my kindergarten class with the language level of a 2 or 3-year-old child. Now that we are identifying them earlier AND we are able to use the incredible technology available, many of the children in our Birth to 3 services transition into school at age 3 with age-appropriate or very close to age-appropriate language levels. These children often need fewer services in school—some of them are attending a typical preschool in their community and the school provides just support services; some of them need a special preschool classroom for a little while longer, only a year or two, as opposed to throughout their entire school career. That is truly something to celebrate, after seeing so many children struggle with language, and hence, literacy and academics for so many years of my career.

Early intervention is only part of the equation. So many of these children are achieving much better language at an early age due to the greatly improved technology, namely, digital hearing aids and cochlear implants. With this technology, many children who formerly were not able to hear much even with hearing aids, are now able to access the auditory stimulation for which their brain is “pre-conditioned” so to speak. If a child's brain does not receive auditory stimulation within a certain window of time developmentally, that child's brain loses its ability to take in, interpret and understand auditory information. **No child should have to lose this opportunity due to financial reasons.**

The Joint Committee on Infant Hearing advocates a goal of 1-3-6: all babies screened for hearing loss *before 1 month of age*; all infants who do not pass the hearing screening should have a full audiological evaluation *before 3 months of age*; and all infants with hearing loss should receive early intervention – amplification AND educational services – *before 6 months of age*. These national experts agree that it is critically important and is **Best Practice** to achieve these targets in order for our children to achieve their developmental milestones. In order to do that, families need to have access to hearing technology.

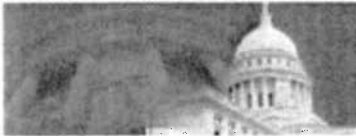
In our Birth to Three Program, we serve 80-90 families at any given time from up to nine counties in Southeast Wisconsin and even some in other parts of the state through our distance therapy program. Approximately 40% of these families have Medicaid coverage and are able to acquire amplification for their child through that. The rest have private insurance. Of those, I know of only a handful whose insurance has covered their hearing aids. For those families who seek out financial assistance from charitable organizations, typically, only a fraction of what they need is awarded. They still need to pay a significant amount out of pocket. In some situations, this has delayed the fitting of amplification for the child.

You have already heard about the significant savings that **early identification, early amplification** and **early intervention** can have for schools and for society. The state of Wisconsin has already made incredible strides to improve the age of identification through Universal Newborn Hearing Screening. Through referral to and participation in the Birth to Three Programs around the state, we are also able to provide early parent-focused intervention. The one thing that we, as educational professionals, cannot address is how to assure that all children receive the amplification appropriate for their needs. For this, we are asking your assistance.

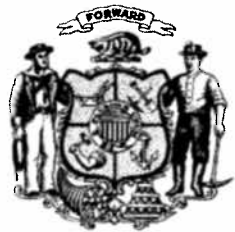
I ask you to support this bill, Senate Bill 27/Assembly Bill 16, to require insurance companies to cover the costs of hearing aids and cochlear implants that will help these children develop appropriate communication in these *critical* early years of development.

Christine L. Kometer, Program Director
Kellogg Child & Family Program
Center for the Deaf & Hard of Hearing
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WISCONSIN STATE LEGISLATURE





JULIE LASSA

STATE SENATOR

PUBLIC HEARING ON SENATE BILL 27 AND ASSEMBLY BILL 16

Joint Hearing of Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue and
Assembly Committee on Insurance

Wednesday, March 18, 2009

10:30 am.

411 South

Chairmen Erpenbach and Cullen and members of the Health Committees,

Thank you for the opportunity to provide testimony today on Senate Bill 27 and Assembly Bill 16 and a special thanks for holding this joint hearing today on this legislation.

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 when they finish high school and have a 76% unemployment rate after graduation.

Hearing aids and cochlear implants greatly reduce these problems for kids. Unfortunately, Wisconsin law does not require that insurance companies cover hearing aids and 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.

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.

Senate Bill 27 guarantees that all children up to the age of 18 who are diagnosed as deaf or hearing impaired by a physician or by a licensed audiologist licensed can receive hearing aids or cochlear implants through their parent's insurance.

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 per person over their lifetime. In Wisconsin, it is estimated that the lifetime costs for all people with hearing loss who were born in 2000 will total \$2.1 billion in 2003 dollars.

This bill was first introduced last session and passed the Senate on a voice vote. The legislation passed the Assembly Insurance Committee on a 10-2 vote, but was not heard on the Assembly floor. The bill before you today has a few changes that represent work that was done over the fall with parent advocates, legislators and the Audiology Association.

The bill now covers kids up to the age of 18, just like 9 out of 13 other states that provide coverage. The bill also now includes the word "and" between cochlear implants and hearing aids where before it was "or". It was brought to our attention that keeping the phrase "hearing aid or cochlear implant" would prohibit an insurance company from denying a child a cochlear implant if that child first had a hearing aid that wasn't sufficient.

The legislation now requires that cochlear implants and hearing aids be covered only when prescribed by a physician or licensed audiologist in accordance with accepted professional medical or audiological standards.

Senate Bill 27 also requires the cost of related treatment be covered for cochlear implants and hearing aids including ear molds, diagnosis, surgery, procedures and therapy provided by a health care professional. Senate Bill 88 did not include this provision.

Additionally, the bill now includes definitions of hearing aids as "externally wearable instrument or devices" and defines cochlear implants as "any implantable instrument or device that is designed to enhance hearing." These were not described in Senate Bill 88.

You may hear today some concerns from insurance companies about requiring the coverage of cochlear implants and hearing aids. I wanted to bring to the committee's attention a study that was commissioned in Texas by the House Research Organization. The study was done in 2003 by Milliman & Robertson (M&R), an actuarial firm that specializes in insurance, to evaluate the impact of 13 required health benefits. The study concluded that the direct cost of the mandates is less than the indirect costs associated with not offering them and that eliminating mandates would have little impact on the number of uninsured in Texas.

Currently, thirteen states, including Minnesota, require that insurance companies cover hearing aids. Minnesota law covers hearing aids for children under the age of 18 every three years with no monetary cap – the same as the bill you are hearing today.

I am introducing an amendment to remove language that allows an individual disability insurance policy to impose a one year pre-existing condition exclusion on coverage of hearing aids and cochlear implants. This language was a drafting error this session. Parents should be able to have portability with their insurance plans, especially at a time when the economy is forcing people in and out of jobs. Additionally, the amendment has a technical fix to make sure that all limited benefit plans are excluded from having to provide coverage under the requirement.

Representative Cullen and I will also be offering an amendment at the executive session to address a concern that the Wisconsin Association of Health Plans has about short-term bridge plans are not exempted from the cochlear implant and hearing aid requirement. Short term bridge plans are offered to consumers as a solution to bridge gaps between long-term insurance coverage plans. The plans are not underwritten, are generally inexpensive, not offered to people with pre-existing conditions and are non-renewable. Our offices will be working with the Office of the Commissioner of Insurance and the Wisconsin Association of Health Plans to

not only exempt short-term bridge plans, but also to create a statutory definition of what they entail, which is currently lacking in Wisconsin law.

The bill is supported by the American Academy of Pediatrics, the Department of Health and Family Services, the Department of Public Instruction, Disability Rights Wisconsin, the Milwaukee Police Association, the Wisconsin Association of School Boards, the Wisconsin Coalition of Independent Living Centers, the Wisconsin Council on Children and Families and the Wisconsin Speech-Language Pathology and Audiology Professional Association.

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



SB
27

March 6, 2009

Representative David A. Cullen
Wisconsin State Capitol N.
P. O. Box 8952
Madison, WI 53708

Dear Representative Cullen:

I am writing to urge you to support and approve A.B. 16, the Cochlea Implant and Hearing Aid bill. It is so very important that insurance companies be required to cover costs of this.

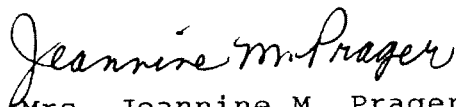
Insurance covers many other birth defects or abnormalities. Why should cochlea implants not be treated as the medical necessity that they are?

Little children can not realize their life potential without being able to hear sounds as soon as possible after birth. Many parents need the help A.B. 16 would provide them.

Financially, learning disabilities caused by deafness have far-reaching ramifications for the state, such as special-ed costs, poor job opportunities --less tax income for government.

Again, I urge your support for A.B. 16. Thank you.

Sincerely,



Mrs. Jeannine M. Prager
N8 W27947 Northview Rd.
Waukesha, WI 53188-1919



March 18, 2009

To the Committee Members of the Joint Hearing on Senate Bill 27 and Assembly Bill 16,

I am a teacher of the Deaf and Hard of Hearing in Milwaukee Public Schools. I am attending this session with one of my students and her mother. I support the passing of Senate Bill 27 and Assembly Bill 16 and I strongly encourage you to vote for its passage. I am not here today to change my life or to make my life better or easier. I am here to help make the lives of my students and their families better and easier. Hearing aids and cochlear implants are not seen as a luxury to my students, as insurance companies obviously see them; to my students hearing aids are a necessity. They allow my students to play safely outside, learn how to discriminate the difference between a short i and a short e sound and allow them to learn about science and history. Parents should not have to make financial sacrifices to buy their child a hearing aid or cochlear implant when they are already burdened with the additional responsibilities that they face with having a child with a hearing loss, such as several trips a year to the audiologist's office to get equipment fixed, attending IEP meetings and yearly hearing tests. Since hearing loss is often hereditary, some families face additional financial hardships because they have more than one child needing hearing aids or cochlear implants such as the mother I have attended today's session with who has two daughter who need hearing aids.

As a teacher of the Deaf and Hard of Hearing I often share my knowledge and experience with parents of my students to help them make decisions that are in the best interest of their child, such as letting parents know that their child needs to wear their hearing aids all waking hours to easily acquire language and that their child needs a quiet environment to easily hear language. I don't have time to quote research studies or statistics to parents that support the information I am giving them, but the parents of my students know that I have the best interest of their child at heart and they trust the information I am giving them. I am asking the same of you. I could spend hours citing research studies and give you anecdotal tales of how hearing aids and cochlear implants have given my students the future they deserve, but there isn't time for that. I have spent 22 years of my life dedicated to helping individuals with hearing loss. I have taken the time to come here today to speak to the committee. I hope that you can trust me when I say that passing Senate Bill 27 and Assembly Bill 16 is not only in the best interest of our children and families, but it is in the best interest of the state of Wisconsin. Your passage of Senate Bill 27 and Assembly Bill 16 will send the message that Wisconsin cares about our children and our families. Passing these bills is the right thing to do. It is the necessary thing to do. It is the honorable thing to do and I have faith that the committee will see this and pass Senate Bill 27 and Assembly Bill 16 for the sake of our children. Thank you.

Sincerely,

Tina Staszewski
Teacher of the Deaf and Hard of Hearing
Neeskara Elementary School
1601 N. Hawley Rd.
Milwaukee, WI 53208
(414)405-8033

SB
27

I would like to start by saying thank you-

You all hold the power to change my family's life forever and for that you are so privileged.

Finding out your child has hearing loss and is going deaf is about the most heart breaking moment in a parent's life. You go through all the stages of grief and guilt. I cried for days and felt like I did not know where to turn. I did research and looked for doctors or specialists, anything I could do to find someone who can fix this for my child.

However, nothing is worse than the day I called my insurance company, to find out where I can go to see a doctor or what kind of coverage we were going to get for our daughter and then they drop the bomb: hearing is not medically necessary..... I was in a state of shock and panic. I did not think those words could even be in the same sentence. As the tears roll down my face I realized as bad as I thought this was it was going to get worse. Not only did our family need to grieve and help our daughter but with in the first month of finding out about our daughters condition we had a medical bill of \$30,000 just to diagnose what her condition was and we still had not purchased any of the equipment she was going to need to live every day.

Our daughter has a condition called Enlarged Vestibular Aqueducts and she is going to lose all of her hearing. In the past year she has lost all of her hearing in her left ear and has a moderate loss in her right ear. Her needs seem to change every 6 months. Just when you think you bought the equipment she needed like an FM system so she can function in school or participate in sports we find out she lost more hearing and now she needs a new hearing aid and a different kind of FM another 4,000.

No parent wants to tell their child sorry you can't hear the cars when you cross the street or a car driving by. No more riding your bike because you can't hear the cars passing by and I don't want her to be hit by a car. From listening to music or playing the piano she has given up almost every extracurricular activity she used to participate in because of a fear of leaving the house since she can't hear in the different environments. Our daughter begs for help and wants someone to just fix it and how do you tell her you can't afford to buy more equipment.

We have been trying to get a Cochlear Implant for our daughter but our insurance will not pay for it. In the mean time she struggles in school and her speech is delayed. This does not even mention the social impact on her. She feels neglected and frustrated she doesn't understand why no one is helping her. Watching your child be left out of social conversations with other kids and physically seeing her self esteem drop is excruciating. She sits at the lunch table in school and doesn't talk with anyone because she can't hear the person sitting next to her. It breaks my heart when she says Mom's and Dad's and Doctors are supposed to help kids and no one is helping me. I cannot find it within me to tell her we can't afford it hopefully something will change and then you will be able to hear.

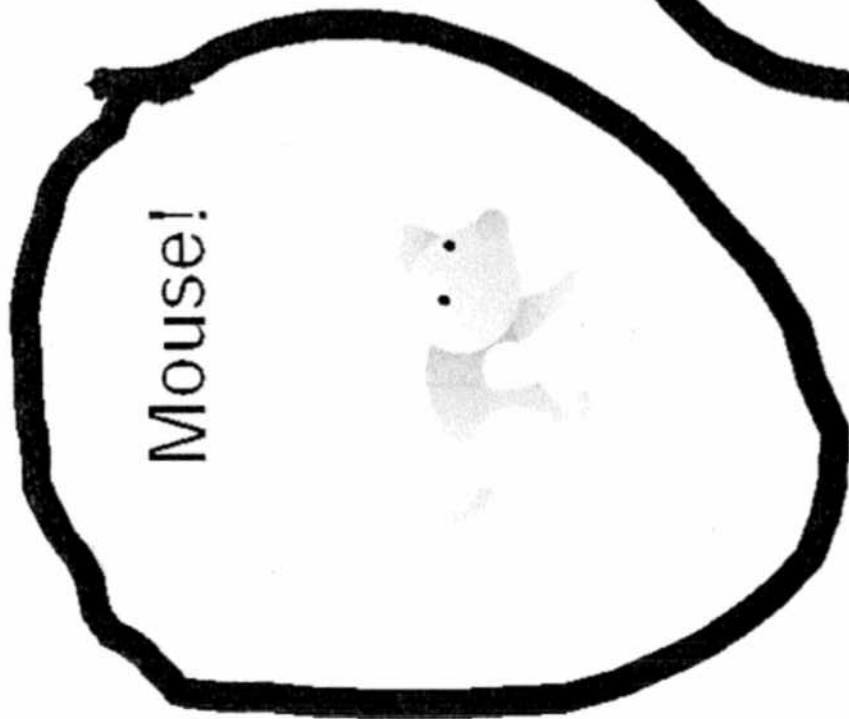
I beg of your help today please help our daughter in a time where it seems like no one else is. Thank you for your time and consideration.



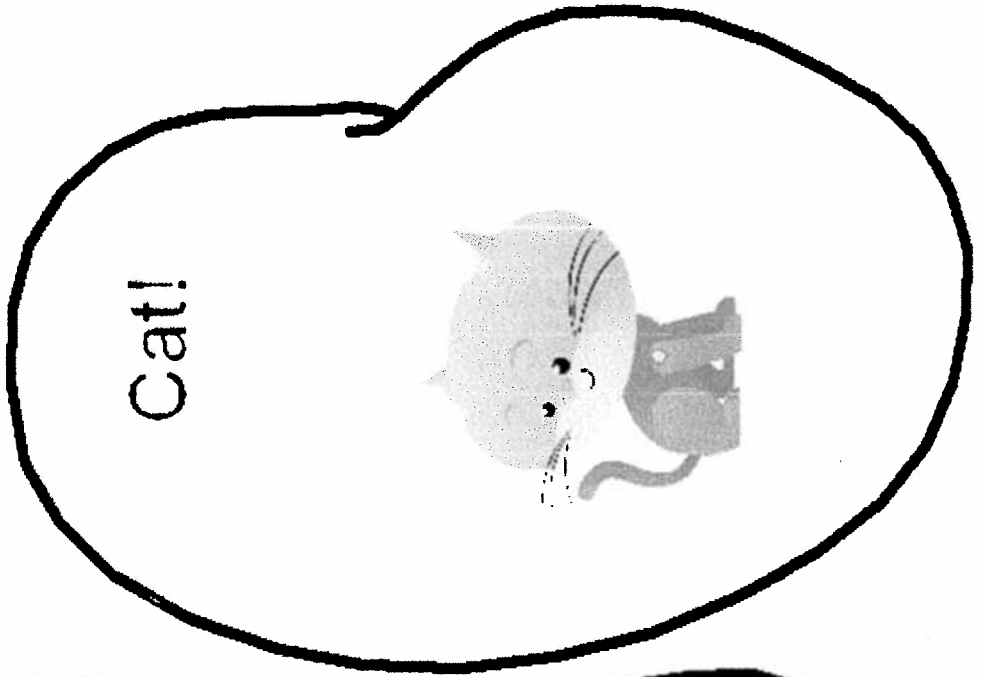
My Name is Anna I am a 7th grader with one hearing aid. I am Hard of hearing in both ear with a moderate to severe hearing loss. I am here to support the Senate Bill 27, Assembly Bill 16, that will allow children who are deaf and hard of hearing to get hearing aids or cochlear implants covered by insurance. This issue is very important to me because my hearing aid has changed my life. I have now had my hearing aid for half of my life. I got it when I was 6 which means I missed many sounds in my early days. Once I got it my brain needed to start realizing that there was more sound. My speech needed improving I worked hard in speech therapy for thirty minutes once a week for six years. Many of my friends who are hearing, hard of hearing, and deaf all mean so much to me. With my hearing aid I'm able to communicate a lot better. I can still communicate with out my hearing aid but it helps so much. My family was lucky enough to be able to purchase my first hearing aid with out any insurance. By the time I needed my second hearing aid my mother's health insurance covered up to one thousand dollars of a hearing aid that cost twenty three hundred dollars. With the Economic troubles many families don't have thousands of dollars lying around their house. Knowing how much it has helped me I want other kids to hear sounds that want to have sound in their life.



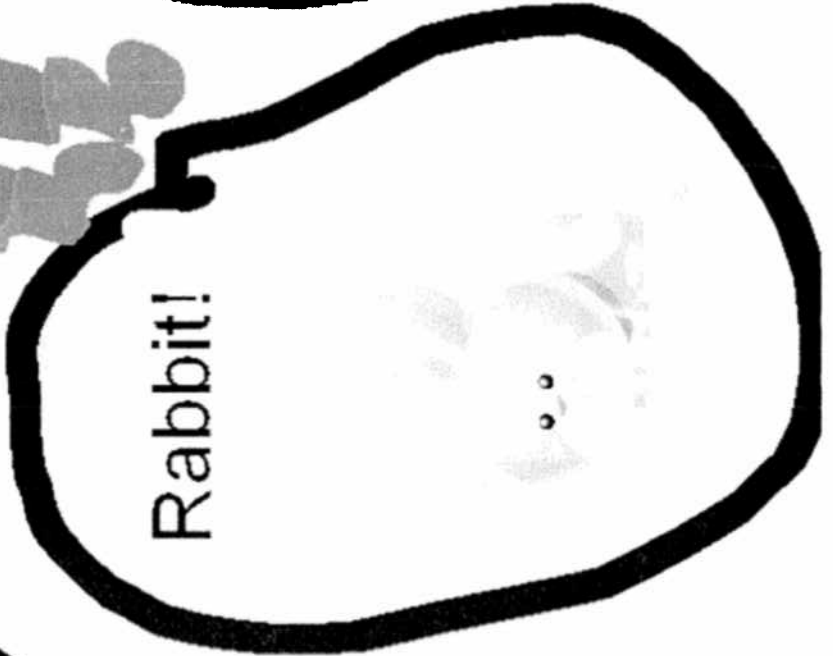
Emily!



Mouse!



Cat!



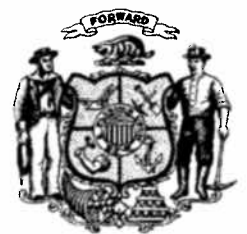
Rabbit!



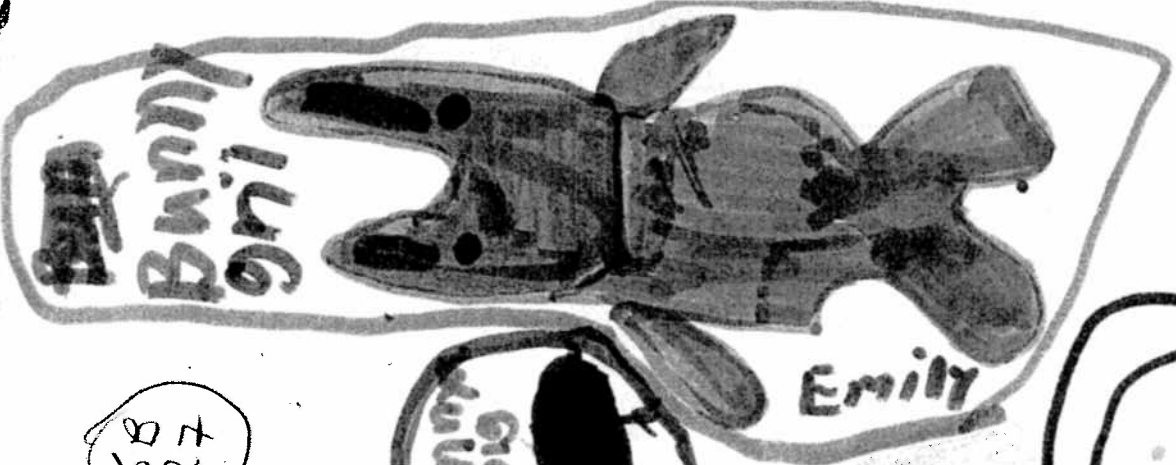
I want to own
a pet store.



WISCONSIN STATE LEGISLATURE



I am going to be a vet. Just pets



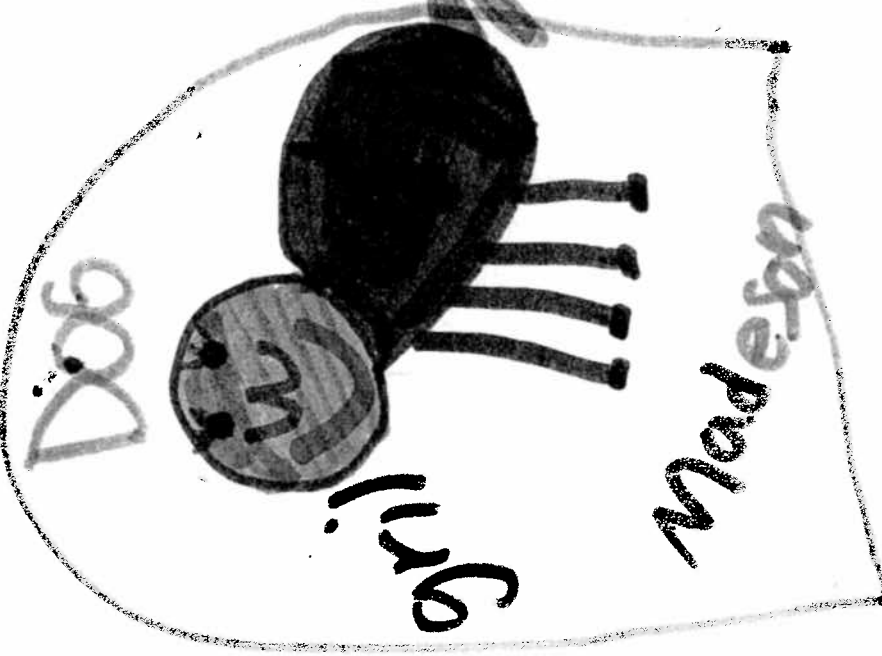
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57



Emily



By Josie

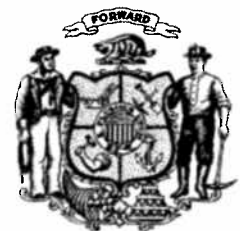


April

Made on



WISCONSIN STATE LEGISLATURE



SB
27

From Abby's Teacher

Let Abby Hear

As a classroom teacher of children with varied degrees of hearing loss for over 30 years, one of the most profound experiences that I'm able to share with children and their families is the development of the sense of hearing. Historically Deaf children born with profound bilateral sensorineural hearing loss often were unable to achieve high levels of auditory comprehension with conventional hearing aids due to the degree of hearing loss, the limitations of a hearing aid, and resultant distortion related to degradation of the auditory signal due to damage in the cochlea. Given Abby's unique cochlear anomaly, the lack of complete development of the cochlea, in addition to the degree of her congenital hearing loss, her ability to utilize her sense of hearing was extremely compromised. Conventional amplification through hearing aid use was insufficient in providing Abby FULL access to speech and meaningful interpretation of environmental sounds..

Through cochlear implantation, Abby has the opportunity to learn to listen.

By expanding her listening opportunities throughout all waking hours, she now is integrating the sense of hearing into her personality and truly is becoming a five sense learner!

For Abby, through implanted hearing this means detecting and responding to sounds within her home, her pet dog, Fletcher barking, her mother running water in the sink to wash the dishes, her father walking through the front door at the end of a work day, her grandmother singing her a lullaby as they rock togetherall sounds were meaningless to Abby before being implanted.

For Abby hearing now means at the age of 3 and a half years of age SHE CAN finally turn her head when hearing her name called. This may be one of the most critical life skills Abby has learned since being implanted. She now not only turns to her name, but recognizes the word mommy, daddy, and the names of all of her classmates through her implanted sense of hearing.

For Abby hearing now means moving to music when she hears music begin and stop and singing/signing favorite preschool fingerplays with her teacher, her peers and her parents.

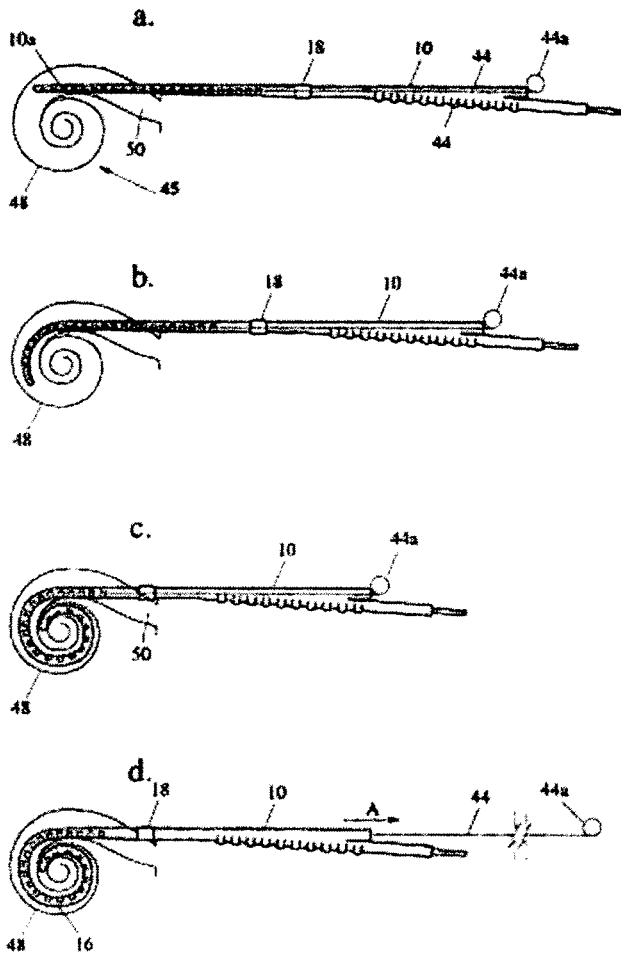
For Abby hearing now means recognizing different tonal qualities of instruments played by her music teacher and remembering what she's heard.

For Abby hearing now means that she can find familiar voices, mommy's voice, daddy's voice, whispered voices and loud voices.

For Abby hearing now means that she can understand first words through her implanted sense of hearing.

For Abby hearing provides an additional sensory pathway for seeking and gaining knowledge throughout all waking hours when wearing her implant. This additional pathway supports accelerated learning and higher levels of early phonological sound awareness.

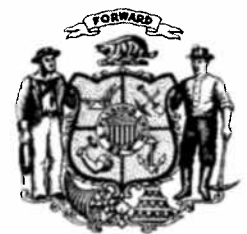
For Abby hearing now provides access to speech sounds. Abby is acquiring daily speech sounds that will support the development of spoken language through her hearing. She's learning to produce vowels and consonants by attempting to reproduce the message heard. She is gaining access daily to the foundational skills upon which spoken language will be developed.



Electrode
array
for a normal
cochlea.



WISCONSIN STATE LEGISLATURE



SB
27

Good morning (afternoon)

My name is Alana and I am 6 and $\frac{3}{4}$ and I have hearing loss. I use a FM system at school and I am trying a hearing aid right now. Without my FM system at school I would not hear my teacher. My FM system cost three thousand dollars and I try to take very good care of it. I have lost more hearing so I am trying a hearing aid right know but it would cost my Mom and Dad a lot of money to buy me one and they would have to make my FM system work with my aid which is more money. My Mom said that would be over four thousand dollars. I am deaf in my left ear and my parents and my doctor keep talking about a cochlear implant and if I can get one but right know my insurance will not pay for it and my parents do not have enough money. I know it costs a lot but it would be really cool to hear in my left ear.

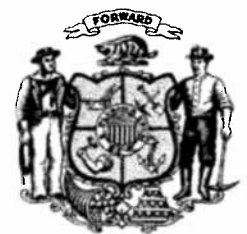
I wish insurance companies would pay for this so my Mom and Dad would not have to because the stuff I use to help me hear every day is very important to me. I really need to have these things so that I can hear every day. They keep me safe so I can hear cars when they drive by or when I am on my bike my Mom can tell me when a car is coming. They also help me hear so I can play soccer or basketball and then I can still hear the coach. If this bill is passed maybe I will get to hear in my left ear.

Lots of my friends have glasses or use a walker or a wheel chair to help them and the insurance pays for that but not my aids. If this happens I might get to keep my hearing aid and maybe hear in my left ear that would be AWESOME!! I also hope you will change that so my Mom and Dad will have more money to spend on me!!

Thank You



WISCONSIN STATE LEGISLATURE



Franz Backus - In Favor of AB 16 and SB 27

Good morning Chairman Erpenbach, and members of the committee. Thank you for this opportunity to share my reasons in support of SB 27 And AB16

You will hear from parents who have struggled with equipping their children to join the hearing world in which you and I live. These children and their parents have poignant and real stories to tell. Having been hard of hearing since my youth, and a Cochlear Implant recipient, I too have a story about **the challenge of learning when you can't hear.**

The story that you will hear from me however is about the parents who can not afford hearing instruments for their children and could not be here because, they can not take time off, and. **the taxpayers** who foot the bill of educating the undeveloped mind of each child who is held captive in deafness at the time he or she needs to hear to learn speech and socialization skills.

I am going to tell you the economic impact of the practice of denying hearing Instruments, and Cochlear Implant insurance coverage.

By way of background the following points should be considered.

- There are about 200 children born in Wisconsin each year who are profoundly hard of hearing or "deaf" (of the "deaf" about 1/3 can not be helped by aids or Cochlear Implants)
- Children from families who do not have income are eligible for implants and hearing aids from existing health programs in the state (title 19)
- Children from families covered by state employee health care programs also have access to aids and Cochlear Implants and are not affected
- The cost of this aid and Implant coverage for example is very low, (the State of Minnesota employee coverage for all

subscribers was estimated to be \$0.25 per policy per month, and Wisconsin added aids and implants for all covered by policies, not just infants, by increasing co-pay for emergency room visits by \$15.00 per visit which had zero impact on Wisconsin taxpayers.)

- The only folks **not covered**, are those who work and thus have too much income
- An alternative for these parents who are not covered is to give up work (income) to qualify for title 19 type grants, a prospect that no one desires.

As an economist I am sorry not to have the exact number of children that would be affected, but it is very small and that is a problem. I can however tell you in Wisconsin public education there are currently 1,189 children under 11 years old who are defined as deaf or hard of hearing. Since students continue in public education until they graduate from high school one could estimate there are about 4,000 in our schools. This is a small but expensive population hidden by their being in districts across the state that hides the impact from the public, but costs taxpayers thousands of dollars each year they are in school. These students are in public schools for an average of 14 years, so it does not take too much math to conclude a savings of say \$5,000 for aids or even \$60,000 for a Cochlear Implant early in life is multiples less than the costs to taxpayers of attempting to repair the damage of denying hearing aids and Cochlear Implants.

Correctly fitted high-powered hearing aids and cochlear Implants early in life help prevent speech and learning disabilities and with them the attendant cost to the taxpayer.

The insurance industry has no incentive to add coverage that has a very low chance of occurring, but can be "costly". It does not produce many denials, and is seen as a cost savings.

The incidence of well less than 200 claims a year for newborn is too low to even offer a rider to cover implants and aids for newborns. So

even if a family wanted to buy a policy when they were adding to their family would have great difficulty doing so.

(Insures would rightfully see such a rider as selling a 100-day term life policy for a family member being deployed to a war zone and parents would be better off buying a lottery ticket as the number requiring insurance is so low.)

And last there is **the taxpayer** who is providing incentives to families to quit work to gain "title 19" coverage to take care of their child, and who pay for schooling children who are unnecessarily handicapped by non-coverage.

There are many experts who can discuss in real (not theoretical terms) the results of denying hearing to babies and very young children and you will hear from them. In graphic terms however denying hearing in the early years is in a very real sense equivalent to binding a child's hands for the first years of life and then sending him/her off to shop class.

No amount of fixing or remediation is going to correct the damage, but the Wisconsin Taxpayer is going to pay to attempt to, under the real and honorable effort to leave no child behind, which has been Wisconsin's rightful motto for a long time.

In short you hold in your hands the power to send possibly a 100 severely handicapped children to Wisconsin public schools each year or to send these same children reasonably enabled to attend school as normal (non-handicapped).

I am aware that all folks that petition you claim their bill is good for the state and or that it saves money, and as an economist I have made my share of such eloquent arguments using theoretical data. There is no theory that denying hearing in the earliest years cripples children, it is that simple and the effect on our schools and taxpayers is real, so we may disregard the lifelong effects on the needlessly deaf child when they reach adulthood and pay less taxes and contribute less to society than the fully educated and enabled.

Please consider the taxpayer on this issue, and that the insurance industry on an equal footing would absorb or displace the very small

sums paid to cover the few infants they would find in their covered. This is a very large impact bill. I hope now that you have been given the nature of this bill, you will send it to the your respective chambers with your full endorsement as good public policy.

Thank you for your consideration.

Franz Backus (Economist)

Addendum

Starting with 200 births a year of severely hearing impaired children, and subtracting those covered by Title 19, state of Wisconsin employee covered, and those children for whom there is no possible intervention, it is possible that fewer than 100 births a year are covered by the proposed law. I do not have data on how many children suffer severe permanent hearing loss from childhood diseases, which is why I cannot reasonably estimate the actual number. It is worth noting however that insurance generally covers the diseases that can cause deafness and that the coverage stops with the drugs as if the child is cured, and this is a cruel event that hurts more than the families and the child.

The cost of providing special education to students who are deaf or had of hearing throughout their school career is impossible to generalize. I am aware of a report by AG Bell to identify the cost of educating children who are deaf as about \$420,000. This report has been widely used, but is over 12 years old and simply cannot account for the differences of children, the degree of damage to each child, and different wage contracts for professional staff.

It is not difficult however to believe that it would cost more than \$15,000 per year, per child, which produces additional taxpayer burden of \$210,000 for schooling. Given the cost to an insurance group of \$5,000 to \$60,000 for an implant and it is clear that good public policy would be to require coverage.



SB
27

Thank you for the opportunity to speak at this hearing today.

My name is Todd Blobe and this is my 8 year old son, Ryan. We are from the Appleton area.

Ryan was diagnosed with severe hearing loss at the age of 3. We don't know the cause. I remember how shocking and upsetting this news was for me and my wife. Ryan was too young to understand the meaning of "sensorineural hearing loss." I remember calling my insurance company and discovering that hearing aids were not covered under my health insurance policy. A double whammy in the same day. Virtually everyone with whom I have ever discussed this issue is literally shocked at this lack of coverage.

This past summer, Ryan was fitted with digital hearing aids at a cost of \$3300. The audiologists from the Appleton Public School System also recommended a \$2400 FM classroom amplification system for Ryan. Not a problem, right? Surely, the school system would provide that. What makes our case perhaps a little unique is the fact that Ryan attends a parochial grade school. The public school system does not provide funds for classroom amplification equipment in private schools. After doing a great deal of research, we were able to provide an alternate system utilizing new technology for \$1400. Total cost for new equipment this past summer--\$4700 (none of which was covered by insurance or the school system).

Thankfully, we were able to provide these things for Ryan. He does well with his hearing aids. I can't imagine trying to pay for all of this equipment on a tight budget.

As taxpayers who support the public schools, we would like to see less differentiation of audiology services provided

between public and private schools. We are, however, thankful for the services the Appleton School District does provide. They do a great job!

One topic that is often overlooked with hearing impaired kids is that of safety. These kids are missing a sense that Mother Nature intended to help keep them safe. Kids can do irrational things. A couple of summers ago, we were at a cottage and Ryan was playing with his cousins in the front yard. Lake water and electronics don't go well together so Ryan was not wearing his hearing aids. I knew sooner or later the ball the kids were playing with would go out into the road, so I was watching like a hawk. Sure enough, into the road went the ball, followed closely by Ryan. It was at that point I realized he wouldn't even hear an approaching car coming like other kids could.

Without amplification, hearing impaired kids can't hear the cracking of ice as they wander on a weak section of frozen pond. They can't hear the voices of the people on a toboggan as it hurtles down a hill at them. Parents cannot always be at arm's length from a child to pull them to safety. Sometimes a sound or a voice is the only difference between a near miss and serious harm. Ultimately, the insurance industry is likely to pay for these injuries when they occur. Perhaps they can save some money up front by providing coverage for hearing aids and cochlear implants.

Wisconsin is proactive by providing coverage under the state healthcare plan. Please continue to be proactive and join the 10 other states that require insurance coverage for children who are deaf or hard of hearing. For them, these devices are necessities, not merely options.

Thank you.



5B
27

To: Senator Erpenbach, Chair, and Members of the Committee on Health, Health Insurance, Privacy, Property Tax Relief and Revenue
Representative Cullen, Chair and Members of the Committee on Insurance
From: Alicia Boehme, Disability Rights Wisconsin
Subject: **Senate Bill 26 and Assembly Bill 16**

Make a commitment to children who are deaf and hard of hearing in Wisconsin

I am testifying today wearing two hats. First, I am a parent of a child who is hard of hearing. Oliver, my son, is 2 years old and has been diagnosed as having bilateral mild to moderate hearing loss. He uses hearing aids to develop language and speech as well as to interact socially.

I am also testifying as an employee of Disability Rights Wisconsin (DRW). DRW is the designated Protection and Advocacy organization for people with disabilities in Wisconsin.

Oliver was identified as having potential hearing loss upon discharge from the hospital when he was born. Since 2002, hospitals in Wisconsin screen newborns to identify potential hearing loss. The program has been extremely successful in identifying babies who may be deaf or hard of hearing and referring families for further testing. Identification, however, is half the battle. Intervention is the other half. **And the reality is that families in Wisconsin are having trouble paying for hearing aids and cochlear implants for their children.**

Currently, insurance companies are not required to cover any cost associated with hearing aids or cochlear implants for the children of our state. Approximately 200-300 babies are born each year in Wisconsin who are deaf or hard of hearing. 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 (54%) 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.

It does not make sense to identify babies who are deaf and hard of hearing and not intervene. Research shows that when children do not receive early intervention, there are significant social and economic costs. Hearing loss impacts language and speech development, social interactions, academic achievement and employment prospects. According to researchers, early intervention can provide savings of between \$5,000 -

\$10,000 per child per year in reduced or eliminated special education services¹. And over a lifetime, early intervention can reach a savings of about 1 million dollars per person².

Families in Wisconsin are struggling to pay for interventions, and there is a true need for insurance coverage of hearing aids and cochlear implants. Here are just a few testimonials from families across the state³.

- “I knew I could not afford the \$4,000 for new hearing aids even with the \$1,000 being covered by insurance for the aids themselves...Since I have 2 deaf children, I really need to get outside support...”
- “We are still paying the credit that we had to borrow using our credit card company.”
- “I hate the thought of sacrificing what is best for my child because of money, and yet there may be no other option if insurance companies do not help cover these medical expenses.”

For additional testimonials, see <http://www.LetKidsHear.org>, a website dedicated to passing hearing aid and cochlear implant legislation for children in Wisconsin.

Here are some very important facts about SB27/AB16. When passed, the law will:

- 1) **Provide families with choice.** Keep in mind that not all families who are eligible will choose to implant their child or purchase hearing aids.
- 2) **Ensure that an additional 1/3rd plus of all children under the age of 18 in the state will have hearing aid and cochlear implant coverage.** If passed, this bill will require group and individual plans as well as the self-insured plans that are run by the state and other Wisconsin governmental entities. So, this bill closes a large gap. Children who are covered under the Medicaid plan already have hearing aid and cochlear implant coverage.
One major group of insured individuals that are not covered under this plan and who may (or may not) already have coverage are those covered under self-insured plans (except for those run by the state or other governmental entities). The bill does not mandate coverage for self-insured plans because the state does not have the authority to impose a mandate on these plans. As an aside, some of these plans, such as our family’s self-insurance plan already have some coverage for hearing aids and cochlear implants for children. Also, self-insured plans typically align themselves with the standard of care that this bill would set.
- 3) **Have a cost that is both consistent and minimal.** The number of children who are born each year that are deaf and hard of hearing is a relatively static number. It is not growing. Also, the bill limits the coverage of hearing aids to

¹ Yoshinago-Itano, Christie, and Gravel, Judith. The Evidence for Universal Newborn Hearing Screening. *American Journal of Audiology*, December 2001; 10: 62-64.

² 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. Implementing a statewide system of services for infants and toddlers with hearing disabilities. *Seminars in Hearing*. 1993; 14: 105-119.

³ These testimonials were collected by the Wisconsin Chapter for Hands and Voices.

one every 3 years. Last session the Office of the Commissioner of Insurance estimated that the bill would cost about .08 cents per privately insured person per month. Understanding that this session's bill will cost more, mainly to cover children through age 18, even if this doubles the cost to .16 cents per person per month, the cost of this bill would rise to be only \$1.92 per member per year. **This is less than the cost of a small popcorn at the movie theater!** Because of the low cost, this bill is not likely to impact small business owners in a significant way.

- 4) **Save the government money by decreasing the cost of special education and other county and state services.**
- 5) **Put the priority of hearing aids and cochlear implants for children for insurance companies on the same level as orthopedic surgeries, pacemakers, birthmark removal, testing meters for individuals with diabetes, and Viagra. The ear is a major organ and deserves to be included under the umbrella of health care coverage.**
- 6) **Thirteen other states including Minnesota require this coverage. Illinois is also currently looking into passing similar legislation.**

Disability Rights Wisconsin stands behind Wisconsin Families with children who are deaf or hard of hearing and need this vital coverage.

We are pleased to see such strong support from many legislators as well as three agencies under Governor Doyle. The Office of the Commissioner of Insurance and the Department of Human Services, and the Department of Public Instruction endorse the passage of SB27 and AB16.

I ask you to pass this very important bill and make a commitment to children who are deaf and hard of hearing in Wisconsin.

Thank you for your consideration.







Support for Senate Bill 27, Assembly Bill 16

My name is Connie Breaker. I am the mother of three (3) children who are moderately to severely hard-of-hearing. The three reasons this Bill is so important to me are pictured above. Eli, Ian, and Libbey are my children.

I have had to deal with insurance companies for over 16 years. Back when Eli was diagnosed in 1992, we had an HMO. This HMO covered hearing aids only if purchased through 1 hearing aid dispenser in Appleton. The audiologist we saw at Children's Hospital wrote a prescription for hearing aids for Eli. Three years later it was discovered the hearing aid dispenser (not an audiologist) ordered the WRONG strength of hearing aids. So, for three years, Eli had no benefit from these hearing aids. The HMO may have paid for the hearing aids, but the quality of the person fitting the hearing aids was poor. In 1996, Eli was 5, Ian was 3, and Libbey was born. Ian was tested every 6 months at UW-Oshkosh. His tests always came back "normal". But he was not talking yet. The fall of 1996, I made a trip to Children's Hospital with all three children for hearing tests. I left the audiologist office that day with a diagnosis of moderately severe hearing loss in all three children. Now we have a different insurance company. This insurance will only pay \$500 per hearing aid. I now had to buy 3 pairs of hearing aids (6 total). The cost of each pair was over \$3,000 dollars for each pair. Now my husband and I had to find \$6,500 so our children can hear sound. This was a hard time financially for us. It put a strain on our marriage, and stressed the family. Several years later, the audiologist now tells us that we need to buy new hearing aids. The ones we had were no longer loud enough and we had to get stronger more powerful hearing aids for all three. Again, our insurance has changed and the hearing aids are now digital and programmable and much more expensive per pair. We had to find another \$7,000 so our children can hear sounds.

You may have noticed I am stating that the children can hear sounds with the hearing aids; this does not mean they are able to hear all speech. In 2004, our audiologist states that the 2 boys are now considered cochlear implant candidates. A cochlear implant can do what a hearing aid could not for my 2 boys; allow them to hear all the speech sounds. Again our insurance has changed. This insurance company has a line item in it declaring Cochlear Implants Are Not Covered. I was devastated, angry, hurt, and just plain mad! How could they decide if my children could hear? How could they control the quality of life for my

children? I tried to fight the insurance company, I petitioned them to allow the testing for cochlear implant surgery and the surgery itself, but was told NO. I began to look at my options:

1. Divorce my husband, loose my job, and loose my house. Then my children would be taken care by Medicaid.
2. Find a job with insurance that covered cochlear implant surgery.
3. Call the place of husband's employment and beg them to buy insurance that covers cochlear implants.

How dare this insurance company to force me to look at an option that involves our family to fail. This was not an option at all. Luckily, my husband's employer was willing to purchase a plan that included cochlear implant surgery. We had to sacrifice the minimal hearing aid benefit (\$500 per ear). Again, some one else was controlling the ability for my children to hear or not hear. Both boys now have had their cochlear implants for 4 years. This was the best decision we had made as a family, and one of the most difficult. We still had to pay bills that totaled over \$4,000.

The summer of 2005 we were lucky enough to attend the American Hearing Impaired Hockey Association hockey camp. This camp bought all three children new hearing aids totally over \$11,000. This was done through a grant the camp received from some one and my children were lucky enough to benefit. This gift could not have come at a better time. The Eli and Ian needed new hearing aids and Libbey was due in the next 24 months for a new pair of hearing aids

So, I figure over the last 16 years, we have paid over \$25,000 so my three children could hear. I had to return to work full time. Our family has taken only one vacation. I would not change anything about my three children, but it has been difficult financially.

Thank you for your time,
Connie Breaker
3457 Rosenberry Ct.
Appleton WI 54913