



(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**

## Carol Burns – Speaking in favor of SB27 and AB16

Good morning and thank you for the opportunity to share my reasons for supporting SB27 and AB16 that are before you today.

I am here representing Hearing Loss Association of America-WI (HLAA-WI). We strongly support the bills before you. I am also here as an individual who grew up with severe to profound progressive hearing loss. My hearing loss was identified at age 5. It was a moderate to moderate-severe hearing loss. Like the parents you are hearing from today, my parents struggled to provide me with hearing aids as a child. I grew up in an era where educational services for disabled children in public schools were unheard of. We were relegated off to special schools. I would have been in a class of 10 year olds with a spectrum of disabilities as a first grader. Fortunately I was spared that fate – my parents petitioned our school district to accept me, which they did. However I struggled in the mainstream setting with no support services.

I still remember the day I received my first hearing aid, hearing the engine of our family car for the first time in my life. Imagine what other sounds important to my development that I was not hearing. I am most fortunate that my parents provided me with hearing aids – often stronger aids every 9 months as my loss rapidly progressed during grade school. This represented huge sacrifices on their part.

I also recall my concern when my hearing aid would break, or when the progression of my hearing loss was such that the current hearing aid was no longer working well. Informing my parents of this as an 8 year old was hard, because even at that young age I sensed that this meant slim financial resources were directed to ME and impacted my family's other needs.

**No child should ever be in a situation where he/she might feel this kind of burden!**

As a young adult I attended college – carrying around a suitcase sized tape recorder (the old two wheel style) in order to have someone listen and mentor me after lecture classes that I could not hear. The stress of trying to keep up overwhelmed me and I eventually dropped out of college.

In my early 40's I began employment with the State of WI and enjoyed a successful career there – but I was still limited in how far I could progress because of my inability to use the phone. Then, in my early 50's my hearing took another downward spiral. I suffered from severe depression and experienced a high level of anxiety concerning my ability to successfully remain in the workplace. In the late 80's I had begun to research cochlear implant technology that I heard might help restore my hearing. Imagine my dismay when in 1996 I learned my state of WI employee benefits had a specific EXCLUSION for this surgical intervention which would enable me to remain employed! Worse, if one of my fellow employees was the parent of a child born deaf and wanted to provide his/her child with the OPTION of hearing, this was denied them as well. Prior to 1994 hearing aids were covered benefits, however that year they ceased to be a covered benefit. They were taken out of the plan to help fund significantly reduced co-payments for prescription drugs introduced that year. In 1996, part of the qualification process for a Cochlear Implant is testing in the BEST AIDED CONDITION. **This required the purchase of 2 hearing aids that were not covered by insurance simply to qualify to become a cochlear implant candidate!**

Not easily deterred, I sought options and discovered the University of Iowa was conducting clinical trials for the FDA regarding a new updated internal implant. Today I am over 12 years out in my journey back to sound, grateful to taxpayers who fund the National Institutes for Health (NIH) and the Iowa Lions organization that helps support that center. Because I was able to receive a Cochlear Implant (and my success in using it was largely due to my early Hearing Aid use to grow my auditory pathways) I was able to remain in the workplace; actually promoting THREE levels in my career track one year later. This was ALL simply because I could hear and talk on the telephone! I lobbied hard over a period of 5 years with Employee Trust Funds (ETF) and others to change this. Current state of WI employees saw the hearing aid benefit restored in 2002 and in 2003 the exclusion for cochlear implants was removed.

I retired at age 60 and now contribute considerable time participating in research as scientists continue to seek ways to make improvements to cochlear implant technology. Without cochlear implant technology I would have gone on DISABILITY retirement at age 50 – something that is very common in people with hearing loss.

Children who are born deaf and who do not have appropriate intervention that enables them to learn to speak and to hear – drop out of school at higher rates than normal hearing peers, achieve lower reading levels (4<sup>th</sup> grade), and statistics show that often nearly half this population is on some kind of public assistance.

By helping our children at the point of diagnosis or in our newborn infant screening programs at the start of life is the only way we are going to change this drain on taxpayers of WI. We taxpayers foot the bill for additional services that become necessary when children do not receive appropriate intervention, as well as for other public programs that sustain them when they are unable to find employment as adults. Those who do find employment are most often under-employed, thus reducing their contribution to society. These children are the FUTURE taxpayers of WI!

Most important, please note that the numbers of children this bill will effect is very small - perhaps 100 per year. This is because of the 200 children born each year in WI with hearing loss, not all will be helped by hearing aids or cochlear implants for various reasons. Other children will be covered by existing insurance or health programs such as Medicaid or BadgerCare or current state employee plans. Families who are covered by self insured plans or the uninsured also are not covered by this bill. This is because these plans can only be regulated by the Federal Government.

Please take a moment to understand what this means in real life. I am not an audiologist, but I AM a person who has lived with severe to profound hearing loss all my life. I know the REAL WORLD effect of hearing loss had on my ability to acquire language, education and ultimately to successfully exist in a society that mostly hears normally as you do!

EVERY DAY our children who live with a significant deficit in hearing are trying to learn speech and to identify the sounds around them. Children are in the classroom where ambient noise makes their listening tasks difficult if not often impossible, creating an environment where we taxpayers pay significant dollars to help these children attain age appropriate skills.

The unfortunate truth is that our children **NEVER** catch up when they do not receive appropriate intervention. Studies show children who do not learn oral communication as their first language (where manual communication is their first native language), have language deficits that substantially limit them in the workplace as adults. Studies show the overall cost to society when a child is born pre-lingually deaf is over a **MILLION DOLLARS**.

I urge you to pass these bills because they are simply Good Public Policy.

Thank you for your time!

Carol Burns



ALPINE  
SCHOOL DAYS 54.55

If you look close you can see the cord to my body worn Hearing Aid on the left side of the picture. We adults were once children like those you are hearing from today!





Emily (6)

Josie (7)

My name is Vicki Denzin. I am the parent of 2 children with mild to moderate sensorineural hearing loss. Both girls, when not wearing their hearing aids, only hear about 80% of normal conversation. Imagine going through school and only hearing 80% of what is being taught to you, 80% of what your friends are trying to share with you, 80% of your spelling test. And my girls only have mild to moderate hearing loss. Hearing aids enable my daughters to hear what you and I take for granted.

One week before my daughter Josie received her hearing aids, her kindergarten class had a fieldtrip at Heckrodt Wetland Reserve in Menasha, WI. Josie was unable to hear the frogs croaking, the birds chirping or even the crickets. It broke my heart to see her struggle to hear what her classmates were being taught that day and she couldn't hear it. The day she got her hearing aids was a wonderful hearing celebration. "It sounds like microphones in my ears" is what her first comment was. What joy to watch her hear sounds she has never heard before. "What's that?" was often the catch phrase for the next few weeks. The rain pounding against the window, the rustling of leaves blowing in the wind, crickets in the grass, even the buzz of the dishwasher completing its job.... All sounds I didn't know she missed out on.

PLEASE SEE THE ATTACHMENT, A STORY WRITTEN BY JOSIE, A FIRST GRADER. THE IDEA FOR THE STORY WAS HERS. IT WAS WRITTEN EARLIER THIS YEAR.

Fortunately, for my two daughters, my husband and I have good credit and access to credit cards in order to pay off the expense of hearing aids. We also put our pride aside and had our parents assist us.

We paid \$7000 last year for both girls to obtain their pair of hearing aids. Our insurance paid for the audiology exam and the ENT appointment, nothing for the hearing aids or ear molds required for the hearing aids. We are told hearing aids need to be repurchased, with any luck, only every 5 years. Ear molds are \$150 for each year and are replaced about 1x a year, based on growth. The younger the child, obviously the more frequent the ear mold change. If this expense wasn't bad enough... we had just moved to Wisconsin and were feeling the housing crunch, trying to afford 2 mortgage payments while we were waiting for our old house to sell. We are fortunate. We were able to come up with a way to get the hearing aids my daughters needed so they can continue to excel at school and socially with their peers. I hate to think about how many parents are faced with this dilemma and are unable to provide their children with what is needed to ensure a proper foundation to a lifetime of learning and achievement.

We live in a hearing world. There is no debate about that. However, every child deserves the right to hear, regardless of the expense. This is why we need you, our government officials, to look out for our children and all children of our state and support this bill. Hearing aids are not cosmetic, as the insurance companies state in their denials. As you are well aware of the statistics stated previously, hearing aids ensure speech and language development and assist these children in their education. Without the aids, children with hearing impairments function at least 1-4 grade levels lower than their peers. Hearing aids and cochlear implants are *medically necessary* to improve the chances of these children in achieving their dreams, in leading successful, prosperous careers. No one should be told they cannot pursue an education or career due to the inability to hear. More importantly, the lack of ability or difficulty of the parents to afford such technology should not stand in the way of completing high school, college or graduate school. What would you want for your children, your grandchildren.... If you can look my daughters in the eye and tell them that they don't NEED or deserve the technology out there to succeed and pursue their American Dream, then I know how you stand... I am positive that no one in this room is able to do that. I urge you to look at the children before you today and think about the children in your life when you cast your vote. I am optimistic that you will do the right thing and support Senate Bill 27 and Assembly Bill 16.

Thank you for your time!



Vicki Denzin

Neenah, WI

# Getting My Hearing Aids

By Josie Denzin (7 yr old)

1<sup>st</sup> grader at Tullar Elementary, Neenah

I had to get hearing aids. I was scared. I had to get stuff squirted in my ears. It was cold.

A couple of days later, I got my hearing aids. When I put them in, it sounded like everything was in a microphone. It felt like it was plugging my ears, but I could still hear.

I was nervous to go to school the next day. My mom said "Happy first day of school with your hearing aids!"

I was worried about what the kids were going to say. Mrs. Schumacher explained to the kids that I needed hearing aids to help me hear.

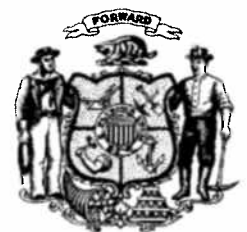
My mom showed the kids what they looked like. At snack time, we had cupcakes to celebrate. One of the kids asked if they could touch it and they could not.

At the end of the day, I felt better about the questions that the other students would ask.





# WISCONSIN STATE LEGISLATURE



## Testimony Supporting Senate Bill 27 and Assembly Bill 16 – March 18<sup>th</sup> 2009

My daughter, Hannah, has Ushers Syndrome which is a genetic disorder that affects her hearing and eyesight (Retinitis Pigmentosa). Hannah is severely deaf in both ears and has approximately 45% peripheral vision. The prognosis for Hannah is unclear, but potentially she could become totally deaf and blind. In the future Hannah may need to have cochlear implants. Currently there is no know cure for her eyesight condition.

I support the change Senate Bill 27 and Assembly Bill 16 to allow children who are deaf and hard of hearing to get hearing aids and cochlear implants covered by insurance

Hannah will be 16 years old this weekend and to most people is a normal teenager, but Hannah is not normal, Hannah is exceptional. Despite being deaf from an early age, Hannah has managed to excel in many areas of her life.

- She is a 4.0 GPA Junior student at Appleton North High School.
- She skipped second grade due to her academic ability and is a year younger than her peers at school.
- She is accomplished cellist who plays in the school orchestra, has performed as a soloist and qualified for State competitions
- She is a competitive swimmer, who has swum at local, state, national and international levels for her YMCA club, High School and National (Great Britain) teams
- She is an assistant coach for a local Special Olympics Swim Team
- She is secretary of the HOSA and Joint Chair of KEY Club at Appleton North High School
- She speaks French fluently
- She has spoken publically in numerous events including a presentation at the 2006 Wisconsin Young Scholar Project Fair on the physics of swimming
- She loves to bow and gun hunt for deer and turkey
- She is planning to attend college to study Medicine and is planning on being a surgeon
- She will be applying to Princeton University in the fall, as well as UW Madison
- She is also a big sister to her younger sister Rebecca

So why is all this relevant?

We are very lucky that we have been able to afford the hearing aids that Hannah needs. I have a well paid job and by sacrificing other items we have been able to afford the approximate \$15000 it has cost us so far. Our medical insurance does not cover the cost of hearing aids.

We discovered Hannah was deaf when she was 4 years old. It came as a shock and we went through a period of grieving that our perfect daughter was "not perfect". That grieving quickly turned to determined resolve. We committed that we would get her the best technology we could so that she could hear as much as possible. Children have a tremendous capacity for learning at that young age, and Hannah was no exception. She had taught herself to lip-read, but with hearing aids in place she rapidly became more communicative and her learning curve accelerated. By the end of Kindergarten, she was a proficient reader and by the end of first grade it was obvious that she was capable of skipping a whole grade.

Each time we have upgraded Hannah's hearing aids we have been able to take advantage of improvements in technology; from analogue to digital - to 16 channels for more accurate programming - to Bluetooth compatible so she can talk on her cell phone to her friends! Each time we have seen a change in Hannah's confidence and an improvement in her ability to communicate.

We have always tried to get the best possible technology we can for Hannah, because we believe that if she is going to eventually lose her hearing and sight the more we can give her now, the more she will be able to have a fully functioning life in the future.

Without hearing aids and a great support team of teachers, audiologist and friends I don't believe Hannah would have been as successful as she has been and will be in the future.

Deafness doesn't define Hannah. To her, putting on her hearing aids in the morning is as normal as brushing her teeth or putting in her contact lenses. At times she chooses to switch off her hearing aids and live in a silent world, but it is her choice. To not be able to hear would be devastating to her as sound is part of her life. As I write this she is doing her homework across the room, listening to music; the range is amazing from Taylor Swift to Beethoven to Irish Jigs

We were disappointed when we found out that our medical insurance did not cover the cost of hearing aids for Hannah. We continue to struggle to understand how hearing aids could be on the same list of exclusions as:

- *"Elective or voluntary enhancement procedures, services, supplies and medications including but not limited to: Weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance unless medically necessary."*
- *"Personal convenience items, such as a telephone or television in your room at a hospital or skilled nursing facility"*

The reasons I'm supporting these bills are simple:

- Hearing Aids or Cochlear Implants are not "cosmetic" or a "convenience" item. For deaf children who want to hear they are a necessity of life.
- There are many families who can not afford to pay for the cost of the hearing equipment their child needs, as a result children are limited in reaching their full potential.

I don't ask you support these bills for Hannah, I ask you to support them for all the children who with the right support can follow Hannah's path and make their parents as proud of them as I am of Hannah.

At the end of the day this decision is about stewardship and making sure that we leave a better place than we found. We have a responsibility through our acts to make sure that we make a positive difference in people's lives in particular when they are children.

Please support Senate Bill 27 and Assembly Bill 16 requiring Insurance companies in Wisconsin to cover the cost of hearing aids and cochlear implants.

#### Contact Information

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GBR Female 400m Freestyle  
Relay

Hannah (2<sup>nd</sup> from right)

2007 World Deaf Swimming  
Championship, Taiwan



## **Testimony in favor of passing Senate Bill 27 and Assembly Bill 16**

Presented by: Michael and Elaine Flood  
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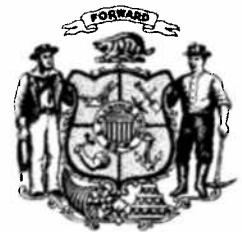
Parents of seven year-old Tommy Flood: hard of hearing (requires two hearing aids)  
First Grader at Ferber Elementary in Appleton

### **Reasons to pass SB 27 and AB 16**

- The method of operation of the insurance industry has always been to spread the expense of a rare, known risk from a small number of people to many people. In this way, everyone pays a manageable amount so no one person pays a huge amount.
- Approximately 100 babies are born deaf or hard of hearing in Wisconsin each year. There are approximately 200 children identified as deaf or hard of hearing in Wisconsin each year. Approximately 71,000 babies are born in Wisconsin each year based on CDC statistics. Thus, approximately 0.35% of children will be identified as deaf or hard of hearing in Wisconsin each year: a relatively rare and known risk.
- Based on the insurance industry's own historical method of operation, covering the expense of hearing aids/cochlear implants for children is a completely consistent and logical request.
- It is in keeping with the growing bipartisan national talk of focusing more of our limited healthcare resources/insurance dollars on "preventative care". Several states have laws requiring insurance coverage for deaf or hard of hearing children.



# WISCONSIN STATE LEGISLATURE



Hello, my name is Jenny Geiken and I am the Executive Director and Founder of Hand-N-Hand of Northeastern Wisconsin, Inc., a non-profit organization that provides support and resources to families who have children experiencing hearing loss. I also am a Birth to Three Consultant for infants and toddlers with hearing loss and a certified teacher of the Deaf and Hard of Hearing. As an educator in Wisconsin, I support Senate Bill 27, Assembly Bill 16, a bill that will allow children who are deaf and hard of hearing to obtain hearing aids and cochlear implants covered by insurance.

Universal Newborn Hearing Screenings are occurring in 99.5% of the hospitals in the state, children are being identified with hearing loss at a much younger age than in the past. Every day in the United States, approximately 1 in 1,000 newborns (or 33 babies every day) is born profoundly deaf with another 2-3 out of 1,000 babies born with partial hearing loss, making hearing loss the number one birth defect in America. In 2007, in Wisconsin, 95 newborn babies were identified as having hearing loss through this testing.

Protocol for the UNHS is to screen hearing at birth, diagnose hearing failure, confirm hearing loss and receive intervention by 6 months of age. Following the diagnosis of hearing loss, parents generally experience a range of feelings; not to mention the many decisions they are left to face in regards to choices of communication modality and amplification. Only to find out that once they have finally made a difficult decision of a hearing aid or cochlear implant, they now need to face the costs that lie ahead. These costs are incurred due to doctor visits, audiological testing, medical scans for surgery costs, surgery, and follow-up visits for ensuring proper fit of the devices. Next they face the "treatment" (therapy and specialists') costs that accompany the diagnosis/intervention related to hearing loss in effort to maximize hearing, speech and language levels. Families learn to work through these phases but the state of Wisconsin must give parents the assurance and support that the choices they make will not provide a hardship economically.

In the educational system, we as educators need to consider the factors that support educational needs of children with hearing impairment. Hearing impairment, including deafness, means significant impairment in hearing, with or without amplification, whether permanent or fluctuating that significantly adversely affects a child's educational performance including academic performance, speech perception and production or language and communication skills. When children are not identified and do not receive early intervention, special education for a child with hearing loss costs schools an additional \$420,000, and has a lifetime cost of approximately \$1 million per individual.\*

In effort to reduce educational costs consider the research:

- The sooner babies get assistance, the better their chances of developing language, normal communication skills, and leading productive lives.
- Infants identified with hearing loss can be fit with amplification by as young as 4 weeks of age; cochlear implants as early as 6 months. With appropriate early intervention, children with hearing loss can be mainstreamed in regular elementary and secondary education classrooms. Recent research has concluded that children born with a hearing loss who are identified and given appropriate intervention before 6 months of age demonstrated significantly better speech and reading comprehension than children identified after 6 months of age.\*
- Early detection of hearing loss followed with appropriate intervention minimizes the need for extensive habilitation during the school years and therefore reduces the burden on the IDEA Part B program.\*

A child's greatest resource is their family. Support Senate Bill 27 and give families the opportunity to choose hearing aids or cochlear implants without the fear of potential economic hardships.

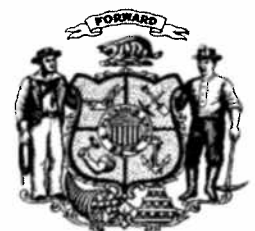
Thank you for your time and please vote "yes" in support of Senate Bill 27.

\*Hearing Loss Association of America

Jenny Geiken 2950 Yonder Ct. Green Bay WI 54313 (920)434-6226 jlgeiken@earthlink.net



# WISCONSIN STATE LEGISLATURE





SB  
27

Since there were so many health issues that she had to overcome, finding out that she had a hearing loss was to me, manageable, and I was thankful to have her. At four months of age she was fitted with her first pair of hearing aids. Now, to step back a moment, my husband works, although I stay at home, and we have very good, but expensive health insurance. While Madeline was in the NICU, I was informed that we could apply for SSI, which at the time I didn't think we should do, since we had insurance and a decent income. But the social worker let me know that since she was so premature and ill and weighed less than 2 ½ pounds, we should just apply and protect our right, because it was hard to predict what problems the future might bring. As it turns out, my husband's plan covered all medical bills and the co-payments left were accepted as assignment through the medical assistance card that came with the SSI eligibility. So now, four months later, when Madeline was fitted with hearing aids, her medical assistance, which would pay for hearing aids, was still in effect. Thank goodness for that, because of course, my husband's health insurance denied coverage of the hearing aids.

Madeline continued to grow and develop, with some speech and language delays. Since we did not know how well her language would develop, we spoke and signed to her in the beginning. We were taught how to help her focus on our faces and told to talk, talk, and talk to her. She saw speech therapist and Birth to Three teachers, took additional speech therapy at UW-Eau Claire, continued into EEN services and eventually to where she is today, an honor student at Chippewa Falls Middle School. I will never forget speaking to the Special Education Director of our school district who stated that if he were to look at her audiogram only and decide a placement for her, it would be the Wisconsin School for the Deaf. He stated the district had placed other students who actually could hear better than Madeline there in the past. If she had needed that placement, we would have moved there and sent her to that school. But already at 3 years of age, she was catching up to her hearing peers, because of her early use of hearing aids and early intervention services.

She has always wanted to use her hearing aids. Putting her hearing aids in each morning and taking them out at bedtime is the first and last thing she does every day. She does not want to be without them. Sending them in for a repair is very hard on her. They are her best and only link to the world of sound. Even with her hearing aids, her hearing still does not fall completely within the normal range of hearing. But because she had them so young and had a great deal of speech therapy and training, she is able to supplement her hearing by lip reading.

As she said in her letter, she is an A student, she was just named student of the month on her class team, a good athlete, a wonderful daughter and sister, and a good friend to her many friends who take the extra time to repeat themselves when needed. She is still under the special education program, so that she can get the equipment she needs in the classroom to help her hear better in class.

She has had two pairs of hearing aids in her fourteen years. Her first pair, which were analog hearing aids and cost about \$1200, was purchased through

her Medical Assistance. The second pair which are digital and cost about \$4000+, were purchased through a charitable program called the Hearing Impaired Kids Endowment Fund (HIKE Fund), which we applied to and had to meet certain financial criteria to be accepted. Now, this year her hearing aids are five years old. I talked with her audiologist and we decided that this would be a good time to get a new set, before they completely wore out. She will be starting high school next year also, and with any technology, hearing aids have advanced in the past couple years.

So how do we pay for the new pair that will cost about \$5000 this year? My husband's insurance still does not pay for hearing aids or any of the related charges for ear molds hearing tests, or repairs. If we apply to a charity, there is a long waiting period, and really, shouldn't someone else have a chance at that money since we were approved once already? So, during insurance open enrollment last fall, we set aside \$4000 of our income into the flexible medical expense account. This is still not enough, but we were very leery of having too much in and then losing the money. Our clinic will only take full payment on the hearing aids, so we could not set up a payment plan. So we took the risk that we WILL find the hearing aid she needs this year, and that there is not something new on the horizon, say 2010, that would be even more advanced and appropriate for her type of hearing loss. We have to buy new hearing aids this year or we will lose this money.

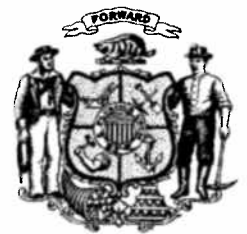
These are the problems and choices all families of children who need hearing aids face. If you are employed and have your own health insurance, you are the person who is the hardest pressed: not wealthy enough to buy the hearing aid that you want, when you want it, you do not qualify for a state or federal insurance program that would cover them, nor will you likely qualify for help from the charities that help based on financial need. So what do we do now? We made the decision to set aside money from our income, somehow, because we know that is the only decision to make. My 80 year old father recently called and offered to help pay for them, which I declined. He is not a wealthy man.

Please: I am urging you to pass this bill onto the floors for a vote. There are a very few of us in this situation, but hearing aids mean everything to a child who does not hear well. I always say that my daughter Madeline is the poster child for early intervention. Many people are surprised or in disbelief that she is hard-of-hearing after they talk with her. I wish you could talk to my daughter. She is truly amazing. She/We just need your help on this issue. Please feel free to contact me if you should have any questions on anything we said. Thank you for your time and consideration on this matter.

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# WISCONSIN STATE LEGISLATURE



Kelly Hilliker  
3816 Martin Lane  
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920-793-4812  
Married and father of 3 children, one who is hard of hearing

I am in full support of Senate Bill 27/Assembly Bill 16.

Like most people, I was very ignorant of the deaf culture until 4 ½ years ago. At that time, our third child was born and the newborn screening hearing test determined she had a hearing loss. Subsequent testing determined she had a bilateral moderate to severe hearing loss. All three pediatric audiologists we met with recommended hearing aids for both ears as soon as possible. Each told us that each day that passed without the use of hearing aids was equivalent to one week lost of learned speech, which ultimately would prolong the needed speech therapy she would eventually receive. This beautiful child was our little miracle. We named her Emjay Marie. She came nearly 2 years after my wife had been diagnosed with cancer and we had been told that we would not be able to have any more children because of the necessary cancer treatments. Learning of her permanent hearing loss was devastating, confusing and frustrating.

The company I work for, a large state electric utility, just began offering insurance for hearing aids at the time of her diagnosis. We learned that the cost of the hearing aids were going to be \$3,000, and that insurance would cover up to \$1,500. When I asked why there was a limit and not a percentage covered, I was told that insurance companies feel hearing aids are a cosmetic fix. I was both stunned and appalled. I was still trying to accept the fact my daughter was hard of hearing and may be deaf one day, and the hearing culture was looking at this situation as cosmetic. The hearing aids were imperative to the acquisition of speech and I was being told they wouldn't pay for them because they were a beauty enhancer! Six weeks following the arrival of Emjay and the news of her hearing loss, my wife was diagnosed with breast cancer for the second time. Her treatments required chemotherapy, a double mastectomy, a complete hysterectomy and reconstructive surgery. That, on top of the burden of the necessary hearing aid purchase that could not be delayed, became a huge financial burden that took us four years to pay off.

Emjay received her first set of hearing aids at 3 months of age. It was a struggle at times to get her to keep them in her ears, but I can vividly remember the day she took them out and then realized the hearing world she had just experienced was gone. From that day forward, her "Ears", as we affectionately call them, are the first thing she asks for in the morning and the last thing we take care of before hitting the pillow at night. She is lost, frustrated and often times, frightened without them.

Emjay is currently on her second set of hearing aids. The cost went up considerably for this second pair, but the coverage limit has remained the same. This time we endured a \$2,500 out of pocket cost. We are a one-income family with a fairly good paying job. With that said however, it is still a struggle for us to pay the monthly payment plan for the new aids. We know it is an obligation we owe to our daughter to help give her every opportunity to succeed. Heaven knows she has enough challenges ahead of her already.

Emjay was born with a hearing loss but it was not caused by anyone's wrong doing. God blessed us with a gift we were not suppose to medically have. The fact that she is nearly deaf doesn't make her any less loved by me, my wife or her brothers. Each of us sitting here communicates through hearing and our voices. It is an ability that could be taken away from us for any number of reasons. Hearing aids provide my daughter with hearing that she would not normally have. At 4 ½, her speech is considerably behind others of the same age. With a lot of coaching, speech therapy and the help of her hearing aids, she is catching up to where she should be. We are grateful that she is a very bright girl and learns very quickly, but we are still concerned. Even with the hearing aids, she cannot hear certain letters of the alphabet, so she needs specialized training to use the letters /S/, /M/ and /F/. Just last week, she was very excited to hear a plane going over head and the birds chirping in the tree. Other people around us didn't understand why she expressed so much excitement, but to me it was music to my heart. Without her hearing aids, that moment would not have been possible.

I have never spoken at anything like this before. I am actually surprised that we even need to be here, in the year 2009, discussing if insurance should pay for a high technology instrument, that would help hearing impaired children improve the quality of their life. These children are our future. And the success of these children is a simple investment for our society. No one wants to see their insurance rates go up. It makes financial sense however, to invest in the kids who need help restoring their hearing now, so they can better adapt to the world as a whole when they become adults. It is clearly a Hearing World and it will only make it easier for these children to contribute back to society as adults. Ignore them now, and I fear many may be left behind and then struggle as adults. I would hate for us as a society to have to end up paying more for them with various government assistance programs as adults because they didn't receive help that was available when they were younger. As a tax paying citizen, that makes absolutely no sense to me.

I urge you to thoroughly review this bill and to extend your support of it. It is our burden, as adults, to make good choices for our children and for our society as a whole, and supporting this bill this clearly a good choice. Let the kids of Wisconsin know that you will help them hear.

Thank you for your time today.

*Written Testimony Advocating Insurance Coverage for Children's Hearing Aids & Cochlear Implants - SB 27 & AB 16*

I am writing as a parent of 2 hard of hearing children who have used hearing aids since diagnosis of a congenital defect at birth. Noah, age 9 and Madalen, age 4, have progressed amazingly well with hearing aids and continue to be mainstreamed in the education system and have been able to advance without the need for speech therapy. Without hearing aids Madalen and Noah would not be able to hear most of everyday conversation, but when aided can hear within "normal" limits.

My husband and I both work full time and both carry health insurance, however because hearing aids are not a covered expense, I am painfully aware of the hardships involved in affording these medically necessary devices. To deprive persons with hearing loss of the benefits of technology because of the high cost incurred, is unacceptable. Hearing aids improve the quality of life, and in children, the development of one of the most basic necessities in life...the ability to connect effectively with other human beings.

The last time we had to purchase hearing aids the cost was approximately \$7,200, as each child wears 2 aids at approximately \$1,800 each. In order to provide the best for our children it was necessary for us to take out a loan to pay for this expense, Hearing loss is a very expensive disability and a very common disability with over 10% of the population experiencing hearing loss to some degree. These devices break down after considerable wear and tear, and in children need to be replaced every 4- 6 years on average. Therefore, the cost over a life span is considerable.

Beginning in 1999, the state of Wisconsin mandated all birthing hospitals to conduct newborn hearing screening, but made no revisions to accommodate those identified with needs as a result of these screenings. When emphasis is placed in medical care on detecting major conditions and then no further support is provided for their treatment, effective care is compromised. In young children, language development begins at birth and experiences its greatest opportunity for development from birth to age 5. When residual hearing is not given the opportunity, through amplification, to develop in hearing impaired children it negatively affects their speech and language development, academic capabilities and educational development, self-image and social/emotional development.

In conclusion I ask that you vote to move SB 27 & AB 16 out of these committees, to the floor for a vote.

Sincerely,

Troy, Paula, Noah & Madalen Jacobson  
121 S Cottage St  
Stoddard, WI 54601  
District 96

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5B  
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I would like you to consider supporting this recent attempt to pass a bill concerning the coverage of hearing aids for children. I have been teaching deaf and hard of hearing children for more than 30 years. Language competence is the key to these children being able to be successful in life. I have seen many changes in this field over the years, but one constant has been that early amplification for children with hearing loss is critical for establishing language.

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

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

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

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

Two years ago I attended a program in Pennsylvania where I was able to discuss the field of deaf education with other professionals from around the country. Most of the time I boast of the things that are happening in Wisconsin, but I could not sing the praises of early amplification in our state. Most states have some kind of way of getting young children amplification. I am not saying that we need to be like every other state, but I think that you too are proud of our state and would want to be aware where we are lagging.

Please consider supporting this legislation. Please do what you can to sustain it while it is in committee. If you would like more information, I would be glad to supply you with it. Thank you for your time.

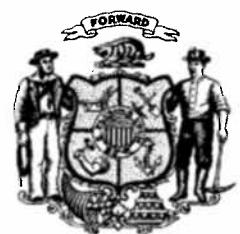
Mary Kahler

209 Beaver Street  
Beaver Dam, WI





# WISCONSIN STATE LEGISLATURE



Michaela Kihntopf Age 7

3050 Manitowoc Rd

Green Bay, WI 54311

Good (morning, afternoon)

Wisconsin State Senators and Representatives,

My name is Michaela Kihntopf. I am 7 years old. I live in Green Bay Wisconsin. I am here today sharing my opinions and a little bit about me with all of you because I believe Senate Bill 27 and Assembly Bill 16 are important. I received my first hearing aid when I was just a baby. My Mom and Dad found out shortly after I was born that I had one ear that did not work so well. When I was two we found out the other ear was not working so well either. That's when I got my digital hearing aid and a second hearing aid. My hearing aids are very important to me. They help me hear more clearly. At school I wear boots on the bottoms of my hearing aids. My teacher uses a special device called an FM system. She wears a microphone that allows her voice to travel into the boots on the bottoms of my aids and right into my ears. Without this equipment I can't hear as well. My hearing aids allow me to hear cars when I need to cross the street, They allow me to hear my Mom when she says it is time to eat, My hearing aids allow me to hear the

notes on my piano as they float up to my ears. I came here today to represent all the kids who are deaf and hard of hearing in Wisconsin like me. I believe that all children deserve the opportunity to hear. It is our right. I don't think it is appropriate for my Mom and Dad to have to pay so much money every time I need a hearing test or need new hearing aids. Hearing aids are very expensive; mine cost over four thousand dollars. I know that there are kids in Wisconsin that may need Hearing Aids or Cochlear implants and they may not be able to get them because their families cannot afford to pay what the insurance companies don't pay. ALL CHILDREN have the right to access communication through these devices. I wish their Moms and Dads could have come here today too.

My teachers have many goals on my I.E.P. One of those goals is self-advocacy. I am here today sharing my opinions with all of you because even though I am only seven, I already know that I am my own best advocate! Thank You





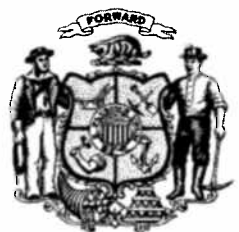
Good Morning Wisconsin State Senators and Representatives,

My name is Michelle Kihntopf. I am the proud Mother of two little girls. My youngest daughter is 3 years old and is hearing. My oldest daughter, Michaela, is 7 years old and was born with a Unilateral Sensory Neural Moderate Hearing loss in her right ear, Which means the little hair cells in the inside of her right ear were damaged. Michaela was identified at birth with the universal newborn hearing screen. Michaela has a progressive loss. Since birth she has lost more of her hearing. We do not know why this happened or how much more hearing she will lose. She now has a bilateral mixed loss and is aided in both ears. Michaela was fitted for her first hearing aid by the time she was six months old. During those early years it was hard to balance work, the numerous doctor appointments and the therapists' visits to the home and day care. Michaela relies on her hearing aids to gain access to communication, particularly in day to day life, which includes education. We know that every child has a *right* to a Free and Appropriate Education but, is that education available to every child with a hearing loss, if the child can not access the information they need to reach their maximum potential? We have heard the about the cost and the statistics related to hearing loss (see attached facts sheet). I can honestly say that a new pair of hearing aids is going to set our family back. Michaela is ready for a new set of hearing aids and after speaking with her audiologist we are looking at a cost of around \$4500.00 for mid range price. Our insurance company now offers hearing aid coverage of \$1000.00 per ear per year. That leaves us to cover the other \$2500.00 for our family that is two mortgage payments. Our family feels every child in Wisconsin with a hearing loss deserves to have access to communication weather it is hearing aids or cochlear implants it is a child's fundamental right! Thank You

Michelle and Michael Kihntopf  
3050 Manitowoc Rd  
Green Bay, WI 54311



# WISCONSIN STATE LEGISLATURE



### **Caitlyn Jo McCarver (Age 3)**



#### *Advocating Insurance Coverage for Children's Hearing Aids & Cochlear Implants SB 27 & AB 16*

- Caitlyn was born in November 2005 with a moderate-severe-profound binaural sensorineural hearing loss.
- ABR hearing test at 5 weeks of age confirmed diagnosis.
- Audiologist and ENT suggested immediate purchase of Phonak 311 & 411 hearing aids in January 2006.
- Fitted with hearing aids at 10 weeks of age. Out of pocket cost to our family was \$2800.00. Mom was still on unpaid maternity leave.
- Approx. one year of age, Caitlyn is not making any speech sounds other than "ah ah ah". Our audiologist and speech pathologist suggest we contact cochlear implant centers regarding their programs.
- CI center recommends immediate "trial" of HI-GAIN hearing aids for at least 6 months prior to implantation. CI center allows us to borrow a loaner pair for the trial period, since our purchased pair was not powerful enough.

- We immediately begin providing information to our insurance company regarding possibility of cochlear implants.
- HI-GAIN hearing aids offer little benefit for Caitlyn. She is a candidate for the CI surgery. We wait for insurance approval.
- Caitlyn is approved by insurance for ONE surgery at age 19 months. Audiologist suggested two implants at that time, however, insurance wouldn't cover both.
- She received her second CI surgery at age 27 months & is now bilaterally implanted.
- She is saying 5-6 word sentences, enjoys dancing to music, & hears sounds at approximately 15-20db.
- Favorite thing for Caitlyn to do is attend gymnastics and music class in Middleton with hearing children.

Our family strongly supports ALL communication choices for families with deaf and hard-of-hearing children. Deaf & hard-of-hearing children should have the RIGHT to ACCESS technology that will allow them to reach their full potential.

We are in full support of Senate Bill 27 and Assembly Bill 16. Thank you for your consideration.

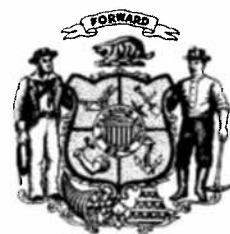
Sincerely,

Angela, Timothy, Madeline, & Caitlyn McCarver  
4612 Edgewood Court  
Middleton, WI 53562  
(608) 541-8144  
[ajmccarv@yahoo.com](mailto:ajmccarv@yahoo.com)  
[timmccarver@hotmail.com](mailto:timmccarver@hotmail.com)  
[www.LetKidsHear.org](http://www.LetKidsHear.org)





# WISCONSIN STATE LEGISLATURE



Hello Members of the Senate and Assembly

My name is Peyton Nelson and I am here to support Senate Bill 27 and Assembly Bill 16.

I am hard of hearing. I wear digital hearing aids in both of my ears. My hearing aids are **VERY** important to me. They help me understand what people are saying. They help me hear environmental sounds to keep me safe. They help me to understand conversations with my peers. I have a lot of friends, so my hearing aids help me to know what is going on at my school. I also use an FM system at school which helps me hear my teachers better as classrooms are very loud and it is difficult for me to learn with all the noise. If I did not have my hearing aids or FM, I would not be able to understand very much! That would be very frustrating.

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

Hearing aids are very expensive. Moms and Dads should not have to pay for them - insurance companies should!

Thank you!

*Peyton Nelson*



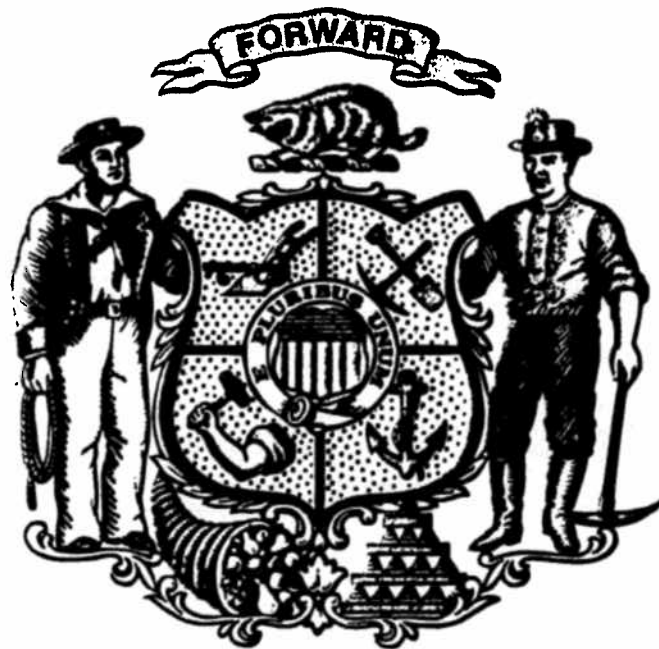


## Ashley Ann Petrina

Hello, my name is Carol Petrina, and my daughter Ashley is profoundly deaf in both ears. Her hearing loss was identified through the Newborn Hearing Screening at birth. My family has a history of hearing loss. I have one niece and two nephews who also have hearing loss. I witnessed the difficulties hearing loss brought to my brothers' children. My niece who is now in her late 20's did not have the opportunities our children of today have. Cochlear implants were then considered very experimental and too expensive to obtain. She received little benefit from hearing aids. My niece uses ASL, but since most of the hearing members of my family do not know sign language, she cannot communicate well with her own family. At times, she feels very alone.

Fortunately for my daughter, the advances in cochlear implant technology have opened new doors for a deaf child. Ashley received her first implant at 14 months and her second at 19 months. We are very fortunate that our insurance, after diligent persistence on our part, did cover her cochlear implant surgeries. Ashley will be turning three in two weeks and beginning mainstream preschool. Ashley has made tremendous gains in her speech and language and is, in fact, performing above her age level. Most importantly, she is a bright little girl who is accessing all the sounds around her. She is singing songs, and she can hear if Mom says "I love you" or she can hear if a car horn is honking to warn her of danger. Her life without her implants would be very different. As a mother, I cannot imagine what it would be like to need cochlear implants or hearing aids and not be able to get them for my child. I am here today to support Senate Bill 27 and Assembly Bill 16 so that no parent would have to face this heartbreaking situation.

*Carol Petrino  
N3736 Birchwood Rd.  
Kewaunee, WI 54216  
920-388-4038*



We are parents of a deaf child and also deaf ourselves. Our family is unique. Dad was born deaf, mom is late deafened (became deaf at age 30) and son is hard of hearing. This gives us so very different perspectives on life.

One thing we do agree on is in support of Senate Bill 27 and Assembly Bill 16. This will allow children who are deaf and hard of hearing to get hearing aids covered by insurance.

As parents we want to see children grow up with hearing aids because of the experience it gives them. When our son wears hearing aids he can pick up on words and has accelerated his reading skills. This will help him in the future for getting a job, going to college, and being able to socialize with others. With hearing aids children can pick up and understand sounds, words, and noises, opening up the world to them. This is a great benefit not only now but in the future.

On average you go through a hearing aid once every 5 years. This is something that is used EVERY DAY. For many Deaf it is not something that they wear only when they feel like it. For children going to school it is even more important. To deny that part of education to a child because insurance companies don't want to pay will actually hurt us in the future.

Like other parents we don't want to have to worry about if we can afford to buy hearing aids that benefit our child. They are expensive and we would have to give up other necessities so that he could hear.

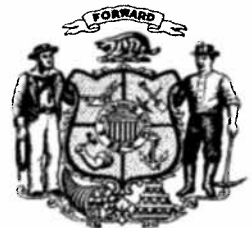
Again, please support Senate Bill 27 and Assembly Bill 16.

Thank you for your time.

Ted and Denise Pulfer  
3706 Sunbrook  
Madison WI 53704  
608 234-4474



# WISCONSIN STATE LEGISLATURE



I'm Heather Schreiber and I'm 19 years old and I was born with a hearing loss. I just recently graduated high school and now going to MATC here in Madison. I'm here to support the hearing aid bill and the reasons why are:

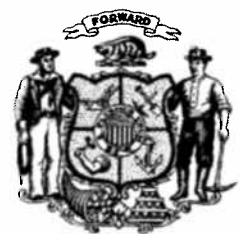
1. Hearing aids cost \$2000-3000 each hearing aid and hearing aids usually only last you every five years or so. The cost can also vary on what type of hearing aids you get.
2. Since the insurance companies wouldn't pay for my hearing aids my parents had to find some way to come up with money to pay for the hearing aids and they ended up using their credit card to pay for it.
3. I don't think that parents choose to have their kids be born with a hearing loss, so why should anyone have to worry about the fact of whether their kid will have a normal life or not, and parents should not have to worry how they are going to get money to pay for the hearing aids so that their kid can hear.







# WISCONSIN STATE LEGISLATURE



*Henry Severson, age 6, has a profound hearing loss and wears bilateral hearing aids.*



**We live in a hearing society. Being able to hear is not a luxury. Please support insurance coverage for hearing aids and cochlear implants for children under age 18. Please support SB 27 and AB 16.**

- The Severson Family, Beth, Sean, Henry (6), and Nora (3), lives in Madison, Wisconsin.
- Henry's mom, Beth, is a speech and language pathologist and knows that hearing is critical for articulation, language, and literacy development.
- Henry was a typically developing child until speech and hearing concerns caused his parents to have his hearing tested at age 3. He was diagnosed with a profound hearing loss. Profound means that Henry is legally deaf. Unaided, a chainsaw at close range sounds like a whisper to him. The cause is still unknown.
- The family's insurance company denied their claim and did not cover the cost of Henry's hearing aids. The Seversons felt the financial burden of having to pay over \$5000 so that their son could hear.
- These are some of the things Henry **can** do because he wears hearing aids to increase his hearing ability:
  - Henry improved his speech intelligibility from 20% to over 90%. He no longer has a speech/language disability. Hearing aids help Henry have intelligible speech.
  - Henry can communicate effectively and independently with hearing people. He has made many friends and enjoys playing with them outside of school. Without his aids, Henry would not be able to communicate well with his friends in the neighborhood or at school.
  - Henry is reading at a *second grade level in kindergarten*. He can recite all 44 presidents! His ability to read is largely due to the important auditory skill of hearing sounds in words and being able to manipulate those sounds using speech. He does not need alternative reading instruction, like visual phonics.
  - Henry can be independent at school. He uses an FM system (i.e., a system with a transmitter, receiver, and microphone) to better hear his teacher's voice and does not need an interpreter or assistant.
- Henry's early interventions (i.e., timely amplification with hearing aids and therapy) are **saving Madison taxpayers tens of thousands of dollars** each year. Henry does not need a sign language interpreter, special education assistant, speech/language therapy, or unconventional literacy instruction (e.g., visual phonics). He does not need to attend a special school. These things would cost the school district, and therefore taxpayers, thousands of dollars each year.
- We live in a hearing society. Being able to hear is not a luxury. We urge you to please support Senate Bill 27 and Assembly Bill 16.

**THANK YOU** from The Severson Family - 4255 Mohawk Drive - Madison, WI 53711 – (608)273-6011

Bradley Sipla was born on February 4, 2000 by emergency c-section. His umbilical cord had a knot in it and was wrapped around his neck. He went without oxygen for approximately 8 to 9 minutes and he had an apgar score of 0 at birth. Bradley spent approximately 1 week in the NICU where he was diagnosed with deafness in his left ear and hearing loss in his right. However, prior to leaving the hospital it was determined he was not deaf in his left ear but rather he had profound hearing loss in that ear.

Further hearing tests were done and at approximately 6 to 9 months of age Bradley got his first behind the ear hearing aid in his left ear. Tests determined that he did not need an aid in his right ear. Bradley repeatedly removed his hearing aid and eventually the audiologist said they were wrong about their initial diagnosis and he did not need hearing aids at all. If the aid had been kept insurance would not have paid for it.

Bradley spent the next 5 ½ years with an undiagnosed hearing loss. He was taken for regular audiology appointments due to his history but the audiologists always found it difficult to test him and thus the test results were inaccurate. When Bradley was 6 years old the audiology department decided to try using 2 audiologists with him. It was at that time that he was finally accurately diagnosed with hearing loss in both ears. Bradley was found to have sensorineural hearing loss, which is a hearing loss that occurs in the inner ear, the auditory nerve or in the brain. This type of hearing loss is not progressive but it can never get better because the nerve cells cannot grow back or be replaced. Bradley's hearing loss is the result of his severe lack of oxygen at birth. He has had other complications from that lack of oxygen as well.

On March 15, 2006 Bradley came home with his brand new behind the ear hearing aids. On the ride home he asked what the noise was that he was hearing. He was hearing road noise for the very first time at age 6. From that day forward he has loved his hearing aids and almost never goes without them. At such a young age he recognizes his great need for them.

Bradley's behind the ear hearing aids cost \$1000.00 per ear. This was the cost in 2006, we have been told when he is ready for new hearing aids (as they wear out every 3 to 5 years) the price will be around \$1800.00 per ear. We had excellent top of the line insurance at the time of his diagnosis and we thought the audiologist was wrong when she told us it was likely our insurance would not pay for his hearing aids. On the ride home from ordering the hearing aids we called the insurance company and we were indeed told they would not pay anything toward the cost of the hearing aids. We paid for Bradley's hearing aids completely out of our own pockets.

Bradley is an example of what can happen to a child that does not have hearing aids if he needs them. Bradley spoke much later than most children and his speech is still delayed. This is very common in children who have hearing loss because hearing is directly tied to speech development. He also sat up late, crawled late, walked late and potty trained very late. He was all around a delayed child mainly because he was missing so much from not hearing. He did have Birth to 3 and Early Childhood services but because of the undiagnosed hearing loss those services couldn't do what they were intended to do. It is

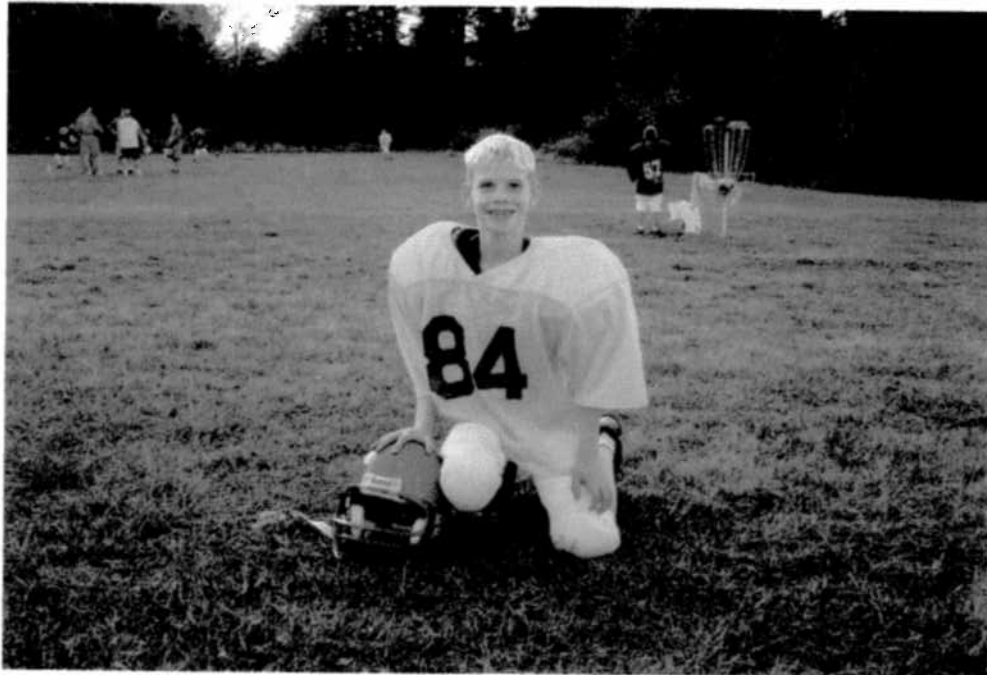
extremely difficult to feel a part of the world that surrounds you when you don't understand the language. When other children were talking (or signing in some cases) Bradley was not and he would often hit others in frustration because he couldn't communicate with them. Not only couldn't he talk, he didn't have words for most things around him. To this day he struggles with naming objects and things in his world because he spent those incredibly important developmental years hearing muffled voices and sounds. He had to repeat kindergarten because he couldn't write his name or read like the other children. He still struggles in school but he has made great leaps and bounds since getting fitted for hearing aids.

Hearing aids are not cosmetic nor are they a choice. For a person who is hard of hearing they are a necessity to live. Bradley is a living example of this. He lived for many years without hearing aids and this has had a negative impact on his life. We should never say what if, but when we wrote this testimony it was a little hard not to think of how Bradley might be different if he was diagnosed right away and had his hearing aids his whole life. Please stop insurance companies from denying this basic medical necessity to our children by passing Senate Bill 27, Assembly Bill 16.

Thank you.

*Scott & Tracy Sipla*

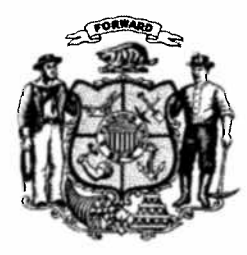
Scott & Tracy Sipla  
1430 11<sup>th</sup> Avenue  
Friendship, WI 53934  
(608) 564-7571  
[ssipla@hotmail.com](mailto:ssipla@hotmail.com)



Bradley Sipla



# WISCONSIN STATE LEGISLATURE



## SWEET SOUNDS TO MY EAR

Julie Spangler

Janesville, WI



It is a pleasure not only to be here today, but to be able to **hear** the families come before you to testify. A year ago you may recall Representative ~~Mike~~ Sheridan sharing a story about one of his union sisters, that story was ~~about me~~; here I am one year later to tell you how much I have benefited from my Cochlear Implant.

My parents couldn't understand why I didn't talk much when I was a little girl, it wasn't until I was enrolled in school, that I was diagnosed with a hearing loss, the Doctors believe I was born with congenital total deafness in my left ear, and partial deafness in my right ear. Not like today's technologies, they now can detect deafness from as young as a few days old. At the age of 6 years old I was fitted with my first hearing aid. My parents were initially told that due to my hearing loss, I could potentially lag years behind my classmates. However, I overcame the odds, performing competitively in school. I graduated 3rd in my senior class. I took on leadership roles early in life, something I have continued to do, until my recent total loss of hearing. I attended University of Southern Colorado for a year after I graduated from high school, and later got married and moved to Janesville from Colorado and had two beautiful children.

Until 5 years ago, I have adapted to this condition fairly well with the combination of my hearing aid and lip-reading. However, my hearing progressively was deteriorating. On January 13<sup>th</sup> 2007, I experienced a significant hearing loss in my right ear (the ear with the hearing aid). I awakened one morning to what would be my worst nightmare in life, and couldn't hear normal sounds at all. I took immediate action, and arranged to see my audiologist that day to which I had to have my husband call for me since I could not longer hear on the telephone. My doctor indicated that he didn't notice any particular damage or pathology in my ears. He said, "If the

hearing doesn't return in a few days, call UW-Madison and arrange to see the specialist." After a few days, some hearing returned, but not approximating what I had prior to this catastrophic loss. This hearing loss with some return of partial hearing recurred on several occasions. After the latest recurrence, my hearing never came back at all, so I arranged for my Dr.'s nurse to call the specialist at UW to make the appointment, since I no longer could hear well enough to use the telephone.

I finally saw the specialist on April 02, 2007, one day before my 42nd birthday. I had to wait 2 and a half months for an appointment with him, despite being advised by my sister (an Internal Medicine Specialist in California ) and her ENT physician colleague, that any delay in rapid diagnosis and treatment could result in permanent hearing loss. After examining me, the specialist stated that I was a perfect candidate for Cochlear Implant, which would be the appropriate treatment for me. My only down fall was, my present insurance didn't cover Cochlear Implants. Next was months of filing appeals with my insurance which later gotten denied, not once but twice. The cost of the implant was near around \$70,000!! I contacted my benefit representative that if the other insurances through my work place covered Implants. He said he knew one of the other didn't cover and possibly the third one may cover it. So he sent a letter to the insurance to see if it was a covered benefit. Two weeks later I was notified that it is a covered benefit. At his time it has been 6 months.

It has affected my life adversely in many ways, and has resulted in the most difficult six months of my life. Consequently, I have become very depressed. I could no longer communicate either by phone, or in person. I can try to lip-read, but this doesn't work effectively with everyone I encounter. I had come to the point where I would try to avoid people because I want to save myself frustration of ineffectively trying to communicate, over and over again, that I can't hear. I have overcome many obstacles in my life, despite being hearing impaired, and have been a motivator to many people. Previously, partial deafness has not kept me from doing what I am effective at doing (and hence, enjoy). My condition, however, had gotten so bad, that I couldn't communicate at all! I don't like to depend on other people to communicate for me. I lost my independence. Imagine, every time you hear your phone ring, recall that I could no longer hear or answer mine. Every time I need to make an appointment or handle matters normally requiring verbal communication, I had to rely on husband, children or friends to do it for me. There have been many days when I just withdraw and cry. I couldn't even go to a movie or listen to music anymore. Loosing my remaining hearing had taken a lot of things away from me. I am overwhelmed because the specialist said that I don't have to be disabled like this. I know these problems be mitigated to a considerable extent, if I were to have a Cochlear Implant done.

On December 11th I received my cochlear implant. I had to wait 6 weeks before the processor could be turned on, been over a year since this all began. I was given a sentence test, without looking at the audiologist's mouth. I had

gotten a hundred percent! I looked at my daughter, she started to cry, I cried!!! Tears of joy were over whelming. I was told as time goes by it would get better.

Life has been so great for me. Better then ever. Everyone sounds more normal. There would be times I would just sit and close my eyes and listen to the sounds around me. I heard my 4 month old twin niece and nephew cry for the first time. I never take anything for granted. I thank god for everyday he has given me.

I have gotten my life back once again. Now I continue to where I left off helping out my community organizations. Last fall I went back to college after 24 years to complete my college degree in Human Services and Speech Communication. I have also become Trustee through my union, Co-Chair of my UAW Community Service and volunteering for Hospice, Enhancing the Quality of Life to the End of Life. Not only has the implant has given me quality of life for me, but others I service. Also I can hear on the phone once again, actually better then ever.

I am living proof that hearing aids and cochlear implants has given me quality of life. Children are our greatest resources; they learn better when they are young. They have dreams like everyone else, with the help of aids and implants, it will help them improve the quality of their life and will be easier for them to pursue their dreams.

I have even taken the time to do research. Providing hearing aids and cochlear implants to children has endless benefits, and there is a great deal of research that provides evidence of these benefits. One notable research article is by Christine Yoshinaga-Itano et al. (1998), "Language of Early- and Later-Identified Children with Hearing Loss". This article summarizes the differences in language development between children who were identified with hearing loss prior to six months of age and who were fit with amplification (hearing aids or cochlear implants), and those who were identified after six months of age and received intervention in the form of amplification later. Essentially, the authors found that early identified children demonstrate significantly better receptive and expressive language that those identified later, and by the age of 5, hearing impaired children fit with amplification have average language scores within the normal range of children with normal hearing.

I hope my voice will be heard for those who can't hear. Please support this bill; it will make a difference a child's life!!! Give them the quality of life they deserve!!!

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