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Details:

(FORM UPDATED: 08/11/2010)

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

**2007-08**

(session year)

**Assembly**

(Assembly, Senate or Joint)

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

**COMMITTEE NOTICES ...**

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

**INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL**

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

Judith A. Wagner, R.N.  
609 E. Eastwyn Bay Drive  
Mequon, WI 53092

April 23, 2007

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

Dear Representative Lasee,

In your role as chairman for the Committee on Insurance, I am writing to you in regard to the **Assembly Substitute Amendment 1, to 2007 Assembly Bill 133** to require insurance policies and plans to cover the cost of hearing aids and cochlear implants for any child under 11 years of age who has coverage under an insurance policy or plan and who is certified as deaf or severely hearing impaired by a physician or audiologist

I am writing as a nurse, patient advocate and grandmother of my 3½- year- old grandson, Dylan, who was recently diagnosed with bilateral sensorineural hearing loss, when he had his initial speech therapy evaluation. (Dylan's newborn screening test for hearing was normal) Speech therapy was instituted due to clarity of speech issues at home and in preschool. His preschool teacher noted strong manual dexterity skills, but difficulty during group reading time and interacting in large groups.

One of the first testing that is done before initiating speech therapy is a complete hearing evaluation, which was when we became cognizant of the real reason for Dylan's inability to be completely audible to everyone and his journey to greater communication and social interaction began. He has had his "ears", as Dylan calls them, since late December. In 3 months his audibility improved from 30% to 50% and they project that it will be 75% by the end of December. Dylan realizes that these hearing aids are of real benefit to him and he wants them in the first thing when he gets up. He is already beginning to turn them off and on and they are becoming a part of him, just like any other prosthetic device. He also is able to tell his parents if one of his "ears" is not working, which strongly reinforces how much this child is already realizing the benefits of hearing.

A prosthetic device is defined as an artificial part which aids or replaces a body part or function and which is designed, manufactured or adjusted to fit a particular individual. "Adjusted to fit a particular individual" means that the prosthetic device must be altered solely for the use of a particular person. A one-size-fits-all type of device that can be adjusted by the individual for a better fit, such as a pair of crutches, would not qualify as a prosthetic device. (1) A hearing aid is just such an artificial part.

As I have begun to increase my knowledge of sensorineural hearing loss, I was greatly surprised to learn that most insurance companies do not pay for hearing aids even for children. Upon going to the American Speech-Language-Hearing Association Website I found that only 7 states, Connecticut, Kentucky, Louisiana, Maryland, Missouri, Oklahoma, and Minnesota, require that hearing aids are covered by insurance companies and that coverage varies by state (2)

“Hearing loss often is not detected until a child is 2, 3 or even 4 years old. Since the critical period for language development is from birth to age 3, the failure to identify hearing loss at a young age can have serious implications for a child's speech”(3) “It is important to identify hearing loss as early as possible since even slight hearing loss in one ear can have an impact on a child's speech and language development.”(3)“Treating a child before 6 months of age can make a huge difference in language and speech development.”(3)

“There are four major ways in which hearing loss affects children”

1. It causes delay in the development of receptive and expressive communication skills (speech and language).
2. The language deficit causes learning problems that result in reduced academic achievement.
3. Communication difficulties often lead to social isolation and poor self-concept.
4. It may have an impact on vocational choices(4)

Thus I strongly request that you and your committee closely review and investigate the importance of early detection and intervention for hearing loss and that this committee moves this bill forward. By providing hearing aids for children, they are given the “tools” or as Dylan says “the ears” to open up their world, so there will be but a few career paths they will be unable to follow and their ability to contribute to society will be unending.

I look forward to this bill being presented to the Assembly and would like the opportunity to speak before the Assembly during a public hearing. This rests in the hands of your committee.

Sincerely,

Judith A. Wagner R.N.

Cc: Representative Marlin Schneider

Representative James Ott

Dr. Joseph Schneider, Advanced Health Care

Dr. Carl Eisenberg, Advanced Health Care



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

May 3, 2007

RE: AB-133/ SB-88

Dear Representative *Frank Lasee*:

I am writing to ask you to support AB133/SB88 the hearing aid and cochlear implant insurance bill which would cover children ages birth to ten years.

I did not receive my first hearing aid until I was seven years old. I spent two years in kindergarten before I was promoted to first grade. I struggled with learning to read because I could not hear the sounds. Wearing a hearing aid made a huge difference for me- it was like day and night. Then I could take in more of the activities in the classroom. Never again did I need to repeat a grade. I was educated in a mainstream setting throughout grade school and high school.

There is an incredible amount of speech and language development that occurs during birth to ten years.. Today we have the technology to detect hearing loss in newborn babies. Even babies can now be fitted with hearing aids. Once the loss is detected early intervention is needed so that these children can become fully independent members of society. Language and speech development is a gradual process which involves many steps. Access to assistive technology- hearing aids and other services such as speech therapy and sign language training must not be denied these children as this is the crucial time to learn speech skills as well as language and social skills.

I am writing to speak for these children as they do not have the ability to speak for themselves. I am asking you to support AB133/SB88. In addition I am asking you to hold hearings on these bills.

Sincerely

*Susan Stanke*



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

May 4,2007

Dear Representative FRANK Lasee

I am writing to ask you to support AB133/ SB-88. This bill is currently in the insurance committee in the assembly.

I recently ordered a new pair of eyeglasses and the cost is 300.00 . The cost of new hearing aids is much more. The pair of hearing aids I am currently wearing cost about 1300.00 four years ago. With the advances in technology new hearing aids for me would run about \$4000.00 these would be top of the line digital hearing aids from Oticon. I have heard of hearing aids costing as much as \$7300.00. Cost depends on the severity of the hearing loss as well as model of the aid. I blows my mind to think that hearing aids can be that expensive.

I ask you to support AB133/SB88 so that young children are not denied access to technology I mean hearing aids and cochlear implants during the period birth to ten years. At this age children are learning crucial speech, language, and social skills.

I ask you to hold hearings on this bill so you can hear all sides of the issue.

I am a voter and taxpayer.

Sincerely

*Susan Stanke*

Susan Stanke





Amy Boehler  
3640 Red Oak Court  
Hubertus, WI 53033

June 15, 2007

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

Dear Representative Lasee,

I am writing to you in regard to the **Assembly Substitute Amendment 1, to 2007 Assembly Bill 133** to require insurance policies and plans to cover the cost of hearing aids and cochlear implants for any child under 11 years of age.

I am a mother of a 3½ -year-old son who has been diagnosed with sensorinueral hearing loss. He has a moderate hearing loss in his right ear and a moderate to severe hearing loss in his left. Although looking back he showed many signs of a child with a hearing impairment, he was not diagnosed until December of 2006. He passed his newborn hearing screening and was never diagnosed with an ear infection, so we had no reason to believe he had anything more than a speech delay. After just 2 weeks of starting his 3-year-old preschool program, his teacher realized something was just not normal with his behavior and recommended we have his hearing checked. We took her advice and after 3 audiograms and finally an ABR test, he was diagnosed with a hearing loss. It was a very sad day, but at the same time. My husband and I felt some relief in now having an answer. We were relieved to learn that he would be fitted for hearing aids and that he would now make great progress with his speech and development.

I don't see a child with a disability when I look at my son and I don't feel he is any less than a child with normal hearing, but he does have a special need. His need is hearing aids. Thus you can only imagine my surprise when I was informed that many health insurance companies don't cover the expense of hearing aides or many of the related expenses, including our insurance company, I questioned how hearing was not classified to be of importance in our child's development. How can insurance companies negate the value of hearing aids, which to a child who can only hear with the aide of these devices, they are priceless? We wouldn't expect a paralyzed child to crawl, when a wheelchair could aid him in movement, so why should a child with impaired hearing not be entitled to the right to hear?

I can't explain the feeling I had when my child received his first pair of "loaner hearing aids" and on our car ride home, he heard rain for the first time. He had never known that

rain made a sound. It was then that I realized how much my child had been missing out on. I had never really thought about the value of my hearing because I have always been able to hear, but now I was experiencing my child hearing sounds for the very first time. The next few hours were amazing for him and everyday since then it has been like watching miracles unfold. He did not know the beauty of birds singing, the joy of having a book read to him, the sound of popcorn popping and most of all, he never heard me say "I love You" to him. I feel sad that he missed out on everyday sounds that normal hearing people take for granted. But what saddens me even more is to think that health insurance companies do not believe that hearing aids are a necessity in a hearing impaired child's life. How do you put a value on something like hearing?

I could site dozens of articles and reports that show how hearing affects speech and development of a child, but I don't need to. I don't need a research study to prove this to me. My son is my proof everyday! He amazes me each day as he grows and learns. He now has a sense of humor and is over flowing with charm. At times I feel as though I was robbed of so much for the first few years of his life. He is still the same little boy he has always been, but with his hearing aids he has been given the tools to be the best he can be. I can't ever give him back the first 3 years of his life, but I can make sure he never has to miss another sound again.

I strongly urge you and your committee to review the importance of early detection and intervention for hearing loss and that this committee moves this bill forward. By providing hearing aids for children at an early age their possibilities are endless. I know we can make a difference in many children's lives when they are just given the tools to thrive.

I look forward to this bill being presented to the Assembly and would like the opportunity to speak before the Assembly during a public hearing.

Sincerely,

Amy Boehler

Cc: Dr. Carl Eisenberg

Representative James Ott

Representative Marlin Schneider



17 October, 2007

Senator Roger Breske    OCT 24 2007  
Room 316 South  
State Capitol  
PO Box 7882  
Madison, WI 53707-7882

Dear Senator Breske:

I am respectfully writing to you today to share my thoughts on the proposed legislation AB 133/SB88 for hearing aids and cochlear implants to be covered by insurance companies for children under 11 years old.

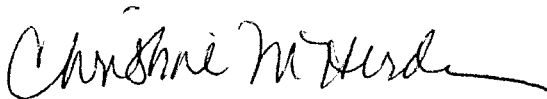
As the parent of a 9 year old daughter that has a bi-lateral, moderate to severe hearing loss that was not diagnosed until almost 2 years of age, I can attest first hand to the long term struggles that an inability to hear causes for a child and the child's family. The impact of this on the child's development and acquisition of spoken language is a huge obstacle to typical growth and development. The added financial burden on a family, in order to acquire hearing aids or a cochlear implant because insurance does not currently cover them, can be enough to cause a significant change in the family's financial status.

Hearing aids and cochlear implants are critical interventions to assuring that children who are deaf or hard of hearing have access to spoken language, which, in turn, enriches the child's life exponentially. Insurance coverage for these critical interventions will help ensure that children get this intervention even faster, due to removal of the financial constraints that often have to be resolved first.

This legislation has been referred to the Assembly Committee on Insurance and the Senate Committee on Transportation, Tourism and Insurance. I would like to request committee hearings on these bills so that our voices can be heard, and encourage that you support this legislation so that children who are deaf and hard of hearing get the necessary intervention for their growth and development.

Thank you for your time and attention to this matter. Please do whatever is in your power to bring these bills to committee hearings.

Sincerely,



Christine M. Herden  
W299N9375 Hartley Rd.  
Hartland, WI 53029

cc:     Sen. Jeffrey Plale  
          Sen. Jon Erpenbach  
          Sen. David Hansen  
          Sen. Dan Kapanke  
          Sen. Dale Schultz  
          Sen. Joseph Leibham  
          Rep. Frank Lasee  
          Rep. John Nygren  
          Rep. Phil Montgomery  
          Rep. Karl Van Roy  
          Rep. Joan Ballweg  
          Rep. Terry Moulton  
          Rep. Bill Kramer  
          Rep. David Cullen  
          Rep. Terese Berceau  
          Rep. Robert Ziegelbauer  
          Rep. Joseph Parisi  
          Rep. Steve Hilgenberg



Mike & Mary Massey  
2471 West County Road C  
Mosinee WI 54455

OCT 22 2007

October 18, 2007

Rep. Frank Lasee  
Room 105 West  
State Capitol  
PO Box 8952  
Madison, WI 53707-8952

Dear Representative Lasee:

It has been brought to my attention that legislation has been proposed to require insurance companies to cover hearing aids and cochlear implants for young children under 11 years of age (AB 133/SB 88). I urge you and your colleagues to support this legislation to help families of hearing impaired children.

I have witnessed the profound difficulty of my nine-year old goddaughter's development since she was diagnosed with moderate to severed hearing loss at the age of two. The emotional and financial impact this has had on her family is enormous.

Interventions with hearing aids and cochlear implants can greatly enrich a child's language and in turn, her life. The quicker the intervention, the better the result. By removing the financial difficulties of these interventions, children can have quicker access to language and develop more rapidly.

Thank you for your time and attention to this matter. Please bring these bills to committee hearings and urge your colleagues to pass this legislation.

Sincerely,



Mike Massey  
Mary Massey

October 26, 2007

Mike and Mary Massey  
2471 W. County Road C  
Mosinee, WI 54455

Subject: Hearing aids for children

Dear Mr. and Mrs. Massey,

Representative Lasee received your letter in support of AB 133/SB 88. He will make it a permanent part of the Committee record of that bill.

I have forwarded your correspondence to your Representative:

Representative Jeffrey Mursau  
Room 18 North  
State Capitol  
P.O. Box 8953  
Madison, WI 53708

Thank you for taking the time to write.

Sincerely yours,

Mary Jan Rosenak  
Committee Clerk  
Assembly Committee on Insurance





*Acknowledged*

**Ronald & Sherri McDermott**  
**W 3431 Sunshine Road \* Helenville, WI 53137**

October 21, 2007

Senator Roger Breske  
Room 316 South  
State Capitol  
PO Box 7882  
Madison, WI 53707-7882

Dear Senator Breske:

I am respectfully writing to you today to share my thoughts on the proposed legislation AB 133/SB88 for hearing aids and cochlear implants to be covered by insurance companies for children under 11 years old.

As the aunt of a 9 year old niece that has a bi-lateral, moderate to severe hearing loss that was not diagnosed until almost 2 years of age, I can attest first hand to the long term struggles that an inability to hear causes for a child and the child's family. The impact of this on the child's development and acquisition of spoken language is a huge obstacle to typical growth and development. The added financial burden on a family, in order to acquire hearing aids or a cochlear implant because insurance does not currently cover them, can be enough to cause a significant change in the family's financial status.

Hearing aids and cochlear implants are critical interventions to assuring that children who are deaf or hard of hearing have access to spoken language, which, in turn, enriches the child's life exponentially. Insurance coverage for these critical interventions will help ensure that children get this intervention even faster, due to removal of the financial constraints that often have to be resolved first.

This legislation has been referred to the Assembly Committee on Insurance and the Senate Committee on Transportation, Tourism and Insurance. I would like to request committee hearings on these bills so that our voices can be heard, and encourage that you support this legislation so that children who are deaf and hard of hearing get the necessary intervention for their growth and development.

Thank you for your time and attention to this matter. Please do whatever is in your power to bring these bills to committee hearings.

Sincerely,

*Sherri McDermott*

Sherri A. McDermott

cc: Sen. Jeffrey Plale  
Sen. David Hansen  
Sen. Dale Schultz  
Rep. Frank Lasee  
Rep. Phil Montgomery  
Rep. Joan Ballweg  
Rep. Bill Kramer  
Rep. Terese Berceau  
Rep. Joseph Parisi  
Sen. Jon Erpenbach  
Sen. Dan Kapanke  
Sen. Joseph Leibham  
Rep. John Nygren  
Rep. Karl Van Roy  
Rep. Terry Moulton  
Rep. David Cullen  
Rep. Robert Ziegelbauer  
Rep. Steve Hilgenberg



25 October 2007

OCT 30 2007

Senator Roger Breske  
Room 316 South  
State Capitol  
PO Box 7882  
Madison, WI 53707-7882

Dear Senator Breske:

I am respectfully writing to you today to share my thoughts on the proposed legislation AB 133/SB88 for hearing aids and cochlear implants to be covered by insurance companies for children under 11 years old.

My dear friends are parents of a 9-year-old daughter that has a bi-lateral, moderate to severe hearing loss that was not diagnosed until almost 2 years of age. I can attest first hand to the long term struggles that an inability to hear cause for a child and the child's family. The impact of this on the child's development and acquisition of spoken language is a huge obstacle to typical growth and development. The added financial burden on a family, in order to acquire hearing aids or a cochlear implant because insurance does not currently cover them, can be enough to cause a significant change in the family's financial status.

Hearing aids and cochlear implants are critical interventions to assuring that children who are deaf or hard of hearing have access to spoken language, which, in turn, enriches the child's life exponentially. Insurance coverage for these critical interventions will help ensure that children get this intervention even faster, due to removal of the financial constraints that often have to be resolved first.

This legislation has been referred to the Assembly Committee on Insurance and the Senate Committee on Transportation, Tourism and Insurance. I would like to request committee hearings on these bills so that our voices can be heard, and encourage that you support this legislation so that children who are deaf and hard of hearing get the necessary intervention for their growth and development.

Thank you for your time and attention to this matter. Please do whatever is in your power to bring these bills to committee hearings.

Sincerely,



Eric Fischer  
N55W30619 County Hwy K  
Hartland, WI 53029

cc: Sen. Jeffrey Plale  
Sen. Jon Erpenbach  
Sen. David Hansen  
Sen. Dan Kapanke  
Sen. Dale Schultz  
Sen. Joseph Leibham  
Rep. Frank Lasee  
Rep. John Nygren  
Rep. Phil Montgomery  
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Rep. Joan Ballweg  
Rep. Terry Moulton  
Rep. Bill Kramer  
Rep. David Cullen  
Rep. Terese Berceau  
Rep. Robert Ziegelbauer  
Rep. Joseph Parisi  
Rep. Steve Hilgenberg



AB 133  
Folder



File with Bill

WISCONSIN LEGISLATIVE COUNCIL  
AMENDMENT MEMO

<b>2007 Senate Bill 88</b>	<b>Senate Substitute Amendment 1</b>
<i>Memo published: November 20, 2007</i>	<i>Contact: Rachel E. Letzing, Senior Staff Attorney (266-3370)</i>

2007 Senate Bill 88 specifies that individual and group health insurance policies and plans, including defined network plans and cooperative sickness associations, and governmental self-funded health plans, must cover the cost of hearing aids or cochlear implants for any child under five years of age who is covered under the policy or plan and who is certified as deaf or severely hearing impaired by a physician or audiologist. The coverage requirement does not apply to disability plans that cover only certain specified diseases, health care plans that cover only a limited range of services, long-term care policies, or Medicare replacement or supplement policies. The bill provides that the coverage requirement may be subject to any limitations, exclusions, or cost-sharing provisions that apply generally under the policy or plan. In general, the bill's provisions apply to insurance policies and plans that are established, extended, modified, or renewed on or after the first day of the seventh month after publication of the bill as an act.

Senate Substitute Amendment 1 does the following:

- Requires coverage of the cost of hearing aids or cochlear implants for a child who is under 11 years of age.
- Deletes the word "severely" from the provision under which a child must be certified as deaf or severely hearing impaired by a physician or audiologist. Therefore, under the amendment, a child must be certified as deaf or hearing impaired by a physician or audiologist to be eligible for the required coverage.
- Provides that the coverage requirement may be subject to cost-sharing provisions that apply generally under the policy or plan, but may not be subject to any limitations or exclusions.

**Legislative History**

Senate Substitute Amendment 1 was offered by Senator Lassa. On November 13, 2007, the Senate Committee on Transportation and Tourism recommended adoption of the amendment on a vote

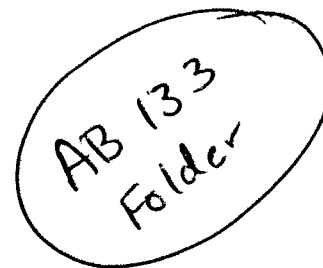
of Ayes, 7; Noes, 0, and recommended passage of Senate Bill 88, as amended, on a vote of Ayes, 6; Noes, 1.

REL:ksm



carol burns

From: carol burns [burnsca@chorus.net]  
 Sent: Wednesday, December 12, 2007 11:09 AM  
 To: 'Rep.davis@legis.wisconsin.gov'  
 Cc: 'Sen.erpenbach@legis.wisconsin.gov'  
 Subject: Regarding SB 88 with amendment SSA 1 passed in the Senate yesterday  
 Follow Up Flag: Follow up  
 Flag Status: Red  
 Attachments: oledata.mso; image003.gif



Dear Representative Davis:

Previously I have written to you in support of SB133. Today the Senate version (SB 88) of this bill as amended passed. This bill is very important to me as well as to many others who know and understand the challenges hearing loss creates in the lives of children and their families. There are approximately 200 children born yearly in WI identified with hearing loss. Many of them would benefit from hearing aid technology including the benefit of cochlear implant or implantable hearing aid technology. Insurance coverage is not always available for these devices and their required services. As a legislator your insurance covers these interventions. Imagine if you had a child born with a hearing loss. You would want to do everything you can for that child to hear and be responsive to their environment. The majority of families in WI do NOT have this option.

While I was working for the State of WI the WI State Group Insurance Board removed a benefit for hearing aids to internally fund the reduction in drug co-payments in 1994. Due to my efforts and educating the staff at the Dept of Employee Trust Funds, this benefit was reinstated in 2002 and was funded by increasing the co-payment for emergency room visits that did not result in a hospitalization from \$25 to \$40. The same Group Insurance Board inserted a specific exclusion for cochlear implant coverage at a time with the FDA had approved Cochlear Implants as appropriate for severe to profound hearing loss in adults. In 1995 I found myself with decreasing hearing that the most powerful hearing aid would not help. I was seriously looking at a disability retirement from the state of WI. I needed a cochlear implant which would improve my hearing such that I could remain in the workplace. Due to the exclusion of this benefit, I was forced to find a cochlear implant center conducting research which would fund my cochlear implant. I found such a center at the University of Iowa, where I received a cochlear implant in 1996. Before my cochlear implant I could not make or take phone calls as part of my job. A few days short of my one year anniversary of "bionic hearing" I was promoted three levels in my accounting field and was able to remain in the workforce until normal retirement age. In addition, I was able to field cold telephone calls from fiscal staff from our 72 counties and 11 tribes as W-2 was implemented. I simply could hear again by understanding speech clearly.

The only reason I was successful in achieving good results from the cochlear implant was that as a young child with a profound hearing loss, my parents went "without" and made sure I had hearing aids in order to learn speech and to hear my teachers in the classroom. I still remember the struggle I know they had to always keep me in my hearing aids, sometimes purchasing stronger hearing aids every 9 months as my loss rapidly progressed. We know that not all families are able to make this kind of commitment to their children, and often it is these parents who also do not have good insurance benefits such as you and I have as state employees. Imagine again that your child was born with a profound hearing loss, and the cost for a pair of hearing aids was \$5,000 and that you soon discovered that your insurance plan did NOT have the option for you to choose hearing aids or cochlear implants or even the surgery and follow up interventions that would allow your child to hear and speak.

The bill that just passed today will apply to the families of children ages birth to 11 who do not currently have insurance benefits for hearing aid or cochlear implant technology. These children are at the most critical time of their lives – in a special window of time that only happens once the first 18 months of life for profound hearing loss – where they can fully benefit from the hearing aid or cochlear implant as their brains can easily adapt. Later, they will never be able to overcome the lack of brain elasticity that allows us to learn hear and produce speech during the "window" of time children acquire language. Studies show that children with no intervention and are forced to rely upon manual communication, children where English is not their native language, often do not progress beyond a 4<sup>th</sup> grade reading level in English. As these children mature, vocational opportunities are limited for adults who must rely upon manual communication versus listening thru hearing aids and who can produce understandable speech.

What this bill represents is simply *good public policy*. The cost to society for NOT providing for these children's needs has been estimated to be \$297,000 per individual and over \$1 million if the individual is pre-lingually deafened. The latter is the child who can benefit from the cochlear implant. Costs include direct medical and nonmedical costs, educational costs as well as indirect productivity losses. These costs are far greater than the cost of hearing aids or cochlear implant technology that will allow these children to function at a much higher level and contribute to society in much greater ways than if they had no access to the technology." The cost today for a cochlear implant and surgery is less than conditions that we treat with no question as to appropriateness and evidence-based outcomes.

Please consider this bill and also encourage your colleagues on the Insurance Committee to bring it to the floor for vote after a public hearing has been provided.

Attached are some documents that support the importance of the issues at hand for children with moderate severe to severe/profound hearing loss. The numbers are much higher today but are just as significant for conformation and application.

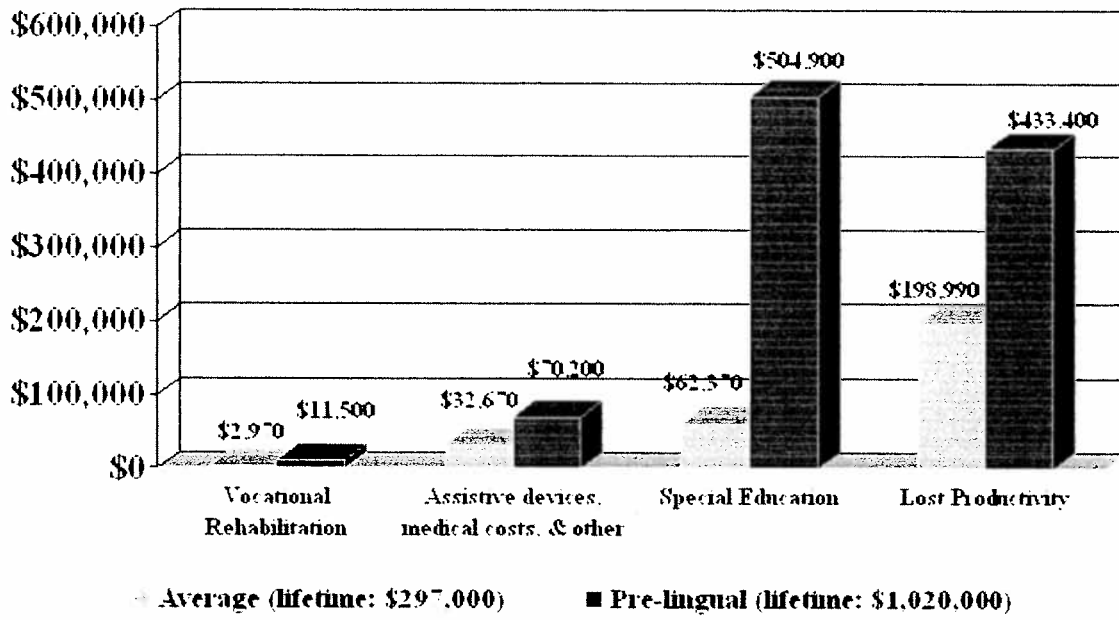
Respectfully yours,

Carol Burns  
 921 Perry Center Road  
 Mt. Horeb, WI 53572  
 608-832-6332

Lifetime cost of Deafness

2/27/2008

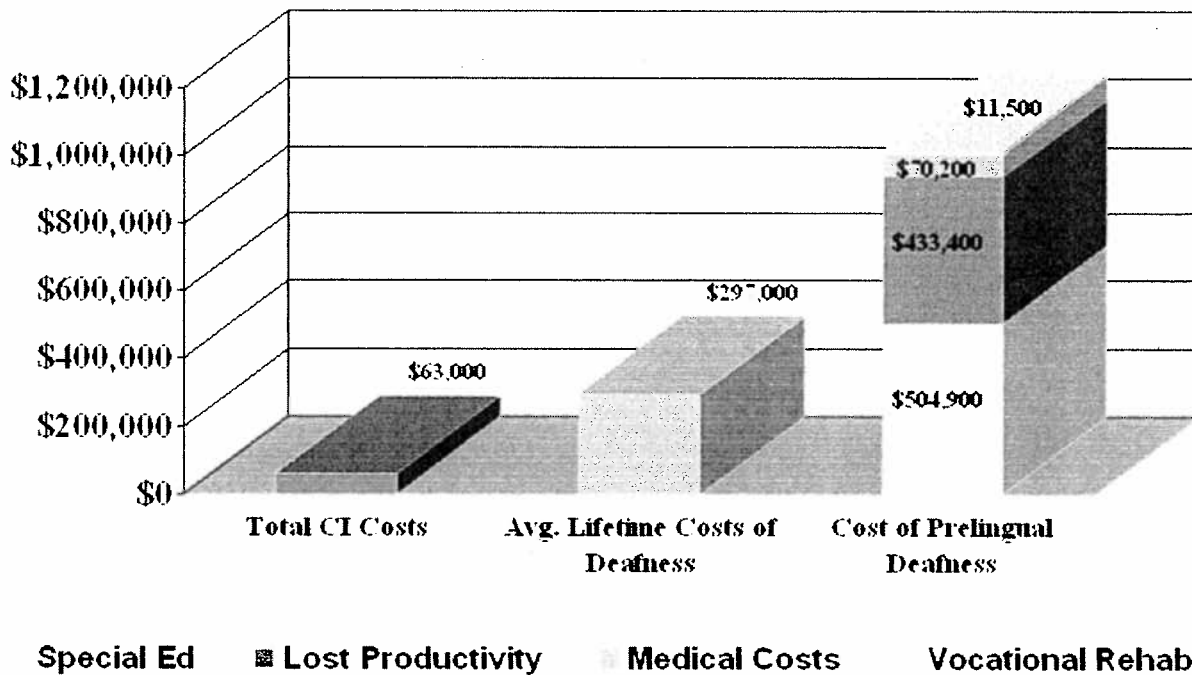




\*Policy Analysis Brief, April, 2000

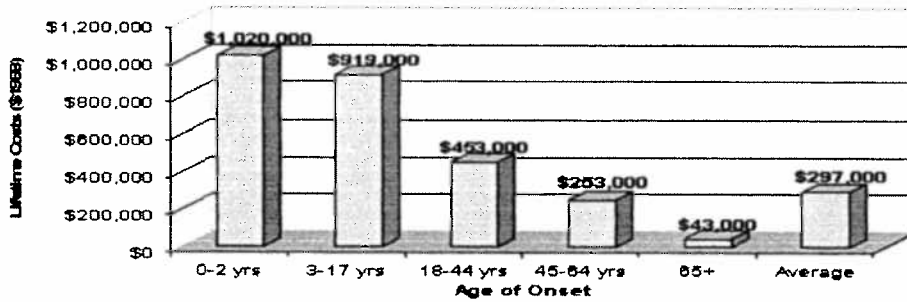
\*Source: Project HOPE calculations from the 1990-91 National Health Survey

### Cost of Cochlear Implants Vs Lifetime Costs of Deafness



Source: Project HOPE, Policy Analysis Brief, April, 2000; and JAMA, Vol. 284, No. 7, August 16, 2000

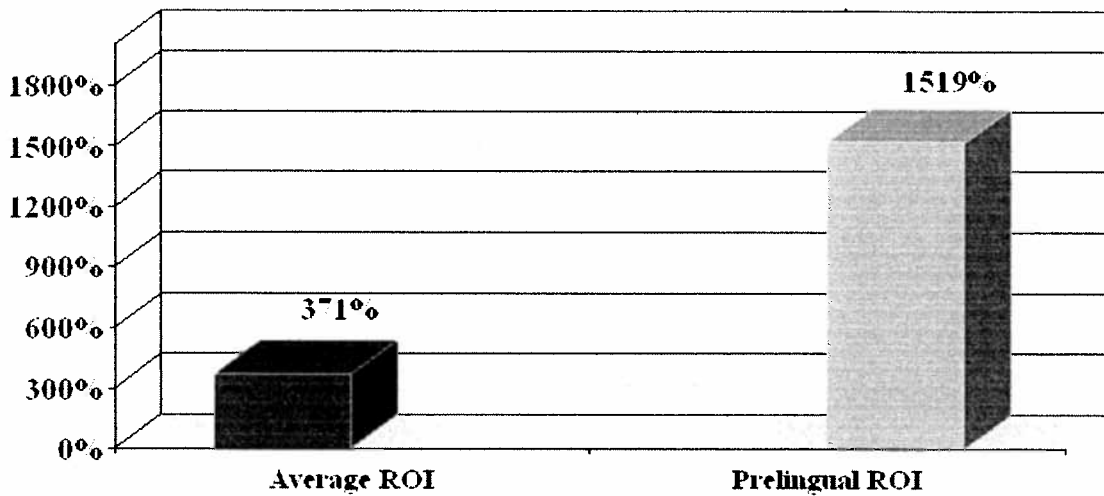
Costs by Age of Onset



Source: Project HOPE calculations from the 1990-91 National Health Interview Survey and U.S. Census, 1991  
All Costs are inflated to 1998 dollars using the Urban Consumer Price Index

**Cochlear Implants:  
Return on Investment**

Investing the medical costs of cochlear implantation results in a significant return-on-investment to society.



■ Average savings: \$297,000 - \$63,000 = \$234,000

■ Prelingual savings: \$1,020,000 - \$63,000 = \$957,000

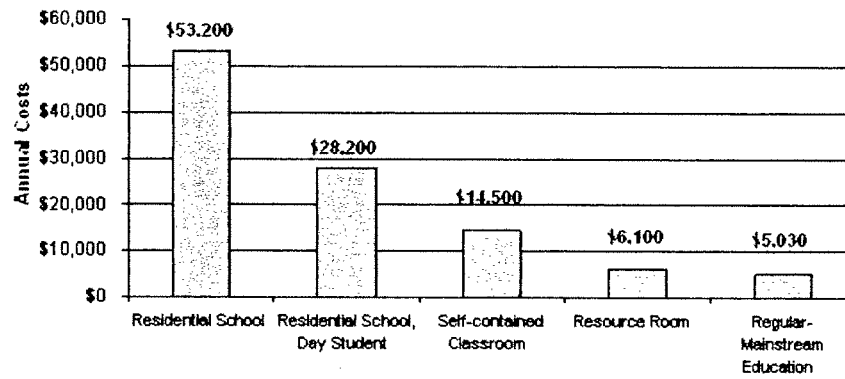
- Children with severe to profound hearing loss, with more than two years cochlear implant experience, move out of special education into a mainstream setting at *twice* the rate of their age-matched peers without a cochlear implant
- These children are placed less frequently in self-contained classrooms and use fewer hours of special education support

Source: Project HOPE, Policy Analysis Brief, April, 2000; and *Archives of Otolaryngology - Head & Neck Surgery*, May 1999, Vol. 125, pg. 499-505

Magnitude of difference between  
lifetime of severe to profound hearing loss and other conditions.

Condition	Lifetime Costs

*Annual Educational Costs*



Source: Department of Education's Office of Special Education and Rehabilitative Services; *Annual Report to Congress on the Implementation of Individual's with Disabilities Education Act, 1997.*

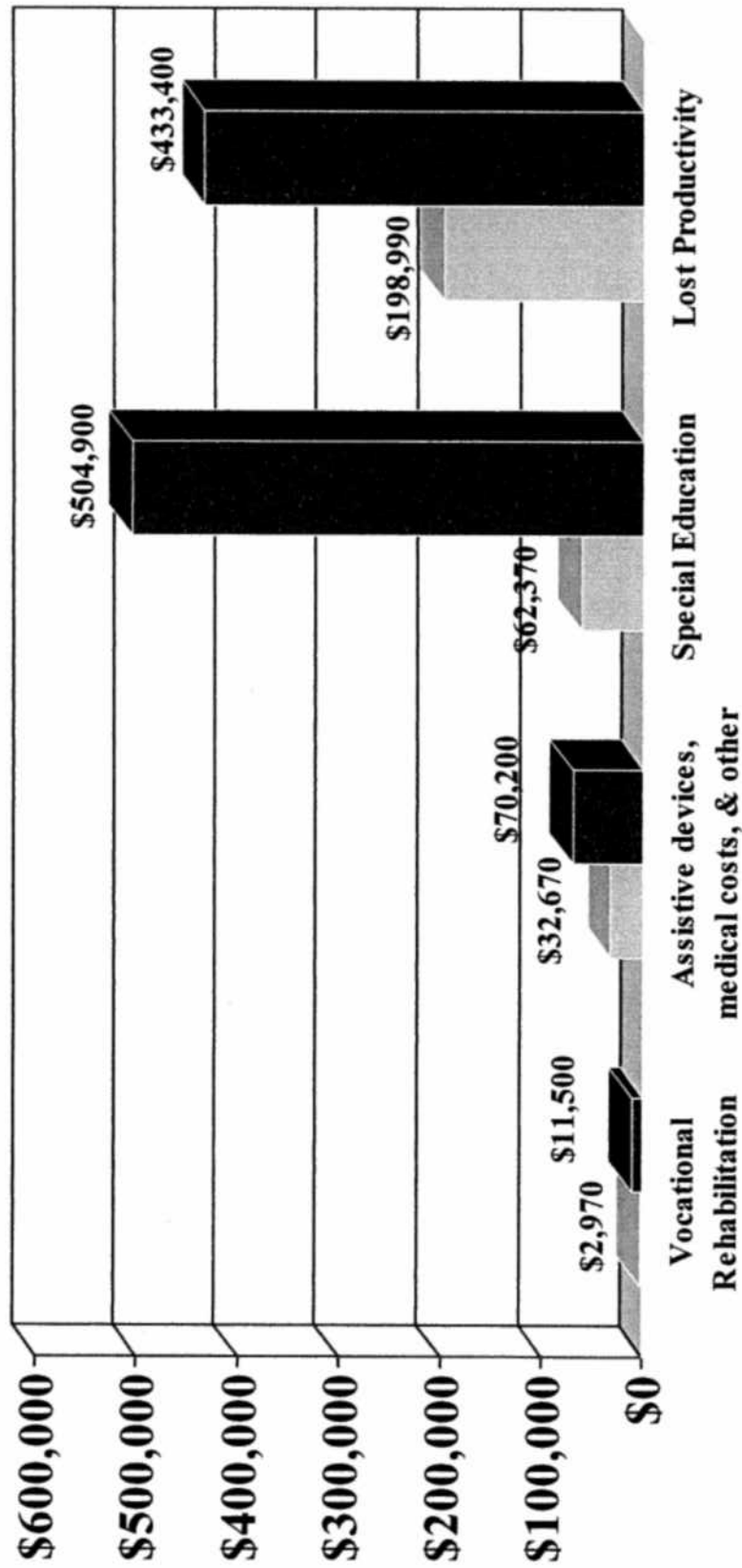
*DRAFT FACT SHEET 2*  
*Colorado Facts on Children with Hearing Loss*

- Each year Newborn Hearing Screening identifies about 120 infants with permanent hearing loss. (Vickie Thompson)
  - About 80 of these children have a bilateral loss and would benefit from amplification.
  - About 30 of these children qualify for Medicaid and another 10-15 for CHP+.
  - From birth to age three there about 360 children identified with a hearing loss, 240 have a significant loss that would benefit from amplification. Medicaid covers about 90 of these children and 30-45 qualify for CHP+.
- 2% is the incidence for children with all types hearing loss. Those children with significant hearing loss that would benefit from hearing aids are about 11.6% of the total number of children with some type of hearing loss. (CDE – Cheryl Johnson, Sheryl Muir and Lisa Cannon) That means about 2 to 3 children per 1000 would benefit from hearing aids.
  - Children, who have conductive loss due to ear infections and if the loss is not permanent, are not amplified.
  - Children with a unilateral loss are not often aided or if they are amplified, they need only one hearing aid.
  - Some children benefit from cochlear implants.
  - Children with mild loss often do not wear hearing aids.
  - In 2006, according to CDE, there were 794,026 students. A 2% incidence rate would represent 15, 880 students with some type of hearing loss. If about 11.6 % of those students wear hearing aids that would be 1842 students. This is higher than the actual number reported by CDE. In 2006, there were 1450 students in preschool through 12<sup>th</sup> grade that wore hearing aids. (Sheryl Muir)
- It is estimated that the total number of children who wear hearing aids, birth to 18, in Colorado is 1700-2000.
- Actuarial estimates that 0.232% of all children from birth through age 18 will require hearing aids. The average annual cost to cover the purchase of hearing aids for children is \$1.44 for each insured employee. Detailed description of calculation of cost is on actuarial report.

amended from \$1.27  
to \$1.44 yesterday 2/26/08

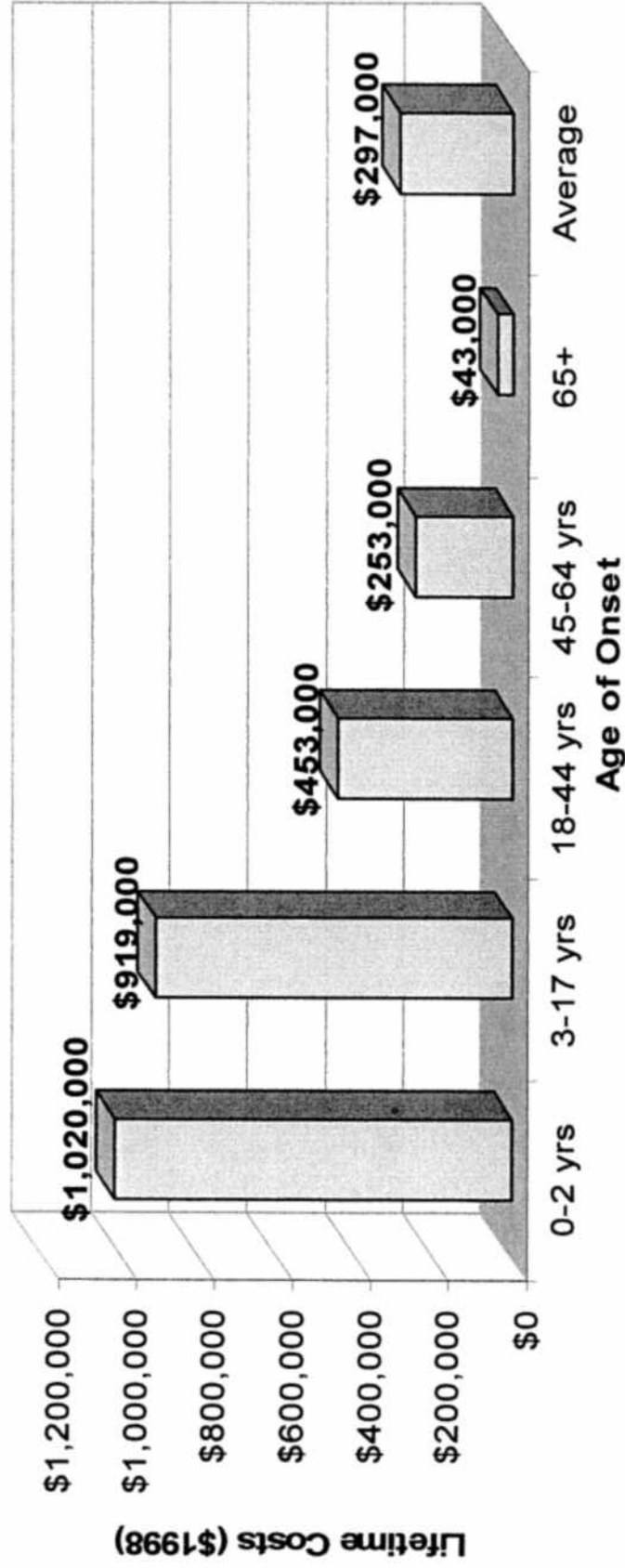
every

# Lifetime Costs of Deafness



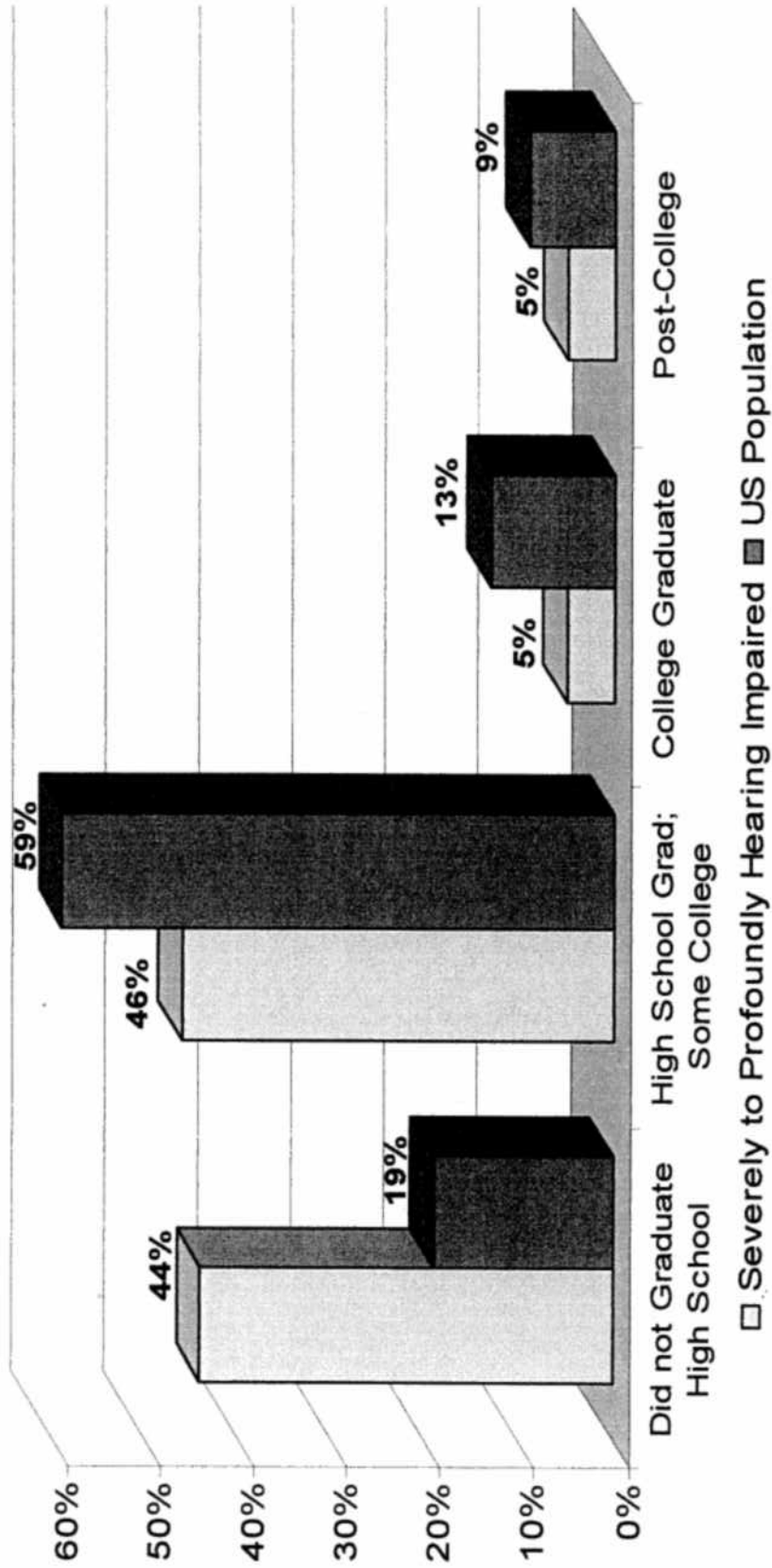
■ Average (lifetime: \$297,000) ■ Pre-lingual (lifetime: \$1,020,000)

# Costs by Age of Onset



Source: Project HOPE calculations from the 1990-91 National Health Interview Survey and U.S. Census, 1991  
All Costs are inflated to 1998 dollars using the Urban Consumer Price Index

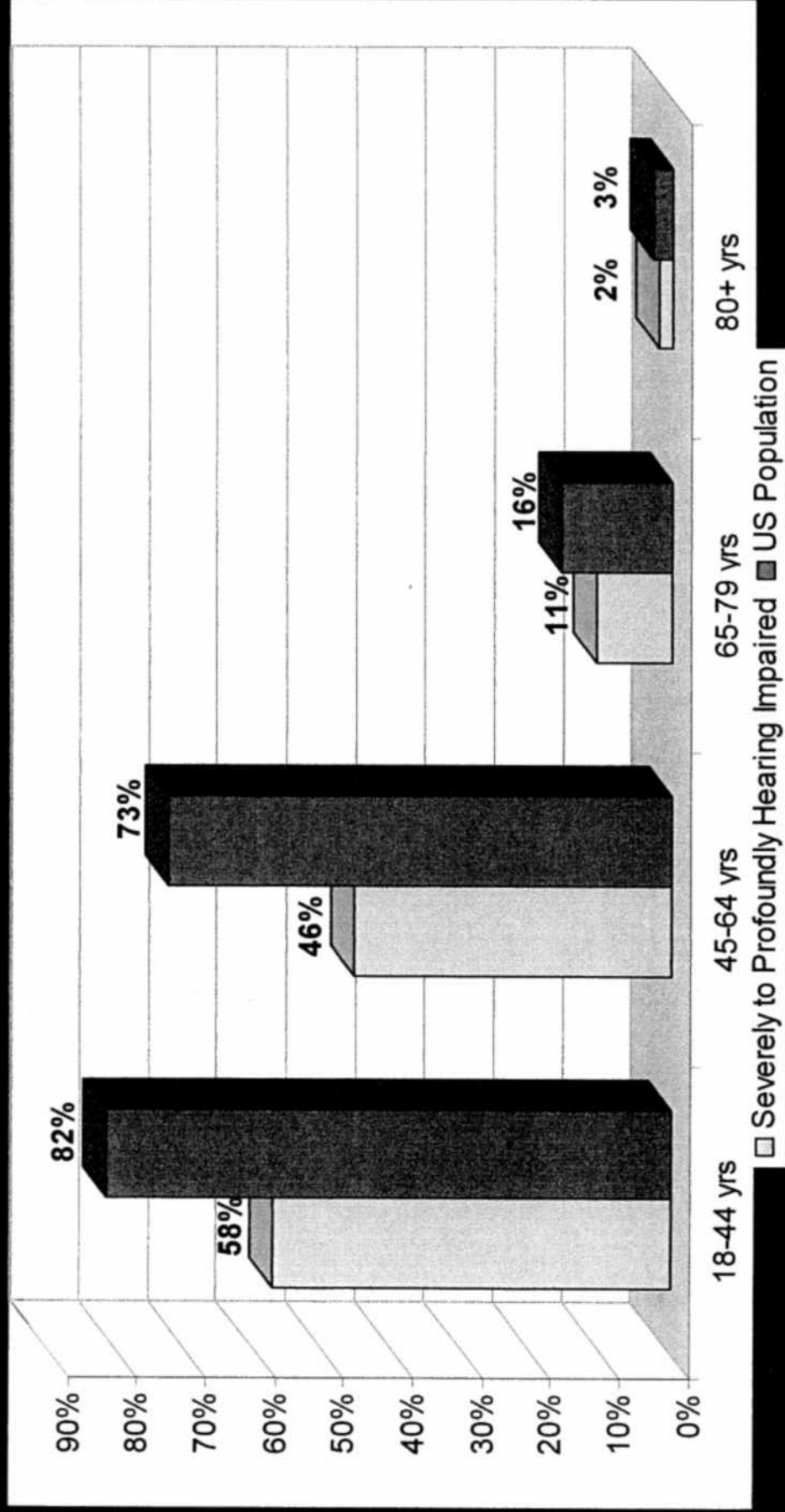
# Societal Impact: Education Level



Source: Project HOPE calculations from the 1990-91 National Health Survey

# Societal Impact: Labor Force

42% of the severe to profound hearing loss population, between the ages of 18-44 years, are not working.

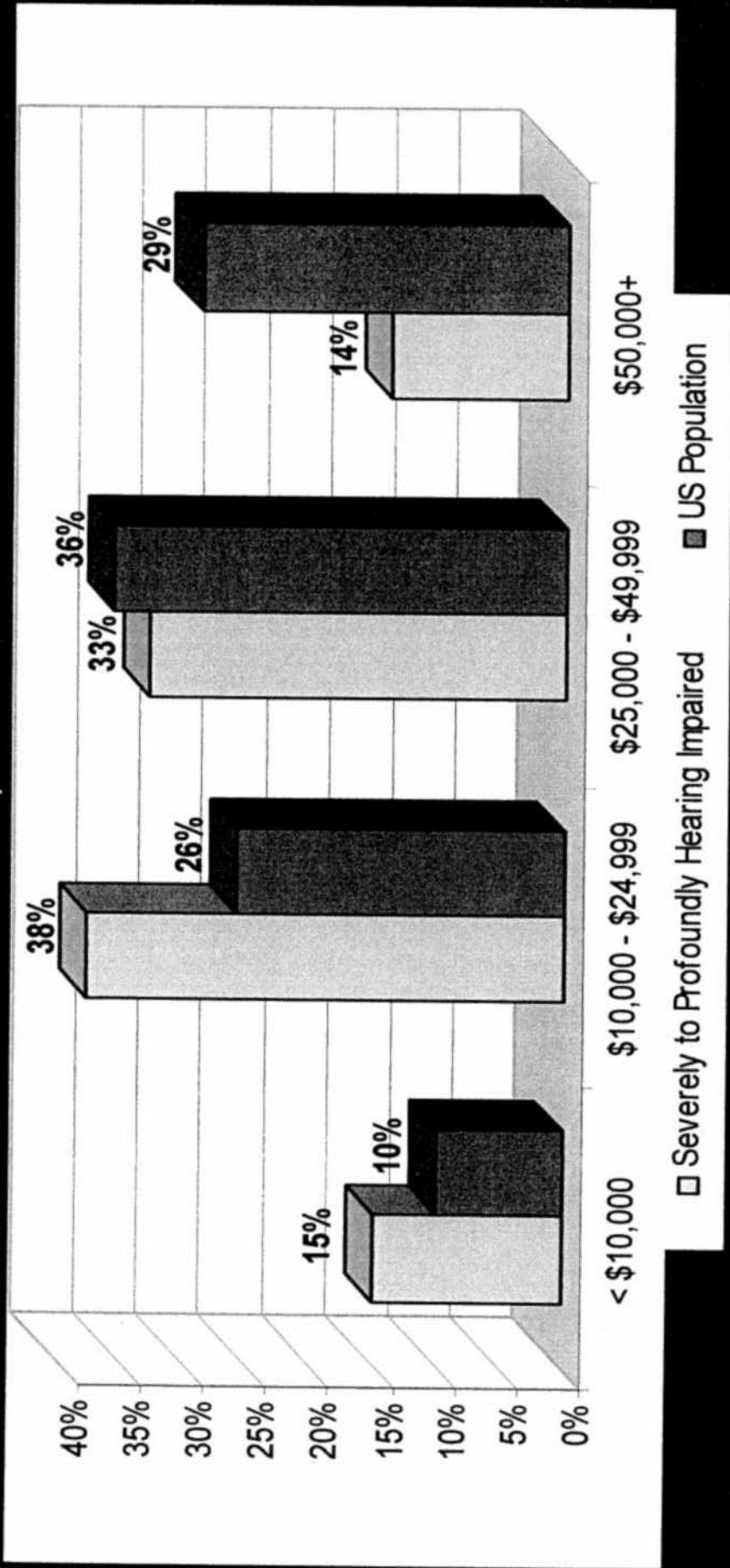


Source: Project HOPE calculations from the 1990-91 National Health Survey




# Societal Impact: Income Level

Over half of the severe to profound hearing loss population have family incomes of less than \$25,000



Source: Project HOPE calculations from the 1990-91 National Health Survey





Eloise Schwarz  
2533 North 113<sup>th</sup> Street  
Wauwatosa, WI 53226-1215

December 12, 2007

The Honorable Frank Lasee  
Wisconsin Assembly  
State Capitol Room 105 West  
Post Office Box 8952  
Madison, WI 53708-8952

RE: **AB 133 Insurance for Hearing Aids and Implants**

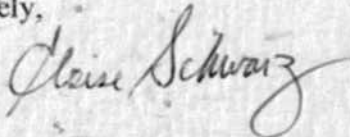
I am a professional healthcare provider who is concerned about disability issues and am writing to you today to give you my thoughts on the above proposed legislation. This bill would require insurance companies to cover the costs for hearing aids and cochlear implants for children 11 years old and under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

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

The respective bill - SB 88 and its amendment has passed in the Senate on December 11, 2007. I am asking for your support for this bill as well as **your help to get public hearings on the agenda in each required committee**. Again, this proposed bill would help children who are deaf and hard of hearing get the necessary interventions for their growth and development.

Thank you for your consideration of my request.

Sincerely,



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