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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)
  - (**sb** = Senate Bill)                              (**sr** = Senate Resolution)
  - (**ajr** = Assembly Joint Resolution)
  - (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

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

Date?

Representative  
State Capitol  
Room  
Madison, Wi

Dear Representative *Frank Laese*

I am aware you are holding hearings on AB133. I strongly support this bill

I have decided to keep my doctor and dentist appointments on Tuesday and Wednesday so I will not be attending the hearings. I am writing to share my thoughts with you.

I am an oral hard of hearing adult who has worn hearing aids since age 7. I am a member of Hearing Loss Association of America.

I ask you first of all to attend the hearings and be a good listener.

Second I also ask you to amend AB133 to match Senate Bill 88 which is the stronger of the two bills. I ask you to amend the bill to read children under the age of 11 it presently reads children under the age of 5. Third I ask you to amend the language in the bill to read certificated as deaf or hard of hearing. Remove the word severely and include children with mild moderate hearing losses.


Crucial ,speech language and social skills development is according as this time. Many life lessons are being learned. in early childhood. In order for all this development to take place children need to be aware of the sounds in their environment. One must hear in order to succeed academically in school.

I ask each and every one of you to support this bill and vote to pass the amendments. This bill need to come out of committee and on to the Assembly floor for a vote by the full assembly.

Sincerely yours,

*Susan Stanke*

Susan Stanke

 Sitsom Stanke  
P.O. Box 51  
Mercer, WI 54547

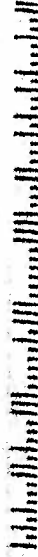
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Representative Frank LaSelle  
Rm 105 West  
State Capitol  
Madison, WI 53708

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AB 133 ?  
Date ?

My name is Kaia Maves and I am a 21-year old senior attending the University of Wisconsin-Madison to receive a degree in Communicative Disorders. I am also an individual with a mild to moderate sensorineural hearing loss. However, my hearing loss was not detected until the age of three when my parents and other professionals realized that my speech was delayed. I was actually labeled mentally retarded before my loss was identified and as you can see I am not.

When my hearing loss was detected, I did not receive hearing aids. I wore an Easy Listening assistive listening device and received speech and language services until the fourth grade, which was paid by the schools and our government. I recently received my first pair of hearing aids for only \$3000. I would not have been able to receive my hearing aids without the help of my parents and insurance. I am not sure how I will be able to pay for the next set of hearing aids that I will need in about four years because my first pair will only last that long.

I tend to imagine and think of how much my life would be different if my hearing loss was identified at birth due to Universal Newborn Hearing Screening. My speech wouldn't have been delayed because I would have had hearing aids. I wouldn't have been in Head Start to catch up with my peers, which again the school and the government paid for.

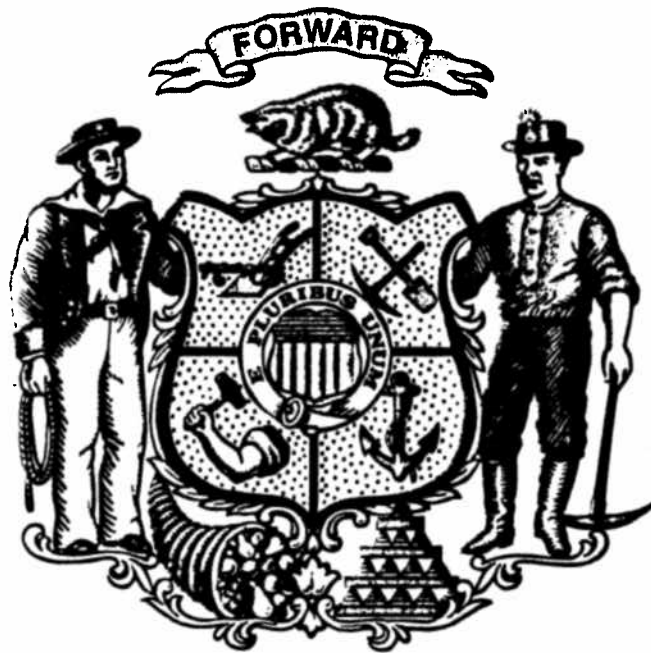
I tend to imagine and think about how much my life would be different if I had hearing aids from infancy. A child's brain has plasticity, which is the brain's development and its learning capacities are flexible because the synapses are still forming. A child learns how to take advantage of the listening skills they have with hearing aids. The brain is much more able to adapt to hearing age for young children. I always wish that this was the case for adults. My brain is in the final stages of development and is not adapting well to my hearing aids. I have hard time wearing them, but I notice a difference when I do wear them. If I had received hearing aids at a young age, my brain would have adapted to them.

I know that I am behind my peers. I struggle and most of the time am frustrated. I have learned to overcome my hearing loss and do my best. Even with my efforts and determination, I feel the effects of hearing loss. I can not hold conversations in bars or busy restaurants, so I do not like to go out in public. I also have a hard time in class when there is a lot of noise. I can become lost when the professor is talking. When I miss part of the information, I have incomplete information. This means that I miss important things all of the time. I have hard time paying attention in class because I miss important information. This is the struggles I experience as an adult. Imagine how these are for a child that has not adapted to having a hearing loss. I 100% believe that children having hearing aids at a young age and throughout their life would eliminate these struggles.

This bill should be passed because it would give children with hearing loss opportunities to develop language that compares to normal developing children and for their brain to adapt to hearing with hearing aids. If you do not vote for this bill, you are sending a strong, strong message to your community and to the state of Wisconsin. The message would be I do not care about these children and if they succeed. I do not care if these children receive the best education they can. Please, vote for the bill so these children have a chance.

Outline:

- Kaia Maves 21
- Student at University of Wisconsin-Madison
- Individual with mild to moderate sensorineural hearing loss
- Hearing loss not detected until 3
- Labeled mentally retarded
  
- Did not receive hearing aids when loss was detected
- Received hearing aids at 20 years old that were 3000
- Do not know how I will replace in hearing aids in four years
  
- How my life would be different if I had UNHS
  - no head start
  - no struggles
  - normal developed language
  
- How my life would be different if I had hearing aids at infancy
  - brain development/adaptation due to plasticity
- How I can't adapt to hearing aids today
  
- Struggles I have experienced
  
- Why this bill should be passed
- What happens if you don't vote for this bill



Dear Adults,

AB 133 ?  
Date ?

I would of course support the idea of the insurance company paying for the hearing aids. I, myself went through some problems too.

I found out that I was deaf and recieved hearing aids at about age 2. It helped me in some ways: I was able to focus on my speech now at age 10. I was so happy to be able to hear the sounds of animals, storms, wind, and the TV. When I first heard



the voices of my parents, I was so happy. I hugged my parents and thanked them for helping me hear.

In my opinion I think that all kids should get hearing aids at early age. so they can learn some things like I did. I went to a deaf preschool at age  $2\frac{1}{2}$ . I only got 5 months before I went to preschool, to get used with my new hearing aids. I hope you pass the bill. So other kids can have the

opportunity to receive hearing aids  
like I did. Thank you for  
reading this letter.

Sincerely

Emma

Mentee ☺



AB 133?  
Date?

Gentlemen, My name is Matthew Hanson and I'm a Freshman at Hartford Union High School. I'm severely profounded deaf which means that im close to the borderline of being completely deaf.

When I was born my parents have convinced me to read and speak English. Without my hearing aids there's no way that I could've done that in my life. I have to say thank you to my parents for allowing me to get hearing aids because I would probably be a mute right now if it wasn't for them. They had me put my hand on their throats and lips and I had to listen to them in order to talk English and without hearing aids I couldn't possibly do that. Shortly after that I started reading, but I also had to listen to my parents and teachers in order to be able to read. How can I go to school if I can't hear without my hearing aids or how will I receive my instructions from my teachers while I'm attending school everyday.

School is where I met many new friends and was able to understand more about the hearing world. Meeting friends was a tough thing at first, but with the hearing aids, I was able to blend in with the rest without a problem. Speech class helped me more with the tougher English and then the kids were able to understand me more and I was more involved with school activities. I'm on the Hartford basketball team and was able to understand the plays by reading the signs and reading their lips. My coaches can communicate to me because of my hearing aids and it makes it easier to understand what their saying then without them.

Hearing Aids are not just objects, they are things that makes a little deaf kid's life able to make it easier to live. If I didn't have hearing aids I'd probably end up having to live on government funds because I wouldn't be able to read or hear what you people are trying to say to me. Hearing aids allow little kid's to have all the opportunities that hearing people have in life, but your stopping that from happening because you just don't want to pay for it. To me, it's important that these kids are abled to have hearing aids so that it will open up their worlds and they will have a chance to make friends and be able to talk like a regular human being. Without hearing aids babies are missing one of the most important things in the world and that's the ability to hear. Also, they will miss out on the ability to communicate because how else are they suppose to understand what we are talking about.

I am successful today because of the help from my friends, family, and being on the basketball team. They all have helped me to accomplish something in life and that's what makes my life worth living for. My parents have helped me accomplished being able to hear and communicate with others and that's what thrives me everyday to see the next day. My friends have helped me with school and helped me be able to survive to the next day and they also helped me communicate better on the streets. My basketball team has helped me be able to become a team player and how to communicate with others so they can understand me.

My family has helped me so much throughout my life because they got the hearing aids for me, but they didn't have to. They choose to because they knew it would make my life better and help me become a better person. They did a very good job because like all my friends don't even consider me a deaf person because I don't have that much of a trouble understanding them and they don't have much trouble understanding me. I would like to say thank you to my parents and I love them very much for doing such a wonderful thing for me.

To you gentlemen, I just have one question for you and that is what will you do if someone in your family turned deaf or you turned deaf when you got older and needed hearing aids, but insurance wouldn't help you at all?

Thank you for you time Gentlemen

**Matthew Hanson**

**Home phone number 1 262 628 1836**

**Text Number 1 262 305 7942**





AB 133  
Date?

Evan Foht

***Evan's History*** – Moderate to severe bilateral hearing loss discovered at the age of two. He has benefited from the aid of digital hearing aids for the past 11 years. After a period of a fairly stable level of hearing loss, he lost most all of his hearing in his right ear last July. Because he relies so much on oral communication – just like you and I, his ability to communicate was even more impaired – just like it would be for you and I. This prodded us to look more deeply into a cochlear implant (CI) his only way to hear again with a loss this great. We met with doctors, audiologists and implant recipients. The results we saw from the implants were phenomenal. It was truly incredible to see the difference in peoples' lives this technology has made. As fate would have it, some of the hearing came back in Evan's right ear. The potential for future loss will always be there for one or both ears. Hearing aids do not provide enough aid for the level of loss he has today and he finds it very challenging to communicate in many situations everyday. We are therefore continuing to pursue the best medical assistance we can get to help him function without assistance for the rest of his life. We have spent nearly \$20,000 to date for hearing aids, molds, batteries etc. we cannot afford the \$80,000 to \$100,000 out of pocket expense for an implant.

***Evan's Everyday Challenges*** - I asked Evan if he would like to speak today and he said, "No, it probably won't do any good anyway – they will be just like the insurance company, but I will go and answer any questions that they have about what it's like to not be able to hear your friends. Or what it feels like to be excluded from just about every group conversation because your friends are tired of you asking 'what' or 'could you repeat that'." For a quick comparison, picture all of your friends off in the distance laughing and talking and having a great time and when you get up to them to join into the conversation they are all speaking some foreign language that you do not understand. They look up at you as if you are the weird one for not being able to understand them. That is the challenge Evan faces everyday because insurance will not cover a medically needed procedure to help him function more closely to 'normal' in the world today.

***Insurance battles*** – told by our insurance company that yes there is coverage for CI even with exclusion written in policy. I checked this out before our company chose an insurance company, I am part of a group that selects health care coverage in our company and was very cautious about the ability to obtain this coverage. Submit the paperwork for coverage – Humana lost it three times. Coverage denied because there is an exclusion in my policy. Submit first appeal. Humana lost it. Appeal denied because of an exclusion in my policy. Currently preparing for our external appeal. This is a process no one should have to go through, but because of the mess we have in our insurance industry, it is way too common.

***Increase Insurance Premium Concerns*** – we know premiums go up. We become accustom to the fact that they will always go up. We personally do not complain about rates going up, we understand there are higher costs for cancer care, heart care, prosthetics - the list goes on and on. The fact is we pay, even though we do not need any of these particular coverages – we pay, nor do we argue that the above medical care

should not be covered so our premiums go down – we may need this coverage some day. I don't even mind paying my share of your insurance coverage for cochlear implants. With this in mind do not tell me it is okay for private health insurance companies to continue to discriminate against the deaf and hard of hearing. There is no other exclusion in my policy that so defiantly discriminates a particular group of people.

***Mandate Coverage*** - we all know it is difficult for some of you to put mandates on health insurance companies. We agree – you shouldn't have to, if a company is in the health insurance business, they should provide coverage to all health issues not just the ones that they can make the most money on. Wisconsin is a great state, great states lead, don't just what other states do, do what is right. The right thing is to require insurance companies to provide hearing aid and CI coverage for all people all ages.

Not one person has been able to explain to me why these items have not been covered in the past, why there would be an age limit on the coverage, or how an exclusion for hearing aids and cochlear implants meets the ADA requirements in the state of Wisconsin. Can you please respond with an answer to the above questions – please send to the email or mail address below?

***Thank you for your time today.*** We support Bills AB 133/SB88. If it is at all possible, without risking delays in the bill as it is written today – we believe you can, we ask that you amend Bills AB 133/SB 88 to include coverage for all children 17 and under. We understand the insurance companies want you to protect their profits. If you really want to do the right thing you will put no age limit on the coverage – remember you or any of your family members could lose your hearing tomorrow and any body with private insurance coverage would be facing a \$100,000 out of pocket expense. Please do not tell my son today that that you were elected to protect the insurance companies. Show him that you are here to protect the people of Wisconsin. Thank you again.

Tom and Lori Foht  
Evan Foht  
W144N10761 Lincoln Drive  
Germantown, WI 53102  
[tfoht@wi.rr.com](mailto:tfoht@wi.rr.com)  
Phone: 262.253.9014





Thank you Chairman Lasee and Committee members for holding this hearing and for your time this morning.

AB 133  
Date ?

Our fourth child, John, was born in 2003. At the hospital they did a hearing test before he could be discharged from the hospital. This was new to us; my other 3 children were not screened for hearing loss. I learned that all babies born in Wisconsin are now screened for hearing. **The reasoning behind this testing is because the research is overwhelming and conclusive that early detection and intervention are critical for speech and learning development.** The first 5 years are especially critical. If this window of opportunity is missed, it cannot be made up.

John failed his hospital hearing test and further testing confirmed that he was deaf. John received a cochlear implant at age 1.

A favorite quote of mine: "A cochlear implant is not a miracle, it makes miracles happen". Our family has experienced this over the past 3 years. John is almost caught up with his speech and is cognitively age appropriate. Socially he is blossoming and converses with his family and friends at preschool. He will be mainstreamed in his neighborhood school and start Kindergarten this fall. And although school will still be more challenging for John than my other children, we have hope that he will thrive.

Since John was implanted at age 1, he only had a one-year gap to catch up with his speech and language. What I noticed is that as he 'catches up' and closes that gap, he gets stronger cognitively and he develops socially. So yes, we feel the cochlear implant has been a miracle to John and our family.

**That is why I am here today. I witness everyday the life-changing impact that this bill will have on deaf children.** Without the cochlear implant, John had no chance of developing speech. He would be isolated from much of the world. And he would not be mainstreamed in a regular classroom environment.

This is what will happen if you do NOT pass this bill: There will be deaf and hearing impaired children that will not get the chance to benefit from the great advances in technology made in hearing devices. They will miss out on hearing and learning to speak in those early, crucial years of development. They will not get a chance to be mainstreamed at their neighborhood school. They will be isolated from other children. They will encounter greater challenges in school and learning. In the long run this will cost the state greater tax dollars. And most importantly, it will close doors to deaf children in a world that relies on hearing.

Please restore our faith that we indeed live a democracy where those that represent us vote on legislation that has their constituents' best interest in mind. That we have **not** become a society where special interest groups dictate or influence our laws. That we are truly a society where no child is left behind. And when we are dealing not only children, but children with special needs, I can't think of a group that needs all of our support more.

In fact, in preparing for speaking at this hearing today, I had intended on addressing some concerns people might have in passing a bill that would provide hearing aids and cochlear implants to children. I came up with NOTHING. I could not come up with one valid reason why hearing devices for children should not be covered.

Deafness is a physical impairment not unlike other physical impairments that are covered by insurance. Certainly the educational, social and emotional concerns for our children provide reasonable support for this legislation to be passed. However, there is also overwhelming economic reasons to cover hearing devices for children. The cost to educate a deaf child is significantly higher than the cost of correcting hearing loss at childhood.

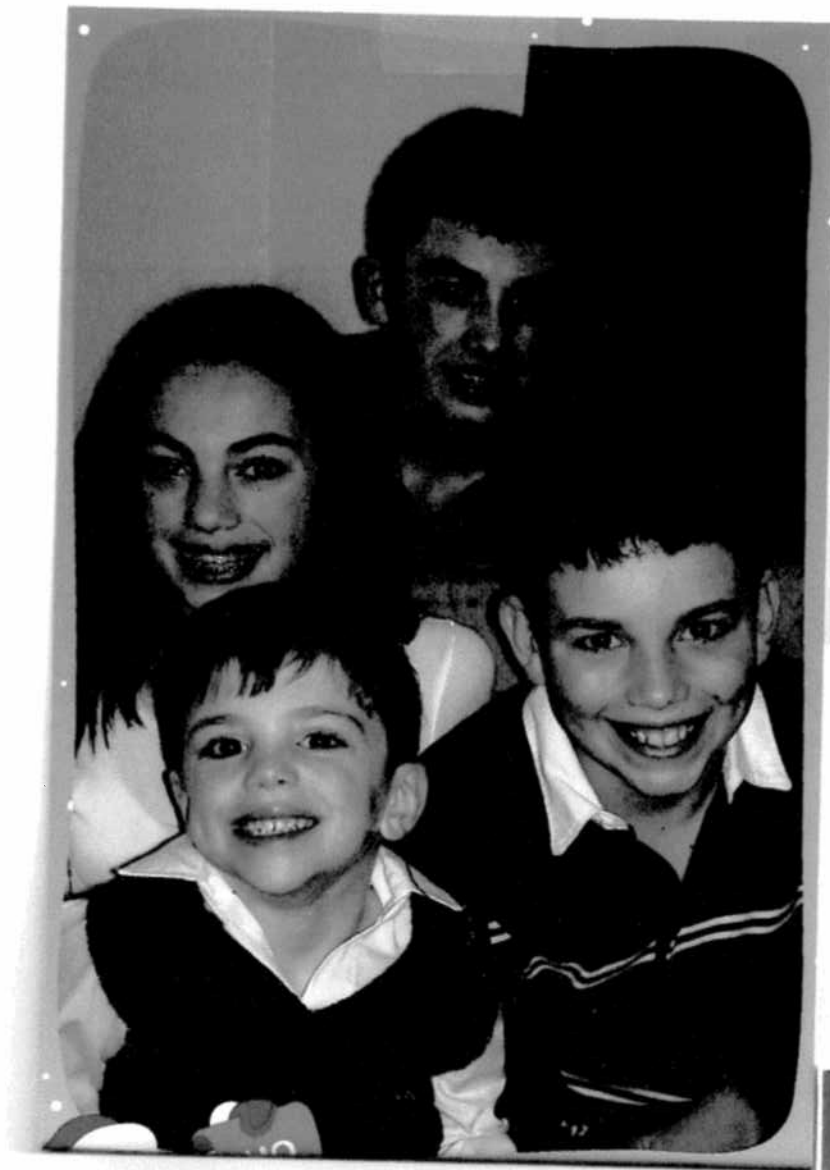
Your vote of yes will only affect a small number of children as there is a low occurrence of deafness, and will be a relatively low cost to insurance companies. But your vote in favor of this bill will have a profound impact on the children it does affect. A vote of YES to Senate Bill 88\* will give a world of opportunities to all deaf children. Please vote **YES**.

**Thank you** again for your time.

Submitted by:  
Linda Bonfiglio Schulz  
4651 N. Ardmore Ave.  
Whitefish Bay, WI 53211  
(414) 962-8255

\* I preferably support SB-88, but also support AB 133 with the following amendments:

1. Increase the age from 5 years old to any child under the age of 11.
2. Strike "severely" from "deaf and severely hard of hearing".



"A cochlear implant  
is not a miracle,  
it makes miracles  
happen."

John Scholz

Age 4





To: Representative Lasee, Chair, and Members  
Assembly Committee on Insurance  
From: Alicia Boehme, Disability Rights Wisconsin and Survival Coalition of  
Wisconsin Disability Organizations  
Subject: **Assembly Bill 133/Senate Bill 88**

Date?

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

I am testifying today wearing two hats. First, I am a parent of a child who is hard of hearing. Oliver, my son, is 15 months old and has been diagnosed as having bilateral mild to moderate hearing loss. He uses hearing aids to develop language and speech as well as to interact socially.

I am also testifying as an employee of Disability Rights Wisconsin (DRW). DRW is the designated Protection and Advocacy organization for people with disabilities in Wisconsin. I am also here representing the Survival Coalition of Wisconsin Disability Organizations, which is network of over forty disability organizations across the state.

Oliver was identified as having potential hearing loss upon discharge from the hospital when he was born. Most hospitals in Wisconsin screen newborns to identify potential hearing loss. The State of Wisconsin made this very important commitment to children (see Chapter 253.115 of the Wisconsin Statutes), and the program has been extremely successful in identifying babies who may be deaf or hard of hearing and referring families for further testing. Identification, however, is half the battle. Intervention is the other half. And the reality is that families in Wisconsin are having trouble paying for hearing aids and cochlear implants for their children.

Currently, insurance companies are not required to cover any cost associated with hearing aids or cochlear implants for the children of our state. Approximately 200-300 babies are born each year in Wisconsin who are deaf or hard of hearing. According to a survey completed by the Wisconsin Chapter of Hands and Voices, the majority of insurance companies are not paying for the cost of hearing aids. Fifty-four percent (54%) of the parents surveyed did not have insurance that covered any of the cost for hearing aids for their children. The average out-of-pocket expense for these parents was \$4,100. Parents with partial coverage for hearing aids did not fair much better; their out of pocket expense averaged \$3,727.

It does not make sense to identify babies who are deaf and hard of hearing and not intervene. Research shows that when children do not receive early intervention, there are significant social and economic costs. Hearing loss impacts language and speech development, social interactions, and academic achievement. According to researchers, early intervention can provide savings of between \$5,000 - \$10,000 per child per year in

reduced or eliminated special education services<sup>1</sup>. And over a lifetime, early intervention can reach a savings of about 1 million dollars per person<sup>2</sup>.

Families in Wisconsin are struggling to pay for interventions, and there is a true need for insurance coverage of hearing aids and cochlear implants. Here are just a few testimonials from families across the state<sup>3</sup>.

- “I knew I could not afford the \$4,000 for new hearing aids even with the \$1,000 being covered by insurance for the aids themselves...Since I have 2 deaf children, I really need to get outside support...”
- “We are still paying the credit that we had to borrow using our credit card company.”
- “Without BadgerCare, there is no way our family could have provided Isaac with the necessary hearing aids and services he has needed.” (Most families do not meet the eligibility criteria for BadgerCare, and therefore BadgerCare is not a resource that most families can access to cover the cost of hearing aids and cochlear implants).
- “I hate the thought of sacrificing what is best for my child because of money, and yet there may be no other option if insurance companies do not help cover these medical expenses.”

On a personal note, Oliver’s insurance company paid for only a portion of the \$4,000 cost of the hearing aids, forcing us to struggle to pay for the remainder.

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

### **Suggested Amendments**

On behalf of myself and DRW and the Survival Coalition, I strongly recommend that the committee commit to the amendments that have already been incorporated into SB 88. First, the bill should increase of coverage to children under 11 years old.

Second, the bill states that a child will be covered who is “deaf or severely hearing impaired”. This language unintentionally cuts out children, like Oliver, who need hearing aids to acquire language and speech, but who don’t have the label of being “severely hearing impaired”. Oliver has been diagnosed with mild to moderate hearing loss and requires hearing aids. Without them, Oliver would not develop these skills properly just like a child diagnosed with “severe loss”. We recommend that that the term “severely” be removed from the bill.

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

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

<sup>2</sup> These figures are based on 1993 numbers as reported by Johnson, J.L., Mauk, G.W., Takekawa, K.M., Simon, P.R., Sia, C.C.J., and Blackwell, P.M. Implementing a statewide system of services for infants and toddlers with hearing disabilities. *Seminars in Hearing*. 1993; 14: 105-119.

<sup>3</sup> These testimonials were collected by the Wisconsin Chapter for Hands and Voices.

## Facts about Children who are Deaf or Hard of Hearing in Wisconsin

- ⊙ Hospitals in Wisconsin screen newborns before discharge for early detection of hearing loss. One major purpose of this program is to identify children so that they can receive early intervention.
- ⊙ In 2007, there were 95 newborn babies in Wisconsin identified as having hearing loss through the newborn hearing screening test.
- ⊙ Insurance companies are not required to pay for hearing aids or cochlear implants for children who need them.
  - According to a survey conducted by the Wisconsin Families for Hands & Voices, 54% of the parents surveyed did not have insurance that covered any of the cost of hearing aids or cochlear implants.
  - The average out of pocket expense for hearing aids for families with no insurance coverage was \$4,100.
  - Families who had partial coverage of hearing aids paid an average out of pocket expense of \$3,727.
- ⊙ Families in Wisconsin are struggling to pay for hearing aids and cochlear implants for their children. The result is that some families are going into debt, and some children are significantly delayed in receiving intervention or simply do not receive the appropriate intervention at all.
- ⊙ Intervention through hearing aids or cochlear implants can allow a child to maximize their language and speech.
- ⊙ It costs far more in the long-run to educate and support individuals who do not receive appropriate early intervention than to provide it as soon as possible.
  - Research shows that early intervention can provide a savings of between \$5,000 - \$10,000 per child per year in reduced or eliminated special education services<sup>1</sup>. And over a lifetime, early intervention can reach a savings of about 1 million dollars per person<sup>2</sup>.
- ⊙ Wisconsin State Employees already have coverage under the state healthcare plan.
- ⊙ Connecticut, Kentucky, Louisiana, Maryland, Minnesota, Missouri, Oklahoma, Rhode Island, Maine, and New Mexico all have laws that require insurance coverage for children who are deaf or hard of hearing.

\* This fact sheet was created by Disability Rights Wisconsin in conjunction with Wisconsin Families for Hands & Voices.

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<sup>1</sup> Yoshinaga-Itano, Christie, and Gravel, Judith. The Evidence for Universal Newborn Hearing Screening. *American Journal of Audiology*, December 2001: 10: 62-64.

<sup>2</sup> These figures are based on 1993 numbers as reported by Johnson, J.L., Mauk, G.W., Takekawa, K.M., Simon, P.R., Sia, C.C.J. and Blackwell, P.M. Implementing a statewide system of services for infants and toddlers with hearing disabilities. *Seminars in Hearing*. 1993; 14:105-119.





**Carol Burns – Speaking in favor of AB 133 (with noted substitute amendments) with a preference for SB-88 as passed by the Senate**

Date ?

Good morning Chairman Lasee and members of the Insurance Committee. Thank you for the opportunity to share my reasons for support of AB 133 and companion bill SB-88.

I am here as an individual who grew up with severe to profound hearing loss, identified at age 5 with a moderate to severe hearing loss. Like the parents you are hearing 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.

I still remember the day I received my first hearing aid at age 5, 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 parts.

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 tender age I sensed that this meant slim financial resources were directed to ME and impacted my family's other needs. **No child should ever need to feel this kind of responsibility!**

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. Over the years I continued my education piece by piece in our technical college, still at great disadvantage.

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. In my early 50's my hearing took another downward spiral. I suffered from severe depression and anxiety concerning my ability to remain in the workplace successfully. I began to research cochlear implant technology. Imagine my dismay when I learned our 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. In 1994 hearing aids ceased to be a covered benefit, taken away to cover significantly reduced co-payments for prescription drugs introduced that year. Part of the qualification process for Cochlear Implant is testing in 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 11 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 supports that center. Because I was able to receive a Cochlear Implant (and 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 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. The cost to the plan was an increase of \$15 to the emergency room copayment when there was no hospitalization. Obviously, this did not affect ALL plan participants across the board, just as the removal of the hearing aid benefit in 1994 to cover greatly reduced drug copayments for all plan participants hurt fewer than those who benefitted from the change.

I retired at age 60 and now dedicate my time to research as to the benefits of cochlear implant technology – furthering the body of understanding how this miracle works. Without this 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, about 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 Title 19. I should add this is sometimes a disincentive for parents to work in order to gain this benefit. Families who are covered by self insured plans or the uninsured also are not covered by this bill.

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!

I have brought copies of a Frequency Spectrum of Familiar Sounds and an audiogram showing ranges of Hearing Loss. An audiogram is where audiologists track hearing loss when testing children. The color graph delineates the ranges of hearing loss from mild to severe/profound. On the Frequency Spectrum you can see where certain environmental sounds and speech sounds occur and compare those sounds to the description of hearing loss range descriptions. You should also have received a set of ear plugs. When inserted these ear plugs will reduce a normal hearing person's hearing similar to a minimal or MILD hearing loss. You will note that some speech sounds will be missing as well as soft environmental sounds.

I urge you to spend just one hour a day in this condition as you go about your legislative work making your decision to hold a vote on this bill.

EVERY DAY our children who live with a significantly greater deficit in hearing than this 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 never 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 this bill with the amendment removing the language that restricts this bill only to children with SEVERE or Profound hearing loss. This bill is simply Good Public Policy.

Thank you for your time!



ALPINE  
SCHOOL DAYS 52.55

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



Good morning Chairman Lasee, and members of the committee. Thank you for this opportunity to share my reasons in support of AB 133.

You will hear from parents who have struggled with equipping their children to join the hearing world in which you and I live. These children and their parents have poignant and real stories to hear. Having been hard of hearing since my youth, and a Cochlear Implant recipient, I too have a story about the *challenge of learning when you can't hear*. But the story that you will hear from me is about those whose parents could not be here because they are working, can not take time off, and can not afford hearing instruments for their children. It is also about the taxpayer who will foot the bill of educating the undeveloped mind of each child who is held captive in deafness at the time he or she needs to hear to learn speech and socialization skills. I am going to tell you the economic impact of the practice of denying hearing Instruments, and Cochlear Implant insurance coverage.

By way of background the following points should be considered.

- There are about 200 children born in Wisconsin each year who are profoundly hard of hearing or "deaf" (of the "deaf" about 1/3 can never be helped by aids or Cochlear Implants)
- Children from families who do not have income are eligible for implants and hearing aids from existing health programs in the state (title 19)
- Children from families covered by state employee health care programs also have access to aids and Cochlear Implants
- The cost of this aid and Implant coverage for example is very low, the State of Minnesota employee coverage for all subscribers was estimated to be \$0.25 per policy per month, and Wisconsin added aids and implants for all covered by policies, not just infants, by increasing co-pay for emergency room visits by \$15.00 per visit with no impact on Wisconsin taxpayers.)
- The only folks not covered, and we are down to well under 100 per year, are those who work and thus have too much income.
- An alternative for these parents who are not covered is to give up work (income) to qualify for title 19 type grants, a prospect that no one desires.

As an economist I am sorry not to have the exact number of children that would be affected, but it is very small and that is a problem. I can however tell you in Wisconsin public education there are currently 1,189 children under 11 years old who are defined as deaf or hard of hearing. Since students continue in public education until they graduate from high school one could estimate there are about 4,000 in our schools. This is a small but expensive number where each student in separate schools hides the impact from the public, but costs taxpayers thousands of dollars each year they are in school. (Please read the addendum for more information). These students are in public schools for an average of 14 years, so it does not take too much math to

conclude a savings of say \$5,000 for aids or even \$60,000 for a Cochlear Implant early in life is multiples less than the costs to taxpayers of attempting to repair the damage of denying hearing aids and Cochlear Implants. Correctly fitted high-powered hearing aids and cochlear Implants early in life help prevent speech and learning disabilities and with them the attendant cost to the taxpayer.

The insurance industry has no incentive to add coverage that has a very low chance of occurring as it does not produce many denials, and is seen as a cost savings. The incidence of well less than 200 claims a year is too low to even offer a rider to cover hearing loss for a specific number of years on newborns, so even if a family wanted to buy a policy when they were adding to their family they would have great difficulty doing so. It would be comparable to trying to buy a 100-day term life policy when being deployed to a war zone.

And then there is **the taxpayer** who is providing incentives to families to quit work to gain “title 19” coverage to take care of their child, and who fund schools who get the detritus of the non-coverage. There are many experts who can discuss in real (not theoretical terms) the results of denying hearing to babies and very young children and you will hear from them. In graphic terms however denying hearing in the early years is in a very real sense equivalent to binding a child’s hands for the first 5 years of life and then sending him/her off to shop class. No amount of fixing or remediation is going to correct the damage, but the Wisconsin Taxpayer is going to pay to attempt to, under the real and honorable effort to leave no child behind, which has been Wisconsin’s rightful motto for a long time.

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

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

Please consider the taxpayer on this issue, and that the insurance industry on an equal footing would absorb or displace the very small sums paid to cover the few infants they would find in their covered. This is a small constituency very large impact bill. I hope now that you have been given the nature of this bill, you will send it to the assembly with your full endorsement as good public policy. Thank you for your consideration.

Franz Backus (Economist)

# Addendum

Starting with 200 births a year of severely hearing impaired children, and subtracting those covered by Title 19, state of Wisconsin employee covered, and those children for whom there is no possible intervention, it is possible that fewer than 100 events a year are covered by AB133. I do not have data on how many children suffer severe permanent hearing loss from childhood diseases, which is why I cannot reasonably estimate the actual number. It is worth noting however that insurance generally covers the diseases that can cause deafness and that the coverage stops with the drugs as if the child is cured, and this is a cruel event that hurts more than the families and the child.

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

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

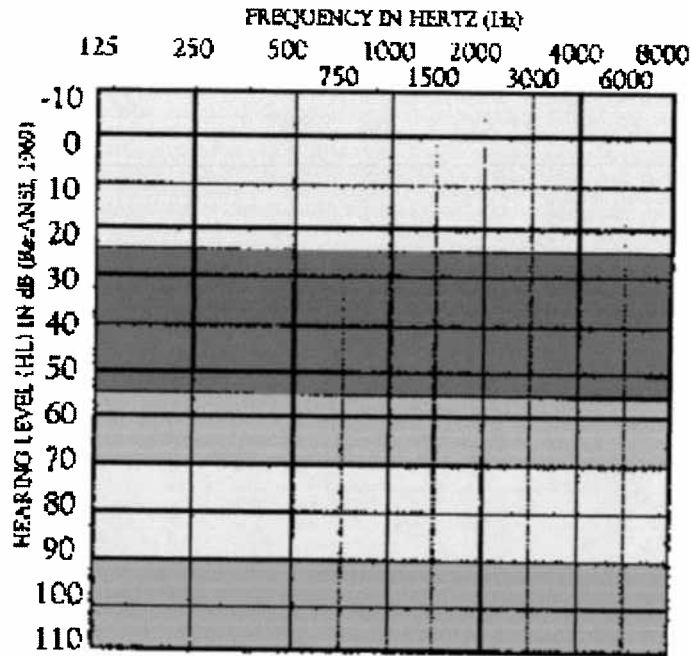




# Ranges of Hearing Loss

Presented by:  
ACC ~ The Audiology Awareness Campaign

AB 133  
Folder



The audiogram shows the ranges of hearing loss for adults. The ranges that are listed are fairly standard across the United States although some variations do exist.

-10dB to 25dB = Normal range (Grey)

26dB to 40 dB = Mild hearing loss (purple)

41 dB to 55 dB = Moderate hearing loss (red)

56 dB to 70 dB = Moderately Severe hearing loss (green)

71 dB to 90 dB = Severe hearing loss (yellow)

over 90 dB = Profound hearing loss. (blue)

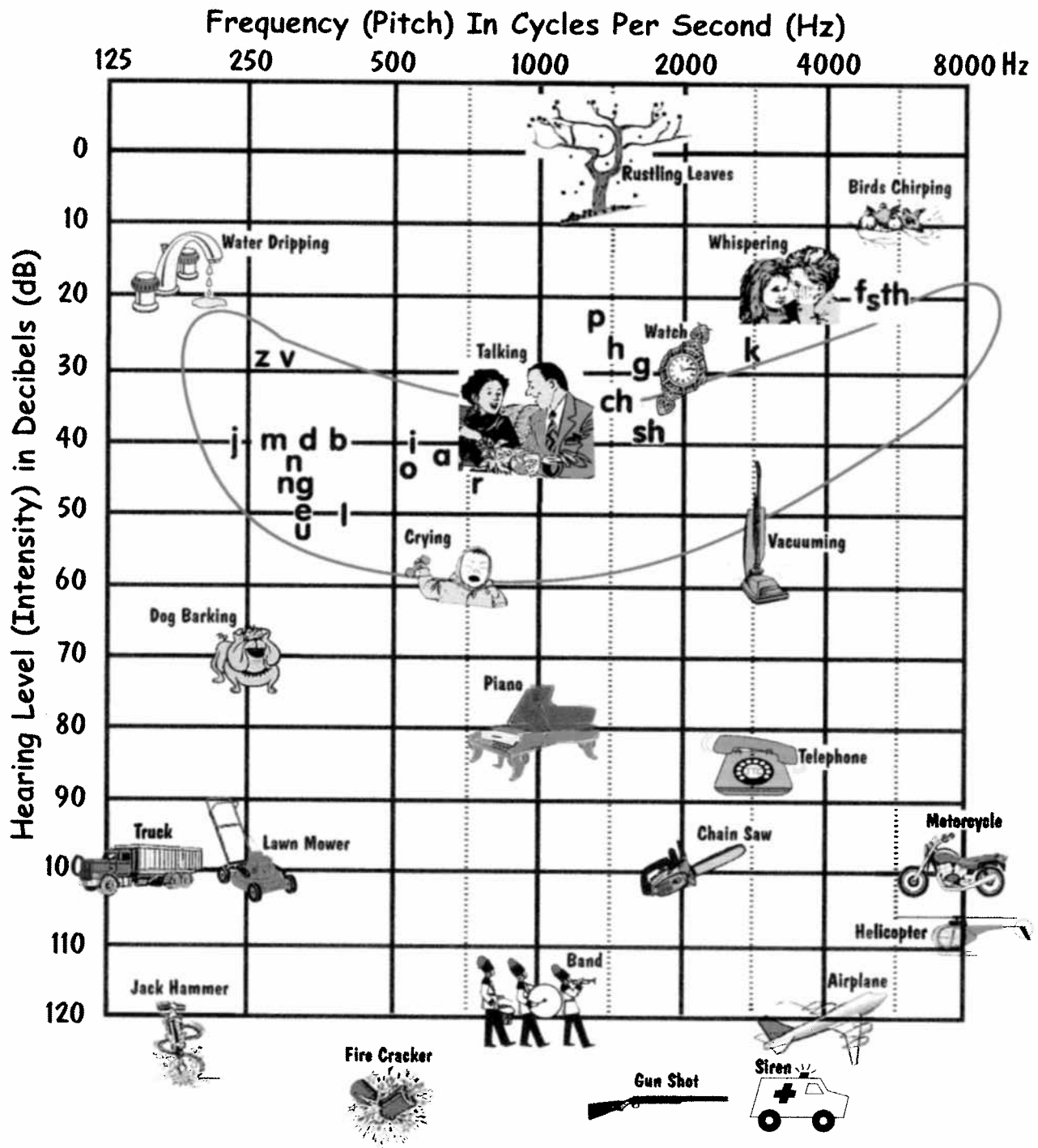
**This article was submitted by:  
Glen R. Meier, M.S., CCC-A, FAAA**

**Audiograms created by: Chris Norman**

<http://www.babyhearing.org/HearingAmplification/HearingLoss/audiogram.asp>

You can "listen" to the missing sounds of hearing loss at this website. We encourage you to imagine a child learning speech and the sounds of his environment, much less participate in a classroom with even a MILD hearing loss!

# Frequency Spectrum of Familiar Sounds



The speech sounds on this chart are only approximations. Speech sounds become loud or soft (intensity) depending on the distance between the speaker and listener. The low or high sound of a voice (pitch) will change depending on whether a man, woman or child is speaking.

Adapted from: American Academy of Audiology, [www.audiology.org](http://www.audiology.org) and Northern, J. & Downs, M. (2002). Audiogram of familiar sounds; and Ling, D. & Ling, A (1978). Aural Habilitation.