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Details:

(FORM UPDATED: 07/12/2010)

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

2007-08

(session year)

Senate

(Assembly, Senate or Joint)

**Committee on ... Transportation and Tourism
(SC-TT)**

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**

November 7th, 2007

Senator Roger Breske
Room 316 South
State Capitol
P.O. Box 7882
Madison, WI 53707



Dear Senator Breske,

My name is Claire Thorleifson and I am an Audiology student at UW-Madison. I am writing to you because I am aware that Senate Bill 88, regarding the requirement for insurance companies to cover hearing aids and cochlear implants for children under age 11, will be soon coming to your attention. As a student, I have spoken with many families of children with hearing loss who faced the financial stress of having to pay for these devices out-of-pocket. We know that hearing aids and cochlear implants are instrumental in the speech and language, social, emotional, and educational development of children. In recent years, Wisconsin has enacted Universal Newborn Hearing Screening, meaning that every newborn is screened for hearing loss at birth. The goal of the program is for babies to be diagnosed with hearing loss by 3 months of age and have proper intervention (including hearing aids and cochlear implants) by 6 months of age. However, how can we meet these goals if families are unable to pay for these important hearing devices?

I believe that Senate Bill 88 deserves a public hearing so I ask that you please schedule a hearing on this matter. I fully support the public hearing and want to emphasize that there should be a vote on the bill since it does affect so many children and families.

I am excited to be a part of changing the current insurance situation regarding the coverage of hearing aids and cochlear implants for children. I believe this is a huge opportunity to execute a positive change in the way insurance handles such situations.

Thank you very much for your time and attention on this very important matter.

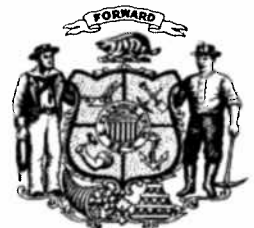
Sincerely,

A handwritten signature in black ink, appearing to read 'Claire Thorleifson', enclosed within a hand-drawn oval border.

Claire Thorleifson



WISCONSIN STATE LEGISLATURE





Veronica H. Heide, AuD
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Madison, WI 53711-5225

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November 7, 2007

Submitted to Senate Committee to Testify on Senate Bill #88

Members of the Committee:

Approximately 200 Wisconsin babies are born every year with severe bilateral hearing loss. Half of these newborns have no risk factors. This makes hearing loss the number one disability affecting newborns in the state of Wisconsin...and it is invisible.

While Wisconsin hospitals have implemented newborn hearing screening programs that have made it possible to identify hearing loss at birth, we do not have the mandated coverage to provide hearing instruments or cochlear implants following early identification. Research has shown that if these infants can receive their hearing instruments prior to six months of age, that they have a much better chance of developing normal speech and language (Christine Yoshinaga-Itano).

Prior to legislation that was passed in 1999 recommending that WI hospitals screen all newborns for hearing loss, the average age of detection was almost three years of age. Hearing loss was detected because a child was not talking, their behavior had deteriorated significantly, or a child was failing to learn. (Wisconsin also had the Bureau for Children with Physical Needs which used to provide funding for hearing aids for children under 21 in this State prior to its absorption into Dept. of Health and Human Services during the Thompson administration.)

When a child is deprived of auditory stimulation to the brain, they are usually significantly and irreversibly delayed in communication, learning, and social/emotional skills. Typical infants take in 90% of the information about their world through hearing. Therefore, it is essential to not only identify children with hearing loss early in life, (preferably before they are 3 months of age) but it is critical to provide them with quality access to the sounds in their world.

Statement of Need:

A survey conducted by the WI Chapter of Families for Hands & Voices (a parent advocacy organization comprised of families of children who are deaf or hard of hearing) indicates that 54% of families with children who are deaf or hard of hearing did not have insurance plans that covered the cost of hearing instrument technology. 57% of respondents reported that the cost of hearing technology caused significant financial strain on their family.

Quotes from Families:

"Our insurance providers did not initially cover hearing aids at all. We had to negotiate with them and petition them to cover anything related to hearing aids. After about a year-long process, they came out with approximately \$1,000 coverage for both aids (\$500 per aid). The struggle was feeling like lone rangers in this. Thinking we were out there, and on the edge, for requesting something that no-one else needed."

Advanced hearing technology
with personal service

“Our insurance denied the request for my child’s hearing aids. They said that hearing aids are not a “necessary” need, that they were a “luxury” item! I would have liked to send my 2 children that the persons house for a month, without their hearing aids and let them tell me how necessary they are! Yes! Of course, hearing aids are luxury items! So are your ears and your eyes! Heaven forbid someone else should lose either of their “luxury” items! My biggest complaint was this. I have only wanted my children to have every opportunity that hearing children do, to become successful contributing members of our society. Without hearing aids, that will never be the case, or course..... Why deny any child the gift of hearing!”

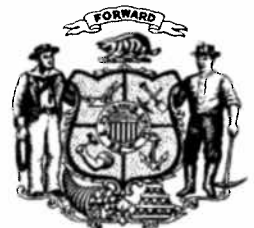
While my patient schedule today prevents me from attending this hearing in person, on behalf of the patients I serve, I would ask you to support this legislation. The benefits of early intervention to provide habilitation for a major sensory system vs. the costs of not providing key sensory input to infants and children who are at a critical age for learning speech and language is apparent. All we need now is action on your part.

Respectfully,

Veronica H. Heide, AuD
Board Certified in Audiology
Fellow-American Academy of Audiology
Fellow-Academy of Dispensing Audiologists
WSHA Audiologist of the Year-2000



WISCONSIN STATE LEGISLATURE



Piliouras, Elizabeth

From: Judith A Wagner [rwagner12@wi.rr.com]
Sent: Friday, November 09, 2007 10:35 AM
To: Piliouras, Elizabeth
Subject: RE: a message from Judy Wagner

Dear Beth

Thank you so much for keeping me updated. I just called my daughter in law to tell her as well. She then told me again how Dylan is advancing now that he can hear. She began playing Crazy 8's with him to help him with his numbers. After a time now he knows numbers by sight and is playing Crazy 8 the real way. At first mom made it easy for him and now he knows about winning losing and smiling at both. His 6 years old sister is his playing buddy and mom and dad as well.

I mentioned in my talk about concepts and the cognitive learning that can be hard to understand when you can hear yet alone not be able to hear. I thought about that as we saw barns and silos on the way up. I wanted him to understand about a barn as a separate building and a silo next to it or even standing alone. I told him the silo was the place food was kept for the animals. I knew grain would be a difficult concept to understand but by the time we were up to Madison he could find silos in the fields and count them as well. Without his ears he would have silently ridden to Madison and learned nothing.

I realize I am a grandma who truly loves this wonderful little boy but I do believe because of EARLY INTERVENTION, Dylan will be a contributor to society.

Please keep me updated as I will come if necessary

Regards
Judy Wagner

Judith A Wagner
609 E Eastwyn Bay Dr
Mequon WI 53092
(262)241-8084 home
(262)363-3414 lake

-----Original Message-----

From: Piliouras, Elizabeth [mailto:Elizabeth.Piliouras@legis.wisconsin.gov]
Sent: Friday, November 09, 2007 9:20 AM
To: rwagner12@wi.rr.com
Subject: RE: a message from Judy Wagner

Hi Judy:

Dylan was very well behaved for such a long meeting. It's definitely not the most comfortable thing when you're for - kind of like getting stuck listening to the adults at the dinner table at holidays ☺

I wanted to let you know that Senator Breske has scheduled SB88 for a vote on Monday. The committee should adopt the amendments talked about in the hearing and then it will be available for a vote on the Senate floor.

Cute picture! Glad Dylan enjoyed the trip - it's a beautiful building as long as you don't get lost.

11/09/2007

*Take Care,
Beth*

From: Sen.Breske
Sent: Thursday, November 08, 2007 9:01 AM
To: Piliouras, Elizabeth
Subject: FW: a message from Judy Wagner

From: Judith A Wagner [mailto:rwagner12@wi.rr.com]
Sent: Thursday, November 08, 2007 7:48 AM
To: Sen.Breske
Cc: Rep.Leibham@legis.state.wi.us; Plale, Jeff; Sen.Hansen; Sen.Erpenbach
Subject: a message from Judy Wagner

Dear Senator Breske and Committee Members

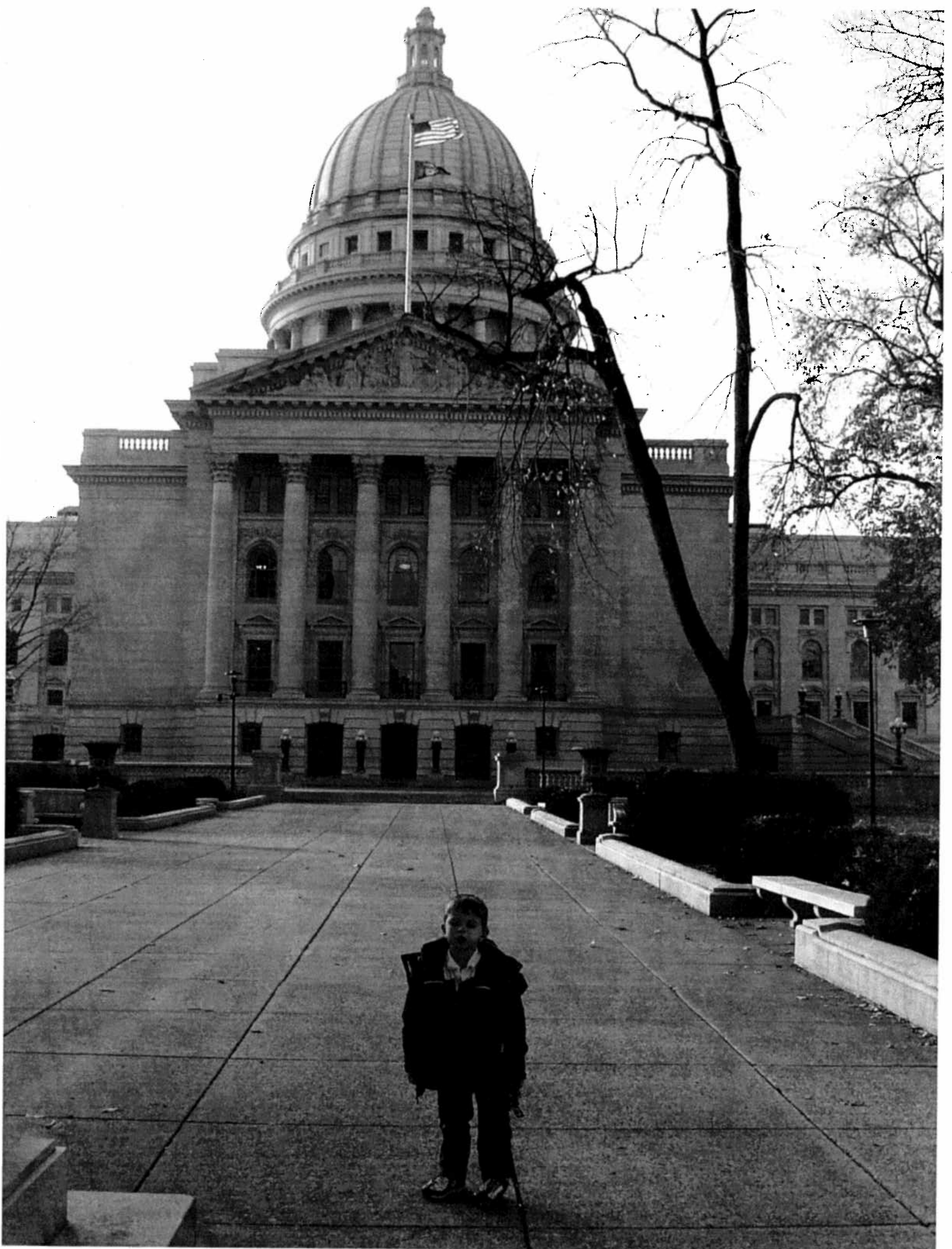
I again want to thank all of you for the opportunity to speak yesterday at the public hearing for on Senate Bill 88 that is the companion Bill to Assembly Bill 133 as well as allowing me to speak in the beginning so Dylan did not get too restless as most 4 years can become after awhile.

Dylan was very excited about his first trip to the Capital(see attached picture that he will take to school). His mom said he was still talking last night in bed, instead of falling right to sleep.

I was sorry that I could not stay to hear the other presentations but I hope that the committee was able to recognize the benefit of early intervention for children with hearing losses. It gives them a chance to become a contributing member to society. To recognize the evolution of the child once hearing aids are received is a very inspirational experience.

I again encourage your recommendation that this committee make positive recommendations for change in insurance policies

Regards,
Judy Wagner, R.N.



DYLAN -

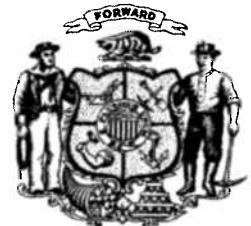
grandson of Judy Wagner

who testified on 11/7/07 in

TTI Center.



WISCONSIN STATE LEGISLATURE



OFFICE OF SENATOR ROGER BRESKE

Date Received: 10/23/07

Entered in Forward:

Date Closed: _____

Name: Bernadette Hasenberg

Address: 467 Main St.

City & Zip: Sayle River

Phones: (H/W/M) 715-479-6753

(H/W/M) _____ Assigned to: ~~ALFA~~ BETH

- visit at _____
- phone call
- e-mail
- letter
- voice mail
- office hours at _____
- Roger personal contact
- referred from _____

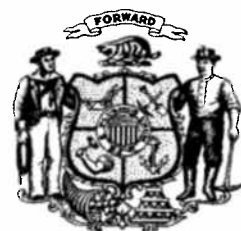
Nature of Problem: po - SB 88 re: insurance for cost hearing aids & implants

Details: in TT1

HASENBERG



WISCONSIN STATE LEGISLATURE



Chairperson Breske and Members of the Committee, Thank you for allowing me to testify today on behalf of the Senate Bill 88.

I am Franz Backus of Madison Wisconsin and am here as an individual with a life long hearing impairment, an economist, and taxpayer.

I have a graduate degree in Labor Economics from UW Milwaukee and 30 years of professional responsibilities in Wisconsin State Government.

Many here can speak to you about their experiences and the hardships that they experienced as parents of hearing impaired children. Others are much better equipped to cover what happens if hearing is not given to very young infants and children. I can only tell you how indebted I am to my parents who could afford and did equipment me to go to school and the University, as close to being a normal student as possible. You will notice my speech is normative and I moderate it. This is do to the fortunate fact that my hearing loss did not manifest itself until I reached first grade, which allowed me to develop normal verbal skills. And I can also testify to my debt to Wisconsin for requiring coverage of my cochlear implant and for hearing aids that I have worn as an adult because I like you, are covered by a state employee health policy which requires coverage being considered for others here today.

It is as an economist and taxpayer that I wish to call into focus the import of this legislation. For want of a better description this could be called "The Taxpayer Protection bill" as it seeks to reduce the number and severity of "handicapped" children showing up at school doors demanding an education at a huge cost to the taxpayers. While I do not have explicit data available today it is not difficult to see that children, who do not speak, are socially underdeveloped and have no verbal skills in kindergarten are going to be expensive to educate.

Where this is the direct and specific result of a failure to correct hearing loss earlier in life because of cost, it is unconscionable.

As economists say, who gets the money whom pays. The children pay for a lifetime of lost earning power, the parents do in efforts to help their child, and last and most important of all the taxpayer pays in the form of unnecessary cost of special education where it can be eliminated by appropriate medical intervention.

A professional staff to sign, for example for a child who could have benefited from an Implant cost more in the first year of school than the implant and you just multiply by 12 if we are lucky and the child makes it through in that short a time frame. That is quite a payback.

On the other side of the coin you may hear from opponents that the "mandate" of this bill will raise the cost of health insurance and thereby reduce this important coverage for families. There could be some truth to this argument, but the reality cast some economic doubt. For example: Why are insurers so anxious to serve Wisconsin State employees that they charge less for insurance that has this coverage than they charge small companies who do not get this benefit? Small and medium size companies pay more for less coverage.

I believe 19 states require coverage of aids and Cochlea Implants as a standard in policies sold to their citizens. The question that must follow is "Is the insurance more expensive in those states?" I can not definitively answer that question, but would put to you the idea that the market and competition determines the price of coverage. So who pays? Will this standard raise the price of health insurance to small firms so it is out of reach? Or is it possible and more likely that the market and competition may result in health insurers realizing a fractional decline of earnings as a result of this law.

Data comparisons between states requiring coverage and those that do not are not available in a form that would

definitively answer who will pay. The point is that the markets do work and the outlay for this coverage will not simply transfer to small firms and individuals in the form of more costly insurance.

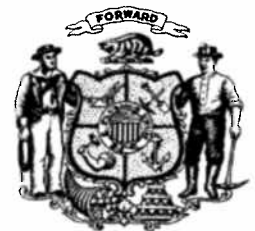
Last it should be noted is that the outlay of insurance funds for the 100 or so children born each year who might benefit from this law is so minuscule and wide spread all Wisconsin taxpayers would be better off with this law than without it.

Senate Bill 88 is a good, decent, and workable law that will enhance all Wisconsin citizens. It is worthy of unanimous support.

Again I thank you for allowing me to testify and will answer any questions you may have. Thank you again.



WISCONSIN STATE LEGISLATURE



To: Senator Breske, Chair, and Members
Senate Committee on Transportation, Tourism and Insurance
From: Alicia (Sidman) Boehme, Disability Rights Wisconsin
Subject: **Senate Bill 88**

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.

Oliver was identified as having potential hearing loss upon discharge from the hospital when he was born. Since 2002 hospitals in Wisconsin are required to 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 services¹. And over a lifetime, early intervention can reach a savings of about 1 million dollars per person².

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

- “I knew I could not afford the \$4,000 for new hearing aids even with the \$1,000 being covered by insurance for the aids themselves... Since I have 2 deaf children, I really need to get outside support...”
- “We are still paying the credit that we had to borrow using our credit card company.”
- “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, I strongly recommend that two modifications be made to the bill. First, an amendment should be introduced to mirror the Assembly version of the bill (AB 133) to increase the age 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”. DRW and I 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.

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

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

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