

**ALASKA STATE LEGISLATURE**  
**HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES STANDING COMMITTEE**

February 17, 2005

3:10 p.m.

**MEMBERS PRESENT**

Representative Peggy Wilson, Chair  
Representative Paul Seaton, Vice Chair  
Representative Tom Anderson  
Representative Vic Kohring  
Representative Lesil McGuire  
Representative Sharon Cissna  
Representative Berta Gardner

**MEMBERS ABSENT**

All members present

**COMMITTEE CALENDAR**

HOUSE BILL NO. 109

"An Act relating to establishing a screening, tracking, and intervention program related to the hearing ability of newborns and infants; providing an exemption to licensure as an audiologist for certain persons performing hearing screening tests; relating to insurance coverage for newborn and infant hearing screening; and providing for an effective date."

- MOVED CSHB 109(L&C) OUT OF COMMITTEE

**PREVIOUS COMMITTEE ACTION**

BILL: HB 109

SHORT TITLE: SCREENING NEWBORNS FOR HEARING ABILITY

SPONSOR(S): REPRESENTATIVE(S) RAMRAS

01/26/05	(H)	READ THE FIRST TIME - REFERRALS
01/26/05	(H)	L&C, HES, FIN
02/04/05	(H)	L&C AT 3:15 PM CAPITOL 17
02/04/05	(H)	Heard & Held
02/04/05	(H)	MINUTE(L&C)
02/07/05	(H)	L&C AT 3:15 PM CAPITOL 17
02/07/05	(H)	Moved CSHB 109(L&C) Out of Committee
02/07/05	(H)	MINUTE(L&C)
02/09/05	(H)	L&C RPT CS(L&C) NT 5DP 1NR

02/09/05 (H) DP: LYNN, LEDOUX, GUTTENBERG, CRAWFORD,  
ANDERSON;  
02/09/05 (H) NR: ROKEBERG  
02/17/05 (H) HES AT 3:00 PM CAPITOL 106

**WITNESS REGISTER**

REPRESENTATIVE JAY RAMRAS  
Alaska State Legislature  
Juneau, Alaska

POSITION STATEMENT: Testified as the sponsor of HB 109.

GERI BENSHOOF  
Alaska Speech-Language-Hearing Association  
North Pole, Alaska

POSITION STATEMENT: Testified in support of HB 109.

CHERYL SCOTT  
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 109.

STEPHANIE BIRCH, Manager  
Newborn Screening Program  
Division of Public Health  
Department of Health and Social Services  
Anchorage, Alaska

POSITION STATEMENT: Stated that she would answer questions concerning hearing screening.

DEBBIE GOLDEN  
March of Dimes  
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 109.

DIANE INGLE, Manager  
Community Health Services  
Municipality of Anchorage  
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 109.

LISA OWENS, Speech Pathologist and Audiologist  
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 109.

PAMELA S. MUELLER-GUY, Coordinator  
Deaf Services & Interpreter Referral  
Southeast Alaska Independent Living, SAIL

Juneau, Alaska

POSITION STATEMENT: Testified in support of HB 109.

JODI RUMPH

Governors Council Disabilities and Special Education  
Juneau, Alaska

POSITION STATEMENT: Testified in support of HB 109.

MARTIN BEALS, M.D.,

American Academy of Pediatrics  
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 109.

JACK MCGRAY, Senior Vice President

Premera Blue Cross  
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 109.

JEAN MISCHEL, Attorney

Legislative Legal and Research Services  
Legislative Affairs Agency  
Juneau, Alaska

POSITION STATEMENT: Provided legal assistance concerning language within HB 109 and related amendment.

#### **ACTION NARRATIVE**

**CHAIR PEGGY WILSON** called the House Health, Education and Social Services Standing Committee meeting to order at [3:10:21 PM](#). Representatives Kohring, McGuire, and Cissna were present at the call to order. Representatives Seaton, Anderson, and Gardner arrived as the meeting was in progress.

#### HB 109-SCREENING NEWBORNS FOR HEARING ABILITY

CHAIR WILSON announced that the only order of business would be HOUSE BILL NO. 109 "An Act relating to establishing a screening, tracking, and intervention program related to the hearing ability of newborns and infants; providing an exemption to licensure as an audiologist for certain persons performing hearing screening tests; relating to insurance coverage for newborn and infant hearing screening; and providing for an effective date."

[3:11:36 PM](#)

REPRESENTATIVE JAY RAMRAS, sponsor to HB 109, stated that each year, in Alaska, about 10,000 babies are born and 30 to 40 percent of those children have some congenital hearing defect. He said that hearing loss is more prevalent than any other congenital abnormality for which newborns are routinely screened and studies have shown that children born with a hearing impairment often are not discovered until they are two to three years old. He explained that many of the [facial] muscles around the jaws atrophy because [hearing impaired] children are not able to respond to sound and don't develop good speech patterns. He related that studies have shown that the most critical time for speech development and cognitive development is from birth to three years of age.

REPRESENTATIVE RAMRAS said that this bill will save the state money. The average expense for each child going through K-12 programs that is undiscovered for some degree of hearing loss, he related, is about \$400,000. He explained that future liability of \$12 to \$16 million, in addition to the harm of the psyche of that child, justifies the \$30 or \$40,000 a year established in the fiscal note. He stated that HB 109 does three things: it requires the testing of infants for hearing loss before they leave the hospital or within thirty days; it insures the development of a reporting and tracking system for newborns that are deemed at risk; it will provide diagnostic information and the parents will be provided [by the Department of Health and Social Services] with written information on the available services through community resources, government agencies, parent support organizations affiliated with deafness, and counseling and education services offered through the Department of Education and Early Development. It gives families that are of means and those that are in a lower socioeconomic position, plenty of opportunities to address issues with their children, he related.

REPRESENTATIVE RAMRAS mentioned that one of the things Representative Anderson [Chair of House Committee of Labor & Commerce] was so helpful with was advocating for those who weren't audiologists to be able to perform the [screening] exam since many of the smaller communities only have nurses. He explained that there is some degree of specialization in administering the "ABR" test [Automated Auditory Brain Stem Response Test] where devices are placed in a child's ear and sensors pick up the infants' brain response. He concluded by describing the fiscal impact of HB 109 as modest, and explained that grants can be reapplied for maintaining the \$30,000 range which equates to \$3 dollars per child. In prior years when

similar bills did not pass, he said, the fiscal notes were \$600,000. Presently, he related, through grants and through service organizations like "quota club," hearing machines have been purchased, are portable and nurses that have been trained can administer the test in the smaller rural and bush communities.

REPRESENTATIVE RAMRAS said that money for the services requested in this bill are in place for the infant learning programs and federal grant monies have been extended through the next three years. He noted that these grants may be extended and the additional monies may not be required. Most insurers are paying for these costs, he explained, because Medicaid regulations and most private insurers are paying the \$20 to \$60 fee associated with infant hearing screening at birth and it would not be feasible for the Department of Health and Social Services to take on these charges.

[3:19:17 PM](#)

GERI BENSHOOF, Alaska Speech-Language-Hearing Association, stated her support of HB 109 and added that Alaska is one of only six states that the "Deafness Research Foundation" has found to have less than 80 percent of babies screened [for hearing]. She said that the goal of 100 percent [screening] is excellent and often, if screening legislation exists, there are higher percentages of babies being screened. She opined that Representative Ramras effectively explained why this screening and early detection are important.

[3:21:14 PM](#)

CHERYL SCOTT stated that her son, Justin, is 18 years old and experiences bilateral hearing loss in addition to other disabilities. She explained that her son was born in March of 1987 and was 26 weeks premature; she met him when he was 5 months old. She said:

He came as a medical needs foster baby to our home and we adopted him when he was about 3 and a half. Currently, his diagnoses include Fetal Alcohol Syndrome, cerebral palsy, mental retardation, epilepsy, vision impairment, hearing impairment and cleft palate. He wasn't diagnosed with hearing loss until he was 10 and a half years old. As a result, he never did hear clearly in the early years of his life, he never developed much in the way of spoken

communication. At this point, after 15 plus years of weekly speech therapy, and a couple of different oral surgeries and now, hearing aids, he has about 50 usable words. Even the majority of those words are very difficult for people that don't understand how he communicates ... to really figure out what he is saying.

For us, one of the biggest challenges early on, was knowing how to communicate with him and how to teach other people to communicate with him. We ended up teaching him sign language because he didn't have a diagnosis of hearing impairment at that time, we didn't have any support from the school district to ... help him learn that, so that was something that we really pushed throughout his school career. We were really devastated when he was finally diagnosed at 10 and a half, and that came about because the speech therapist that he saw privately, finally said, "this isn't going anywhere, I have gone as far as I can go with him. I really don't think he is going to learn to speak."

MS. SCOTT said that in spite of years of speech therapy, his speech was not adequate for regular conversation. The cost for private speech therapy has ranged between \$90 and \$125 per hour, 40 visits per year, over 15 years. She said that [her family] has a combination of private insurance and Medicaid coverage but for many years had huge out of pocket expenses.

MS. SCOTT stated that, "because he didn't get an early diagnosis, and didn't get that early intervention when it really was critical, when his brain was able to easily learn the sounds ... and for him to be able to learn to produce those sounds back to people, that never happened ... and as a result, he isn't able to communicate easily with his peers, he doesn't have a lot of friends and it's not going to be easy for him to find a job because he can't communicate with a job coach or a teacher easily unless they know American Sign Language and even that with his cerebral palsy can be a real challenge ... he will always need to have someone intervening for him in a job setting, in any kind of home setting that he has when he is away from his family because really no one else, except for family members, can understand him clearly." She stated her belief that this is something that could have been prevented with early identification and intervention.

3:26:55 PM

CHAIR WILSON asked if [Justin Scott] can use American Sign Language.

MS. SCOTT replied that he can sign, and that he was taught through the early intervention program for infants and children in Anchorage.

STEPHANIE BIRCH, Manager, Newborn Screening Program, Division of Public Health, stated that she was available to answer any relevant questions.

DEBBIE GOLDEN, March of Dimes, stated that the mission of March of Dimes is to improve the health of babies by preventing birth defects and infant mortality. She said that [March of Dimes] is a big promoter of newborn hearing screening, monitoring and tracking and supports HB 109. She said that 39 states [excluding Alaska] have active legislation mandating newborn hearing screening. She related that for 50 years experts have been emphasizing the importance of detecting hearing problems early and intervening

3:31:48 PM

DIANE INGLE, Manager, Community Health Services, Municipality of Anchorage, stated that the Municipality of Anchorage strongly supports HB 109 and has included it in its 2005 legislative [priorities]. She explained that Anchorage has slightly more than half of the annual births in the State of Alaska and identifies 15 to 20 children with hearing loss each year. She added that about 75 percent of the children who are enrolled in the early intervention program for hearing loss are residents of the Anchorage area. She related that [the early intervention program] is something that makes a difference for the long-term quality of life and for the lifelong amount of resources required for special education and additional resources.

LISA OWENS, Speech Pathologist and Audiologist, stated she is in support of HB 109. She commented that this legislation can change opportunities for children affected. She said that HB 109 would give parents the opportunity to change things for their children and would provide a tracking system.

[The committee took an at-ease from 3:36:42 PM to 3:37:27 PM.]

[3:39:15 PM](#)

JODI RUMPH, Governor's Council on Disabilities and Special Education, stated that this Council firmly supports HB 109, including the amendment.

[3:40:44 PM](#)

PAMELA MUELLER-GUY, Coordinator, Deaf Services & Interpreter Referral, Southeast Alaska Independent Living, SAIL, read her written testimony for the committee [original punctuation provided]:

Hello my name is Pam Mueller-Guy. I work for Southeast Alaska Independent Living as the Deaf Services & Interpreter Referral Coordinator. I am representing for SAIL in support for the Newborn Hearing Screening test, House Bill 109 and Senate Bill 68.

I was born as a hearing child. However, I had to have a blood transfusion from a stranger when I was five days old, due to my rare blood type. Due to this blood transfusion, I became deaf, but no one realized it till I was about 2 years old.

Even as a toddler, I could speak a little bit and mimicked by brother while playing with toys. My grandmother finally figured out that I could not hear, realizing I never responded when they called my name. Only when a loud noise occurred, such as a stomp on the floor, did I look their way.

They finally took me to have a hearing test and I was diagnosed with severe profound nerve deafness. They were in shock and wept for me because they didn't know what to do. They asked, "How can she can hear music?" My whole family is musical! They had grief until they realized I could experience music.

I started speech classes at 2 1/2 years old then started wearing hearing aids at 3 1/2 years old and started half days till four years old to stay at boarding parents house during the week because deaf school was 25 miles away from my home.

I was held back in school twice due to my hearing disability. One time, just because they wanted to keep all the students who were deaf together in one grade. I had to make friends all over again.

If this bill is passed, it will also allow parents of newborn babies with hearing loss to get information immediately and begin preparing for life with a child who is deaf. It is difficult for organizations like SAIL to identify and assist persons who have hearing loss; a much better way to do this is to catch the baby and family at the beginning of life. I do not want to see people with hearing loss have to go the hard way like me.

I hope for the new generation that they can be diagnosed early and begin to learn early so they may be capable of writing English easy instead of the hard way. I see most deaf and hard of hearing have a hard time in Alaska for jobs. Schools also should have programs specifically for children who are deaf so they won't be isolated. I am hopeful children who are deaf will be able to communicate in both the hearing world and the deaf world.

The newborn hearing screen would be best for all needs so the parents of the baby can start early to learn to cope with the child and their lives would be easier! This bill will save a lot of money for the government, schools, and insurance, including Medicaid, in the long run. Thank you for taking your time to listen to me. Keep passing those bills for better lives in Alaska!

[3:45:31 PM](#)

MARTIN BEALS, M.D., Alaska Chapter of the American Academy of Pediatrics, stated his support of HB 109. He explained that hearing loss is the most common birth defect and it can have a significant negative impact on children, but early detection and intervention can help. He said that HB 109 has provisions for tracking when children fail the screening, so they can be followed and appropriate diagnostic testing is completed.

CHAIR WILSON asked how many children a year are born with hearing loss.

DR. BEALS stated that the incidents of hearing loss diagnosable at birth is about 3 in 1,000 live births and there are about 10,000 live births in Alaska per year. He estimated that there are about 30 children a year born [in Alaska] who would be diagnosed using this technology.

[3:47:58 PM](#)

JACK MCGRAY, Senior Vice President, Premera Blue Cross, began discussion of Amendment 1 [submitted by Premera Blue Cross, labeled as 2/16/05, 4:07 p.m.] which read [original punctuation provided]:

CSHB 109(L&C) Version "F" page 3, lines 9-24:

Sec. 5. AS 21.42 is amended by adding a new section to read:

**Sec.21.42.349. Coverage for newborn and infant hearing screening.** (a)If a health care insurer offers, issues for delivery, delivers, or renews in this state a health care insurance plan that covers services provided to women during pregnancy and childbirth and the dependents of a covered individual, including routine newborn care, the health care insurer must comply with the requirements of this subsection.

(1)The health care insurer may not deny coverage for a newborn or infant screening to be performed within 30 days after the child's birth; and

(2)If the initial screening under (1) of this section determines that the child may have a hearing impairment, the plan may not deny coverage for a confirmatory hearing diagnosis evaluation.

(b)The coverage required by this section may be subject to standard policy provisions, such as deductible or copayment provisions.

Rationale: (a): Deletes exception for fraternal benefit societies. Because the intent of the bill is to assure that 100% of newborns are screened, no sources of payment should be excluded from the requirements. (a)(1) through (b): Under current practice, any costs for the initial screening are typically included in the hospital or other facility's charge for newborn care or in the physician or other practitioner's charge for routine follow-up care. Diagnostic tests, including hearing examinations, are covered under existing medical

benefits. The amendment changes the bill language to reflect standard practice and health plan design.

MR. MCGRAY said:

we're supporting HB 109 ... we cover this hearing test now ... in a pediatric setting or in a hospital or birthing center ... what our amendment will do is it will change the bill to reflect the standard practices in the health plan design ... it will only modify the bill so it will come into sync with standard practices in health plan designs that we have up in Alaska, now.

CHAIR WILSON inquired as to the specific changes included in Amendment 1.

MR. MCGRAY explained that the amendment is technical and it will allow [Premera Blue Cross] to utilize existing contracts. Without the amendment, he said, administration costs would rise due to the creation of new contracts.

REPRESENTATIVE SEATON inquired as to the HB 109 requirements for testing being covered under existing procedures.

MR. MCGRAY stated that they are covered now under "hearing screening."

CHAIR WILSON inquired as to the purpose of Amendment 1 if there is coverage [for screening] now.

MR. MCGRAY said that this is a technical issue that deals with how the contract is written in relation to how the legislation is written.

[3:50:21 PM](#)

REPRESENTATIVE GARDNER clarified that the Alaska State Legislature makes the law and insurance company contracts comply with the law.

MR. MCGRAY stated that one of the goals [of Premera Blue Cross] is to keep administrative costs low; this amendment will not modify the intent of HB 109.

REPRESENTATIVE ANDERSON stated:

if you look at Version F of the bill ... page 3 ... lines 22 through 24 ... section 5, subsection 6 ... it states, "The coverage required by this section may be subject to standard policy provisions that are applicable to other benefits, such as deductible or co-payment provisions." Your amendment, as proposed ... states ... "the coverage required by this subsection may be subject to standard policy provisions, such as deductible or co-payment provisions." ... you have deleted, "that are applicable to other benefits" and that was bought up in the Labor & Commerce Committee, can you explain ... why that was deleted.

MR. MCGRAY stated that the intent [of Amendment 1]:

if the language went through as is presently listed in the bill, we'd modify our contracts and have a stand-alone benefit for this, for the hearing screen. Now what we do is we include that in the benefit package that the hospitals and physicians used when they're screening for hearing. So, ... the amendment changes won't reflect anything different than our standard practices ... instead of having a stand-alone benefit that states "hearing specific," it's part of the package that's used that the doctors and hospitals use in screening and we pay for it that way.

[3:54:13 PM](#)

CHAIR WILSON stated that she needs to be convinced as to why the language, "that are applicable to other benefits" should be deleted from HB 109.

MR. MCGRAY stated that [Premera Blue Cross] consulted with its legal department and concluded that if the language in HB 109 remains as it is now, all contracts in Alaska will require revision. He explained that the submitted amendment does not change [Premera Blue Cross] practices in Alaska or the intent of HB 109.

CHAIR WILSON offered comments concerning the language used within the submitted amendment:

at the end of that first paragraph [of Amendment 1] where it says "care insurer must comply with the requirements of this subsection," I would suggest that

we change that to say "care insurer shall comply [with the requirements of this subsection]." ... under number 1 ... leave out "The health insurer may not deny" and ... [insert] "Coverage for a newborn or infant screening to be performed within 30 days of the child's birth" ... number 2 ... in the middle line, "the plan may not deny" ... [insert] "the plan shall provide coverage for confirmatory hearing diagnostic evaluation."

MR. MCGRAY said that he has no problem with Representative Wilson's comments and corrections to Amendment 1.

[3:57:30 PM](#)

REPRESENTATIVE CISSNA inquired as to the availability of an attorney to assist with the questions brought up by Representative Anderson.

CHAIR WILSON stated that "Bill Drafting" has been contacted and the person who drew up HB 109 will be able to provide guidance.

CHAIR WILSON asked if someone would move the amendment before the committee [in an attempt to make Representative Wilson's aforementioned corrections].

REPRESENTATIVE MCGUIRE stated her concerns about the moving the amendment and questioned phrasing within HB 109.

[4:02:34 PM](#)

REPRESENTATIVE SEATON offered Amendment 1 [labeled 2/16/05, 4:07 p.m.] to be brought before the committee.

REPRESENTATIVE ANDERSON objected for the purpose of discussion.

REPRESENTATIVE SEATON offered a Conceptual Amendment to amend Amendment 1, as follows:

In Subsection (1), remove "the health care insurer may not deny"

Insert "Provide"

In Subsection (2), remove "may not deny"

Insert "shall provide"

In first paragraph, remove "must"

Insert "shall"

[4:04:03 PM](#)

CHAIR WILSON stated that hearing no objection, those changes have been made to read, "the health care insurer shall comply with the requirements of this subsection ... they shall provide coverage for a newborn infant and they shall provide coverage for confirmatory hearing diagnostic evaluation."

[4:05:17 PM](#)

REPRESENTATIVE SEATON offered Amendment 2, to amend Amendment 1, as follows:

Remove Subsection (b)  
Adopt the rest of the Amendment 1.

REPRESENTATIVE MCGUIRE objected for the purpose of discussion.

[4:06:35 PM](#)

JEAN MISCHEL, attorney, Legislative Legal and Research Services, Legislative Affairs Agency, stated that there is a structural problem with Amendment 1.

CHAIR WILSON explained the specific changes the House Health, Education and Social Services Standing Committee have made to Amendment 1.

[4:08:39 PM](#)

REPRESENTATIVE ANDERSON, for the benefit of Jean Mischel, clarified the changes within HB 109 [and Amendment 1] that the committee had been discussing.

[4:10:29 PM](#)

JEAN MISCHEL stated that Amendment 1 could significantly change HB 109. She explained that what the current language change does, in Subsection C, Section 5, of HB 109, is limit it to standard policy provisions that are applicable to other benefits. If the standard policy provision were changed, with respect to infant hearing and screening assessments, other benefits would also have to be changed. She stated that what is being proposed in Amendment 1 is a much broader limitation.

CHAIR WILSON asked Jean Mischel to review Amendment 1 and inform Representative Ramras of the effects of the changes. She stated

that the House Health, Education and Social Services Standing Committee will pass HB 109 to the next committee. In the meantime, she said, legal counsel will provide information concerning language changes.

REPRESENTATIVE SEATON withdrew his aforementioned amendments.

[4:13:06 PM](#)

REPRESENTATIVE ANDERSON moved to report CSHB 109(L&C), Version F, with individual recommendations, attached fiscal note and with supplemental legal comments. There being no objection, CSHB 109(L&C) was reported from the House Health, Education and Social Services Standing Committee.

#### **ADJOURNMENT**

There being no further business before the committee, the House Health, Education and Social Services Standing Committee meeting was adjourned at [4:14:29 PM](#).