

ALASKA STATE LEGISLATURE
HOUSE LABOR AND COMMERCE STANDING COMMITTEE

February 4, 2005

3:19 p.m.

MEMBERS PRESENT

Representative Bob Lynn
Representative Gabrielle LeDoux
Representative David Guttenberg
Representative Tom Anderson
Representative Pete Kott

MEMBERS ABSENT

Representative Norm Rokeberg
Representative Harry Crawford

COMMITTEE CALENDAR

HOUSE BILL NO. 102

"An Act relating to the licensure of foreign medical graduates; and providing for an effective date."

- MOVED OUT OF COMMITTEE

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."

- HEARD AND HELD

PREVIOUS COMMITTEE ACTION

BILL: HB 102

SHORT TITLE: FOREIGN MEDICAL SCHOOL GRADUATES

SPONSOR(S): REPRESENTATIVE(S) STOLTZE

01/21/05	(H)	READ THE FIRST TIME - REFERRALS
01/21/05	(H)	L&C, FIN
02/04/05	(H)	L&C AT 3:15 PM CAPITOL 17

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

WITNESS REGISTER

REPRESENTATIVE BILL STOLTZE
Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: Sponsor of HB 102.

RICK URION, Director
Division of Occupational Licensing
Department of Commerce, Community, & Economic Development
POSITION STATEMENT: Testified in support of HB 102.

DR. JAMES JORDAN, executive director
Alaska State Medical Association
POSITION STATEMENT: Testified in support of HB 102.

DR. GEORGE STEWART, physician,
Anchorage, Alaska
POSITION STATEMENT: Testified in support of HB 102.

JANE PIERSON, Staff
for Representative Jay Ramras
POSITION STATEMENT: Testified in support of HB 109.

MS. PAM MUELLER, Deaf Services Coordinator
Southeast Alaska Independent Living, Incorporated (SAIL)
POSITION STATEMENT: Testified in support of HB 109.

JODY RUMPH, Executive Director
Governors Council on Disability and Special Education
POSITION STATEMENT: Testified in support of HB 109.

MARY WAYMILLER, Citizen
Fairbanks, Alaska
POSITION STATEMENT: Testified in support of HB 109.

SIG RESTED, Master
Northland Pioneer Grange, of the Alaska State Grange
POSITION STATEMENT: Testified in support of HB 109.

STEPHANIE BIRCH, Acting Chief
Womens, Children's, and Family Health Unit
Division of Public Health
POSITION STATEMENT: Testified in support of HB 109.

NANCY GERSHERT, speech pathologist
Anchorage, Alaska
POSITION STATEMENT: Testified in support of HB 109.

LISA OWENS, speech pathologist/audiologist
Anchorage, Alaska
POSITION STATEMENT: Testified in support of HB 109.

DEBBIE GOLDEN, Director of Program Services
March of Dimes of Alaska
POSITION STATEMENT: Testified in support of HB 109.

DIANE DISANTO, Community Development Specialist
Mayor's Office
Municipality of Anchorage
Anchorage, Alaska
POSITION STATEMENT: Testified in support of HB 109.

DR. MARTIN BEALS, private physician
Anchorage, Alaska
POSITION STATEMENT: Testified in support of HB 109.

KRISTA GALYEN, Program Coordinator
Special Education Service Agency for Hearing Impaired (SESA)
Consultation and Education for Early Hearing Impairment (CEEHI)
POSITION STATEMENT: Testified in support of HB 109.

MICHELLE RADIN, Education Specialist
Special Education Service Agency for Hearing Impaired (SESA)
Consultation and Education for Early Hearing Impairment (CEEHI)
POSITION STATEMENT: Testified in support of HB 109.

REED STOOPS, Insurance Specialist
America's Health Insurance Plans (AHIP)
POSITION STATEMENT: Testified in support of HB 109.

ACTION NARRATIVE

CHAIR TOM ANDERSON called the House Labor and Commerce Standing Committee meeting to order at [3:19:16 PM](#) Representatives Lynn, LeDoux, Guttenberg, Anderson were present at the call to order. Representative Kott arrived as the meeting was in progress.

HB 102-FOREIGN MEDICAL SCHOOL GRADUATES

CHAIR ANDERSON announced that the first order of business would be HOUSE BILL NO. 102 "An Act relating to the licensure of foreign medical graduates; and providing for an effective date."

REPRESENTATIVE BILL STOLTZE, Alaska State Legislature, sponsor, pointed out that his specialty was listening to people and that through listening, he has ascertained that a shortage of specialties in medicine exist here in Alaska. He then acknowledged that there are many qualified people here that can help solve this problem.

CHAIR ANDERSON pointed out that one of the things we don't want is the insurgence of doctors into Alaska who come from countries that are not standards are lower. He then asked what the representative thought concerning this and whether changing the board rules would weed these kind out.

REPRESENTATIVE BILL STOLTZE answered that a board with professionals will weed these people out and furthermore, they will be asking those who are qualified to practice outstanding medicine into the state.

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REPRESENTATIVE LYNN asked if there was anything that will cover English speaking ability for those that practice medicine.

REPRESENTATIVE BILL STOLTZE answered that he did not know.

CHAIR ANDERSON stated that this question would be held and reexamined by one of the doctors that are here as witnesses. He then opened the floor up to the public.

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RICK URION, Director, Division of Occupational Licensing, Department of Commerce, Community, & Economic Development (DCCED), standing in favor of the bill, stated that the biggest

problem here is that in all of the Alaskan laws there are no discretionary powers within his grasp. He pointed out that there had been many instances when he could have solved many problems if he was given them.

MR. URION further stated that the laws are written for the worst case scenario and that life was not black and white. He ends by stating that public safety could have been less jeopardized if he had been given some discretionary opinion.

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REPRESENTATIVE GUTTENBERG mentioned that the question by Representative Lynn was an interesting one and that he wanted to revisit it. He postulated that in the event of a Chinese and Eastern European coming into take the test for competency, would there be a standard that the board would take to test competency and also, if they translate foreign documents to aid in licensing.

MR. URION answered by stating that they are not going to allow people in that cannot speak English. He then said that most of the people are already licensed elsewhere in the United States.

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REPRESENTATIVE LEDOUX mentioned that she was under the impression that doctors simply would not be practicing in this state unless they have been practicing in other states.

MR. URION commented that people will not be practicing in this state unless they are highly skilled in their field. The problem that exists is that these very people cannot come into the state and practice due to constraints in the current law.

CHAIR ANDERSON further stated that through the application process there would be enough background research to determine their abilities.

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Dr. JAMES JORDAN, executive director of the Alaska State Medical Association, stated that he would be augmenting to previously submitted testament. In the written statement he stated that he referred to a 2002 study that showed that a shortage of 200 physicians in their market area. He then said that he has information that this is corroborated in a 2005 study. He then

continues to say that in 2009 there will be a need for 261 more physicians.

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DR. JORDAN continued by stating that one of the problems is delivering culturally competent care. He supported this statement by saying that in the school system alone there are instances of at least 80 languages being spoken by indigenous peoples. He ended by stating that foreign-born doctors could offer an excellent venue for culturally diverse treatment.

DR. GEORGE STEWART, physician in Alaska, stated that it is very difficult to recruit specialists here. From his own personal experience, he stated that his own specialty suffers from a shortage. He asserted that the state of Alaska is getting to a critical point. The idea behind the bill is to not lower the bar to allow less qualified people in, but to allow highly qualified people in that do not fit the tight temporal guidelines that are found in the current law. He emphasized that Alaska has a critical shortage of physicians. By denying physicians the access to Alaska, he stated that you are also denying Alaskans healthcare.

REPRESENTATIVE LYNN wanted to know if there is going to be an active effort to recruit these medical specialties.

DR. STEWART indicated that he has been recruiting for eight years. He commented that these are not for people that are from areas far and remote but people that have been practicing in the United States for years.

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REPRESENTATIVE GUTTENBERG pointed out that last year the state was not very supportive of the Naturopathic bill. He then asked if the two doctors were supportive of this practice.

DR. JORDAN commented that his group is supportive of naturopathic physicians.

CHAIR ANDERSON asked if there was anything else to be added.

REPRESENTATIVE STOLTZEE pointed out that as a diabetic, he has a small conflict of interest in supporting the bill, but that others like him suffer the same lack of physicians. It takes six months to schedule an appointment with endocrinologists. He

pointed out that his particular doctor is aging and that this trend is a growing one in Alaska. He advised that the specialists the state does have are going to be retiring and gone very soon.

REPRESENTATIVE GUTTENBERG asked if anyone at the meeting was on the medical board, and he then followed this up with a question concerning the mechanics and procedures of the application process.

CHAIR ANDERSON reiterated the question by asking how the application process works.

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REPRESENTATIVE STOLTZE answered by stating that the state medical board sits down to look at and decide what alternative criteria is available, and then they go through the administrative process of adopting new regulations so they are outlined for everyone, and thus, the tests for competency are then made very apparent. These regulations will include three requirements. The first is licensure in another state and second, a board specialty. A new requirement would be passing a core comprehension test. The medical student is presented with a patient (an actor) who presents with various symptoms. The student doctor must properly diagnose the problem without failure.

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REPRESENTATIVE LEDOUX points out that in section 3B, that these requirements are in the language. She then asked if it was the intent of this medical board to have the option of requiring licensure in another state for three years, but not being required to adopt the criteria.

REPRESENTATIVE BILL STOLTZE answers that this is correct. It does give the board an alternate criteria to use in exceptional cases. He said that it removes the current rigidity.

REPRESENTATIVE LEDOUX asked if it means 'either one of these requirements'. She further asked if this meant that someone who graduated from Oxford or Edinburgh would have the same ease in application as someone from the Universities of Washington and Oregon.

REPRESENTATIVE BILL STOLTZE noted that it is not lowering standards- it provides alternatives for equitable standards for applicants.

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DR. JORDAN interjected and reiterated that Representative Stoltze is correct in saying that what the bill is giving Alaska an alternative competency requirements that would equate to the three years required for American applicants. He further stated that the committee is not talking about new graduates; they are talking about graduates not in US medical programs that require the completion of a three-year residencies.

REPRESENTATIVE KOTT pointed out that this would allow a physician who has practiced for 15 years, who then moved to Arizona and practiced for a year, eligibility to work in Alaska. As it stands now, he said that he would not be eligible since he missed the three-year rule. He then said that this language offers a competent professional the prospect of getting by this.

CHAIR ANDERSON closed public testimony.

REPRESENTATIVE KOTT moved HB 102 out of committee with individual recommendations and the accompanying fiscal notes. [No objection was stated, and therefore HB 102 was treated as moved out of the House Labor and Commerce Standing Committee.]

HB 109-SCREENING NEWBORNS FOR HEARING ABILITY

[3:48:19 PM](#)

CHAIR ANDERSON announced that the next order of business would be House Bill 109 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."

JANE PIERSON, legislative aid staff to Representative Jay Ramras, introduced the bill by saying that there are four issues: foundation, function, nurse versus audiologist, the fiscal note that comes health and social services. She read the following:

Each year in Alaska approximately 10,000 babies are born. 30 to 40 of these children will be born with congenital hearing defects. Hearing loss is more prevalent than any other congenital abnormalities for which newborns are routinely screened. Studies have shown that children with a hearing impairment not detected at birth, will likely not have their impairment detected, until 2-3 years of age. Studies have also shown that the most critical time for speech development and cognitive development is from birth to 3 years of age. Ultimately, this bill will save the state money, due to the fact that when children are not identified with a hearing impairment, and aided early, the special education costs for a child with a hearing loss may cost an additional \$420,000, and deafness has an estimated lifetime cost of approximately \$1 million per individual.

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MS. PIERSON went on to say that the bill have three initial offerings. She said that it would require the testing of infants for hearing loss before leaving the hospital, or within 30 days if not born in a hospital. She then said that HB 109 will ensure the development of a reporting and tracking system for newborns that are deemed to be at risk. She continued by stating that this could no longer be tracked privately or any other way due to the implantation of HIPAA. (Health Information Portability Act) Finally, she pointed out that this bill provided diagnostic intervention- any child who fails an initial hearing screening is referred for a re-screening. She continued by stating that once a child is diagnosed with a hearing impairment, parents will be provided by the department with written information on the availability services through community resources, government agencies, parent support organizations affiliated with deafness, counseling and education services, and programs offered through the department and the Department of Education and Early Development.

MS. PIERSON then went on to the issue of using a nurse versus an audiologist. She read the following:

HB 109 would allow for a trained nurse to delegate the administration of one of two tests, the automated auditory brainstem response tests (AABR) or the otoacoustic emission test (OAE). The AABR test is the most commonly used test. It consists of putting microphones into the infant's ears, while EEG sensors are placed on the child's head. Clicking sounds are then played through the microphones and the

sensors pick up the infant's brain response. An OAE test involves putting microphones in the infant's ears while a computer records inner ear response.

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MS. PIERSON continued this by adding that nurses can easily be trained to do both of these tasks. It is the logical choice for them to be the individuals to perform the tests, since they are already performing numerous tests on the newborns.

MS. PIERSON ended with a discussion of the fiscal note provided by the Health and Social Services Department. She read the following:

Please take a look at the fiscal note provided by the Department of Health & Social Services in your package. The fiscal note associated with HB 109 is significantly lower than any provided previously in 2001 or 2003, when versions of this bill were also presented before this committee. This is because public health nursing centers in outlying communities have been provided with the necessary equipment through Federal Grants. Also, money for the services requested in this bill is already in place through Infant Learning Programs. Additionally, Federal Grant monies have been extended through the next three years, which would explain the increase in the fiscal note for the year 2009. However, it should be noted that these grants may be extended and the additional monies in the note may not be required.

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MS. PIERSON then stated that she had met with the Director of Public Health, Dr. Manzagar. She indicated that it was he who instigated the changes in the CS currently being discussed. She announced that one of the big changes include a date change on page one, and a portion of page five, lines 15 through 19, were deleted. She pointed out that this is due to the fact that most insurers are already paying for these costs, due to the fact that both Medicaid regulations and most private insurers are already paying the \$20-60 dollar fee associated with infant hearing screening at birth. Additionally, she said, it would not be feasible for the Department of Health and Social Services to take on these charges. She ended by stating that she could have a redline copy of the bill created and run you through the changes on the CS

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REPRESENTATIVE KOTT interjected that the committee had not adopted the CS.

REPRESENTATIVE KOTT moved to adopt CSHB 109, Version 10924-LS0450\G, as the working document. There being no objection, Version G was before the committee.

CHAIR ANDERSON asked Ms. Pierson to explain the differences between the original bill and the new bill.

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MS. PIERSON began to list the changes that have occurred in the bill. She started with page two, line 15, 90 percent has been changed to 100 percent, and on line 16, and the phrase ending with '2007 'has been changed to '2008'. She continued with page 4, line 15, where '50 births' has been changed to '20 births'; also on page 4, line 26, psychological and cognitive development have been added; lines 27 and 28 are new. On page five, she said that lines 15-19 were deleted and lines 18 and 19 have new phrases which read 'and sent to the department for tracking under AS 47.20.320'. On page six, line 15, the words 'certified nurse-midwife and direct-entry midwife' were added. On page seven, line 10 the words 'tracking and intervention' were added, along with the addition of lines 18-22. Finally, lines 28-30, which now read 'when conducting a performance evaluation, the department shall develop hearing screening performance standards and must include a false positive rate and false negative rate of screening results that are less than or equal to 3percent. On page eight the definition for health care insurer is now defined as " entity regulated by the director of insurance, Department of Commerce, Community, and Economic Development, and includes a health hospital, or medical service plan corporation, and a health maintenance organization. She ended with the change found on line 16, where the sound level of 30 dB was changed to 40 dB.

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CHAIR ANDERSON announced that his intent is to hold the bill. He indicated that there are substantive changes and he thought that more time is needed to allow the committee members to go over the changes that have been discussed by Ms. Pierson. Public Testimony is next and he urged the witnesses to try and not be

duplicative or redundant and to keep the testimony under three minutes.

REPRESENTATIVE KOTT stated that in section 4 of the bill, he wanted to know what the number of births outside hospitals would be.

MS. PIERSON answered that there are others that could give this information more correctly.

REPRESENTATIVE KOTT reiterated that the reason he is interested in this, he pointed out that in the last sentence, which read, 'the department employees shall notify the child's parents of the merits of having the child screened for hearing ability', gives him some concern. Unless there is another division of the bill, the part that deals with legislative intent 'services shall implement the program so that 100 percent of newborns are being screened'- this is not necessarily true if there are births outside the hospital and/or they opt not to do it.

MS. PIERSON stated that there is a form that parents can sign if they choose not to do it, and there are those that choose not to even respond it is the case with certain native groups. The public health nurse now has the equipment and can go into native villages and its no longer that hard to have these native groups fall in line.

REPRESENTATIVE KOTT agreed and said that it is a lofty goal to have native groups fall in line with the testing, and achieve 100percent.

REPRESENTATIVE GUTTENBERG followed this up, referring to page five, where he asked what kinds of protections and what kind of forms would allow this to happen and secondly what kinds of repercussions would the child have if parents refuse testing?

MS. PIERSON stated that there was a request from the division of public health but it did not make it to the creation of the CS. They requested an additional part that would have read that the department will exhibit oversight responsibility for EHDI programs. She then said that this was not what she wanted and requested for one of the online people who she thought might be able to answer this question. She pointed out that Stephanie Birch would be a good person to ask

CHAIR ANDERSON announced that he would first open public testimony to the floor and then go back to Representative

Guttenberg's question and Stephanie Birch's answer. He opens the floor to Ms. Pam Mueller-Guy, a deaf woman from Juneau, Alaska.

PAM MUELLER-GUY, Deaf Services Coordinator, Southeast Alaska Independent Living, Incorporated (SAIL), read the following text:

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 transfusion, I became deaf, but no one realized it until I was about 2 years old. Even as a toddler, I could speak a little bit and mimicked my 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 (caused by disease or severe trauma to the cochlear nerve). They wept for me because they did not know what to do. They asked, "How can she hear music?" My whole family is musical! They had grief until they realized I could experience music. My mother wrote letters to all the important people that know about deafness and to the John Tracy clinic in California. They gave a lot of info and said it was needed for parent to work with me and go to school half-day to learn how to work with me. I started speech classes at 2.5 years old then started wearing hearing aids at 3.5 years old and started half days until four years old to stay at the boarding parents house during the week because deaf school was 25 miles away from my home. I hope that 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 wont 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!

MS. MUELLER-GUY went on to talk about her experience of being held back in school and how it affected her social wellbeing and learning throughout her childhood. She emphasized that she was

held back a total of four years which really affected her ability to maintain friendships.

CHAIR ANDERSON asked Ms. Mueller-Guy if she would be able to hand a written copy of the testimony to each committee member.

MS. MUELLER-GUY indicated that she would be able to do this.

CHAIR ANDERSON asked for other input from others in the audience.

JODY RUMPH, executive director of the Governors Council on Disability and Special Education, applauded the bill and announced her strong support for the provisions, saying that "its time had come" and that the "cost was down" and she enthusiastically said that the committee needed to pass it through.

CHAIR ANDERSON asked for another deposition from the online group.

MARY WAYMILLER, citizen, Fairbanks, Alaska, stated that she works for a service organization focused on helping the hearing impaired. According to her, the organization gives 4000 dollars worth of grant money to area schools to help with the cost of testing equipment and therapy. She ended by stating that this bill would help with the costs.

CHAIR ANDERSON asked for the next speaker, Sig Restad.

SIG RESTED, Master, Northland Pioneer Grange, of the Alaska State Grange, spoke in favor of this legislation, and characterized the legislation as cost-effective and inexpensive. He said that he had one question, which dealt with page 6, lines 14-5. He continued by stating that physician assistants were excluded from the list of healthcare professionals and wanted to know why this was the case.

CHAIR ANDERSON pointed out that the Valley Hospital has Physician Assistants, and this should be considered by the committee.

STEPHANIE BIRCH, Acting Chief, Women's, Children's, and Family Health Unit, Division of Public Health, stated there were two questions that needed to be addressed. The first one, she continued, has to do with the number of home deliveries. She

answered this question by stating that there were approximately 150 home deliveries a year, as well as 200 deliveries at birthing centers set up in rural areas. The second question had to do with protection of provider liability. She asked everyone to refer to page 6, lines 14-20, to which she opined that when parents refuse the free testing, there are other places that these parents can go to later on, after it is offered at the child's birth.

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REPRESENTATIVE GUTTENBERG asked if there was a conflict between this section (the Women's and Children's Family Health Unit) and HIPA.

MS. BIRCH resolutely said that her group is a covered entity under HPA and there is no conflict of interest.

CHAIR ANDERSON asked for another witness to speak.

NANCY GERSHERT, Speech Pathologist, felt that the opportunities created by early intervention were too great to miss and when a child is given the technology and the early intervention, the difference is amazing. She maintained that it was truly sad when a child missed early testing.

LISA OWENS, speech pathologist and audiologist, Anchorage, Alaska, stated that previous in her career, she worked with the state of Colorado and was able to watch their early testing program get started. The differences between the children that were tested later, between 18 months and 2 years, versus those that were tested early, before three months, was great. In her practice here in Alaska, she announced that she currently has twenty kids, half of which were tested early, and the other half which were tested later. She said that the differences in their skill level corroborated what she experienced in Colorado.

[4:15:04 PM](#)

MS. OWENS, in referring to severely to profoundly deaf children, she stated that the kids that are identified early on have many more possibilities and options for treatment. This translates into more job choices and more choices for the future.

DEBBIE GOLDEN, Registered Nurse and Director of Program Services with the March of Dimes, stated that the mission of the March of Dimes is the prevention of birth defects and has been in service

for over 65 years. They strongly stand behind early testing for newborns. Thirty-nine states have enacted early hearing testing for newborns, and she stated that Alaska needs to do this now. She continued by stating that a baby should be able to be born in Alaska and be assured of testing.

CHAIR ANDERSON announced that the entire committee present endorsed the bill and would act as co-sponsors.

DIANE DISANTO, assistant to the Mayor, Anchorage, stated her strong support and continued by saying her city has half of the total annual births of the state, and [of this amount], 15 children are susceptible to being deaf each year.

DR. MARTIN BEALS, private physician, representing the American Academy of Pediatricians, supported the bill. He then read the following statements:

Hearing loss is the most common birth defect
1 in 3000 children are born deaf

Hearing loss has a significant negative impact

He then continued to say that the main parts of the bills that are important to himself and the medical community is the rescreening aspect that the bill allows. Retesting, he pointed out, included diagnostic testing. This test moves on to further intervention. He reiterated that all components are orchestrated together to make mitigation work.

KRISTA GALYEN, Education Specialist, Special Education Service Agency (SESA), announced her support for the bill. She cited that from her experience both in Alaska and in Oregon, she could definitely see the benefits of early testing and access to language, both socially and academically. She pointed out that when identification is taken away, many choices for the future are destroyed.

MICHELLE RADIN, education specialist, Special Education Service Agency (SESA), announced her support. She pointed out the problems associated with hearing disorders. She described the situation as one where the child is in an environment bereft of environmental input, most importantly, the passive information that is given through conversational import and social context. The ability to interact with the external environment and being able to have an active role in the exterior world is exceptionally affected by sensory deprivation. Language, she said, is the key to mitigating this deficit.

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CHAIR ANDERSON indicated the detail that she brought to her testimony.

SUSAN WALKER pointed out that she submitted a written testimony earlier to the committee, and pointed out that she has two children with hearing loss, and points out that neither of them were tested early on as newborns. She concluded that the early testing program is critical to mitigating the problem.

CHAIR ANDERSON understood her problem and opened the floor for the last ten minutes of public testimony.

[4:26:30 PM](#)

REED STOOPS, America's Health Insurance Plans (AHIP), stated that they support the bill and that the only problem that they have with the current language of the bill occurs on section five of the bill. The association recommends that the legislature require a mandated offering of the coverage as opposed to a mandated benefit. The reason for that is that it should be the choice of the insureds to take a look at health benefits and decide themselves how they want audio logical testing to be covered in their package. It should, he said, be in the employees domain of choice.

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MR. STOOPS, having passed out a list of the mandated benefits that have legislated over the past ten years or so, then went on to say that by taking a look at all of those coverages and put a price tag on all of them, you can see that this is just one factor in the increase in premium costs over time and basically this is an elective that can be offered but not required.

[HB 109 was held over.]

ADJOURNMENT

There being no further business before the committee, the House Labor and Commerce Standing Committee meeting was adjourned at [4:31:06 PM](#).