

11817 SENATE HEALTH, EDUCATION & SOCIAL SERVICES

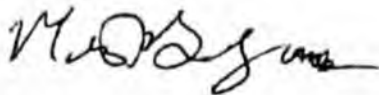
February 1, 2006

information will be shared with a state program that can make sure that each infant that needs further intervention have this option provided for them. Without a state mandate, this information will have to be shared voluntarily between institutions, which will allow for some institutions to ignore this critical step. Diagnostic intervention involves testing called auditory brainstem response testing (ABR) which is only done by audiologists trained in this procedure.

3. Once diagnosed, in order to receive maximum benefit, parents should be presented with communication options and intervention should begin before 6 months of age. These options may include hearing aids (which are accepted by infants much better if started in early infancy), and various communication options including sign language and other visual cues. The parents and the infant's medical provider must serve as a medical home and have information to make appropriate referrals for subspecialty evaluation and community based resources in accordance with the Individuals with Disabilities Education Act.

Thank you for sponsoring HB 109 which will assure that our youngest Alaskans have the opportunity to have this most common, but invisible, birth defect diagnosed early with appropriate intervention that will offer long term benefits for their future. If I can be of any assistance, please let me know.

Sincerely,



Martin F. Beals, Jr., M. D., FAAP  
Alaska AAP Chapter Champion, EHDI program



**March  
of Dimes**  
*Saving babies, together.*

**Alaska State Chapter**  
255 E. Fireweed Lane, Suite 102  
Anchorage, AK 99503  
(907) 276-4111  
1-800-478-5245  
Fax: (907) 276-3375

April 20<sup>th</sup>, 2005

Senator Fred Dyson  
State Capitol, Room 121  
Juneau, AK 99801-1182

Dear Senator Dyson,

I am writing to express March of Dimes' support of House Bill 109 related to newborn hearing screening. March of Dimes is a national charitable organization whose mission is to improve the health of babies by preventing birth defects and infant mortality. There is a lot of public support for this excellent bill, and it seems, considerable support in the Senate! **Senator Dyson, please schedule HB 109 for a hearing of the Senate HESS Committee before the end of the session!**

Hearing loss is THE MOST COMMON BIRTH DEFECT. That fact is a surprise to many people. Alaska is one of only 11 states that have not passed newborn hearing screening legislation. House Bill 109 is important because it not only assures that all Alaskan babies are tested for hearing at birth, but that those requiring confirmatory testing and referrals to services do receive them. Children who receive these services early learn better and are less likely to need special education services during their school years. The fiscal note on this bill is very modest and has the potential to save many dollars in special education and other associated costs.

Newborn screening has been conducted in most hospitals in Alaska for several years. The cost of hearing screening has been already been factored into their negotiated rate with insurance companies and has been covered by Medicaid, Blue Cross and Aetna policies for a number of years. So, newborn hearing screening will not be a burden to insurance companies. In fact, Aetna and Premier Blue Cross/Blue Shield are neutral on HB 109.

I am attaching a copy of postcards recently completed by 111 fellow Alaskans to show their support for newborn hearing screening and HB 109. Please, Senator Dyson, schedule a Senate HESS hearing for HB 109 right away!

Best regards,

Debbie Golden, MS, RN, BC  
Director of Program Services  
March of Dimes, Alaska Chapter

**Representative Jay Ramras**  
**Co-Chair, House Resources**  
**V-Chair, Economic Develop.**  
**Tourism & Trade**  
**House State Affairs**

119 N. Cushman St. Suite 207  
Fairbanks, Alaska 99701  
Phone: (907) 452-1088  
Fax: (907) 452-1146

## Alaska State Legislature



While in Session  
**State Capitol, Room 104**  
**Juneau, Alaska 99801-1182**  
(907) 465-3004  
Fax: 465-2070  
Toll Free: (877) 465-3004

**House District 10**

### House of Representatives

## MEMO

To: Senator Fred Dyson Chair, Senate Health, Education & Social Services

Fm: Representative Jay Ramras

Date: April 22, 2005

Re: House Bill 109 – Newborn Hearing Screening and Tracking

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Please accept this Memo as a request for the Senate Health, Education & Social Services Committee to hear HB 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." HB 109 will protect newborns in Alaska by mandating that infants receive hearing screening at birth, and that follow-up care is provided for at risk infants.

Thank you in advance for scheduling HB 109 before the Senate Health, Education & Social Services Committee.

Attachment to this memo:

- Sponsor Statement
- CSHB 109 (FIN)
- CSHB 109 (L&C)
- Original Copy of HB 109
- Sectional
- Fiscal Note - Health & Social Services
- Zero Fiscal Note – Education & Early Development
- Zero Fiscal Note - Commerce
- House Labor and Commerce Committee Report

- House Health, Education & Social Services Committee Report
- House Finance Committee Report
- Applicable statutes - AS 08.11.120, AS 21.42.347 - 347, AS 47.20
- Summary of articles with the following articles - (1) Why is Mandatory Newborn Hearing and Screening and Reporting So Important? (2) Alaska Early Hearing Detection & Intervention Program Overview, (3) Locations of Newborn Hearing and Screening Hospitals, (4) March of Dimes - Hearing Loss, (5) March of Dimes -- Newborn Screening Tests, (6) March of Dimes – Birth Defects, and (7) The Governor’s Council on Disabilities : d Special Education – FY06 Legislative Priorities
- Correspondence and written testimony concerning HB 109

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**Thank you**

# FISCAL NOTE

**STATE OF ALASKA**  
**2005 LEGISLATIVE SESSION**

Fiscal Note Number: \_\_\_\_\_  
 Bill Version: HB109CS(FIN)-DHSS-DPH-04-15-05  
 ( ) Publish Date: \_\_\_\_\_

Revision Date/Time (Note if correction): corrected 4/15/05

Dept. Affected: Health & Social Services

Title RELATING TO NEWBORN HEARING  
SCREENING

RDU Public Health

Component Women, Children and Family Health

Sponsor RAMRAS

Requester HOUSE (FIN)

Component No. 2788

**Expenditures/Revenues** (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	31.9	39.4	47.4	55.8	64.6	64.6
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>31.9</b>	<b>39.4</b>	<b>47.4</b>	<b>55.8</b>	<b>64.6</b>	<b>64.6</b>

**CAPITAL EXPENDITURES**

**CHANGE IN REVENUES (0)**

**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts			( 29.7)	( 111.6)	( 115.9)	( 119.8)
1003 GF Match						
1004 GF	31.9	39.4	77.1	167.4	180.5	184.4
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
<b>TOTAL</b>	<b>31.9</b>	<b>39.4</b>	<b>47.4</b>	<b>55.8</b>	<b>64.6</b>	<b>64.6</b>

Estimate of any current year (FY2005) cost: \_\_\_\_\_

Mark this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

**POSITIONS**

Full-time						
Part-time						
Temporary						

**ANALYSIS:** (Attach a separate page if necessary)

The intent of this bill is to ensure all newborns are provided with hearing screening within 30 days of their birth, and that those identified with a positive screen or high risk factors receive a second screen or diagnostic work-up, are enrolled in early intervention and receive treatment as needed. Projected costs associated with maintenance of the Early Hearing Detection and Intervention program (EHDI) are based on the following assumptions: 1) The number of newborns screened is based on the average number of births currently at 10,000 per year. 2) The diagnostic rate of hearing loss is estimated to be at 0.3% of the 10,000 births=30 newly diagnosed infants per year, however, not all newborns with hearing loss will be immediately identified. 3) 90% of newborns would be screened by FY 06; 95% by FY 07; and 100% by FY 08 and beyond. (Continued on P.2)

Prepared by: Richard Mandsager, M.D.  
 Division: Public Health  
 Approved by: Joel S. Gilbertson, Commissioner  
 Agency: Department of Health and Social Services

Phone 465-3090  
 Date/Time 04/13/2005  
 Date 04/15/2005

FISCAL NOTE  
FN #

STATE OF ALASKA  
2005 LEGISLATIVE SESSION

BILL NO HB109CS(FIN)-DHSS-DPH-04-15-05

**ANALYSIS CONTINUATION**

4) There is a need to follow an additional 10% of all newborns each year who are at high risk for later onset hearing loss during their first three years of life. Thus, the program requires a reporting and surveillance system for tracking all newborns and assisting them with ongoing hearing screening, diagnostic and intervention services.

At present the Division of Health Care Services is receiving two federal grants to support the development of this program. One grant, scheduled to be completed in March of FY 05, covers the expenses associated with development of the newborn hearing program, including assisting hospitals with implementation and education, and professional and public educational information. The second grant will end in August of 2005 and covers start up costs associated with the statewide early detection/intervention surveillance and tracking system. Both grants have been submitted for continuation funding for three additional years. This would provide funds for infrastructure costs through March 2008 if awarded. General Funds are also being requested in FY08 to fund the fourth quarter activities after the expiration of the continuation grant. This portion is shown as a switch fund from Federal to GF.

The increased line item expenditures shown on page 1 will be utilized for:

GRANTS AND CLAIMS (\$31.9 in FY 06): Additional funds for special hearing resources would be needed for the existing Early Prevention/ILP programs to work with the anticipated increased volume as children are identified earlier and thus require services during the 0-3 period. The additional grant funds would be awarded incrementally over the next five fiscal years to allow for increased capacity-building to support special hearing services for children identified with hearing loss in preparation for school readiness and learning. The dollar figure is based on:

1) An average FY 05 cost of \$3,100 per newly enrolled infant, with a 3% inflation factor built in annually. 2) Only assumes about 50% of the newly diagnosed infants would enroll in the early intervention hearing resources program (10 new infants in FY 06; 12 in FY 07; 14 in FY 08; 16 in FY 09; and 18 in FY 10 and FY 11).

The General Funds replacing Federal Funds (and so not shown as line item expenditures on page 1) will be allocated by cost category as follows:

PERSONAL SERVICES ( \$72.0 covers all of these personnel expenses in FY 09 and assumes a 3.5 percent annual merit increase):

a) 0.5 FTE - EHDI Health Program Manager II (R/19). This position oversees the maintenance of the reporting and surveillance activities of the program, assures early intervention referrals, tracks high-risk infants through the age of 3, provides outreach education to providers, and technical assistance to health care facilities throughout the state.

b) 0.5 FTE - Administrative Clerk III (R/10). This position provides administrative support and data entry for the activities required for maintenance of a statewide newborn hearing screening program.

TRAVEL (\$1.0 in FY 08): Travel costs are included for the EHDI manager to visit screening sites for TA and program compliance. Additional travel funds would be required in FY 09 with the termination of federal funding.

(Continued on P. 3)

**FISCAL NOTE**  
**FN #**

**STATE OF ALASKA**  
**2005 LEGISLATIVE SESSION**

**BILL NO. HB109CS(FIN)-DHSS-DPH-04-15-05**

**ANALYSIS CONTINUATION**

**SUPPLIES (\$1.0 in FY 08):** This includes the cost of postage to mail brochures and technical assistance resources.

**CONTRACTUAL (\$27.7 in FY 08):** Includes the actual cost of supporting web-based data and surveillance system. Cost averages at \$3.00 per newborn. Costs also include those needed for the reprinting of educational materials for parents and providers. Slight increases in contractual costs are included in FY09 and beyond.

Sec. 08.11.120. Audiology exemptions.

(a) This chapter does not apply to an individual who practices audiology consistent with the accepted standards and code of ethics of the individual's profession as part of the individual's duties as

(1) a physician licensed under AS 08.64;

(2) an employee of the federal government who is required to practice audiology during the employment, if

(A) the employer maintains appropriate supervision of the individual's practice of audiology;

(B) the individual practices audiology as part of the duties for which the individual is employed;

(C) the individual practices audiology in the facility where the individual is employed or under the supervision of the federal governmental unit where the individual is employed; and

(D) the individual does not render or offer to render audiology services to the public for compensation in addition to the salary the individual receives from the federal governmental unit;

(3) a student, intern, or resident pursuing a course of study in audiology at an accredited college or a clinical training facility approved by the department, if the activities of the student, intern, or resident constitute part of a supervised course of study and the student, intern, or resident is designated as an "audiology intern," "audiology trainee," or other title approved by the department that clearly indicates that the person is training to be an audiologist.

(b) Notwithstanding the provisions of this chapter,

(1) a nurse licensed under AS 08.68 may perform hearing sensitivity evaluations;

(2) an individual licensed as a hearing aid dealer under AS 08.55 may deal in hearing aids;

(3) an individual holding a class A certificate issued by the Conference of Executives of American Schools of the Deaf may teach the hearing impaired;

(4) an individual may engage in the testing of hearing as part of a hearing conservation program that complies with the regulations of the Occupational Safety and Health Administration of the federal government if the individual is certified to do the testing by a state or federal agency acceptable to the Occupational Safety and Health Administration.

(c) An individual who is not an audiologist, but who is exempt under this section, may not use a title or description stating or implying that the person is an audiologist.

(d) An individual exempt under (a)(2) of this section may consult with and disseminate research findings and scientific information to accredited academic institutions or governmental agencies, and offer lectures to the public for a fee, monetary or otherwise, without being licensed under this chapter.

(e) An individual who is not licensed under this chapter but who teaches the practice of audiology in an audiologist training program at a college or university may use the title "audiologist" but may not practice audiology.

**Sec. 21.42.347. Coverage for costs of birth.**

(a) A health care insurer who provides coverage for the costs of childbirth shall also provide coverage for the costs of hospitalization or medical care following childbirth for a period of not less than

(1) 48 hours after a vaginal birth; and

(2) 96 hours after a caesarean birth.

(b) Except as otherwise required to provide coverage specified under (a) of this section, this section does not affect a payment arrangement entered into between a hospital or health care provider and a health care insurer.

(c) This section may not be construed to require hospitalization or medical care as described under (a)(1) or (2) of this section if the mother giving birth and the mother's health care provider agree that the mother and any newborn child of the mother should be discharged earlier than required under (a)(1) or (2) of this section.

(d) In this section,

(1) "health care insurer" has the meaning given in AS 21.54.500; "health care insurer" includes the Comprehensive Health Insurance Association as described in AS 21.55.010;

(2) "health care provider" means a person licensed in this state to provide health care services.

*Sec. 21.42.350. Exemption of proceeds, annuity contracts. [Repealed, Sec. 14 ch 62 SLA 1982. For current law see AS 09.38.025 (a)].*

AS 47.20

Sec. 47.20.060

It is the purpose of this chapter to

(1) subject to the availability of funding, provide quality learning and related early intervention family support services to eligible children under the age of three who have developmental delays or disabilities and, on a discretionary basis, to those children under the age of three who are at risk of developmental delays or disabilities;

(2) bring together and make optimal use of all available federal, state, local, and private resources for the benefit of children under the age of three with developmental delays or disabilities and their families;

(3) expand and improve existing learning and early intervention services and to provide and arrange for comprehensive services through local agencies and statewide support programs.

Sec. 47.20.070. Establishment of program.

(a) The department, with the assistance of the Governor's Council for the Handicapped and Gifted, shall establish a coordinated, comprehensive, statewide system of multidisciplinary interagency programs that provide appropriate early intervention services to eligible persons under this chapter.

(b) The department is the lead agency for purposes of federal law with respect to the administration of the early intervention services system required under (a) of this section. The department shall establish and administer the system required under (a) of this section so that the state is eligible for the maximum available funding from public and private sources.

(c) In connection with the system established under (a) of this section, the department shall

(1) develop a state plan that identifies the best methods of providing services to children under the age of three with developmental delays or disabilities and their families and report to the governor on the extent to which that plan is being implemented in the state;

(2) develop and implement an educational program concerning the nature and effects of developmental delays and disabilities;

(3) serve as a clearinghouse for educational materials and information about developmental delays and disabilities;

(4) organize and encourage training programs for persons who provide services to children under the age of three with developmental delays and disabilities and their families;

(5) establish a training program for paraprofessionals who provide services to children under the age of three with developmental delays and disabilities and their families;

(6) cooperate with other public and private agencies and individuals to facilitate the transition of children served in the early intervention system to the formal education system;

(7) identify and use all public and private resources available to the state;  
and

(8) monitor and evaluate the services provided to ensure the demonstrable effectiveness of the services and compliance with state and federal law and department policy regarding the provision of early intervention services.

**Sec. 47.20.075. Grant authority.**

The department may award grants for covered services to children and their families who are eligible under this chapter.

**Sec. 47.20.080. Program eligibility.**

(a) A child and the child's family are eligible for core early intervention services and additional early intervention services under this chapter if the child is under the age of three and

(1) experiencing developmental delay or disability; or

(2) at risk of experiencing developmental delay or disability if early intervention services are not provided.

(b) If the department estimates that funding available for services under this chapter will be insufficient to provide services to all persons who are eligible under (a) of this section, the department shall eliminate coverage for services in the following order:

(1) additional early intervention services for persons eligible under (a)(2) of this section;

(2) additional early intervention services for persons eligible under (a)(1) of this section;

(3) core early intervention services for persons eligible under (a)(2) of this section; and

(4) core early intervention services for persons eligible under (a)(1) of this section.

**Sec. 47.20.090. Finding and evaluating eligible participants.**

(a) The department shall establish a comprehensive system for finding children and their families who are eligible for services under this chapter. This child find system must

(1) include a public awareness program focusing on early identification of developmentally delayed and disabled children under three years of age;

(2) provide for participation by primary referral sources; and

(3) include procedures with timelines for referral of eligible participants to service providers.

(b) The department shall, within 45 days after a child's referral for services under (a) of this section, ensure that all affected public agencies and service providers

(1) provide for a comprehensive multidisciplinary evaluation of the functioning of the child and the needs of the child's family so that the family can appropriately assist in the development of the child;

(2) in consultation with the child's parents, develop a written individualized service plan that identifies how the needs of the child and the family could be met.

Sec. 47.20.100. Individualized family service plan.

The individualized family service plan developed under AS 47.20.090(b)(2) shall be based on the evaluation conducted under AS 47.20.090(b)(1) and must include, subject to AS 47.20.080 (b),

(1) provisions for case management services to implement the plan, including the name of the case manager from the profession most immediately

relevant to the child's or family's needs who will be responsible for the implementation of the plan and coordination with other agencies and persons;

(2) a statement of the child's present levels of physical development, cognitive development, language and speech development, psychosocial development, and self-help skills, based on appropriate objective criteria;

(3) a description of the family's concerns, priorities, and resources as they relate to the future enhancement of the child's development;

(4) a description of the specific early intervention services that will help meet the unique needs of the child and the family, including the frequency, intensity, and method with which the services should be delivered;

(5) the projected dates for initiation of services and the anticipated duration of the services;

(6) an outline of the major outcomes expected to be achieved for the child and the family along with the criteria, procedures, and timelines that will be used to determine the degree to which progress toward achieving the outcomes are being made and whether modifications or revisions of the outcomes or services are necessary; and

(7) a statement of the steps that will be taken to support the transition of the child and the family to the use of services available under other appropriate programs, including programs for children who are three years of age or older.

Sec. 47.20.110. Other duties of the department.

(a) The department shall adopt regulations necessary to implement this chapter, including regulations

(1) for personnel development, including preservice and in-service training programs for providers of early intervention services;

(2) to govern resolution of intra-agency and interagency disputes about the provision of services under this chapter and the financial responsibility of the respective parties for those services;

(3) that ensure that services are provided to children and their families in a timely manner pending the resolution of disputes among public agencies or service providers;

(4) providing for due process with respect to the rights of children and parents who are eligible for services under this chapter; the regulations must provide that during the pendency of a complaint about a change in services, the child and family shall continue to receive the prior services unless the state and the family otherwise agree, or, if the complaint relates to an application for initial services, the child and family shall receive the services that are not in dispute; and

(5) for the award of grants under this chapter.

(b) The department shall establish a system for compiling data on the numbers of children and their families in the state who need early intervention services, the numbers being served, the types of services provided, and other information as required under federal law. Personally identifiable information obtained under this chapter is confidential for purposes of AS 40.25.110 - 40.25.120.

Sec. 47.20.290. Definitions.

In this chapter,

(1) "additional early intervention services" means

(A) family training and counseling;

(B) speech pathology and audiology;

(C) occupational therapy;

(D) physical therapy;

(E) psychological services;

(F) medical services only for diagnostic or evaluation purposes; and

(G) health services for the child that are necessary to enable the child to benefit from the other early intervention services;

(2) "core early intervention services" means

(A) case management services;

(B) special instruction; and

(C) early identification, screening, and assessment;

(3) "department" means the Department of Health and Social Services;

(4) "developmentally delayed" means functioning at least 15 percent below a chronological or corrected age or 1.5 standard deviations below age appropriate norms in one or more of the following areas: cognitive development, gross motor development, sensory development, speech or language development, or psychosocial development, including self-help skills and behavior, as measured and verified by appropriate diagnostic instruments and procedures or through systematic observation of functional abilities in a daily routine by two professionals and a parent, developmental history, and appropriate assessment procedures;

(5) "disability" means having an identifiable physical, mental, sensory, or psychosocial condition that has a probability of resulting in developmental delay even though a developmental delay may not be exhibited at the time the condition is identified, including

(A) chromosomal abnormalities associated with delays in development, such as Down's syndrome, Turner's syndrome, Cornelia de Lange syndrome, or fragile X syndrome;

(B) other syndromes and conditions associated with delays in development, such as fetal alcohol syndrome, cocaine and other drug-related syndromes, metabolic disorders, cleft lip, or cleft palate;

(C) neurological disorders associated with delays in development, such as cerebral palsy, microcephaly, hydrocephaly, spina bifida, or periventricular leukomalacia;

(D) sensory impairment, such as hearing loss or deafness, visual loss or blindness, or a combination of hearing and visual loss that interferes with the child's ability to respond effectively to environmental stimulus;

(E) congenital infections, such as rubella, cytomegalovirus, toxoplasmosis, or acquired immune deficiency syndrome;

(F) chronic illness or conditions that may limit learning or development, such as cystic fibrosis, bronchopulmonary dysplasia, tracheostomies, amputations, arthritis, or muscular dystrophy;

(G) psychosocial disorders, such as reactive attachment disorder, infant autism, or childhood schizophrenia; or

(H) atypical growth patterns consistent with a prognosis of developmental delay based upon parental and professional judgment, such as failure to thrive;

(6) "early intervention services" or "services" means services that are designed to help meet the developmental needs of a child under the age of three who is developmentally delayed or disabled or at risk of developmental delay or disability or the needs of the child's family so that the family can support the child's development.



**GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION**

P.O. Box 240249 • Anchorage, Alaska 99524-0249 • Phone: 907-269-8990 • Fax: 907-269-8995 • Toll Free 888-269-8990

*Disability & Special Ed.  
Benarsi Lal*

**FY06 Legislative Priorities**

**Fiscal Plan**

Home and community-based services funded by Medicaid and state grants enable Alaskans with severe disabilities to live independently and become productive, gainful members of their communities. In an economy where the source of revenues is unpredictable, Alaskans with severe disabilities, whose independence and productivity is linked to government supports, are at risk for negative, unpredictable life changes.

Recommendation: The Council urges the Legislature to meet the needs of Alaskans with disabilities by developing a consistent revenue stream for supports and services as a part of a long range fiscal plan.

**Dental Services**

Governor Murkowski will introduce legislation to expand Medicaid coverage for adult recipients that will include preventive and restorative dental services. Proposed coverage will be capped at \$1,150 annually. The Alaska Mental Health Trust Authority has agreed to contribute \$5.4 million over five years toward the costs of dental services for Trust beneficiaries. In FY03, costs of emergency dental care totaled \$2.2 million. Over time, the State's investment, coupled with the Trust funded donated dental and dental training programs, will significantly reduce the cost for emergency dental services.

Recommendation: The Council urges adoption of the Governor's legislation to include adult preventive dental coverage under Medicaid.

**Bring the Kids Home**

At any given time approximately 400 children are served in costly out-of-state placements. Governor Murkowski's initiative will develop a support system within the state to allow Alaskan children to receive services near their homes and families. State expenditures will decrease as children are moved home and supported in their communities. The Council recommends that all cost savings realized in this initiative be reinvested in Keeping Kids Home.

Recommendation: The Council urges the legislature to support the Governor's Bring the Kids Home Initiative.





# Alaska State Legislature

Please enter into the record my testimony to the House HESS Committee  
Committee name

Committee on HB 109 dated 17 February 2005  
Bill/Subject

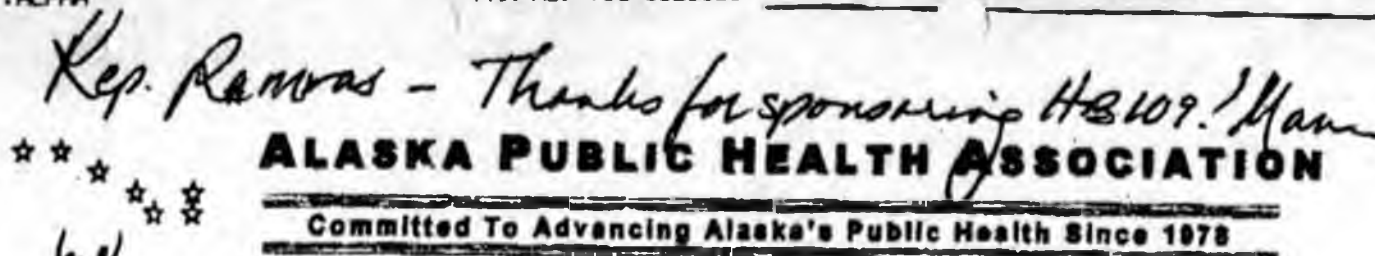
I would like to write in support of HB 109. The Grange, the organization I belong to, has supported mandatory infant hearing screening since 1999. I have 2 children of my own and know firsthand how important the first years of life are in language development. Early identification and intervention of hearing loss is so very important. I consulted the National Center for Hearing Assessment and Management website, [infanthearing.org](http://infanthearing.org), and learned that 2-4 babies per 1000 screened at birth had permanent congenital hearing loss. Alaska's babies deserve early identification and care. Please help Alaska join the 32 other states that have enacted legislation for Newborn Hearing Screening.

Signed: Lou Bittel  
Testifier

Northland Pioneer Grange No. 1  
Representing (Optional)

P.O. Box 2304 Palmer  
Address

746-4900  
Phone number



February 17, 2005  
 (H) HESS HB 109

**IN SUPPORT OF HB 109 "SCREENING NEWBORNS FOR HEARING ABILITY"**

Dear members of the (H)HESS Committee:

On behalf of the Alaska Public Health Association, representing two hundred and twenty public health professionals who are deeply committed to developing sound public health policy to improve the health of all Alaskans, we encourage you to vote yes on HB 109 and move it out of Committee today.

Recognizing the importance of universal hearing screening of newborns as a critical public health intervention, the Alaska Public Health Association encourages you to support HB 109. Hearing impairment is the most common disability in newborns, impacting 2-3 children out of every thousand. Identified early, these children will not be left behind during the most critical period for speech and language development: birth to 3 years.

Late identification of infant hearing loss presents a significant public health problem. Without screening, children with hearing loss are usually not identified until two years of age or later, which results in significant delays in speech, language, social, cognitive, and emotional development - and a greater cost for services.

Research has shown that children identified at birth with mild-to-severe hearing loss who receive intervention before they are 6 months of age fall within a normal range of language comprehension and expression as well as social development by the time they are ready to begin school. By contrast, children with hearing loss diagnosed after six months of age experience significant delays in both language and social development. The cost savings of early intervention is significant.

HB 109 offers an important first step in providing newborn hearing loss screening. Yet we urge you to not stop at the hospital or birth center, as what happens after screening is also important. Families need to receive appropriate information and services following newborn hearing screening and to have their child begin receiving intervention services by six months of age. It is also critical the team working with the child measure the impact of early identification of hearing loss on development, tracking gains made and areas to develop. The public health surveillance system must be in place for the Early Hearing Detection Program to be effective.

To quote from Dr. Marlon Downs, the world-renowned pioneer in pediatric audiology, "If a child can be identified at birth and receive immediate intervention, we have done our jobs," she said. "On the other hand, if we don't detect the hearing loss until the child reaches 2 years of age or later, that child has, in most cases, lost the opportunity to catch up with others his or her own age. *Why, with all the tools we have, would we not speed the time to establish a model for screening and early intervention in our nation's hospitals?*" That is the challenge before us in Alaska.

HB 109 takes an important step in bringing forth universal hearing, building on the success of Alaska's hospitals and birthing centers who are already voluntarily screening, to assure all newborns will be screened. With appropriate screening and follow up services, HB 109 will assure our children who are deaf or hearing impaired receive the early intervention services they need to develop their fullest potential. Thank you.

Marie J. Lavigne, Executive Director Alaska Public Health Association

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 ½ 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!

# STATE OF ALASKA

DEPARTMENT of HEALTH & SOCIAL SERVICES  
DIVISION of PUBLIC HEALTH

FRANK H. MURKOWSKI, GOVERNOR

OFFICE OF THE DIRECTOR  
P.O. BOX 110610  
JUNEAU, AK 99811-0610  
PHONE: (907) 465-3090  
FAX: (907) 465-4832

February 3, 2005

The Honorable Jay Ramras  
Alaska State Legislature  
State Capitol Room 104  
Juneau, AK 99801

Dear Representative Ramras:

Thank you for your support of newborn hearing screening. I write to offer some suggested amendments to HB 109 on behalf of the Administration. We believe these changes, mostly technical amendments to update language and programmatic information but a couple more substantive, will help make the bill more supportable. Our proposed amendments are as follows:

1. Page 2:

Line 15: Change the "90 percent" to 100%."

Line 16: Change the date of "January 1, 2007" to "January 1, 2008."

2. Page 3:

Line 19: change the word "test" to "screen."

Line 20 change the word "test" to "evaluation."

3. Page 4:

Line 3: change the word "tested" to "screened."

Line 11: add the following: "Results of all newborns screened will be reported to the state early hearing, detection and intervention (EHDI) program on a regular basis to ensure appropriate tracking, surveillance and intervention."

Line 14: Change the number of births from 50 to 20.

(Rationale: We currently have screening programs and equipment in place in all 23 of the communities where birthing centers exist (either hospital based or free standing birthing centers). The screening equipment is either owned by the hospital and the hospital administers the program or the equipment is owned by the state program and in place at the public health nursing centers. Additional equipment could possibly be purchased and placed in other public health nursing centers as needed if the number of out of hospital births in the community warranted its placement.)

Line 18: Change the word "testing" to "screening."

Line 20: Change the word "tested" to "screened."

Line 24: after the words "speech and language skills" include the words "psychosocial

and cognitive development.”

Line 25: add “(3): notify the state early hearing, detection and intervention (EHDI) program of the newborn’s screening results.”

Line 30: Change the word “testing” to “screening.”

4. Page 5:

Line 1: Change the word “testing” to “screening”

Line 10: Change the word “testing” to “screening”

Line 14: Add the following: “Signed refusals by the parent(s) will be sent to the state program for tracking”.

Lines 15-19: Delete this entire section.

Rationale: Payment methodologies for screening both during the hospital stay have been established with the recent revision of Medicaid regulations and the accompanying provider billing manuals. It is not feasible for the department to take on the costs and reimbursement processes that would need to be established in order to reimburse the hospitals for non-paying patients.

Line 22: Change the word “tested” to “screened”

5. Page 6: Section 47.20.320:

Line 12: include the words: “certified nurse midwife, direct entry midwife,....”

6. Page 7:

Line 6: change “and the value of early hearing testing” to “and the value of early hearing screening, tracking and intervention.”

Line 10: change the word “testing” to “early hearing screening, detection, and intervention.”

Line 13: add a new section:

Section: 47.20.360. Performance Evaluation. The Department will collect and compile performance data to ensure that the Early Hearing Detection and Intervention (EHDI) program is in compliance with this section, including the number of infants born, the proportion of all infants screened, the referral rate, the follow-up rate, the false-positive rate, and the false-negative rate.

(a) Testing Performance Standards.

(1) Each newborn hearing screening program should have a false-positive rate of 3% or less.

(2) Each newborn hearing screening program should have a false-negative rate of 3% or less.

(b) Oversight Responsibility. The Department shall exercise oversight responsibility for EHDI programs, including establishing a performance data set and reviewing performance data collected pursuant thereto by each hospital, birthing center or public health nursing center.

Line 25: Change “30 decibels” to “40 decibels.”

7. Page 8: After line 2, add the following definitions:

9. "Health Care Insurer" means any entity regulated by the Insurance Commissioner, including, but not limited to, health care insurers; health, hospital or medical service plan corporations; or health maintenance organizations.

10. "Hearing screening test" means automated auditory brain stem response, otoacoustic emissions, or another appropriate screening test approved by the state Department of Health and Social Services.

Sincerely,

A handwritten signature in cursive script that reads "Richard Mandsager".

Richard Mandsager, MD  
Director, Division of Public Health

Susan Walker  
P.O. Box 770658  
Eagle River, Alaska  
Ph. 907-696-1995 Email: [jsjk@mtaonline.net](mailto:jsjk@mtaonline.net)

February 3, 2005

Representative Jay Ramras  
State Capitol  
Juneau, Alaska 99801-1182

Subject: Letter in Support of House Bill 109  
"An Act relating to establishing a screening, tracking, and intervention program related to the hearing ability of newborns and infants..."

Dear Representative Jay Ramras:

I am writing to thank you for your sponsorship of HB 109. I am a parent of two children with hearing loss. I serve as a parent representative on the State's Early Hearing Detection and Intervention (EHDI) Programs' advisory group and am on the March of Dimes steering committee to introduce newborn and infant screening legislation.

My son Jack has a bilateral profound loss and my daughter Kate has a unilateral mild/moderate loss. Their hearing loss was not identified until six months of age and four years respectively. Identification of my son's loss at 6 months, appropriate intervention from highly skilled professionals, and technology have all been instrumental in providing him access to sound – a critical element in his language, social, and emotional development. Our family goal for Jack was that he will be oral and just prior to his second birthday he received a cochlear implant. His language and speech skills are on par with hearing children his age. Jack is now 5 years old, a phenomenal reader, and mainstreamed in kindergarten at his local elementary school. He receives support services but does not require an interpreter or full-time assistance. The degree of Kate's hearing loss is minor compared with her brother but a unilateral loss can still affect a child's ability to receive clear information. And it is harder to detect because they are obviously hearing.

HB 109 is one of two bills before the Legislature relating to newborn hearing screening. The other is SB 68. HB 109 contains the elements that are needed to successfully implement a screening, tracking, and intervention program for newborns and infants in the State of Alaska. Hearing loss is invisible – it cannot be seen at birth. For many toddlers, the possibility that there may be a problem only begins to emerge when they should be talking but seem to be delayed. By then, it is very hard to make up lost time. Early detection is the first critical step, but the other elements are extremely important and part of the process that will allow newborns and infants with hearing loss to maximize the critical brain development window (0 to 3 years) for language acquisition.

I have testified for previous versions of this bill at an earlier time and stage in my son's speech and language development when we (the family) were still hoping it was all going to work. Now we have no doubts – he is cruising! I make no attempt to quantify or reduce his progress to a dollar value or to predict what he will be when he moves on into the world of work. But I know

Susan Walker  
P.O. Box 770658  
Eagle River, Alaska  
Ph. 907-696-1995 Email:jsjk@mtaonline.net

one thing for certain - he will not be limited by his hearing loss. At 5 years old he can have telephone conversations with family and friends, communicate with them directly when visiting, advocate for himself in the classroom and in the recreational and cultural activities in which he participates.

How often do you think about the importance of good language and writing skills to your success and effectiveness as a legislator? Communication is key to your job. Early detection and intervention works. Early detection and intervention opens doors that have been closed to many: children with hearing loss deserve that key to open up their world to language and sound.

Sincerely,

Susan Walker

Distribution:

Sponsor and Co-Sponsors

Representative Jay Ramras  
Representative Les Gara  
Representative Jim Elkins  
Representative Peggy Wilson  
Representative Max Gruenberg  
Representative Lesil McGuire

Labor and Commerce Committee

Representative Pete Kott  
Representative Gabrielle LeDoux  
Representative Bob Lynn  
Representative Norman Rokeberg  
Representative Harry Crawford  
Representative David Guttenberg

House Leaders

Representative Ethan Berkowitz  
Representative John Coghill

Suzanne Rust  
7930 Ingram Street  
Anchorage, Alaska 99502  
907-243-3160

February 1, 2005

Representative Tom Anderson  
Special Assistant Health and Human Services  
State Capitol  
Juneau, Alaska 99801-1182

Dear Representative Anderson:

I want to take this opportunity to tell you about Lauren, my 12-month-old daughter. Besides being a marvelous girl, she happens to be hard of hearing. Providence Hospital's New-Born Screening identified Lauren's condition at birth. Although it took us 13 weeks of hard work to verify that she has a hearing loss, the screening was essential. Since she is hard of hearing, we may not have detected her loss until her language was affected. We would have lost the opportunity for laying a solid foundation of speech and language development.

I am contacting you today because I would like you to support House Bill 109 which requires universal hearing screening for new-born infants and mandatory reporting by birthing facilities of the hearing screening results to the State of Alaska's Early Hearing Detection and Intervention Program. This will ensure that children with possible hearing loss receive a timely diagnostic evaluation and, if necessary, are enrolled in early intervention services at the earliest possible time. The reasons I believe this bill should be whole-heartedly supported are many but I will list a few:

- Hearing impairment is the most common disability in newborns.
- The low cost of screening is minimal when compared to the additional hundreds of thousands of dollars the state may have to spend in special education.
- The most important period of speech and language development is from birth to age three. The average age of identification in the absence of the newborn hearing screening is 2-3 years.
- Children with hearing loss can develop and progress like those without hearing loss if they are identified early.

Because Lauren was identified in the screening process, she has had hearing aids since she was three months old. Her language and speech seem to be on track and, thankfully, she has been able to hear my voice. Please join me in assuring that everyone's child gets the same chance for success Lauren received. Thank you in advance for your support.

Sincerely,

Suzanne Rust

**Douglas Owen**

---

**From:** Lisa Owens [lowens@tetongravity.com]

**Sent:** Thursday, January 27, 2005 11:23 PM

**To:** Rep. Jay Ramras

Dear Rep. Ramras,

I want to thank you and give my support for HB 109. As an audiologist and speech pathologist working with children with hearing loss I feel that it is critical that children with hearing loss are found early. Research and personal experience show that children who are identified with a hearing loss early and receive appropriate intervention, do better academically. They are provided more choices in communication options and develop better speech and language skills. Please let me know if there is anything I can do to help support the passage of this bill.

Sincerely,

Lisa Owens, M.A., CCC-SLP/A

**Quota International of Fairbanks**  
 P.O. Box 74834  
 Fairbanks, AK 99787  
[www.quotaofairbanks.org](http://www.quotaofairbanks.org)

**Resolution in support of establishing a screening, tracking, and intervention program related to the hearing ability of newborns and infants**

Whereas thirty to forty babies born annually in Alaska are likely to have some type of congenital hearing loss; and

Whereas approximately 50% of newborns with hearing loss are not identified and will not be identified until 18 mos. to 3 years of age; and

Whereas undetected hearing loss can result in lifelong delays in language, cognitive, socio-emotional and academic development; and

Whereas over the educational lifetime of a child, substantial amounts of money would be saved if, as a result of early identification and intervention, the most appropriate educational setting for the child is a regular mainstream classroom instead of a self-contained classroom or a self-contained program; and

Whereas the prevalence of congenital hearing loss at 3 per 1000 births nation wide is substantially higher than the prevalence of phenylketonuria (PKU), hyperthyroidism, or sickle cell anemia, which are required for screening in every state;

Now therefore be it resolved that Quota International of Fairbanks, a service organization focused on the speech and hearing impaired, wholeheartedly supports IIR 109 "an act to establish a screening, tracking, and intervention program related to the hearing ability of newborns and infants....."

Resolution #1 Adopted unanimously by the general membership on February 1, 2005, 6 p.m. Ragency Hotel, Fairbanks, Alaska.

*Amy Richards*

Amy Richards, President  
 907-452-1751 wk  
 907-456-5982 fax

Post-It Fax Note	7671	Date	2/2/05	Page	4
To	INT. DELEGATION	From	MARY		
Co. Dept.		Co.	FBX		
Phone #		Phone #			
Fax #		Fax #			

FROM MARY WEYMILER

A	B	C	D	E	F	G	H	I	J	K
Name	Address	Profession	Phone	Phone	Fax	Cell	Sponsor	Entry	B-Day	E-Mail
1	Alexander, Gay	1020 Kealum Street Fairbanks, AK 99701	458-6938	452-7213	452-2268			12/7/1989	24-Jul-1989	pdmin@ipifairbanks.net
2	Babers, Terri	P.O. Box 85281 Fairbanks, AK 99708	474-072	452-2277			Cara K Leslie C	5/29/2003	6-Jan-1988	babers@cc.net
3	Bidwell, Melissa	P.O. Box 71558 Fairbanks, AK 99707	488-2118	ext. 6	479-5225	322-9873	Cindy SHILING	15/7/1988	29-Jul-1988	mmmg@ipifairbanks.net
4	Borgeson, Diane	P.O. Box 74046 Fairbanks, AK 99707	452-8238	ext. 2	45-8065		Barbara Hornbush	4/7/2002	18-Aug-1988	diane.borgeson@ipifairbanks.net
5	Bunch, Mark	PO Box 63723 Fairbanks, AK 99709	479-5355	457-8782	457-8791	322-7859	Buzzy	11/4/2003	30-Aug-1988	markbunch@ipifairbanks.net
6	Carriker, Rand	1216 Veil View Dr Fairbanks, AK 99712	455-8638	x702	452-6505	590-1166	Melissa Bidwell	12/2/2003	2-Apr	
7	Chapman, Ricardo	2006 Car St. Fairbanks, AK 99709	456-7285	N/A				4/3/1984	12-Nov	
8	Chiu, Buzzy	P.O. Box 71046 Fairbanks, AK 99707	479-8772	452-8861	452-5126			12/7/1993	12-Mar-1988	bchiu@worknet.net
9	Colledge, Termy	450 S. Santa Cruz Ln. North Pole, AK 99735	488-5017	488-7882	488-7143	480-2815		1/6/1997	13-Jul-1988	termy.colledge@ipifairbanks.net
10	Codler, May	784 Quinear Drive Fairbanks, AK 99752	457-1662	451-7229	451-7229		Rhonda Curwin	3/5/1986	25-Jan-1988	
11	Giberson, Marguerite	3221 Cheana Dr. Fairbanks, AK 99709	457-3989	451-4455	451-8360	322-1445		3/3/1982	10-Jul-1988	MGI.Giberson@ipifairbanks.net
12	Gustafson, Leslie	10293 Old Valdez Trail, Selkirk, AK 99714	488-2873	488-3034	488-2551	388-4541	Beih Reagis	11/2/1938	25-Dec-80	leslie.gustafson@ipifairbanks.net

Quota of "atbanks Router" (3-25-04)

Page 2

A	B	C	D	E	F	G	H	I	J	K
Name	Address	Profession	Phone	Phone	Fax	Cell	Spons	Entry	B-Day	E-Mail
14	Wendy Gerrie	Guests & Recd- Para equalBKH Para equal Services- Owner Attd's Office	457-4251	452-2586	452-7015	347-7215	Wendy Tarter	6/5/2000	23-Dec	whtg@jreastad1.com
15	Walter Wendy	Products- Commerce Designer K&K Recycling Inc.	457-7442	459-0203	459-0524	550-3612	Cheryl Vansant	11/19/1976	27-Jul	wendy@whtg.com
16	Leekath, Olga	Accountant Homebased & Evens PC "sk Accountant	452-2111	458-1459	488-4058		Chloe McLear	6/7/1994	4-Nov	olga@leekath.com
17	Homeside, Barbara	Accountant Homebased & Evens PC "sk Accountant	475-9215	452-1700	458-5693		Chloe McLear	1/27/2001	4-Jul	barb@homeside.com
18	Honda Ann	Uppermeret -vide Photography	452-8475				Rita Varenino	10/7/2003	19-Feb	annhonda@small.com.ak
19	Kelley, Co's	State of AK DOT	458-7183	474-2518	474-2573	878-6087	Melissa Biscuit	4/6/1997	4-Aug	kelley@kelley.com.ak
20	Kirgace, Keya	M. McKinley Bank Manager Gold Coast	488-1610	474-1773	474-7711	322-4110	AMY Richards	5/1/2000	21-Jul	keya@kirgace.com
21	Long, Victoria	Mortgage Long Rental	488-0399	451-7375	451-7381	322-0968	Victoria Vaunfrie	10/7/2003	2-May	victoria@long.com
22	PNP's, Becki	World Traveler Pinnacles	457-6821		451-8543	947-3478		2/2/1988	28-Mar	becki@pnps.com
23	Remick, Alan	Riverside Lodge Sales Manager M. McKinley	927-3220	455-5022	455-5005	567-06	Rita Valentine	11/2/1996	30-Jul	alan@remick.com
24	Richards, Amy	Bank VP Operations	479-7218	452-7151	458-5982	978-1558	Becki Pinnos	5/1/2001	2-Jan	amy@richards.com

4450 Dinebrook 99709  
 Millie, Cyndia  
 474 3734  
 9-7-04  
 Amy  
 12-11-57  
 Cmiller@mtindcitybank

Page 3

Quota of Fairbanks Register (3-25-C4)

A	B	C	D	E	F	G	H	I	J	K
Name	Address	Profession	Phone	Phone	Fax	Cell	Sponsor	Entry	3-Day	E-Mail
25	Rodrick, Shier 452 Sherman Dr. Fairbanks, AK 99701	Pole Fuel Owner	456-8773	451-2355	451-8301	595-3880	Marguerite Patty W.	2/4/2003	11-Feb	shierrodrick@polofuel.com shierrodrick@polofuel.com
26	Schof, Elizabeth 1107 Nenana St. Fairbanks, AK 99709	FBKS Monessori School Director	474-4377	451-8165	452-4572	322-8188		5/6/1997	13-Apr	schofelizabeth@polofuel.com
27	Shilling, Cindy P.O. Box 83746 Fairbanks, AK 99708	Shilling CPA Owner	478-9214	474-1831	474-1632			4/2/1995	10-Sep	shillingcindy@polofuel.com
28	Shoemaker, Diana 114C Chena Ridge Fairbanks, AK 99708	Foundational Dev. Sales Coordinator	457-9340	458-6117	451-8378	378-3827	Markam Becky	12/4/2001	3-Jun	shoemakerdiana@polofuel.com
29	Simon, Lisa 2151 Gold Street North Pole, AK 99705	Owner Compositon	480-5535	498-5935	322-7821	322-7821	Mal Susan	12/5/2000	26-Oct	simonlisa@polofuel.com
30	Steenon, Syd 2005 Richardson Hwy. North Pole, AK 99705	M. Recalle Owner	493-4128	488-9407	483-5584	388-3322	Wigdar Jan	5/3/1994	23-Jun	steeonsyd@polofuel.com
31	Thomas, Kels 3111 Penguin Lane Fairbanks, AK 99712	Jack Randidgt Sole Farm Marketing/Publ c Relations	493-2325	452-7861	451-8058	347-893	Temmy College	12/4/2001	20-Jan	thomaskels@polofuel.com
32	Valerina, Rita 2871 Perimeter Dr. North Pole, AK 99705	Avs Rent-A- Car Manager General Manager	488-7738	474-0500	474-2613	322-3820		2/1/1988	28-Jun	valerina@polofuel.com
33	Weaver, Patty 1104 Catt Ave. Fairbanks, AK 99703	"Pikas On The River" President/Own er - Diamond	478-7288	458-5200	456-5214	378-8066		3/3/1994	5-May	weaverpatty@polofuel.com
34	Weslenski, Fran PO Box 73032 Fairbanks, AK 99707	Fence Co.	452-2671	456-0087	451-2258	322-3274	Becky Fr-pu	1/14-2005	28-Sep	weslenski@polofuel.com
35	Weymiller, Mary 686 17th Ave. N302 Fairbanks, AK 99701	Retiree Vintage	479-4395	479-7432	322-0111	322-0111	Wency Herts	5/6/1997	5-Oct	weymillerm@polofuel.com

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Anchorage Daily News

Print Page

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**Job's Daughters help kids take a HIKE toward hearing****GRANTS: Girls ages 10-20 raise money for fund, other projects.**By ASTA CORLEY  
Anchorage Daily News*(Published: January 26, 2005)*

Lauren Rust, 11-month-old daughter of Suzanne and Todd Rust and unofficial "granddaughter" of former Alaska Rep. Cheryll Heinze, failed her newborn hearing screening at birth. When she was 3 months old, doctors confirmed she had mild to moderate hearing loss at low frequencies, and moderate to severe hearing loss at high frequencies.

Doctors counseled Suzanne to speak clearly while allowing Lauren to see her face during interaction. She was urged to find opportune, quiet times to be expressive and vocal while Lauren absorbed her environment. With the help of hearing aids, Lauren's hearing has significantly improved.

"The minute I knew she could hear me, I was so much more relaxed," Suzanne said.

Lauren's family has applied for help from the Hearing Impaired Kids Endowment, or HIKE, the global charity of the International Order of Job's Daughters.

The HIKE fund was established to provide grants to assist hearing-impaired children and raise public awareness for Job's Daughters, a nonprofit organization for girls ages 10 to 20 who are descendants of Master Masons, a community service organization for men.

Founded in 1920 by Ethel T. Wead Mick in Omaha, Neb., the group gets its name from the 15th verse of the 42nd chapter of the Book of Job: "In all the land were no women found so fair as the daughters of Job; and their fathers gave them inheritance among their brethren." The group promotes citizenship, patriotism, leadership, organization, teamwork, self-reliance and community service.

"This organization is near and dear to me," said adult adviser Susan Anderson of Anchorage. "There's a basis behind everything we do to bring these young girls into womanhood."

Last year, Anchorage Job's Daughters raised \$675 for HIKE. Funds from the national organization allowed them to distribute \$20,000 in HIKE grants to Alaska children, and they hope to award a similar amount this year.



Local members of Job's Daughters participate in a blanket party in December at the Masonic Temple. Pictured from left: Ti'eri Lino, Becky Boggs, Danya Eskridge, Kaylynn St. John, Damesha Shine and Jocelyn Moore. *(Photo courtesy of Job's Daughters)*



Jeanne Hineman, left, the international head of Job's Daughters, attended an October luncheon at the Masonic Temple in Anchorage and visited with Suzanne Rust and her daughter Lauren. The group's Hearing Impaired Kids Endowment project helps children like Lauren, who experiences hearing loss. *(Photos courtesy of Job's Daughters)*

[Click on photo to enlarge](#)

Hearing impairment is the most common disability in newborns, with a higher incidence than cerebral palsy, Down Syndrome and severe mental retardation, according to Early Hearing Detection and Intervention statistics.

In the United States, three children in every 1,000 -- about 12,000 a year -- are born with hearing loss, according to EDHI figures. Of the 10,000 babies born in Alaska annually, 30 to 40 experience some type of congenital hearing loss.

Any child, newborn to age 20, with hearing difficulties is eligible for a HIKE grant. Besides hearing aids, grants may also be used for other hearing devices such as closed-caption converters for television, computers and training. Actual funds disbursed depend on a need assessment by a doctor but can go as high as \$4,000. It's also possible to reapply for funds.

Suzanne and Todd Rust are owners of Rust's Flying Service in Anchorage and K2 Aviation in Talkeetna. Testing for Lauren during her first three months cost about \$5,500. The Rusts estimate they will pay \$8,000 for Lauren's hearing aids, which are accompanied by an FM system (a small one-way radio device that allows one to hear conversation and other sounds within a certain range), as well as audiology services.

"Her hearing aids are super important to her," Suzanne said. "It's healthy for brain development to hear sounds." Early intervention helps the child keep pace with language and speech development and not fall behind in school.

When Heinze decided not to run for re-election for the state House of Representatives, she had to liquidate her campaign account and made a \$1,750 donation to HIKE. Chugach Electric Association also made an unsolicited donation. All donations are channeled to the international fund, and contributions are tax-deductible.

Job's Daughters has more than 20,000 members throughout Canada, Australia, the Philippines, Brazil and the United States. Individual organizations of the group are called bethels. In Alaska there is only one -- Bethel No. 1, Anchorage. Established in 1957, it has 18 active members. Past activities of the Anchorage branch include an Aces hockey night, swim parties, lunches, game board nights, and fund-raising projects for HIKE and the group's travel fund.

East High School freshman Kaylynn St. John, 15, joined last year.

"It's more of a team experience," she said. "It's like we're a big family."

After the terrorist attacks of Sept. 11, 2001, the group traveled to Canada on a friendship visit. And this past summer 11 members went to Casper, Wyo., for an international meeting.

The group's community service has included helping a charter school with its fund-raising auction, and conducting food drives, clothing drives and the annual HIKE Penny Drive from April 15 to May 15.

Last year, the Fred Meyer Foundation gave Job's Daughters a \$913 grant to purchase materials and supplies to make no-sew polar fleece blankets for Anchorage organizations. The group is creating 50 blankets for donation to residents of the Anchorage Pioneers' Home and the Salvation Army's McKinneil House. They are looking for a skilled volunteer to make a blanket out of the remaining scraps for a silent auction to raise money for HIKE.

Anderson underscores the value of including the girls in community service at a young age. She enjoys serving as a mentor to them.

"This is an organization where young girls can learn to fail and still succeed, to withstand peer pressure, and above all, to develop logic and reasoning skills that enable them to think for themselves," she said.

Daily News reporter Asta Corley can be reached at [acorley@adn.com](mailto:acorley@adn.com).

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MEETINGS OF THE ANCHORAGE BRANCH OF JOB'S DAUGHTERS are at 10:30 a.m. on the second and fourth Saturdays of each month at the Masonic Temple, 1431 Eagle St. For more information about Job's Daughters or the HIKE program, call Susan Anderson at 344-6475.

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**Josh Applebee**

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**From:** Phyllis Kiehl [pkiehl@pol.net]  
**Sent:** Friday, February 04, 2005 8:45 AM  
**To:** Rep. Tom Anderson  
**Subject:** HB 109, Hearing screening

Dear Rep. Anderson,

I am writing to ask you to support and vote for House Bill 109 ("related to screening Newborns for Hearing Ability. I am a pediatrician who has been in private practice in Anchorage for 30 years. The American Academy of Pediatrics supports the development of programs for universal screening of all infants for hearing deficits at or soon after birth. This enables early identification of hearing impaired children in order to be able to intervene to maximize their potential. This program is important because:

1. Hearing loss is one of the most common birth defects. One in 3000 infants are born in Alaska with permanent congenital hearing loss. Without universal newborn hearing programs, the average age of detection of even severe hearing loss is 2-3 years old. Hearing loss has a significant negative effect on children. This would seem obvious, but many studies indicate the negative impact of hearing loss on a child's emotional and social development as well as language delays (that do not seem to progress even after diagnosis in some children, when that diagnosis is delayed).

Even mild hearing loss or even when only one side is affected may have long lasting negative effects to the child. It affects interactions in the family, too.

3. Early detection and intervention of hearing deficits significantly helps children. Numerous studies show that when children are diagnosed with hearing loss and appropriate intervention to augment hearing and provide appropriate communication options are started early in life, preferably before 6 months of age, significant and long lasting benefits are achieved by the children in language skills, emotional development, social and familial adjustment.

Due to new advancements in screening technology, non-audiologists can administer the screen (and bill appropriately for this service). By asking insurance companies to cover this "standard of care" evaluation, all infants in the state can have this evaluation before they leave the hospital or birthing facility.

Universal hearing screen for all newborns is essential for Alaskan children.  
Please support HB 109.

Thank you.  
Sincerely,  
Phyllis Kiehl, M.D.

Phyllis' numbers:  
Home: 907/345-3394  
Office: 907/562-2120  
Beeper: 907/275-2030



**ALASKA CENTER for PEDIATRICS, P.C.**

*Birth Through Adolescent Care*  
1200 Airport Heights Drive, Suite 140  
Anchorage, AK 99508  
Tel: 907.777.1800 - Fax: 907.278.2066

**FACSIMILE TRANSMITTAL COVER SHEET**

To: Senator Fred Dyson Fax: (907) 465 4587  
 From: Martin Beals MD Date: 04/28/2005  
 Pages: 3 - Includes Cover Sheet CC: \_\_\_\_\_  
 Re: \_\_\_\_\_ (DOB) \_\_\_\_\_

Urgent    For Review    Please Comment    Please Reply    Please Recycle

COMMENTS:

Support for House Bill 109

**Note:** The information contained in this facsimile may be privileged and confidential and protected from disclosure. If the reader of this facsimile is not the intended recipient, you are hereby notified that any reading, dissemination, distribution, copying, or other use of this facsimile is strictly prohibited. If you have received this facsimile in error, please notify the sender immediately by telephone at 907.777.1800 and destroy this facsimile.

Alaska Center for Pediatrics  
1200 Airport Heights Drive, Ste 140  
Anchorage, AK 99508  
Phone: 907.777.1800, Fax: 907.278.2066

**Senator Fred Dyson**  
**Chairman, Senate Health, Education &**  
**Social Services Committee**

**Fax: (907) 485-4587**

**Re: House Bill 109**

April 28, 2005

Dear Senator Dyson:

I am a pediatrician in Anchorage, who is serving as Chapter Champion for the Early Detection of Hearing impairment and Intervention (EHDI) Program for the Alaska Chapter of the American Academy of Pediatrics. The principles of the EHDI Program have been endorsed by the American Academy of Pediatrics, the Center for Disease Control, the National Institute of Health and numerous other organizations. The basic goals of the program are (1) Screening of all newborns for hearing impairment by 1 month of age (preferably before hospital discharge), (2) Identification of all children born with hearing impairment (using diagnostic testing by audiologists) by 3 months of age, and (3) Intervention for children diagnosed with hearing loss with appropriate communication options and technologies by 6 months of age. The essential goal of the program is to allow children with hearing impairment to develop language skills equivalent to hearing children. There is plentiful evidence that deaf children who are diagnosed and receive appropriate help early in life can develop language skills along normal lines, even before school entry.

In order to further the development of the EHDI program in Alaska, I am endorsing and asking for your support of House Bill 109, sponsored by Rep. Jay Ramras. This bill seems to contain elements that will help Alaska achieve the goals of this program for Alaska's children.

Hearing loss is the most common birth defect. The ability to minimize the negative effects of deafness on children is why the Alaskan March of Dimes is supporting this bill. Before the technology that permits the screening of newborns, pediatricians tried to pick up children with hearing problems as early as we could, but it was often not until 2-3 year of age, and often later with milder hearing impairments. Several Alaskan hospitals have been doing routine newborn hearing screening for over 6 years and incorporated the charges into their routine newborn charges. Due to the efforts of our state EHDI coordinator, working through the division of Maternal/Child Health, and using federal grant money, the equipment that is used to test newborn hearing is now available in all the state's birthing hospitals. Despite this availability, without requiring hospitals to routinely offer this service and report their results, we are sure that many of our state's parents do not receive the opportunity to have this (hopefully) reassuring test of their child's hearing. It is estimated that Alaska is 48 out of 50 states in newborn hearing screening.

I hope when you understand better the merits of this bill than you will agree to support it. I understand that there have been some concerns about the insurance ramifications. While I certainly can't speak for the insurance company, they have not opposed this bill. As I said, the test has been done in the largest birthing hospitals in Alaska for many years and will continue to be. Nationwide, over 90% of all newborns undergo this screening and in over half of the states all the hospitals are screening 99% of newborns. In other words, this is not a new burden to the insurance industry and I can't imagine that such a relatively inexpensive screening test that is almost universally accepted as "standard of care" for all newborns would have almost no impact on any insurance plan. It would only affect plans that already cover maternity benefits.

The economic impact of the program is another issue that I'm sure a legislator must consider. I have nothing to do with the fiscal note and I'm sure if a child's deafness is diagnosed earlier, then

● Page 2

April 28, 2005

services to that child will be started earlier. I have already stated the positive benefits of this early diagnosis. I believe there are significant cost savings for children who are diagnosed earlier. I'm sure you could appreciate that a child who starts school with significant language delays require many more special services than children with normal language skills. Special Education students cost about twice what "normal students" cost the school system. But the cost savings go beyond that. One study indicated that, comparing lifetime costs for deaf children with normal language skills and with delayed language skills, children with delayed language skills will cost \$50,000 more in Special Ed services, require 4 times the cost in vocational rehabilitation and have a lost earnings productivity of over \$350,000. How much early diagnosis can offset these discrepancies cannot be calculated. But that there are fiscal as well as social, behavioral, educational, and humanistic advantages to this program are undeniable.

Senator Dyson, I have been a pediatrician for 26 years and this is the first time I have been involved with endorsing a bill and trying to educate legislators about its advantages. As I have said, my task is to support the EBDI program and I have been told that House Bill 109 will be necessary if Alaska is to succeed in effectively offering this program to its citizens. If there are any concerns that you have about the medical aspects of this bill, I want to do all I can to alleviate them. I hope that you will review this letter and other correspondence coming to you and listen to the testimonies when the bill comes before your Health, Education, and Social Services committee. Practice concerns will not allow me to fly to Juneau this session, but if there are any questions about the medical aspects of this bill I can answer, please feel free to call me at my work number during the day or at my home number (907.349.1594) in the evenings.

Thank you for your attention,



Martin F. Beals, Jr., M. D., FAAP  
Alaska AAP Chapter Champion, EBDI program



# March of Dimes

Saving babies, together

To: Senator Dylon From: Debbie Golden

Attn: \_\_\_\_\_ Date: 4/29/05

Fax: 165-4587 Fax: 907-276-3375

Phone: 165-2199 Phone: 907-276-2290

Re: HB 104 Pages: 30

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Urgent!

**CONFIDENTIAL**



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**NEWBORN HEARING SCREENING!**  
(March of Dimes will forward it to the appropriate legislators.)

Dear Legislator: Please approve House Bill 109 to require  
screening for hearing loss, the most common birth defect!

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Name Malissa Dreas  
Address 352 N. EKIVTNA  
City/State/Zip Palmer, AL 36105

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E-mail \_\_\_\_\_

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Name Paula Weiss  
Address 6034 E. EMORE CT  
City/State/Zip Palmer, AL 36105

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E-mail bpaulasuz@hotmail.com

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Name Jeri Norman  
Address 121 Pacific New Dr  
City/State/Zip Anchorage AK 99515

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Name Richard Bradley  
Address 4221 Laurel St. #309  
City/State/Zip Anchorage, AK 99505

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Name Brenda Hendrickson
Address 3342 W. 79th Ave.
City/State/Zip Anchorage AK 99502

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E-mail Kevinbrenda@gci.net

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Name Terry Clark
Address 1100 Leakey Loop
City/State/Zip Wasilla AK 99654

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Name Carlotta Camaral
Address 931 E. 20th Ave #13
City/State/Zip Anch. AK 99501

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E-mail ccamaral@gci.net

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Name Cindy Gandy
Address PO Box 212422
City/State/Zip Anch AK 99521

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Name: Arlunda Hermann
Address: 1536 Valarian St. #1
City/State/Zip: Anch, AK 99508

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E-mail: ja.hermann@alaska.net

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Name: Daniel McCarthy
Address: 3101 Draco Drive
City/State/Zip: Anchorage, AK 99502

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Name: LOREZO ABRUZZESE
Address: 19940 SAMALGA CIR.
City/State/Zip: EAGLE RIVER, AK 99577

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E-mail: LAAbruzzo@aqi.com

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City/State/Zip: Anchorage, AK 99502

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Name Laura Hillary  
Address PO BOX 770198  
City/State/Zip Eagle River AK 99577

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E-mail harelbellak@aol.com

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Name KAYCE D. ARTHUN  
Address 9023 KRISHKA CIRCLE  
City/State/Zip EAGLE RIVER, AK 99577

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Address 9023 KRISHKA CIRCLE  
City/State/Zip EAGLE RIVER, AK 99577

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Name JACK JACOB  
Address 3300 N. Shore Dr  
City/State/Zip Anchorage, AK 99502

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Name: Annie Schappat-Larson
Address: 5436 Dorbrandt St #2
City/State/Zip: Anchorage, AK 99518
E-mail: jenniesled@qci.net

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Name: Chris Beidwell
Address: P.O. Box 671835
City/State/Zip: Cheyenne, WY 82007
E-mail:

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Address: 24320 Hearthstone
City/State/Zip: Cheyenne, WY 82007
E-mail:

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Address: P.O. Box 670676
City/State/Zip: Cheyenne, WY 82007
E-mail:

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Name BONNIE FOSTER  
Address 6340 Limestone Circle  
City/State/Zip Arch. Ark 99507

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Name Rachael Bridwell  
Address P.O. Box 671235  
City/State/Zip Chicago IL 99567

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Address 19940 SAMALGA CIRCLE  
City/State/Zip EAGLE RIVER, AR 99571

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Name Debra L. Rice  
Address P.O. Box 331  
City/State/Zip GROSVENOR, AR 99587

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Name: Dianne Coursey
Address: 720 Homestead Rd
City/State/Zip: Fairbanks, AK 99712
(Residence - not mailing address)
PD Box 80485, PBX, AK 99708
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E-mail:

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Name: Patricia P. Wise
Address: 1269 Upland Ct.
City/State/Zip: Homer, AK 99603
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Name: Sonja J. Younker
Address: Box 85173
City/State/Zip: Fbks, AK 99708
To receive Advocacy Alerts about infant health issues, please print your e-mail clearly!
E-mail: sonjasjy@alaska.net

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(Carol) Name: Sue Augustina
Address: PO Box 56321 (3145 Place)
City/State/Zip: North Pole, AK 99705
To receive Advocacy Alerts about infant health issues, please print your e-mail clearly!
E-mail: augustina@ptialaska.net

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Address 238 E 7th
City/State/Zip North Pole, Alaska 99705

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Name Jackie VanDaff
Address 7816 Brentwood Drive
City/State/Zip Anchorage, Alaska 99502

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Address 12880 Ben Ct
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Dear Legislator: Please approve House Bill 109 to require screening for hearing loss, the most common birth defect!

HELP NOW

Name Susanna Hall
Address 2960 Princeton Way
City/State/Zip Anchorage, AK 99508

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Name DAN CASE

Address 13420 TAHOE CR

City/State/Zip ANCHORAGE AK 99516

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Name Anastasia Truelso

Address 18844 Monastery Dr

City/State/Zip Eagle River, Ak 99577

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Name Shannon Marake

Address 611 W 90th Ave

City/State/Zip Anchorage AK 99515

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Name Sandra Evans

Address 805 East 13th Ave

City/State/Zip Anchorage AK 99501

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Name MARTHA D. OLSON  
Address 8520 WILLIWA AVE.  
City/State/Zip ANCHORAGE, AK 99504

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Name K. Grayley  
Address 9105 Granite  
City/State/Zip ANCHORAGE, AK 99507

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Address 10126 Baffin  
City/State/Zip Eagle River, AK 99571

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Name JOSH STANFORD  
Address PO BOX 871887  
City/State/Zip WASILLA, AK 99687

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Name Lea Ohren  
Address 6451 Village Pkwy  
City/State/Zip Anchorage, AK 99504

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Name Wendy Frazer  
Address 12821 Huffman Cr  
City/State/Zip Anch AK 99516

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Name Mary A. Pape  
Address P.O. Box 790544  
City/State/Zip Anchorage AK 99519

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Name Josie Sison  
Address 3210 Unalut Land  
City/State/Zip Anch AK 99507

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Address 815 East 13th Ave
City/State/Zip Anchorage, AK 99501
E-mail lerg@acsalaska.net

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Address 2432 Chassac Drive
City/State/Zip Anchorage, AK 99517
E-mail both@mehner.com

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Name SUSAN LANE
Address 2800 MADIGAN CIRCLE
City/State/Zip ANCH AK 99507
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Address 14399 Canyon Rd  
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Address 1723 Highland Dr  
City/State/Zip Home, AK 99603

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Name Carol C. Manchester RN  
Address 692 Soundview  
City/State/Zip Home, AK 99603

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E-mail cc.manchester@alaska.net

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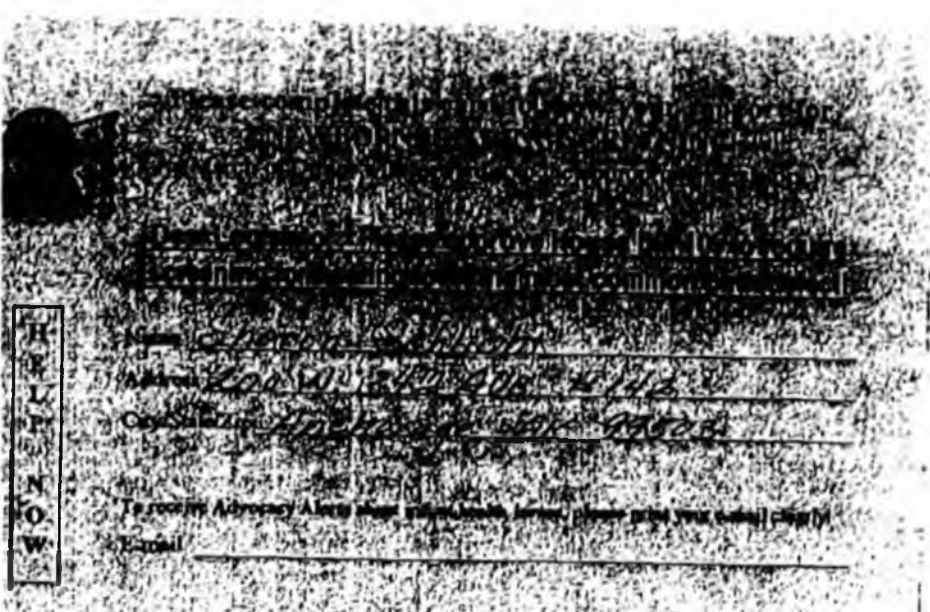
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Address 3711 Sycamore Loop  
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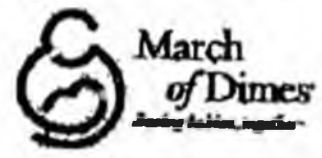


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Name Martha Pelletier  
Address 1821 E. 74th #3  
City/State/Zip Anchorage, AK, 99507

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Name Barbara Kovarik  
Address 19600 Citation Road  
City/State/Zip Eagle River, Ak. 99577

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Name Colleen S. Brown  
Address 11221 Kaskanak Cr.  
City/State/Zip Eagle River, Ak. 99577

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Name Lisa Weight  
Address 20743 Philadelphia Way  
City/State/Zip Eagle River, AK 99577

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Name Jan Webb  
Address 2332 Melanie Ave #2  
City/State/Zip Wasilla AK 99654

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Name Kathy Wright  
Address 1819 E. 124th Ave.  
City/State/Zip Anchorage, Alaska  
99508

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Name Sally duBois  
Address P.O. Box 876116  
City/State/Zip Wasilla, AK 99687

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Name Rosalie Schette  
Address P.O. Box 1318  
City/State/Zip Palmer, AK 99645

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Name Richard DuBois  
Address P.O. Box 876116  
City/State/Zip Wasilla, AK 99687

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Name Julie ANTOLA
Address 3020 BRIDLE lane
City/State/Zip Anchorage, AK 99577

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Name Shirley Greeninger
Address 10129 Raven Crest Circle
City/State/Zip Eagle River, AK 99577

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E-mail greeninger\_shirley@asdk12.org

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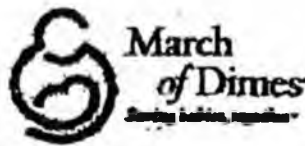
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City/State/Zip Anchorage, AK 99577

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Address 17470 Rialto Ave
City/State/Zip Eagle River, AK 99577

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Address 23431 Epps Terrace St.
City/State/Zip Eagle River AK 99577

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Address 18730 Katelyn Circle
City/State/Zip Eagle River AK 99577

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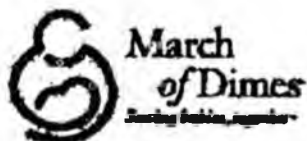
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Address 12800 FOSTER RD
City/State/Zip Anchorage, Alaska 99576

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Name Laurene C Deutscher
Address 13006 Algaarin Cir
City/State/Zip Anchorage, Alaska 99516

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Name Anna Arnevedt  
Address P.O. Box 190004  
City/State/Zip Anchorage, AK 99519-0004

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Name Thalia Wood  
Address 1801 E. Tudor Rd #A-301  
City/State/Zip Anchorage, AK 99507

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Name John Cartwright  
Address 8251 Stratton Circle  
City/State/Zip Anchorage, Alaska 99507

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Name Christy Johnson  
Address 4400 Shelikof St  
City/State/Zip Anchorage AK 99507

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Name PAT TURNER  
Address 621 GINGKO  
City/State/Zip FAIRBANKS, AK 99709

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Name LouAnn Balensiefer  
Address 6029 Camrose Dr.  
City/State/Zip Anchorage, AK 99504

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**NEWBORN HEARING SCREENING!**  
(March of Dimes will forward it to the appropriate legislators.)

**Dear Legislator: Please approve House Bill 109 to require  
screening for hearing loss, the most common birth defect!**

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Name Eleanor Houls  
Address 1511 Holy Cross  
City/State/Zip Fairbanks, AK 99709

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Name Sheri Roach  
Address 403 Henderson Rd  
City/State/Zip Fairbanks AK 99701

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Name: Wendy Ward  
Address: 803 Haida Lane (Haida)  
City/State/Zip: Fairbanks, AK 99712

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Name: Nina Prockish  
Address: 7600 Old Harbor Ave.  
City/State/Zip: Anchorage AK 99504

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Name: Cherilyn Anstey  
Address: 7524 Timber Wolf Cir.  
City/State/Zip: Anchorage, AK 99507

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Name: Kathy Altan  
Address: 710 Box 85293  
City/State/Zip: Fairbanks, AK 99708

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E-mail: kAltan@gci.net

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Name Judy Tolbert  
Address 3032 Riverview Dr.  
City/State/Zip Fairbanks, AK 99709

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Name Wendy Rainey  
Address P.O. Box 4819  
City/State/Zip Palmer, AK 99645

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E-mail wendyrainey@yahoo.com

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Name Edward Moses  
Address 1740 Orca Place  
City/State/Zip Anchorage, AK 99501

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Name Molly McGrath  
Address P.O. Box 74848  
City/State/Zip Fairbanks, AK 99707

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Name MARY ANN CHRISTOLAN  
Address 700 W 21<sup>st</sup> AVE, B  
City/State/Zip ANCHORAGE, AK 99503

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Name Sarah P. Thomas  
Address PO Box 1671148  
City/State/Zip Chugiak, AK 99517

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Name Beverly Smith  
Address 8570 Jupiter Drive  
City/State/Zip Anchorage, AK 99507

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Name Amy Verkind  
Address HCB PBox 6078  
City/State/Zip Palmer, AK 99645

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Name John S. ...

Address 403 R102-T

City/State/Zip Prattville AL 36068

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Name TUESA BURKHEAD

Address 1600 BLACKBERRY ST.

City/State/Zip Anchorage AK 99502

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E-mail mykal2000@jci.net

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Name Rhonda Spurgeon

Address 14745 W. Lake Ridge Dr

City/State/Zip Fair River Alaska

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E-mail Rhonda@po.box.alaska.net

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Name Patricia Libby

Address 11626 Birch Knoll Cp.

City/State/Zip Anchorage AK 99515

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E-mail camandtricia@jci.net

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Name: Erica Steeres  
Address: 12540 C. Rd. Effingham  
City/State/Zip: Effingham GA 31741

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Name: Julie Beard RN  
Address: 2137 Tributary Circle  
City/State/Zip: Anchorage, AK 99516

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Name: Laine Korns  
Address: 2321 Warkshire Ln  
City/State/Zip: Oklahoma OK 73107

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Address: 1201 Denali St #103  
City/State/Zip: ANCHORAGE AK 99501

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Name Brett Poston  
Address 630 W. 88th Ave  
City/State/Zip Anchorage AK 99515

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E-mail baposton@hotmail.com

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Name Rebecca Davis-Loosli  
Address 1817 Sturbridge Ct.  
City/State/Zip Anchorage AK 99507

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E-mail rdavis@PICAK.org

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Name Lisa Larson  
Address 630 W. 88th Ave  
City/State/Zip Anchorage AK 99515

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Address 1817 STURBRIDGE CT  
City/State/Zip ANCHORAGE AK 99507

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Address: 3250 Branch Drive  
City/State/Zip: Anchorage, AK 99508

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Name: Barbara Sell  
Address: 14550 Joanne Cir (not mailing)  
City/State/Zip: Anchorage, AK 99516

Nailing # 111949  
Anchorage, AK 99511  
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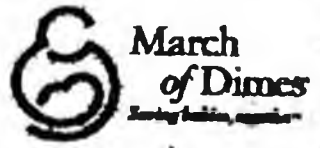
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Name: Howard Golden  
Address: 3741 Tanya Dr  
City/State/Zip: Anchorage, AK 99516

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Name: Dahna Graham R.N.  
Address: 1720 Otter Street  
City/State/Zip: Anchorage, AK 99511

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Name Kim Erbe  
Address P.O. Box 2263  
City/State/Zip Cardona AK 99574

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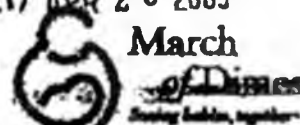
Name RIKA WALTER  
Address 5432 S Northern Lights #429  
City/State/Zip Anchorage AK 99518

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Name Karen Etnel  
Address 12741 Skelburne Rd.  
City/State/Zip Anchorage, AK - 99516

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Wasilla, AK 99654

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January 31, 2006

Senator Fred Dyson  
10928 Eagle River Rd. Ste 238  
Eagle River, AK 99577

Dear Sen. Dyson,

I am writing as one of your constituents concerned about the public health importance of the major birth defect, congenital hearing loss. I understand that there is a bill which needs to be introduced in order to establish and make mandatory Newborn Hearing Screening at birthing facilities throughout Alaska.

January is designated as Birth Defects Prevention Month. In Alaska each year, approximately 10,000 babies are born. According to national statistics, about 30 of them will have some type of congenital hearing loss. Hearing impairment is the most common birth defect, more common than cerebral palsy, Down Syndrome and severe mental retardation.

Mandatory newborn hearing screening of all babies born in the state allows them to be screened for hearing loss. In the absence of mandatory screening in the newborn period, the average age of identification of a hearing impairment is 2-3 years of age. Since the most important period of speech and language development is from birth to age three, delay in diagnosis can impair a child's language, speech, psycho-social, and cognitive development. Through early identifications, children identified at birth with a hearing loss can learn and progress at a rate comparable to those with normal hearing.

In addition, mandatory reporting by birthing facilities of hearing screening results to the State of Alaska's Early hearing Detection and Intervention (EHDI) Program will help to ensure that children with possible hearing loss receive timely diagnostic evaluation and, if necessary, are enrolled into early intervention services at the earliest possible time.

As a Speech/Language Pathologist who works with preschool children with speech and language delays, I want to ensure that all children are given what they need to become productive members of our communities. I know you do also. Please support the introduction of legislation requiring newborn hearing screening, reporting and follow up.

Thank you for your attention to this very important matter.

Sincerely,

*Frances Graves*  
Frances Graves, M.S.