

Monday, February 19, 2018

Members of the Senate Committee on Healthcare:

I am writing to you as a parent of a child with hearing loss and as a teacher of the deaf and hard of hearing. In both of these roles, I have seen first-hand the negative effects of an insurance system that does not adequately address the needs of children with hearing loss. This is why I urge you to support HB 4104.

We know that when children with hearing loss are identified at birth, properly fitted with hearing devices by 3 months and in early intervention programs by 6 months they have every possibility of developing age-appropriate speech and language and academic skills. Many, like my own daughter, will never even need special education services in school.

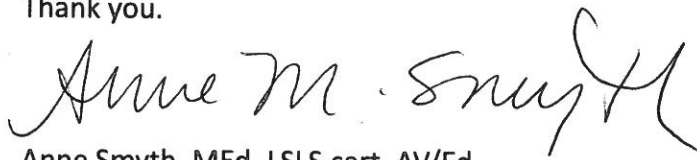
Knowing what is possible for babies born with hearing loss makes it all the more tragic when their families are not able to access the proper equipment and services for their child. I can give you one example of a family I work with at my school, Tucker Maxon. When their child was identified with a hearing loss, they sought a pediatric audiologist, only to find that their insurance only offered one in-network audiologist who was not even a pediatric audiologist and who had a two-year waiting list. Their choice was to find another insurance company or pay out of pocket. What's more, this family was making these decisions in the midst of a very devastating diagnosis where they were told that time is of the essence and that they need to get amplification and start services immediately in order to access the short window of time a child's brain is ripe to make sense of sound and learn language.

Navigating the insurance process during the midst of a terrible diagnosis for a family with a newborn is daunting, to say the least. My own daughter was denied a second implant based on the fact that the device was "experimental." It took a year and help from a lawyer to get that denial reversed. In the meantime, she lost a year of valuable time when her brain was not hearing with two ears. Brain research tells us that kids with hearing loss do not have time to wait. This is a brain emergency. As a result of her great delay in getting her second implant, my daughter will never hear as well with that ear as she does with her other ear. If I had had someone to help me understand the process and explain the device she needed, etc., it probably would not have taken so long. A case manager to help families access and understand what insurance does and does not cover and how to make that happen would be an immense help.

FMs are a tool that have become a necessity for deaf children. They not only help the child access learning in the classroom, but they also help the child hear during sports, hear when their parent tells them not run in the street, and hear in noisy play areas. FMs are part of the deaf child's best chance at reaching his or her full potential. These should be covered by insurance.

Fortunately, these problems are solvable. Insurance can help families with a deaf child access the equipment and professionals they need to reach their full potential. What's more, it's a problem we should all want to solve, as it will lead to better outcomes for deaf children and less cost in special ed services down the road. My own daughter was able to mainstream all the way from 2<sup>nd</sup> to 12<sup>th</sup> grade with no services and is now a college sophomore. This is the outcome we want for all our children. Please help make it happen by supporting HB 4104.

Thank you.

A handwritten signature in black ink that reads "Anne M. Smyth". The signature is written in a cursive style with a large, looping initial "A" and "S".

Anne Smyth, MEd, LSLs cert. AV/Ed  
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