

Madame Chairperson, I would like to thank you and all of the members of the Health and Aging Committee for the opportunity to testify for House Bill 98. My name is Bailey Lewicz and I am 15 years old. I am here today because I have seen the impact of Childhood Apraxia of Speech firsthand. I am speaking on behalf of the siblings of children with apraxia because they are often overlooked. I have two younger brothers, aged 11 and 8, who have apraxia.

Childhood Apraxia of Speech is an oral motor speech disorder. Kids with apraxia have difficulty planning and producing the correct movements needed for intelligible speech. They often have co-existing conditions such as ADHD, Sensory Processing Disorder, anxiety, epilepsy, autism, dyslexia, and learning disabilities.

Children with apraxia usually have very few sounds by the age of 2. In the case of my brothers, neither of them could form 2-3 word sentences until around age 4. They were nearly in kindergarten before we heard the words "I love you." They spent 3 years in preschool barely being understood by their teachers and classmates. If they fell and hurt themselves, it was almost impossible for them to describe the location and intensity of their pain. If they wanted something to eat, we had to guess what they wanted. If we went somewhere in public, my parents were always afraid that they would get lost because they could not tell anyone their names let alone their phone numbers. My brothers are very funny kids. It makes me sad to think that we missed out on all of the clever things they had to say for the first 5 years of their lives.

Apraxia does not affect just the child, it affects the whole family. Kids with apraxia spend several hours each week in therapy. This often includes speech therapy, occupational therapy, and tutoring. This means that their siblings usually spend countless hours in waiting rooms. When other kids just want to hang out with their friends after school, the brothers and sisters of apraxic children often have to tag along to therapy centers and doctors' offices. Also, because their apraxic siblings need a little more of their parents' attention at home, they sometimes have to work independently sooner than other kids their age. Another issue is that typically developing children don't always understand why an apraxic child sounds different and they sometimes say mean things on the playground. It is usually their sibling that comes to the rescue and has to stand up to the bully. Having a sibling with apraxia usually makes a person stronger and more resilient. It certainly has for me.

The good news is that apraxia does not have to follow a child into adulthood. It can be resolved through frequent, intensive therapy. It may take many years for this happen but the majority of kids with apraxia go on to lead productive lives. My brothers are lucky because they have had access to outstanding therapists. Not all children have this. Our family has been traveling back and forth to therapy for nearly 10 years but it has been worth it. My 11 year old brother's apraxia is now resolved and he is doing very well in school. My 8 year old brother continues to work hard in therapy and with a tutor but he has made great gains. We are very hopeful that in the future he will be able to speak clearly and with confidence.

It is my hope that making May 14<sup>th</sup> the official Childhood Apraxia of Speech Awareness Day will help shed light on this disorder that has made my brother's childhoods so difficult. Greater awareness will lead to more support for the many children in Ohio who are working hard to find their voices. I believe House Bill 98 will make life easier for all those who are impacted by apraxia.

Thank you again for allowing me to testify in support of House Bill 98. I truly appreciate your time and consideration in this matter.