



Neutral testimony presented by Susie Ternes, Au.D., CCC-A, Executive Director of the Kansas Speech-Language-Hearing Association to the House Insurance Committee Re: HB 2021

January 27, 2017

Dear Chairman Vickrey and Members of the Committee,

I represent the Kansas Speech-Language-Hearing Association as its Executive Director and a practicing audiologist at Via Christi Hospital in Wichita. KSHA is a professional membership organization made up of about 1000 speech-language pathologists and audiologists. As you may know, audiologists are doctoral-level medical professionals who specialize in the diagnosis and treatment of hearing loss and balance disorders. Our scope of practice, as defined by the American Speech-Language-Hearing Association and State of Kansas law includes the fitting and dispensing of hearing aids.

In regards to HB2021, KSHA is neutral on the issue of mandating hearing aid coverage by insurance companies. However, as the bill is currently written, KSHA opposes its passage.

As professionals who are passionate about hearing healthcare, we support the idea of insurance companies being mandated to have hearing aid benefits. However, this bill lacks specifications of coverage and limits consumer choice. As such, KSHA has grave concerns about how this bill could negatively affect consumers.

Four states have passed bills that mandate hearing aid coverage for all ages – Arkansas, Connecticut, New Hampshire, and Rhode Island. Requirements vary state by state for the amount of coverage, the benefit period, and provider qualifications for the professionals who fit the hearing aids.

In Arkansas: Insurance companies are required to offer coverage to employers in the state. If the employer chooses to add this option, the health plan must provide hearing aid coverage of no less than **\$1,400 per ear every three years** for individuals of all ages.

Citation: [Arkansas Code Ann. §23-79-1401](#)

In Connecticut: The law requires individual and group health insurance policies to provide coverage for hearing aids for children 12 years old or younger; classifies hearing aids as durable medical equipment and allows policies to limit the benefit to **\$1,000 every 24 months**. As a result of the Affordable Care Act's prohibition on discriminatory benefit design based on age, the Connecticut Insurance Department is requiring insurance policies to remove age limits on hearing aid benefits for policies issued or renewed after January 1, 2016.

Citation: [Connecticut Gen. Statute §38a-490b](#) and [§38a-516b](#). Bulletin [HC-102](#) [PDF]

In New Hampshire: Insurers are required to cover the cost of **no less than \$1,500 per hearing aid every 60 months**. The insured may choose a higher price hearing aid and pay the difference in cost.

Citation: New Hampshire Rev. Stat. Ann. §415-6p and §415:18-u

In Rhode Island: The law requires individual and group insurance policies to provide coverage for **\$1,500 per individual hearing aid, every three years, for children under the age of 19, and \$700 per individual hearing aid for those over 19 years of age**.

Citation: Rhode Island Gen. Laws §27-18-60

Without more specific details for mandated coverage than those provided in HB2021, insurance companies will do what they can to contain costs. There are a few private insurance companies who already have a hearing aid “benefit.” Practicing audiologists will tell you that some of these companies have plans that are beneficial to consumers, and some do not. This bill, as written, would allow insurance companies to offer coverage however they see fit.

For example, some companies provide coverage for up to \$500, but do not allow a patient to use that \$500 toward the purchase of a more expensive, higher quality hearing aid. What happens in that situation is that a patient must be fit with a low-end hearing device that does not include the professional services necessary to dispense, fit, and follow up after the fitting.

In other cases, an insurance company may write their benefit this way: “Up to \$10,000 coverage with 80% of the allowable amount for hearing aids.” Then they restrict the allowable amount to \$600 and actually pay only 80% of \$600. This is misleading and confusing to consumers.

Another way insurance companies could implement this hearing aid coverage as written in HB2021 is by providing hearing aids *only* through an online mail order hearing aid company. Some insurance companies are already doing this. KSHA opposes mail order hearing aids for many reasons. First, this limits consumer choice. They can no longer choose *where* to get their hearing aids. Second, it limits technology. There are many hearing aid manufacturers with a variety of hearing devices, and this would effectively limit patients to one type of hearing aid. And, finally, mail order hearing aids do not meet the standards of care prescribed by the American Speech-Language-Hearing Association and the American Academy of Audiology. Professional assessment, fitting, hearing aid verification, and counseling is the standard of care. When patients do not receive this standard of care, they are often unhappy with the outcome --- hearing aids that “don’t work” and end up in the bureau drawer.

While KSHA does not support the bill as written, we would like to take this opportunity to point out that **19 states** have passed laws that require insurance coverage for children. Kansas is not one of them. KSHA would most certainly support such a bill, if written in a way that would be most beneficial for children. In this state, the majority of private insurers do not have any hearing aid benefit for children, which forces parents to pay \$2000-\$4000 out of pocket for a pair of hearing aids that are absolutely critical for their child’s development, and must be replaced every four to five years.

In summary, to make HB2021 a pro-consumer bill, many amendments would have to be made, including (but not limited to):

- 1) a minimum amount of coverage (e.g. \$2500 per patient, as in the Blue Cross Blue Shield policy for federal employees, which could go toward one or two hearing aids, depending on what a patient needs)
- 2) a benefit period (e.g. every three years, as in the BCBS policy above)
- 3) a requirement that hearing aids be fit by a licensed audiologist or hearing instrument specialist in the state of Kansas
- 4) the ability for the insured consumer to choose a higher price hearing aid and pay the difference in cost.

KSHA is open to working with stakeholders to draft legislation that truly benefits the citizens of Kansas who have hearing loss. All persons should have access to hearing healthcare, should they need it, but it must be provided in a way that ensures patient choice, provides high-quality technology by qualified professionals who practice with industry standards of care---licensed audiologists and hearing instrument specialists.

Sincerely,

Susie Ternes, Au.D., CCC-A
Executive Director

THROUGH EFFECTIVE COMMUNICATION, ALL INDIVIDUALS WILL REALIZE THEIR POTENTIAL.

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