



January 23, 2017

Kansas House of Representatives
Room: 276-W
State Capitol
300 SW 10th St.
Topeka, KS 66612

To Whom It May Concern,

I am contacting you today regarding my written feedback regarding HB 2021.

I am an audiologist and owner of Associated Audiologists, Inc. which serves those with hearing loss, tinnitus, and balance problems. I work regularly with health insurance plans that offer hearing aid benefits, employ audiologists, and work with the consumers who would be impacted by legislation of this type.

In concept, providing hearing aid benefits for consumers is a good thing. However, as the bill is currently written, it is so generic that I see the potential for more harm than good. I have found through the years, health insurance companies as for profit entities will find ways to meet the bare minimum when required to providing coverage. Below are several examples:

1. I have seen health insurance plans that provide coverage up to \$500 and then limit choice above that. In this example, only a very low-end level technology would be provided and not include the professional services necessary to dispense, fit, and follow an individual with this option.
2. In other cases, insurance companies write benefits that may read, "Up to \$10,000 coverage with 80% of allowable amount for hearing aids." In this example, they restrict the allowable amount to \$600 and then actually provide only 80% of \$600 and the \$10,000 amount is simply "smoke and mirrors." Again, this only covers a low-end hearing aid device restricting better technology and also does not include any of the professional services required to recommend, fit, program, adjust or follow the consumer/patient. This is similar to coverage provided by Aetna.
3. Certain health insurance companies own their own mail order hearing aid companies. United Health Care is an example. They provide a "hearing aid benefit" which is only provided through their own online mail order hearing aid company which then restricts consumer choice and technology. This also goes against recommended standards of care which always recommend working directly with an audiologist or hearing aid dispenser. In Kansas, the law specifically states that hearing aids cannot be mailed to Kansans but recently when this was challenged, the federal law trumped Kansas law. This has been especially difficult for those Kansans who have no one to assist them with the often complex needs of adjusting to and learning about their hearing aids. In addition, older Kansans are especially vulnerable to this somewhat deceptive practice which often leads

to a non-successful outcome where the hearing aid ends up in the drawer without proper one-on-one professional support to ensure rehabilitation success.

4. Many health insurance companies are beginning to utilize 3rd party distributors in other states. Again, they provide a benefit but it is only provided through their 3rd party distributor which restricts consumer choice in who they can work with and also restricts available hearing aid technologies. Cigna currently uses a model with plans like this.

As a business owner, already affected by the increased costs of health care/health insurance to employees, I also fear that in order to provide this benefit, the health insurance companies would see this as another opportunity to raise premium costs to all their members. I've learned that "nothing is free" so simply mandating coverage to health insurance companies could also inadvertently raise insurance rates for all Kansans.

An example of a good hearing aid benefit that continues to provide options/choice for consumers, not restrict quality, and provide consumers choice in regards to using the professional services of Kansas audiologists and dispensers and their local businesses is the Federal Employee Hearing Aid Benefit. In this case, the insurance provides a \$2500 amount toward one or two hearing aids of the consumers choice by whoever they choose to get their care. It renews every 3 years so the member is eligible for replacements or other services if needed at the 3 year mark.

In my professional opinion, if legislation like this is passed and mandated, it should be very specific about the type of benefit provided to Kansans to avoid the unnecessary restrictions and limitations that could occur otherwise. There are many significant negative effects of untreated hearing loss so I applaud Representative Kiegerl's efforts to improve access to and coverage for hearing aids, but I believe this should be done with great care.

In the end, if HB 2021 is not carefully written, crafted, and implemented, I am concerned that this well intention-ed legislation would limit Kansans ability to choose where to get quality hearing health care for hearing loss, reduce the quality of technology provided to Kansans, and also could be devastating to the businesses and professional services provided by audiologists and dispensers in Kansas who may have their "hands tied" or by simply removing our important services from the picture.

I'm happy to speak with you or other committee members at more length regarding my feedback. I appreciate the time you have taken to read my correspondence. I also thank you for your service to the citizens of Kansas.

Sincerely,



Timothy Steele, Ph.D., CCC-A., FAAA
President