



Wednesday, March 8, 2017

Members of the House Committee on Healthcare:

As a pediatric audiologist who diagnoses hearing loss, fits hearing aids and programs cochlear implants, I have seen first-hand the limitations of our current insurance mandate.

The families I work with, while counseled by their insurance company that they have comprehensive coverage for hearing services, are left to pay out of pocket for hearing evaluations, professional services involved in fitting and evaluating hearing aids and cochlear implants, earmolds, batteries, and FM/DM systems. Each of these is a requirement for consistent, appropriate use of hearing aids and cochlear implants. To cover the devices and not these additional components or procedures defeats the purpose of the current hearing aid mandate – to provide children with access to sound. We know that this early access to sound, paired with early intervention, is the precursor to on-time communication (language and speech) development.

That said, hearing aids and cochlear implants simply aren't enough. In quiet setting, children using these devices are able to hear adequately. However, we know that for most children and families, their lifestyles are far from quiet. They spend time in noisy and reverberant homes and child care settings, and at a distance from their primary communication partner, such as at parks or when playing sports. They are not able to hear nor understand their communication partners (parents, guardians, siblings, child care providers, coaches, etc.) in these conditions. Best practices indicate that children experiencing listening difficulties in these settings be fitted with FM/DM systems to mitigate the deleterious effects of noise, reverberation and distance. These are not experimental devices, not "accessories," but key components to successful hearing and listening in the varied environments of daily life.

Lack of auditory awareness in these settings also presents a significant safety challenge. A parent would not be able to yell over a noisy group or across a far distance to their child who may be about to be in danger. The FM/DM system would allow the parent to get the child's attention, and help to stop them from getting hurt.

The lack of coverage for FM/DM systems is particularly cost-prohibitive. One system, consisting of two receivers (one for each ear, hearing aid or cochlear implant per child) and one microphone (for the primary communication partner) costs over \$3000. For children with hearing loss, this is in addition to the costs associated with diagnosis and treatment using hearing aids/cochlear implants. Most families simply cannot afford this additional cost, and their child suffers as a result. They will not benefit from the additional language presented in these situations. They lose this time for language and auditory brain development.

FM/DM systems have also been shown to be beneficial for children who do not use a hearing aid or cochlear implant. Children with attention deficit/hyperactivity disorder (ADD/ADHD), auditory processing disorder (APD) and auditory neuropathy spectrum disorder (ANSD) experience symptoms like hearing loss, particularly in non-ideal listening environments. Currently, insurance companies do not recognize FM/DM system as a treatment option for these children either.

Please consider making these amendments to the current insurance mandate for hearing aids. Make Oregon the best place for a child with hearing loss to live, learn and thrive.

Thank you,

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