

## **Insurance Bill Testimony HB 2392**

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### **1. INTRODUCTION**

- **My name is Arla Melum and I am an educational audiologist working at the Columbia Regional Program for Deaf/Hard of Hearing students in Portland, Oregon. Our staff provides services to over 500 children across 4 counties aged birth to 21 years who have been diagnosed with hearing loss.**
- **I am here to testify in favor of HB 2392 which would change the mandate requiring private insurance providers to include necessary services and technology to children who require these components in order to maximally access their education and achieve their true learning potential. These services would include paying for hearing evaluations, providing the appropriate hearing aids or cochlear implants and their upgrades and subsidizing other equipment such as FM systems, accessories and replacement parts.**

### **II. THE PROBLEM**

- **Research has shown that if children are not identified early and are not amplified appropriately and consistently, they may fall further and further behind their hearing peers in areas of auditory development, speech and language acquisition, social skills, literacy and academics.**

**Melum**

**Page 2**

- **Children who do not receive treatment for hearing loss cost the education system an additional \$420,000 and are faced with overall lifetime costs of \$1 million in special education, lost wages and health complications.**
- **In the past, private insurance companies have not always paid for on-going hearing evaluations, the first step in determining appropriate treatments for the child.**
- **Insurance companies have not always paid for the appropriate hearing devices, including the recommended style and type of hearing aids. This has been regardless of whether that is for one or both ears.**
- **Families have not routinely been able to upgrade their child's devices to keep up with changes to the child's hearing loss, changes in listening needs and/or changes in technology. Hearing aids are miniature computers, after all, and as this technology changes, families need to be able to upgrade to what is needed.**
- **It is critical that funding be provided so that hearing devices are fitted properly and verified, with appropriate changes being made to their programming frequently, especially for young children.**
- **Essential equipment required for good functioning of these devices should be covered, including non-warranty repairs, earmolds and batteries.**
- **In the past, private insurance has not covered the purchase of assistive listening devices, such as FM systems. Background noise is a problem for everyone, even those with normal hearing,**

and our hearing impaired children struggle with it. This is especially true in noisy classrooms, including preschool on up. Even though hearing aids help make sounds louder, they can only do so much to help listen in noise. An FM system helps to raise the important signals above the background noise to make sound clear and audible.

- Payment for cochlear implants, including upgrades to technology, is imperative so children who cannot benefit from hearing aids can access sound. Parts such as rechargeable batteries and cords wear out or break and must be replaced as needed so the child is never “off the air” for sound.

### **III. WHAT WILL THIS BILL DO?**

- This bill will change the current hearing aid mandate for private insurance providers to include the components I outlined.

### **IV. ULTIMATELY, WHY IS THIS NECESSARY?**

- If this bill is passed, children with hearing loss can receive the services and equipment they need to fully access their education, whether they are a newly identified baby or a senior in high school.
- So, with appropriate early identification, early amplification and intervention and constant access to clear sounds, children with hearing loss will not fall behind. Frontloading these services will increase the chances that these children will be able to SUCCEED at a level commensurate with their hearing peers, avoiding a negative impact on society.

**THANK YOU!**