To: House Committee on Health Care
From: Regan Gray
RE: Support for HB4104

Chair Greenlick, Members of the Committee:

My name is Regan Gray and I am a parent of a child with bilateral hearing loss. We bring HB4104 to you today. You passed this exact language out of your committee in HB 2392A during the 2017 session. Unfortunately, it languished in Ways and Means.

You may remember, the committee amended the bill last session. That amended language is reflected in the bill you see in front of you today. I want to review the two changes made last session. America's Health Insurance Plans testified in 2017 with concerns regarding setting a minimum benefit dollar amount in statute. In the amended version, that language was removed. Providence testified with concerns about setting a specific ratio of enrollees per provider in order to ensure network adequacy. That language was changed to simply require that insurers contract with sufficient number of providers and leave the determination of network adequacy up to DCBS. Last session, the language was reviewed by Providence and AHIP and determined to meet those concerns. Again, that was amended in the A-engrossed version from 2017, and this session, HB 4104 is drafted identical to HB 2392A which passed out of this committee unanimously.

Last session, HB 2392A was sent to Ways and Means over concerns about possible cost increases to OEBB and PEBB. We worked during interim with the organizations that represent public employees, and you will hear from Oregon Education Association today.

To the bill, HB 4104 corrects the current statute on hearing aids and cochlear implants, which is outdated and unclear. This bill will clarify that cochlear should be covered regardless of whether the child needs one or two. The current statute calls out bilateral cochlear. The bill will clarify that ongoing hearing evaluations, fittings and verification procedures should be covered. Children grow quickly and their aids need to be adjusted. The bill says that insurers must contract with an adequate number of providers. This is the issue I personally encountered. When my daughter was diagnosed with hearing loss, my insurer only had one pediatric audiologist in network and he had a two year waiting list. When I called the insurer and expressed that I could not wait two years for hearing aids, they gave me a list of phone numbers, none who provided hearing aids. We had to switch insurance in order to get my daughter her needed medical device. In the end, it took us 18 months. In the mean time, we had a loaner hearing aid and audiology services provided to us from Early Intervention program which is funded through the state education budget.

Parents should not have to battle insurance to get their children's necessary medical devices. Children should not have to wait to hear school instructions and talk with their friends. Every day delaying these necessary medical services delays a child's ability to hear, speak and fully interact with the world. Please pass HB 4104.

Vote Yes on HB 4104:
Support Access to Sound for Children who are Deaf/Hard of Hearing

What is the problem?
Current hearing aid mandate is <u>limited</u> in scope, and impedes the provision of hearing services and technology for families of children with hearing loss.

The current mandate covers hearing aids for children, but NOT…
- Initial and **on-going hearing evaluations** for children, a necessary precursor to hearing loss treatments
- The essential **fitting and verification procedures** needed to dispense hearing aids
- The essential **supplies required for regular hearing aid use**, including earmolds, batteries, and repairs
- The essential **equipment needed to function** in everyday listening and learning situations, including Assistive Listening Devices, Hearing Assistive Technology, FM/DM Systems
- **Cochlear implants**, when medically necessary, including supplies and technical procedures associated
- **Replacement hearing aids when needed** to keep up with changes in the child's hearing status, listening needs, and available technology

What will this bill do?
Change current hearing aid mandate for private insurance providers to include the missing components listed above.

Establish two new requirements to ensure families are able to access hearing services and technology:

Insurance companies WILL…
- **Assign a Case Manager** to each family when their child is diagnosed with permanent hearing loss. The Case Manager will describe hearing benefits to the family and help them navigate the insurance system.
- **Contract with a requisite number of pediatric audiologists** to ensure rapid access to services. A survey of audiologists' ability to perform hearing evaluation, hearing aid fitting, cochlear implant programming, and ALD/HAT provision for children of all ages must be conducted to ensure services are available for all age ranges and services.

Who will benefit from this bill?
<u>Oregon's children with hearing loss and their families:</u>
- Children will gain access to services and technology **<u>they need to succeed.</u>**
  - Without consistent, clear access to sound, children fall behind in language acquisition, literacy, academics, social skills, and ability to contribute to society.
- Families will experience **less stress, financial and travel burden** when seeking hearing care for their child.
- Families will have increased access to hearing care by **alleviating shortage of pediatric audiologists**.

<u>Oregon's Educational System and Economy</u>
- Children who **do not** receive treatment for hearing loss cost the education system an additional $420K and are faced with overall lifetime costs of **$1 million in special education, lost wages, and health complications.**
- However, with appropriate early intervention, children with hearing loss can be mainstreamed in regular elementary and secondary education classrooms **offsetting the above costs.**
- Untreated hearing loss results in a loss of household income of up to $30K per year, and this has a negative economic impact in Oregon due to **unrealized taxes.**

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