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Chairman Lipps, Vice Chair Manning, Ranking Member Boyd and members of the House Health Committee:

Thank you for allowing me to give proponent testimony on HB 198, which would require insurers to cover hearing aids and related services for persons under 22 years of age. My name is Dr. Oliver Adunka and I am an otolaryngologist (or Pediatric Ear, Nose, Throat specialist) in the Hearing and Implant Program at Nationwide Children's Hospital. I am a physician and surgeon who specializes in children with hearing loss. I see patients, conduct research, and train future doctors and surgeons; I have devoted my career in academic medicine to children who are deaf and hard of hearing.

Our Hearing Program at Nationwide Children's Hospital serves one of the highest volumes of children with hearing loss in the country. We are clinical and research leaders in the field. Our multidisciplinary program includes three surgeons, 20 Pediatric Audiologists, five Speech-Language Pathologists, and other nursing and administrative staff members. Professionals from all over Ohio and surrounding states send children to us for screening, diagnosis of hearing loss, medical evaluation, and treatment as appropriate with hearing aids or surgeries such as cochlear implants. Our program provides ongoing long-term care for approximately 3,000 children with permanent hearing loss.

Each year, our Hearing Program:

- Assesses and manages more than 15,000 children in the Audiology department
- Diagnoses approximately 100 children with permanent hearing loss
- Performs cochlear implantation in 75-90 children

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Few centers in the country care for as many children with hearing loss as we do.

All of the current studies conducted on these children support the value of early identification and management of a child who is deaf or hard of hearing. It is the rationale behind the Early Hearing Detection and Intervention (EHDI) activities starting with Universal Newborn Hearing Screen (UNHS) already performed at birth in Ohio, mandated in the majority of states in the United States, and in many countries throughout the world. Evidence supports a well-known "1-3-6" guideline (*Joint Commission on Infant Hearing, 2019*; http://www.jcih.org/posstatemts.htm) creating a standard that we perform hearing screening in babies by 1 month of age, diagnosing those that have hearing loss by 3 months of age, fitting hearing aids and enrolling children into Early Intervention services (like Help Me Grow) by 6 months of age. With these methods, we can provide a child who is deaf or hard of hearing the best chances to acquire spoken language, help the child avoid prolonged therapies in school and home, maximize their educational benefit, and live a healthy social, emotional, and professional life.

As a result of EHDI activities, in Ohio in 2017 (https://www.cdc.gov/ncbddd/hearingloss/ehdi-data2017.html):

- Nearly 98% of ~138,000 babies born that year were screened for hearing loss
- 261 children were ultimately diagnosed with permanent hearing loss (low number, as many were lost to follow up)

In an ear that is not completely deaf, amplifying sounds with hearing aids is usually the best way to manage the hearing loss, and can allow a child to hear quality sounds at natural listening levels. Given that the hearing loss is permanent, they need it for their lifetime. Without hearing aids, the child is expected to have developmental disadvantages. They will struggle to acquire spoken language, interacting with peers, and will need assistance in school and afterwards. **With proper access to sound and management with either hearing aids or cochlear implants, resultant disabilities can mostly be prevented.**

Which of the 261 kids a year in Ohio should we allow to develop disabilities? The ones that have insurance that chooses to supply hearing aids? Why should we privilege some children over others? Why pay for more school therapies to correct a problem, rather than prevent the problem?

Most people have little experience with a person who has hearing loss - perhaps an older family member who used to have normal hearing. For this adult, the hearing loss can be a nuisance. A child born with a hearing loss has a *vastly* different story. No comparison can be made.

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My colleagues and I see the difference every day in kids who consistently wear their hearing aids and those that don't. The impact on these children is life-long.

While we at Nationwide Children's Hospital are sensitive to insurance mandates, we know the overwhelmingly positive lifelong impact that hearing aid coverage will have for our pediatric population. Chairman Lipps and members of the committee, thank you for allowing me to provide testimony and I look forward to answering any questions.

Sincerely,

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