

House Insurance Committee
House Bill 152
Proponent Testimony
June 7, 2023

Chairman Lampton, Vice Chair Barhorst, Ranking Member Miranda, and members of the House Insurance Committee, thank you for the opportunity to submit comments on House Bill 152. Additionally, thank you to Representative Weinstein and Representative Young for introducing this very important legislation that would help many families across our state. My name is Rachael Frush Holt, and I am writing to ask the committee to support HB 152, which would require commercial insurance plans to cover the cost of hearing aids up to \$2500 per ear every four years for children up to age 21, and favorably report this bill.

I am Professor of Speech and Hearing Science at The Ohio State University. I completed an M.A. in Audiology in 1999, followed by a Fellowship in Audiology at the Mayo Clinic - Rochester. In 2003 I earned a Ph.D. in Hearing Science from the University of Minnesota and completed a NIH post-doctoral fellowship at the Indiana University School of Medicine in cochlear implants and language development of deaf and hard-of-hearing children from 2003-2005. My work is primarily concerned with language and cognitive development of deaf and hard-of-hearing children who use hearing aids or cochlear implants. I have published nearly 50 peer-reviewed papers on the topic and currently have a \$2.5 million grant from the National Institutes of Health to study language development in children who are deaf and hard-of-hearing. I care deeply about this issue because my work, and that of my colleagues, has shown that the biggest determinant of successful developmental outcomes for this pediatric population (96% of whom are born to hearing parents, who nearly always want their children to communicate with spoken language, rather than sign language) is being fitted with high-quality hearing aids before the age of 6 months. **Put simply, deaf and hard-of-hearing children cannot learn language if they cannot hear it.** Hearing aids provide these children access to the language spoken around, and to them, such as the lullabies sung by their moms to soothe them when they are crying and to help them fall asleep, and also to stories read to them by their dads. **Importantly, language is the foundation for social-emotional, academic, and executive function development.** When deaf and hard-of-hearing children do not have access to sound through hearing aids, all of these downstream domains of development affected by language are at risk. This bill would ensure that being unable to afford hearing aids for one's deaf and hard-of-hearing child will not put that child at risk for serious developmental challenges. It also would ensure that the state's investment in newborn hearing screening has a strong return: **the benefits of newborn hearing screening will only be realized if infants identified with hearing loss are actually fitted with hearing aids.**

Hearing loss is one of the most common birth defects in America. Many families whose children are identified with a hearing loss at their newborn hearing screening cannot afford the price of hearing aids for their child; the Better Hearing Institute sets this number at one out of five parents (22%). For children, hearing is the key to learning spoken language, performing academically, and engaging socially. Research shows the annual average education expenditure per student for a child with hearing loss is more than twice that for a child without a disability, and the estimated lifetime economic cost of hearing loss in children is more than \$400,000 per

child. These costs can be avoided if a child is identified early and given appropriate educational, medical, and audiological services, including being fitted with hearing aids.

More than two dozen states have passed legislation requiring insurance coverage for hearing aids for children. Data from those states shows that the increase in the premium per member per health plan has been minimal to help cover these life-changing devices and services (the increase ranges from five to 39-cents per member per health plan).

Again, I encourage you to support HB 152. Thank you for taking the time to consider my position on this important legislation.

Sincerely,

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