

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. 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.

My name is **Dr. Prashant Malhotra** and I am a pediatric otolaryngologist (or Pediatric Ear, Nose, Throat specialist) in the Hearing and Implant Program at Nationwide Children's Hospital, in Columbus, OH. *I am a physician and surgeon who specializes in caring for children who are deaf/hard of hearing;* I have devoted my career in academic medicine to children who are deaf and hard of hearing. Our Hearing Program serves several thousands of children who are *deaf/hard of hearing across Ohio*, managing screening and diagnosis, medical evaluation, and treatment as appropriate with hearing aids or surgeries such as cochlear implants.

All 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*

This creates 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, putting on hearing aids and getting kids 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 chance to learn to talk, help the child avoid prolonged therapies in school and home, and live a healthy social, emotional, and professional life.

In an ear that is not completely deaf, amplifying sounds with hearing aids is the best way to manage the hearing loss, and can allow a child to hear quality sounds at natural listening levels.



Children will need these for their lifetime. *Without hearing aids, the child is expected to have developmental disabilities.* They will struggle learning to talk, interacting with peers, and will need assistance in school and afterwards. *With proper access to sound and management with hearing aids or cochlear implantation, resultant disabilities can be prevented.*

Which of the ~300-400 kids born every 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?

Sadly, 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.

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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