

Speech-Language-Hearing Clinic College of Arts and Sciences

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Dear Chairman Lampton and Members of the House Insurance Committee,

I am providing this written testimony in support of H.B. 152. I have been an audiologist for the past 40 years, with a focus on working with children with hearing loss and their families. I am a clinical professor in the Department of Speech and Hearing Science at The Ohio State University where I also serve as the director of the Speech-Language-Hearing Clinic. I also teach one of the pediatric audiology courses in our Doctor of Audiology (AuD) program at Ohio State. However perhaps the most critical role I serve as that of audiologist to children with hearing loss.

I know that in previous hearings, the committee has learned that nearly all infants born in Ohio receive a newborn hearing screening which provides for early identification of hearing loss. You have heard from experts —those children and teens with hearing loss who have detailed the impact hearing loss has on their lives. You have an exceptional opportunity to close the gap between early identification of hearing loss and early intervention for children who are deaf/hard of hearing, which includes access to hearing technology that would be covered by the family's health insurance.

There are decades of research evidence to support the importance of early identification and intervention for children with hearing loss, however the reality is that it is difficult to capitalize on the benefits of evidence-based practice when families cannot afford hearing assistive technology. I have fit hearing aids on many children under the age of 6 months. The families have consistently commented about how fortunate they were to be able to provide hearing aids for their child, particularly as an unanticipated expense as they did not expect that their child would be born with a hearing loss. Hearing aids that are fit appropriately as early as possible following the identification of hearing loss support the best outcomes for communication, education, and social development.

Not all childhood hearing loss is congenital or present at birth. Some children have a later onset hearing loss or acquired hearing loss, due to a number of causes including exposure to noise, head injury, or medications that result in hearing loss, such as chemotherapy. These hearing losses are also generally unanticipated, and the cost of hearing aids can prohibit families from being able to follow through on recommendations for technology in a timely manner. The family may require time to save money to pay for the hearing aids, to request support from family members, or to identify a limited number of charitable organizations that may assist in providing technology. Delays can impact learning and overall quality of life for the child and their family.

Health insurance companies often describe hearing aids as "cosmetic" devices. However, hearing aids and associated accessories are necessities in the lives of children with hearing loss to be successful in school, in their social lives, and in their communities. Children with hearing loss have higher degrees of anxiety/depression/isolation than their typical hearing peers, and access to appropriately fit technology can alleviate these issues by providing access to communication.

Thank you for your time and support of H.B. 152. Similar laws have been enacted in other states and I hope that we will soon be able to add Ohio to the states that support children with hearing loss and helping them maximize their potential by assuring access to hearing technology. As I mentioned earlier in this testimony, you have heard from the experts in this area—those children and teens with lived experience with hearing loss and how their technology provides access to their world and changes their lives.

Please feel free to contact me if you have questions or need additional information that will assist you in supporting this important legislation.

Respectfully,

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