## 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 much-needed legislation that would assist many families across our state. My name is Izabela Jamsek, and I am writing to ask the committee to support House Bill 152, which would require commercial insurance plans to cover the cost of hearing aids up to \$2,500 per ear every four years for children up to age 21, and favorably report this bill.

I am a pediatric audiologist who was born with hearing loss in both ears that was not diagnosed until my kindergarten hearing screening. If this bill had been in place during my childhood, it would have had a significant impact on my life. When I was a child, my family could not afford both of the hearing aids that I needed, so I only wore one hearing aid throughout my elementary and high school years. This decision significantly affected my life because I did not have proper access to sound and speech in my environment. I experienced anxiety and hypervigilance when communicating in social situations due to frequently missing or mishearing communication partners, and I experienced fatigue following large group settings, including school. My educational history occurred prior to widespread use of artificial intelligence captioning and other assistive technology in the classroom, so I relied heavily on visual media in the classroom and support from my teachers and other students to make sure that I was fully comprehending and that I did not miss anything. This required a high degree of energy and focus in all academic situations that came at a cost of my time, energy, and memory that could have been spent in other ways, had I had both of the hearing aids that I needed.

When I was able to obtain a second hearing aid, my communication and daily functioning was drastically improved. I heard and understood more in my surroundings without explicitly implementing compensatory strategies, was able to participate socially and academically to a greater degree, and experienced less daily fatigue.

I now work with children with hearing loss as an audiologist. I evaluate, diagnose, treat (often with hearing aids), and counsel children with hearing loss and their families. I have experienced firsthand as a person with hearing loss, but also as a healthcare provider for children with hearing loss, how important sufficient access to sound is to support many critical areas of childhood development, especially language.

For context, approximately three in 1,000 babies are born with permanent hearing loss, making hearing loss one of the most common congenital disabilities in America. This number only increases as children can also acquire permanent hearing loss throughout childhood. Ohio prioritizes early detection of hearing loss via hearing screening requirements at birth and at later ages, but early detection is only effective when treatment, including hearing aids, is equally prompt and accessible. Ohio's current policies fail to provide for necessary treatment of childhood hearing loss once identified. Without acknowledgement of hearing aids as necessary

treatment for hearing loss, private insurance may not currently cover the cost of these devices. Many families whose children are identified with a hearing loss at their infant hearing screening cannot afford the price of hearing aids for their child, as in my family; the Better Hearing Institute sets this number at one out of five parents (22%). For children with hearing loss, maximizing access to sound via hearing aids, along with associated early intervention services, is the key to adequately learn spoken language, participate academically, and engage socially, which is necessary for children to develop into successful and happy adults. Research shows the annual average education expenditure per student for a child with untreated hearing loss is more than twice that for a child without a disability; the estimated lifetime economic cost of untreated 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 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).

No child should be denied their full ability to hear because of the cost of necessary treatment. I know from my own experience how provision of hearing aids would have changed my life growing up, and House Bill 152 presents an opportunity to provide hearing aids for children who need them in Ohio.

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

Sincerely,

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