HB 243 – Proponent Testimony by Carrie B. Block House Health Committee October 15, 2019

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

Thank you for the opportunity to submit written testimony in support of House Bill 243. My name is Carrie Block and I support House Bill 243 because I am the parent of a child with hearing loss and know the financial impact lack of insurance coverage for hearing aids, testing, and related costs has had on my family.

My son, Mitchell Block, is now nineteen years old. Mitchell was first diagnosed with his hearing loss in 2004, at the age of four. Mitchell has a unique type of loss called Temperature Sensitive Auditory Neuropathy and is one of 15-20 known children worldwide with this condition. He was diagnosed by a leading expert in Auditory Neuropathy, Dr. Linda Hood, at Vanderbilt University. Mitchell's hearing fluctuates based on even the slightest change in his body temperature. At any time throughout a day, Mitchell will experience mild hearing loss, to complete deafness, based on changes to his body temperature. Due to this, it has been imperative to his physical, mental and educational well-being that he utilize many forms of technology, such as his hearing aids, a personal FM system, interpreting and transcription services so that he can access as much language as possible.

Our family insurance has never covered any portion of the cost of Mitchell's hearing aids. While our insurance would cover an annual audiogram, it would not provide benefit for hearing aids, batteries, or costs to repair Mitchell's hearing aids due to any type of damage. Having an active child, who was involved in various sports, it was not unusual to have damage that occurred. He has lost his hearing aids on the baseball field, on the soccer field, and going to or from school when he was younger. Sometimes we were lucky enough to recover them, sometimes not. However, the purchase of hearing aids, batteries, and repairs to his aids has cost thousands of dollars over the past two decades. A conservative estimate of our out of pocket costs is in the \$20,000 range.

Our family has had insurance through a variety of insurance agencies over the years. While our family insurance would always cover things such as "Smoking Cessation" programs for people who choose to engage in an activity that is detrimental to their health, our insurance has never covered any benefit for my son's hearing aids or batteries. However, with a genetic based hearing loss, items that are critical to Mitchell's ability to function and contribute as a full member of this society are not covered. That doesn't seem logical. It doesn't seem right, or just.

It is well researched and documented that the earlier and more consistently a child with hearing loss is aided to provide access to language, the better outcomes they have educationally, vocationally, and economically which results in their ability to become contributing members of society as adults. Any barriers to aiding children immediately, such as lack of financial means to purchase, fix or replace a child's hearing aids because insurance companies rarely pay any portion of the cost, reduces their likelihood to achieve their full potential. Their inability to achieve their full potential does have an impact on our overall society.

Luckily for Mitchell, our family has made it a priority to ensure he has always had the access to language that he requires by having hearing aids. There were times that we gave up the yearly family vacation, took equity out of our home, and have even borrowed and repaid money to Mitchell's grandparents to purchase his hearing aids when needed. Some families do not have these options or resources, and it is unconscionable that any child is denied access to the language and communication that will help them grow and develop due to lack of financial resources or other supports.

Mitchell is shining proof that if you provide a child with hearing loss with access to a language rich environment from the earliest moment possible, that they will succeed to their full aptitude. In 2018, Mitchell was accepted to the highly competitive six-year direct admission Doctor of Pharmacy Program at Ohio Northern University. Mitchell is currently in his second year and will graduate with his doctorate in 2024. Without a doubt, Mitchell will be a fully functioning and contributing member of our society as a pharmacist, despite his hearing loss, because he has had access to hearing aid technology throughout his life.

I would like to thank the committee for considering my testimony. I am more than willing to share additional information in the future with you as you consider your position on House Bill 243. I can be reached as follows:

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Mitchell Block with his acceptance letter to the Ohio Northern University Doctor of Pharmacy Program.

