

HB 243 – Proponent Testimony by Ian M. Windmill, Ph.D. House Health Committee October 15, 2019

To whom it may concern:

My name is Ian Windmill, Ph.D. and I am the Director of Audiology at Cincinnati Children's Hospital. I am writing in support of HB 243 that would require health insurance coverage for hearing aids for children.

As an audiologist for 40 years, the advances in treatments and technologies available for children with hearing loss have been truly remarkable. Cochlear implants have literally been life-altering, and the return on investment for these devices has been significant. Similarly, hearing aids for children provide the basis for learning speech, for communicating with family, friends and teachers, for connecting to listening opportunities that enhance learning and development, and provide the necessary input to foster development of those areas of the brain responsible for understanding sound. Indeed, the ear is the gateway to auditory brain function, and without appropriate input, the auditory brain will not develop correctly.

In 2017, there were nearly 137,000 live births in Ohio. With an incidence of 2-3 children with hearing loss per 1000 births, the number of children born in Ohio with hearing loss would be between 300-400 annually. Some of these children will require cochlear implants and others will not require any technology. Thus, the actual number of persons who would need hearing aids would be less. Among our roles at Cincinnati Children's is the requirement to identify the presence of hearing loss at the earliest possible age, and to subsequently initiate treatment, including hearing aids, in order to maximize learning, development and communication. While Medicaid covers hearing aids, many private insurance companies do not. Many insurance companies do not consider hearing loss a medical condition, when, in fact, it is a chronic condition that impacts health at all stages of life. Moreover, the economic impact of early identification and treatment of hearing loss results in lower health care costs in the long term, lower costs to society for special education considerations, improved educational and vocational outcomes, and greater opportunities for success.

With the identification of hearing loss, parents are often at a loss of the correct course of action, and this can be complicated by lack of insurance coverage. Unfortunately, hearing loss does not discriminate based on race, socioeconomic



status, geographic location or insurance coverage. The necessity to address a significant out-of-pocket expense while addressing the emotional consequences of discovering a child with a hearing loss can be overwhelming for parents.

I urge support for HB 243 in order to provide coverage for hearing aids for children in Ohio. Other states such as Kentucky, Tennessee, and North Carolina have taken this important step.

I appreciate the opportunity to provide this testimony and stand ready to respond to any request you may have.

Sincerely,

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