HB 243 – Proponent Testimony by Teresa Farnham
House Health Committee
October 11, 2019

Chairman Merrin, 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 HB 243. My name is Teresa Farnham and I support HB 243 because during my 40 year career as a speech-language pathologist, I have worked with a number of children who had hearing impairments, and have first-hand understanding of what having the proper amplification can mean for a child who needs it.

When I learned that HB 243 had been introduced for consideration, my mind immediately went to a preschool child who was tested by an audiologist after failing the hearing screening I gave him at school. Audiological testing indicated that he had a moderate hearing loss. The category "moderate," when applied to hearing loss is really not "moderate" in the common sense of the word: this child was able to *detect* conversational speech, but could not hear it well enough to discriminate speech sounds or to understand its meaning. Children learn to talk first by listening, typically learning hundreds of words and communicating constantly with their families and peers throughout the preschool years and beyond. However, this child's language learning opportunities were significantly reduced by his inability to hear and understand speech during those early years. As soon as his hearing loss was known, his family began the process of obtaining hearing aids, but their medical insurance did not cover hearing aids, and they could not afford the out-of-pocket cost. As a working family, they had to apply for public assistance for the first time in order to be able to purchase the needed amplification for their child. This turned into a more than 6-month process of applying for benefits in general, eligibility/means testing, and then re-verification of his hearing problem before he was fitted with aids.

During that time, this child missed auditory language input for an additional 6 months, or 17% of his short life, during which time his peers were learning to create longer sentences, and developing speech sound knowledge such that they could be easily understood by unfamiliar adults. By the time his hearing was amplified through properly fitted hearing aids, he was approaching the end of the peak time for children to learn speech and language. Loss of this developmental period is very difficult to overcome.

Families who are actively employed have health insurance provided by their employers. Those health insurance policies will - and should - cover treatment for surgically-correctable conductive hearing loss, typically addressed by antibiotics first, and insertion of tubes in the tympanic membrane (myringotomy) later if the problem recurs. However, most permanent hearing loss is sensorineural; that is, resulting from inner ear problems which are not currently medically or surgically correctable. Sensorineural hearing loss can only be addressed through amplification by hearing aids, or, in the more severe cases, cochlear implantation. A glance at the cost of a myringotomy across the country indicates a price range of $2250 - $10,000, depending on location and patient factors. It should be noted that this is a procedure that may have to be repeated, and the insurance company would again cover the cost. By contrast, the once-every-five-years cost of a hearing aid is currently around $2500 - $3000 per aid. It is incongruous for medical insurance to cover a surgical procedure to treat conductive hearing loss (at about the cost of one hearing aid), but not to cover what is essentially prosthetic treatment for a sensorineural, permanent hearing loss. This is equivalent to paying for treatment of a broken leg but not covering the cost of a prosthetic leg in the case of limb loss.

The CDC estimates the incidence of hearing loss in children to be 3 per 1000 births, which reflects a very low incidence, but it is one which has profound implications for life. A child who does not have hearing within the normal range is at risk for language disabilities, learning disabilities, and underemployment or unemployment as an adult.

Permanent, sensorineural hearing loss is a medical problem, treatment of which should be covered by medical insurance. The benefit of properly amplifying sound for a child with hearing loss has life-long ramifications for the individual, the community and our state.

Thank you for considering my testimony, and for the opportunity to share my perspective on the importance of recognizing hearing loss in children as a medical problem that should be covered by medical insurance.

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