HB 198 – Proponent Testimony
Ohio House Health Committee
The Satyapriya Family
May 11, 2021

Arjun Testimony

My name is Arjun Satyapriya. I am 9 years old and I am in the 4th grade at Columbus Academy. I was born with hearing loss and got hearing aids by the time I was 4 months old. When I got older my hearing got worse and the hearing aids stopped working for me, so I had to have surgery to get cochlear implants in both of my ears. I started speech therapy by the time I was 6 months old.

Hearing aids are important for kids like me because we need them to hear sounds that everyone else hears. We need them to learn about the world around us. If I didn't have hearing aids, I wouldn't have been able to hear what my teacher said or my soccer and basketball coaches were saying.
Hearing aids are very expensive. HB 198 would help kids like me pay for hearing aids so they can hear better.

Anand and Veena Testimony

Chairman Lipps, Vice-Chairman Holmes, Ranking Member Russo, and members of the House Health Committee: Thank you for the opportunity to be here today and speak in support of HB 198 (Madeline's Law) which would require health benefit plans to provide coverage for hearing aids and related services for Ohioans under 22 years of age.

My name is Veena Satyapriya (Anand), I am a practicing critical care physician and anesthesiologist at The Ohio State University Wexner Medical Center, but more importantly, I am proud mother to 3 children-- my oldest, Arjun, is who you heard from today.

Hearing loss does not run in our family. You can imagine when we first received this diagnosis for Arjun after a concerning hearing screen prior to leaving the hospital for his birth, we were devastated. Devastated and confused at what the diagnosis meant and its potential impact on his future. Most of our grief was over how it would affect this vision of the future we had for this perfect, healthy little baby boy. At the time we were young physicians, medical residents training to be anesthesiologists, with full competency in medical terminology and scientific understanding of the diagnosis. It just hits differently when you're the parent.

Arjun was diagnosed at birth, aided by 4 months and received intensive speech therapy weekly with a specially trained auditory-oral verbal therapist along with daily at home sessions by my husband and I by the time he was 6months old. We received a lot of support from his audiologists and doctors as well- and he was monitored frequently for any age-specific lags or declines in both his expressive and receptive language that would require escalation of care.

His original diagnosis was mild unilateral sensorineuronal hearing loss. But his hearing loss progressed, and this diagnosis changed to bilateral progressive sensorineuronal hearing loss. He eventually received a cochlear implant on his right side at the age of 4 and on his left side at the age of 6.

Our backgrounds meant we spent hours researching and creating plans for Arjun's speech development. We learned very early on that early diagnosis, early hearing aids or CIs if indicated and early initiation of speech therapy, ideally by 6 months, was critical to the development of Arjun's speech and language development. Studies have shown how delays in accessing sound input and associated services have a profound impact on not only listening, spoken and written language, but also social and behavioral development both in the short term and the long term.

Because the acoustic signal is distorted in children with hearing loss, the impact on listening, spoken language, reading, writing, social and behavioral development can be profound, even in children with mild unilateral hearing loss. In addition to the impact outside of the home, the vast majority of deaf or HOH children are born to families with normal hearing. Having clear and consistent access to sound input allows for equal access to opportunity and academic, social, and behavioral enrichment that children with normal hearing experience. Hearing aids are a medical necessity for children with hearing loss.

Today, Arjun is in 4th grade at an academically rigorous mainstream independent school. He "graduated" from speech therapy at age 7 and he is thriving. He is exceedingly social and performs at or above average and in all subjects including writing and reading. Undoubtedly this is because he is an incredibly driven and hardworking little boy that was given early access to sound input with hearing aids and eventually cochlear implants.

Going through the experience as young physicians in training, we were struck by the cost of hearing aids and associated expenses. We were shocked to find out that not all insurance companies cover the cost nor are they required to under the state law. The cost for bilateral hearing aids is upwards of $4000. Hearing aids also need to be replaced every 2-5 years and follow up for replacement parts, repairs and audiology visits are also not typically covered. For many Ohio families, paying for this medical necessity out-of-pocket is impossible and often insurmountable.

After becoming practicing physicians, my husband and I started a small fund to supplement the cost of hearing aids to children with newly diagnosed hearing loss whose families were experiencing financial hardship. We knew this was a drop in the bucket, but fresh from our own experiences with Arjun's hearing loss, we wanted to help relieve the added financial burden that many hardworking Ohio families experience during the emotional roller coaster of the initial diagnosis.

This is why we are asking for your support of HB 198. No child should be placed at risk of significant lags in spoken language, reading, writing and social and behavioral development due to financial constraints. No child should be denied the access to sound input based on his family's financial situation. If we can do more to level the playing field for children with hearing loss, then by all means, we should. This is what your support of HB 198 would do. HB 198 would require private health insurance plans to cover hearing aids for children under the age of 21. Each hearing device would be covered for up to $2500 every 48 months. Insurance plans would also be required to cover the costs of other services associated with hearing aids, such as screenings, fittings, and repairs. Kids like Arjun deserve the chance to develop to their fullest potential and so Chairman Lipps, Vice Chair Holmes, and members of the House Health Committee today we ask you to lend your support to House Bill 198. Thank you.