

Submitter: Lindsay Schlobohm

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2994

I am Lindsay Schlobohm, AuD, a licensed audiologist in the State of Oregon. I worked for five years at Oregon Health Science University serving all ages, and also worked at a local private school, Tucker Maxon School. I have seen first-hand the positive impact that HB 4104 had on coverage for hearing aids for children. However, I've also seen first-hand the issues mentioned below.

#### HB 2994: Insurance Coverage Fix for Children's Hearing Aids

Background: In 2018, the legislature passed HB 4104 which required insurers to cover hearing aids, cochlear implants, and certain assistive listening devices for children to reduce barriers in school and life for those with hearing loss. Without consistent, clear access to sound, children often fall behind in spoken language acquisition, literacy, academics, and important social skills. Early interventions and access to hearing aids, cochlear implants, and assistive listening devices are incredibly important for a child's development. HB 4104 passed almost unanimously through the legislature, showing strong bipartisan support for such a policy to ensure the well-being of our youngest residents. It set a national model of care for how the state, in partnership with insurers, can support Oregonians who are deaf or hard of hearing.

The Problem: Since the passage of HB 4104, several issues have cropped up in the implementation process, barring children with hearing loss from being able to access these critical services, and forcing families to pay out-of-pocket costs for less medically appropriate alternatives. These main issues include:

- ? Audiologists are not reimbursed for services needed to properly fit and program devices.
- ? Insurance coverage for only the lowest-cost hearing aids and assistive listening devices.
- ? Lack of coverage for certain assistive listening devices (such as bone conducting headbands and mics).
- ? Lack of re-evaluation or resolution services for patients who are denied coverage.
- ? Requirements for patients to meet high deductibles before insurance will cover the

cost of devices.

The Solution: HB 2994 aims to address these major issues by providing more clarity in statute of covered

services and devices, while also establishing a process through which children and their families can work

together with insurance companies to find the most medically appropriate care. It will:

? Explicitly require reimbursement to audiologists for providing services that help fit and program

cochlear implants and assistive listening devices. Including reimbursement of both cochlear implants

if programmed on the same day.

? Require coverage of the most medically appropriate hearing aids, bilateral cochlear implants, and

assistive listening devices.

? Include coverage of more assistive listening devices and components required for hearing device

function (such as minor parts for prosthetic devices, bone-conducting headbands, etc.) that also

provide "access to sound" and not just "amplification" of sound.

? Require ear molds to be covered four times per plan year or more as medically necessary for kids

under eight, and once per year or more as medically necessary for kids 8-18 years old.

? Require resolution services within a health benefit plan for individuals to challenge any coverage

denials.

? Waive the need to meet a deductible before coverage of these services.

? Include coverage of children receiving care through the Oregon Health Plan (pending amendment).

Oregon Can be a National Leader: In 2018, the legislature, in partnership with insurers, made a

commitment to providing these critical services and devices for Oregon children. Let's ensure that this work

gets done by passing HB 2994 and finally giving deaf and hard-of-hearing children across the state access to

the services they need to thrive.