

Thank you for giving me an opportunity to testify on H266 today. My name is Rebecca Chalmers. I live in Rockingham. I wish to thank Representative Goldman for being a sponsor of this bill. I hold advanced degrees in science and have published and reviewed scientific papers and taught as an adjunct professor. Currently I work for the State of Vermont, where I am a regulator. I am a parent and one of my children has hearing loss. My take home point to you is: Please pass H266. It will bring equity, medical necessity level equity, across all plans that the state has control over.

I am hearing disabled. I do not wish to self identify as such. Society forces this label on me, requiring me to call myself disabled if I want rights, such as under the ADA. Hearing loss, like many disabilities, is an invisible disability. In addition to being discriminated against, we are also gaslighted--told we do not have a 'real' disability. Let me make this point clear: People who use hearing aids meet ADA and Section 504 of the Rehabilitation Act definitions of disability. People with hearing loss have a physical impairment which substantially limits one or more major life activities. Hearing is a major life activity ([504 factsheet](#)). People with hearing aids are [perceived as](#) having a disability, perception of having a disability is one of the ADA definitions of disability. It is okay that many people with hearing loss don't *identify* as disabled. Many of us are closeted, want to avoid social stigma or worse. Others of us fully celebrate who we are and thus refuse to be labelled disabled. We can choose to not identify as 'disabled' and still qualify under legal definitions of disability. Hearing loss is a disability.

We are here today because of ongoing systemic discrimination in our society, including Vermont. Specifically: we are here because insurance companies target my disability group for total exclusion of our groups most common and defining health care need. Insurance companies could have fixed this on their own, but they did not. Green Mountain Care Board and employers could have fixed some of this on their own, but did not. Legislators over the past decades could have passed the many many hearing aid coverage bills that were brought to this and other committees, year after year after brutal year, but they did not. Today, I ask you to fix the longstanding harmful discrimination faced by hearing disabled Vermonters. Pass H 266.

We are here today because of insufficient laws protecting the rights of Vermonters with disabilities. We have no way to sue or to appeal this discrimination in our place of employment, with insurance companies, or through Department of Financial Regulation because apparently plans that

exclude the needs of disabled people is legal...but it is not right. In the future, I ask this Committee to work on remedies that bring true health equity to disabled people in Vermont by passing strong laws. I ask you to pass meaningful and powerful antidiscrimination laws.

Today, our remedy is to ask you to pass H266.

Due to lack of insurance coverage, people don't even know they have a hearing disability. Adults are mostly unable to accurately self identify their hearing loss, scientific research shows. Screening for hearing loss is required to detect hearing loss, much as screenings are required for other health care diagnoses. I don't know why able bodied people think hearing disabled people should miraculously self diagnose their own bodies. This bill would require hearing evaluations to be covered by insurance.

One reason H266 is so important is that it makes the diagnoses and treatment of this disability streamlined, mainstreamed, easily accessible. When insurance companies refuse to cover a device, treatment or service, providers tend to not even mention that the device treatment or service exists. This is what brought me to advocate for hearing health coverage. My child was given a remote microphone device to hear in noise or in distance. Hearing aids are really only good to 6'. further than that distance, many people with hearing loss require a remote microphone. These devices have been around my whole life, yet I was NEVER informed of the existence of these microphones. Wonderful and highly trained professionals, over a dozen audiologists and multiple Vocational Rehabilitation providers and multiple schools and university disability office, not a person mentioned to me that remote mics existed. they would have changed my life in good ways. The reason why the professionals never mentioned this disability rehabilitation medical device is simply that insurance doesn't cover it, so why bother mentioning it.

Systemic discrimination harms even the wealthy, connected, and privileged. There was a life long lack of medical information provided to me, due to lack of insurance coverage and the normalization that insurance coverage brings to a health care topic. The lack of insurance coverage meant reduction of information flow and a sinking to the lowest common denominator of health care for everyone. Normalizing hearing health care is critical.

I will explain the intention behind parts of the bill, as I have been on a core team crafting the outline of this bill in recent years.

The overall intention is to bring equity to hearing disabled. Full equity. Not partial equity. No "good enough for gimp" attitudes.

Our intent in using medical necessity is overall equity for our disability.

There is no price cap as that would be inequitable-- abled bodied people don't have laws in place limiting health care expenses.

Our intent in adding Medicaid is to 1) make sure they keep covering children which they do pretty well--could be a bit more consistent providing the remote microphones and 2) improve coverage for adults to that of medical necessity (which children get currently). Our anecdotal experience is that coverage for adults under Medicaid is inaccessible and insufficient.

A few odds and ends in the bill:

I don't know why the service providers of nurses and physicians are listed as such; that was not in our original bill draft

You could strike batteries from the exclusions to better match Medicaid

Pass H266

It will bring equity for hearing disabled.

Hearing loss is a disability under federal law.

Partial equity is not equity and not acceptable

Coverage less than medical necessity is not equity

We want this bill to ensure that we have a life-long permanent access to hearing health under every possible coverage mechanism. Even if some plans start covering hearing aids, keep them in the bill as we need legal protection to ensure the coverage remains mandated.