

## 2.24.22 Testimony relating to H.266 for the House Committee on Health Care

Ruby Baker, Executive Director, Community of Vermont Elders (COVE)

A little over a year ago I was approached by a fellow advocate and asked to help form a formal coalition to work on the passage of a bill that would ensure insurance coverage for hearing aids for as many Vermonters as possible. In that time, it became apparent that I was the new person to the game. This bill has been in the works for decades and in that time tens of thousands of Vermonters have struggled to pay for their basic health care needs to access hearing health care and hearing assistive devices. Hear! Hear! Vermont is now a coalition of over 20 organizations and individuals seeking to ensure comprehensive insurance coverage for hearing loss services and hearing aids for Vermonters who need them.

I want to thank the committee for your work last session and this, to push for the inclusion of hearing aids and hearing health care in the Essential Health Benefit. The testimony from DFR and DVHA last week, recommending that the Green Mountain Care Board vote to include hearing aids in the essential health benefit was a moment of celebration for our coalition and the people with hearing loss that we represent.

23% of Americans age 12 and older have hearing loss. Children age 18 and younger have a rate of hearing loss at 11%. This is on average, with the prevalence increasing with age. Which means that in a state with a higher average age, we also have a higher population prevalence of hearing loss. More than 23% of Vermonters, therefore, an estimated 150,000 people, may suffer from hearing loss in our state. This is a huge issue, and one we cannot afford to ignore any longer.

State statistics show us that in 2018, 142 Vermonters died as a result of falling. This is more than double the national average. Vermont has the 18<sup>th</sup> highest rate of suicide in the US. Vermont also has the 6<sup>th</sup> highest Alzheimer's death rate in America. According to the CDC, social isolation significantly increases a person's risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity. Why am I sharing this? Untreated hearing loss is directly linked to increased risk for mental health challenges and loneliness and isolation. Studies suggest that the risk of developing dementia doubles for older adults with mild hearing loss and for those with severe hearing loss the risk is 5x that of a person who does not suffer hearing loss. A person with a 25-decibel hearing loss, which is considered mild, is 3x more likely to have a history of falling and the risk increases by 1.4x for every additional 10-decibels of hearing loss. Hearing is critical to a person's ability to access important health and emergency communication, safety features, and other access to care. Hearing is part of population health.

In early 2020, this coalition created a petition to gauge and build support for H.266. In that time, over 2,000 Vermonters from every corner of the state have signed on to share their support and their personal stories. Here are a few:

Ms. Eldred from Burlington: "I have substantial hearing loss. It affects almost every aspect of my life. It makes my job of working remotely and hearing on phone calls difficult and also when I was working in the office to understand what the students and professors were trying to communicate to me. I feel if it gets any worse that I may no longer be able to work. It is embarrassing to not be able to afford hearing aids. It

is distressing and isolating to not be able to hear. ... My ears and hearing are part of my body and need this coverage!"

Donna Higgins from Hinesburg: "I became isolated when my hearing deteriorated and was unable to continue working in a job I loved due to the difficulty of communicating. Hearing aids have helped tremendously and I've just qualified and received my first cochlear implant. But why did I have to wait until I couldn't hear even with [hearing] aids? ... Please help!"

Deborah Rickner from Monkton: "I have had hearing loss all my life. The only reason I am able [to] finally wear hearing aids is because my sister-in-law gifted me my brother-in-law's hearing aids after he passed away. They are older and obsolete, but they work and have greatly improved my life... But it is truly sad that the only way I can afford to wear hearing aids is to inherit them."

Ms. Pickard from Shelburne: "My husband has hearing loss and put off getting hearing aids for years. The reason he did was because of the expense. He was missing out on things like hearing his son in conversation and was getting so frustrated that he finally decided to get them. We had to charge it to our credit card and have been paying it off slowly. I think of the moments he missed over the years that weren't necessary."

Ms. Roy from Chittenden County: "I have worn hearing aids since I was 20 years old. Without hearing I would feel isolated as I wouldn't be able to enjoy life activities or be able to work in a meaningful job. Every few years when I have to replace my hearing aids I worry about how I will be able to afford them and one has to choose between hearing and other important purchases such as vehicles, food, mortgage."

This bill has been in the works for decades and has sat on the wall while Vermonters struggle to pay for a basic health necessity. It is time to pass this bill, now, before crossover. H.266 is long overdue and Hear! Hear! Vermont urges you to address this critical health need of tens of thousands of Vermonters. Vermonters deserve this bill.

Mr. Cohen from Calais: "I taught elementary school. Could not hear often in class, especially young girls' voices. I had to quit, I was not fit to teach."

Jerry Himelstein from Essex: "When I was teaching at Johnson State College, my hearing became bad enough that it was interfering with my ability to hear my students in our interactive classes. Despite the fact that we had a "good" insurance policy for the faculty, it failed to cover (even partially) the hearing aids I needed to do my job. I didn't understand that then, and I still don't."

Mr. Urato from Newfane: "Without my hearing aids, which I've had to wear since a young teenager, I can hear absolutely nothing. With them I've been able to work, be a constructive member of our society including coaching/teaching our youth, and contribute my employment tax payments to our state's tax base. Hearing people are productive people! This is an important bill. Thank you."

Michael Morlan from Plainfield: "I had the fortune of having my last hearing aids covered by my insurance in Texas. I've since moved to Vermont and wish for the same level of coverage."

Karen Rockow from Salisbury: "My hearing loss was first diagnosed when I was 15 and studying Chinese in college. By that time, it was severe to profound. If the sophisticated hearing aids of today had been available then, my life would have been far easier, as I went on to pursue a doctorate at Harvard. It has been a mystery for many years why cochlear implants, which cost so much more than HA's have been covered by health insurance for years whereas HA's have not, except for minor stipends from some policies. People with hearing loss shouldn't be relegated to second class citizens as they are: they receive no tax benefits as ppl who are blind do. They have to somehow pay for some very expensive electronics in order to have successful careers and rejoin their families and communities. We need support for buying hearing aids and learning how to use them as well as "tricks of the trade" that can make life easier and aural rehabilitation, which is often ignored. Seniors with hearing loss who are unaided may often even be diagnosed as ppl with dementia when all they need is some electronic help and some accommodations. It's a sin."

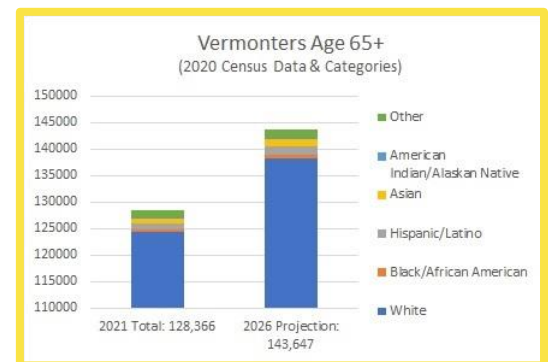
## Impact of Hearing Loss on Older Vermonters

Hearing loss poses barriers to communication, connections to family and friends, many daily activities, and access to health care and other services. Hearing aids can easily rectify many of these challenges.

### PREVALENCE

According to the National Institute on Aging, approximately one in three people between the ages of 65 and 74 has hearing loss, and nearly half of those older than 75 has difficulty hearing. **Hearing loss increases dramatically with age.**

For Vermonters age 65 and older, the incidence of hearing loss can be as high as 33% - 50%. This means there are currently 42,360 to 64,183 older Vermonters who could be experiencing hearing loss. With projections showing a 20.6% increase in Vermont's aging demographic, these numbers will continue to rise.



### DANGERS ASSOCIATED WITH HEARING LOSS

Hearing loss can put older Vermonters in danger due to:

- Misunderstanding instructions for medication doses
- Failure to hear a fire alarm
- Don't hear danger, such as traffic when walking or a home intruder

### NEGATIVE OUTCOMES OF HEARING LOSS

Hearing loss can be associated with negative health outcomes including:

- cognitive decline and/or dementia
- social isolation
- depression
- falls with injury
- increased emergency department visits and hospitalizations
- reduced quality of life

*Hearing aid users wait, on average, 10 years before getting help for hearing loss. During that time, communication with loved ones becomes more difficult, and isolation and health risks increase.*

## POSITIVE OUTCOMES OF HEARING AID USE

- Use of hearing aids is associated with delayed onset of Alzheimer's disease and dementia.
- Depression and anxiety in older adults can be reduced with hearing aid use.
- Studies show injurious falls among older adults are reduced with hearing aid usage.
- Hearing aid use has been positively associated with improved memory scores.

## BARRIERS TO ACCESS

- Unaware of hearing loss, largely due to the lack of routine hearing testing.
- Lack of information on the serious consequences of untreated hearing loss.
- Stigma and/or shame.
- In the US, hearing aids range in cost from \$1000-\$6000 or more, with the average cost being ~\$2500. This often does not include hearing tests, follow-up, and required ongoing support.

## GET INVOLVED

***Please contact your legislator and ask them to support H.266.*** Be sure to include how insurance coverage of hearing aids would positively impact you or someone you love.

Vermont is not just the only state in New England, but the only state in the Northeast to not offer coverage for hearing aids. You can help us change that by supporting H.266 as it moves through the legislature.

### **H.266 - An act relating to an incremental approach to health insurance coverage for hearing aids**

This bill would elevate hearing testing and hearing aids to a medical necessity and require them to be covered by a variety of insurance plans.

**For more information visit**  
**[www.vermontelders.org/hearhearvermont](http://www.vermontelders.org/hearhearvermont)**

**Hear! Hear! Vermont Coalition Members:** AARP-VT | Community of Vermont Elders | Disability Rights Vermont | Hearing Loss Association of America-VT Chapter | Statewide Independent Living Council | The Alzheimer's Association-Vermont Chapter | Vermont Center for Independent Living | Vermont HEARS, LLC | Vermont Speech-Language Hearing Association | Vermont State Rehabilitation Council | VT Hands & Voices

### **Resources:**

Can Hearing Aids Delay Time to Diagnosis of Dementia, Depression, or Falls in Older Adults? November 2019.  
<https://pubmed.ncbi.nlm.nih.gov/31486068/>

Longitudinal Relationship Between Hearing Aid Use and Cognitive Function in Older Americans, July 2018.  
<https://www.ncbi.nlm.nih.gov/pubmed/29637544>

Trends in Health Care Costs and Utilization Associated With Untreated Hearing Loss Over 10 Years, January 2019. <https://doi.org/10.1001/jamaoto.2018.2875>



Hear! Hear! Vermont is a statewide coalition of organizations and individuals that have come together to advocate for comprehensive health care insurance coverage for hearing loss services and hearing aids. Hearing loss is a pervasive and serious health problem and has been associated with several negative health outcomes.

- **Mental Health:** Underdiagnosed and untreated hearing loss increases the risk for psychiatric disorders, including depression, anxiety, psychosis and cognitive impairment.
- **Dementia and Alzheimer's:** Hearing loss has been linked to an increased risk of developing dementia. The risk of developing dementia doubles for older adults with mild hearing loss, and triples for those with moderate hearing loss. And for those with severe hearing loss, the risk is five times that of someone who does not suffer hearing loss. Research has found that encouraging people to wear an effective hearing aid may help to protect their brains and reduce their risk of dementia.
- **Loneliness and Isolation:** Hearing loss is associated with increased feelings of loneliness and social isolation. Hearing loss affects one of every five people and is strongly linked to loneliness. Every decibel drop in perception in people under 70 increases the odds of becoming severely lonely by 7%.
- **Mobility:** The risk of slipping or falling is higher for people with more severe hearing loss. Research has found that people with a 25-decibel hearing loss, classified as mild, were nearly three times more likely to have a history of falling. Every additional 10-decibels of hearing loss increased the chances of falling by 1.4 fold.
- **Health Outcomes:** Hearing loss impairs access to important health and emergency communications and leads to lower health outcomes. For example, people who report they have trouble communicating have been found to have increased odds that they will be re-hospitalized.
- **Child Development:** It is well recognized that hearing is critical to speech and language development, communication, and learning. Medical research overwhelmingly shows that hearing aids are critically necessary for a child's speech, language, and brain development.

## Resources – Health Impacts of Hearing Loss

- **Mental Health:**

<https://www.sciencedirect.com/science/article/abs/pii/S0749069019301041?via%3Dihub>

<https://pubmed.ncbi.nlm.nih.gov/30457063/>

<https://www.hearwellstayvital.org/>

- **Dementia and Alzheimer's:**

<https://www.hopkinsmedicine.org/health/wellness-and-prevention/the-hidden-risks-of-hearing-loss>

[https://journals.lww.com/thehearingjournal/fulltext/2019/09000/hearing\\_loss\\_and\\_dementia\\_breakthrough\\_research.1.aspx](https://journals.lww.com/thehearingjournal/fulltext/2019/09000/hearing_loss_and_dementia_breakthrough_research.1.aspx)

[https://www.exeter.ac.uk/news/featurednews/title\\_725112\\_en.html](https://www.exeter.ac.uk/news/featurednews/title_725112_en.html)

- **Loneliness and Isolation:**

[https://journals.lww.com/thehearingjournal/fulltext/2020/05000/social\\_isolation\\_loneliness\\_and\\_hearing\\_loss.16.aspx](https://journals.lww.com/thehearingjournal/fulltext/2020/05000/social_isolation_loneliness_and_hearing_loss.16.aspx)

<https://www.hopkinsmedicine.org/health/wellness-and-prevention/the-hidden-risks-of-hearing-loss>

<https://pubmed.ncbi.nlm.nih.gov/19322094/>

- **Mobility:**

[https://www.hopkinsmedicine.org/news/media/releases/hearing\\_loss\\_linked\\_to\\_three\\_fold\\_risk\\_of\\_falling](https://www.hopkinsmedicine.org/news/media/releases/hearing_loss_linked_to_three_fold_risk_of_falling)

<https://pubmed.ncbi.nlm.nih.gov/28590900/>

- **Health Outcomes:**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5435475/>

- **Child Development:**

<https://www.asha.org/siteassets/uploadedFiles/AIS-Hearing-Loss-Development-Effects.pdf>

<https://www.audiologyonline.com/releases/untreated-hearing-loss-puts-children-3565>