

My name is Julie Porter. I am a licensed audiologist in Vermont and work with patients ranging the full age spectrum from infancy to the elderly population. I am also a VT Medicaid audiology provider.

As a clinical audiologist, I meet patients daily who do not have health insurance coverage for hearing aids. This includes individuals with multiple healthcare needs, severe hearing loss, and even children. This bill highlights the importance of meaningful coverage for medically necessary treatment of hearing loss.

Successful outcomes of treatment with hearing aids depends on a thorough selection process, optimal fitting, programming, verification and follow up appointments. This bill supports the need for coverage of the hearing aids themselves, as well as the audiological services involved in the fitting process. This is an unbundled coverage model and is the most transparent model for patients and mutually beneficial for patients and providers.

It is important that insurance benefit for hearing aids increases patient access to hearing aids and does not limit patient options. The purpose of a bill such as this is to improve patient access, not add additional barriers. It is critical that the coverage is equitable, based on medical necessity, and be accessible through audiology providers in VT.

Mandating hearing aid coverage based on medical necessity ensures equitable treatment to those with hearing loss. There are many different types of hearing loss and underlying causes. For this reason, there is not one hearing aid that will treat all hearing loss. Treatment needs vary depending on the degree and type of hearing loss, as well as the communication demands and needs of the individual. Some hearing loss is optimally treated by more specialized technology components compared to other hearing loss. A few examples to share with you: A child has undergone middle ear surgery and is left with hearing loss as a result of chronic middle ear infections and disease. They will benefit from hearing aids to bring conversational sounds to a more audible range, and benefit from hearing aids that are pediatric focused and designed to adapt in a classroom setting. Another example is an individual who has hearing loss as a result of medication side effects. This individual will benefit from treatment targeting the high frequency sounds which are typically most affected by ototoxic medication side effects. Lastly, a teacher has progressive hearing loss limiting their ability to communicate with students and colleagues. This is causing a lot of stress and fatigue, as well as impacting job performance. They will benefit from hearing aids targeting their listening demands. There are countless examples that show the unique needs of this population of Vermonters and the variability in hearing aid technology and goals. An audiologist is able to provide guidance and recommendations based on these needs.

I strongly suggest a revision to the definition of hearing care professional. I recommend that it is changed to audiologist. I encourage you to read the testimony submitted by audiologist, Elizabeth Adams, who serves as an advisor for the Office of Professional Regulation. She has provided a summary of the importance of this language and consistency with the state licensure statutes. I recommend removal of the other professions listed as they do not perform diagnostic hearing evaluations and do not bill insurance for audiological services.

Thank you for your time and please support this important bill.

Julie Porter, Au.D.

University of Vermont Medical Center