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Hello, Thank you for allowing me to speak with you today. My name is Rebecca Chalmers. I am a person with hearing loss. I am a parent of a child who has hearing loss. I am here to speak on behalf of many people with hearing loss. We all will be profoundly impacted by the work that you choose to do on this bill. We are pleased that your committee is giving full consideration of this bill. Thank you.

My asks:

- add teacher and state employee plans to H266
- make sure adults on Medicaid also get access to medical necessity level of coverage, as children on Medicaid already do.
- make sure that all plans covered by the bill provide an easy, accessible means of contesting noncoverage
- consider striking the word "cords" from the exclusions as it may just confuse matters since some hearing aids come with charging cords.

Hearing loss, like many disabilities, is invisible. People who use hearing aids meet the federal 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 (see federal [504 factsheet](#)). Also, people with hearing aids are [perceived as](#) having a disability, and perception of having a disability is one of the ADA definitions of disability. Many people with hearing loss don't self identify as disabled, because they have no idea that they have hearing loss; others want to avoid social stigma and others simply celebrate themselves as they are. People can choose to not self *identify* as 'disabled' yet still legally qualify as disabled. I am going to refer to the hearing disabled, using the legal definition and not a self identity term.

On behalf of my disability group, I ask for full, equal rights under the law for as many people as possible. I ask for equality, not nice wishes.

This bill will bring equity to people whose health care plans are included in this bill. This bill does nothing for those whose plans are excluded from the bill. My first ask is: please, please, please add the teacher and state employee plans into the bill, and any other plans that you have jurisdiction over--perhaps retiree plans?

Secondly, I ask you to add language to ensure that adults on Medicaid get access to medical necessity level of hearing health care. I will talk about some of the reasons why:

There are several ways how this bill provides equity. The bill requires coverage at the medical necessity level. Hearing aids are not optional devices and hearing testing and hearing aid maintenance services are not discretionary, but

critical. Hearing health devices and services are medical needs that are critical to physical and mental health, communication, and safety. Hearing aids are FDA regulated medical devices. Hearing health services are provided by medically trained and licensed, often PhD or Master's degree level, medical providers. Medical means just that and Necessity means just what it says. A need, a true bonafide medical need. Anything less than medical necessity is simply not going to meet the medical needs of the hearing disabled.

Price caps are not adequate as compared to medical necessity levels of coverage.

Price caps in teacher plans and soon to be state plans are arbitrarily selected, not based on science nor medical need, and furthermore are set at only approximately half the actual cost of average hearing aids for adults. Half covering medical expenses of just disabled people is really lousy. Half coverage is not equitable.

We ask for full equality. Include all plans in this bill. This bill provides equity in terms of making sure that health care needs of the nondisabled are covered the same as for the hearing disabled--the same copays and coverage of all devices and services in a plan

We need all the plans covered to ensure long term protection for our disability group. The constantly renegotiated plans leaves us vulnerable every 2 years or so to being not just marginalized by half coverage but we could be completely dropped unless you include them in this bill.

We need all the plans covered so we have access to legal rights to appeal any decision of hearing aids not being covered due to medical necessity reasons. Without all plans covered under H266 we have no legal recourse to equal rights of our disability groups treatment. It is apparently legal for many employers to discriminate against the disabled in health benefits plans. My tentative understanding is that Department of Financial Regulation will oversee the appeals of the plans covered in this bill. They have a robust process.

Please, this is my third ask, make sure that all plans covered have easy access to contesting denial of service. How does Medicaid handle patient and providers rights to contest failure to cover devices and services when the provider recommends them as medically necessary? My understanding from a colleague who worked in Voc Rehab for many years, years ago, is that it was very difficult to get Medicaid to cover hearing aids for adults.

It is the most vulnerable who suffer most. Those without an outer ear--how does the hearing aid stay on? They may need bone-anchored hearing aids which may cost much more. Those with the most severe hearing loss, who are functionally deaf yet who rely on hearing to communicate, they need every ounce of power that the strongest hearing aids, with the most modern technology can provide, plus remote microphones because hearing aids are only designed for 6 foot

distances. Those who are discriminated against in other realms of their life-- People of Color, women, LGBTQIA, people with multiple disabilities--have an increased chance of not having as high paying of a job and so the proportional cost of unaddressed hearing loss falls worse on the already marginalized. The vulnerable are most harmed by arbitrary, insufficient price caps found in Teacher and State Employee plans. All Vermonters who have a hearing loss disability should be able to work as Teachers and State employees and not lose coverage for themselves or their child.

Essential Health Benefit plans large group plans already covered in H266 will have medical necessity limits to coverage.

There is no good reason to exclude these plan groups. It is procedurally simple to add these groups.

Don't assume that Medicaid will be there to catch people. I have met families with no way to provide for children's hearing aids. Children with hearing loss need hearing aids to learn pronunciation, to learn everything, to hear peers, and develop good communication skills. Many families have no access to hearing aid coverage for their children. They don't know about Medicaid coverage, don't qualify for it, or find it too shaming to apply for. When you think about this bill, please keep children in your mind. I personally have met one family in Vermont that was very poor and their child did not have normal hearing aids but some off brand that was not working well for the child. I told them about Medicaid/Dr Dynasaur and they said they were unaware that it would cover hearing aids. I know another Vermont family whose child needed surgically implanted cochlear implant, but this had a many month waiting period during which time the child was recommended to wear hearing aids and the family did not feel they had the money to afford hearing aids for this half a year period. That family may have been too wealthy to afford Dr Dynasaur or perhaps too ashamed to apply or perhaps just didn't have the time and energy to apply, I don't know. I know many other families with zero hearing aids provided to their children or poorly functioning, very old, off brand hearing aids that those around them say don't appear to work very well. My points here are that children need access to hearing aids--please add teacher and state employee plans to this bill to ensure children in those families will have easy, reliable access to medical necessity levels of coverage.

As we know from the recent Department of Financial Regulation actuarial study for including hearing aids in Essential Health Benefit plans, the actuarial impact will be very, very tiny. The costs are de minimus in overall health care costs and in fact I would be glad to provide you with sources citing the many ways that covering hearing aids is a cost savings for insurance companies directly as well as for hospitals, employers and society. There is a huge return on investment.

In summary, please add teacher and state employee plans to H266. Please work on the bill to make sure adults on Medicaid also get access to medical necessity level of coverage, as children on Medicaid already do. Please make sure that all plans covered by the bill provide reliable accessible means of contesting noncoverage. A tiny fourth ask: consider striking the word "cords" from the exclusions as it may just confuse matters since some hearing aids come with charging cords.

Thank you for your hard work on this important issue!

Sincerely,
Rebecca
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