

4.5.22 Testimony relating to H.266 for the Senate Committee on Health and Welfare

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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.

What H.266 does currently:

-Acknowledges the work that is currently happening through the EHB update process: Through the work of this committee and the House Healthcare Committee last year, you required that the process of including hearing aid coverage be examined. The results of the actuarial analysis, the stakeholder meetings, and the committee work were powerful. As a group, we explored the Medicaid coverage and determined it to be good, model coverage that could and should be included in the EHB. We also shared not only that the cost was quite low (\$0.40-\$0.60 pmpm) but also that the difference in cost between "medical necessity" and "1 hearing aid per ear every 3 years" was negligible, while offering significant benefits and reduced administrative burden in those cases where earlier care is warranted. At this point, that process is moving forward, and any changes would potentially slow or stop the process. ~67,000 people

-Codifies coverage under Medicaid: We have heard concerns and frustrations from many adults who have struggled to access hearing health care under Medicaid, but the issue isn't one of lack of coverage. Rather it is lack of access and lack of appeals protections. By codifying hearing aid coverage in Medicaid, we hope that the increased ability to appeal decisions and further education around coverage will create better access to this care for adults. ~140,000 people

-Establishes coverage in the Large Group market: The coverage here is good. "Medical Necessity" level of coverage should really be the gold standard of what we cover. If your doctor says that you need it, and need it now, you should be able to get it. In fact the testimony last week from DVHA suggested that they are exploring this as well, as a way to reduce administrative burden on providers and improve access for people who need care. ~17,000 people

What H.266 doesn't do currently:

-There are 2 specific populations that the state has the authority and ability to regulate that have been specifically carved out and EXCLUDED from coverage under this bill. State Employees and Teachers. The argument I have heard is that since these groups have negotiated some level of coverage already, that we don't need to include them. The coverage that has been negotiated under these plans is significantly inferior to what we are proposing to require under all of the other groups. The State Plan is going to offer \$1,500 every 60 months (5 years). This is not equitable. In fact, price caps were disallowed in the Affordable Care Act plans because they disproportionately harm those with the greatest need. These two groups account for roughly 60,000 people. We ask that you include them in this bill to ensure as much continuity of coverage, access to care, healthcare stability for people as possible.

23% of Americans age 12 and older have hearing loss. This is an 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. Almost a quarter of our population may suffer from hearing loss. (back of the napkin, currently H.266 covers 224,000 people, and as many as 55,000 of those may suffer from hearing loss. We are asking you to remove the carve outs that exclude teachers and state employees, ensuring coverage to roughly 60,000 additional Vermonters, 15,000 of whom may have hearing loss.)

This is not just an equity issue. This is a population health issue. 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 18th highest rate of suicide in the US. Vermont also has the 6th 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 untreated 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-decible 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-deciles 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!"

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."

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."

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 Himmelstein 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."

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.

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."

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!"

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."

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."