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Laura Howard, Secretary

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TO: Kansas Insurance Department – Public Comment Submission

FR: Robert J. Cooper, KCDHH Executive Director RJC

RE: EHB-Benchmark Plan Selection

The Kansas Commission for the Deaf and Hard of Hearing (KCDHH) supports the inclusion of hearing aids as an essential health benefit in the state of Kansas. The inclusion of hearing aids in EHB will benefit the majority (about 242,000) of the 382,000 Kansans who have a hearing loss, ranging from moderate mild to profound loss, of whom many identify themselves as Deaf or hard of hearing, as it will make hearing aids accessible to those who need them.

KCDHH is a state agency housed administratively within the Kansas Department for Children and Families (DCF) and is governed by a 17-member Commission, of which 12 are appointed by the Governor and 5 ex-officio members are representing different state agencies. Based in Topeka, KCDHH works with agencies and organizations throughout Kansas to assure availability and coordination of services for people who are deaf and hard of hearing, including resources for these individuals and their families. KCDHH also maintains a registry of qualified sign language interpreters and other communication access services to track each provider's credentials, areas of expertise and geographic areas of practice working in the state of Kansas. KCDHH previously managed a listing of persons qualified in providing aural rehabilitation services until the statute was changed in 2022 to focus more on communication access services.

The positions taken and expressed by the Commission do not necessarily represent the views or position of DCF.

KCDHH wishes to ensure the proposed inclusion also addresses several areas of concerns and related considerations:

No age restrictions

Access to hearing is critical at all stages of anyone's life, especially if they choose to rely on audio to communicate effectively. Children need to hear well to develop speech and language (if it is one's preferred mode). A child's first five years are crucial for them to be successful in their education and socialization. It is equally true for children transitioning into adulthood, which they need the ability to communicate for employment and community involvement. The elderly population needs to hear well to avoid auditory deprivation as they age to reduce cognitive decline and depression, not to mention many are afraid to admit they are missing some information from those family conversations or that they are never too old to maintain their hearing.

Access to healthcare, including mental health services, is severely impacted for many without the ability to effectively communicate their health needs and understand their treatment options – which this common thread exists due largely to the lack of access to affordable hearing aids or specifically zero coverage by health insurance. This impacts all individuals with hearing loss of any age. The process of them not receiving preventive health benefits and other appropriate healthcare will contribute to increasing overall health costs. Inclusion of hearing aids as an EHB will help to reverse this trend and close the cost gap over time.

Reasonable limits or cap amounts

Health insurance companies would need to set limits on benefits they provide under EHB, but their policies must be reasonably equitable when it comes to ensuring each patient receives the best technology that fits one's need. The cap amount needs to cover the cost of hearing aids adequately to keep the patient's co-pay or deductible within an affordable range. However, prescriptive aids should have a higher cap amount or be covered more favorably than OTC hearing aids, but only for those with hearing loss greater than moderate mild or are not an ideal candidate for an OTC hearing aid. Meanwhile, those who could benefit from OTC should have same cap amount across the board, meaning they pay more if they want a prescriptive hearing aid, as they have a wider range of choices, than those with a greater hearing loss.

Replacement timeframes should not be excessively lengthy, approximately every 4 years for most ages, but possibly shorter for those younger than age 24 since they are still growing and may require frequent replacement. Those with OTC might have a longer replacement period. Also, for either scenario, a shorter time consideration should be given to a patient if they experience a significant hearing loss, for example, 10% change within the standard period of replacement.

Documentation of medical necessity for both OTC and prescriptive hearing aids

While not approved for hearing losses greater than a moderate degree nor for individuals under the age of 18, where prescriptive hearing aids would still be required, the Over The Counter (OTC) hearing aids may be appropriate for some adults over the age of 18 with a perceived mild to moderate hearing loss, but not all of them can benefit.

OTC hearing aids would require each patient be able to self-fit their devices, which usually requires a level of technical understanding and skills that not everyone has. If they are unable to accurately fit the devices, physically or electronically, it would negate the benefit of having OTC hearing aids. Not only this, but some devices also require special configuration for certain losses to ensure the user has adequate amplification to achieve functional equivalency to what is expected normal hearing. However, it is important to include OTC hearing aids under EHB so it would still allow certain patients to utilize their insurance benefit toward the type of hearing aids that best fits their individual needs, rather than relying on prescriptive devices alone.

For the sake of appropriate insurance reimbursement, which should always be based on medical necessity, it would be very beneficial for all parties involved to require a diagnostic hearing evaluation by a licensed audiologist or hearing aid dispenser to confirm any hearing aid – OTC or prescriptive – is necessary and appropriate. Based on the results from the evaluation, an audiologist or hearing aid dispenser would be able to recommend OTC hearing aids or prescriptive hearing aids, giving each patient of option of getting hearing aids from another provider of their choice or from where they were evaluated.

Encouraging behavior toward correct prescriptions and other considerations

It is very important to show medical necessity for the hearing aids. There is a stigma associated with hearing loss. It is a "hidden" disability in which many individuals may experience a loss or become late deafened, and they don't want to go to an audiologist or maybe share with a family member. Because a diagnostic hearing evaluation would involve out-of-pocket costs, which they may not be able to afford, they would try to figure out and navigate their journey on their own. Thus, not having the necessary medical confirmation or validation that hearing aids are needed, or what kind are needed especially if their hearing loss is more severe than they realize (which is unfortunately very common).

While many individuals with late onset hearing loss recognize some type of a medical need, it is important that they know their options, OTC or prescriptive. We need to look at the behavior of those individuals who demonstrate that medical need. This may involve looking at how the health insurance companies encourage the "right behavior" most desirable and beneficial to the industry, which may need to include full coverage of patients receiving a required diagnostic hearing evaluation by a licensed audiologist or hearing aid dispenser.

This approach will also help the health insurance companies to mitigate individuals who may look to "game the system" rather than addressing their needs, individuals would not want to waste money if they don't have the right information. The community is not getting enough information or communication on how to access benefits, but the insurance companies can steer them correctly by encouraging desirable behavior and positive outcomes associated with inclusion of hearing aids in EHB.

In addition, ear mold fitting and replacements should also be considered by the health insurance companies as part of the coverage. This would assist with a desirable behavior to save costs over the time, since ill-fitted and worn-out ear molds may contribute to ineffective use of hearing aids, leading to frequent/unnecessary replacements. Widespread coverage of ear mold fitting and replacements may create a market shift whereby supply would increase and thus reducing the cost to health insurance companies.

Third-party providers

There is one area that might not be considered which involve with arrangements between health insurance companies and third-party hearing aids providers, especially since some may own or are directly affiliated with the very program that distributes or sells hearing aids. Unfortunately, these programs often offer limited products with reduced services at deeply discounted prices. Even though these programs may offer reduced costs, they also limit patient choice and professional services, and possibly redirecting revenue back to the health insurance company. It would be in the patient's best interest to have a benefit that allows patients to utilize that benefit with a provider of their choice. As pointed out earlier, pending results from evaluation, an audiologist or hearing aid dispenser would be able to recommend OTC hearing aids or prescriptive hearing aids, while each patient should be able to get hearing aids from a provider of their choice, if not from the same place where they were evaluated.

In conclusion, KCDHH applauds the Kansas Insurance Department for considering inclusion of hearing aids as an EHB for Kansas. It is not a luxury but a necessity as it will increase access to quality hearing healthcare for all Kansans, reducing the long-term risks associated with hearing loss, and their overall healthcare and mental health needs when they are also able to access effective communication.