

March 31, 2023

Re: EHB-Benchmark Plan Selection

To whom it may concern,

As a speech-language pathologist within the state of Kansas, I am in support of the inclusion of hearing aids as an essential health benefit in our state. However, specific parameters should be in place to provide patients with accessible hearing healthcare that is driven by patient choice.

Hearing aids can effectively treat about 80% of all diagnosed hearing loss, offering improved quality of life and reducing the risk of isolation, depression, and cognitive decline. However, despite scientifically documented benefits, studies also show that only one in four people who could benefit from hearing aids will utilize them. For 30% of people with hearing loss who do not wear hearing aids, they cite the cost of the devices as the reason they do not pursue them. Untreated hearing loss is correlated with cognitive decline and depression. I have personally witnessed this with my own father.

While my father currently has hearing aids, he did not seek them out for a long time because of the associated costs. During this time, he was not able to participate in many events as he simply was not able to hear and make meaning of conversations based on the limited auditory input. He felt isolated and cognitive decline was noticeable. We tried over the counter hearing aids, but his hearing loss was such that OTC aids were not able to help him across a variety of settings. As a result, he became frustrated and frequently did not wear the OTC aids. Now that he has prescriptive hearing aids, he frequently comments about how much his quality of life has improved since receiving his hearing aids.

**Including hearing aid coverage as an EHB for Kansas would make hearing aids accessible for those who need them.**

I respectfully ask the committee to consider the following parameters in the hearing aid benefit.

#### **No Age Restrictions**

Hearing adequately is critical at all ages. In addition to playing a large role in developing speech and language as a young child, it is essential to hear well throughout childhood for successful education and socialization. As we transition to adulthood, hearing well is necessary for employment and community involvement. In addition, reducing auditory deprivation as we age will help reduce cognitive decline and depression, and potentially dementia and age-related memory loss.

#### **OTC and Prescriptive Hearing Aids**

Over The Counter (OTC) hearing aids may be a viable option for some adults over the age of 18 with mild to moderate hearing loss. However, OTC devices are not appropriate for *all* adults with mild to moderate hearing loss. OTC hearing aids require patients be able to self-fit the devices, which requires a level of technical skills that not all adults have. If an individual is unable to accurately fit the devices, either physically or electronically, it will significantly reduce their benefit. In addition, the configuration of some losses will make adequate amplification difficult to achieve with an OTC hearing aid, even if it falls within the mild-to-moderate category.

OTC hearing aids are not approved for losses greater than a moderate degree, nor for individuals under the age of 18. Children with any degree of hearing loss and adults with moderate to profound hearing loss require prescriptive hearing aids. Due to these concerns, it would be best to allow patients to utilize their insurance benefit towards the type of hearing aids that best fits their individual needs.

In addition, the FDA's regulations for OTC hearing aids are based on *perceived* mild to moderate hearing loss. However, for insurance reimbursement, which should be based on medical necessity, it would be advantageous to require a diagnostic hearing evaluation by a licensed audiologist or hearing aid dispenser to confirm that any hearing aid - OTC or prescriptive - is necessary and appropriate. Pending the results of that evaluation, an audiologist or hearing aid dispenser would be able to recommend OTC hearing aids or prescriptive hearing aids.

### **Flat Rate Benefit**

Understanding that insurance companies will need to set limits on the amount or type of benefit they provide, we want to ensure that those policies will not limit access to the best technology for each patient. A flat rate amount could be used towards OTC **OR** prescriptive aids, allowing patients to choose the best hearing aid to treat their hearing loss.

### **Third-Party Providers**

Many insurance companies have agreements with third-party hearing aid providers, or in some cases, own and/or are directly affiliated with the very programs that distribute/provide hearing aids. These programs offer limited products with reduced services at discounted pricing. While these programs may offer reduced costs, they also significantly limit patient choice and professional services and re-direct revenue back to the insurance company. It would be in the patient's best interest to have a benefit that allows patients to utilize their benefit **with a provider of their choice**.

With the aforementioned considerations, including hearing aids as an EHB for Kansas will increase access to quality hearing healthcare, reducing the long-term risks associated with auditory deprivation.

Sincerely,



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