



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

FTR

February 27, 2012

Joint Committee on Insurance and Real Estate  
Legislative Office Building  
Room 2800  
Hartford, CT 06106

Re: S.B. 202 - An Act Concerning Insurance Coverage for Hearing Aids

Dear Chairmen Crisco, Megna, and Members of the Committee:

The American Speech-Language-Hearing Association (ASHA) is the professional, scientific, and credentialing association for 145,000 members and affiliates (over 2,100 of whom reside in Connecticut), who are audiologists, speech-language pathologists, and speech, language, and hearing scientists. We offer the following comments to highlight the importance of requiring insurance coverage for hearing aids for adults ages 55-65.

Communication skills are central to a successful life for all Americans. Communication disorders greatly affect education, employment, and the well-being of many Americans. However, each day is a challenge for the one in six Americans who has a communication disability and for their families.

We offer two suggestions to strengthen the bill and make a greater impact on those with hearing loss. First, we would lower the age for requiring insurance coverage for hearing aids for adults ages 45-65. The number of Americans with hearing loss has doubled over the past 30 years. As baby boomers age, this number will only continue to rise. Studies have linked untreated hearing loss to many social and economic factors including depression, withdrawal from social situations, reduced alertness and increased risk to personal safety, impaired memory and ability to learn new tasks, reduced job performance and earning power, and diminished psychological and overall health.

Secondly, we would extend the age of the current child hearing aid coverage mandate to include hearing aids for children, 13-18 years old. Currently, children birth to age 12 are covered. But from age 13 on, hearing aids must be paid for out-of-pocket. Academic achievement and social functioning are significantly impacted for children with hearing loss. In addition, the costs to the state over the course of the child's education can be prohibitive.

Following are some examples of the impact on academic achievement, social functioning, and financial factors that should be considered in the determination to provide hearing aid coverage for children ages 13-18 years.

### **Academic Achievement**

- Children with hearing loss have difficulty in all areas of academic achievement, especially reading and mathematical concepts.
- Children with mild to moderate hearing losses, on average, achieve one to four grade levels lower than their peers with normal hearing, unless appropriate management occurs.
- Children with severe to profound hearing loss usually achieve skills no higher than the third- or fourth-grade level, unless appropriate educational intervention occurs early.
- The gap in academic achievement between children with normal hearing and those with hearing loss usually widens as they progress through school.
- The level of achievement is related to parental involvement and the quantity, quality, and timing of the support services children receive.

### **Social Functioning**

- Children with severe to profound hearing losses often report feeling isolated, without friends, and unhappy in school, particularly when their socialization with other children with hearing loss is limited.
- These social problems appear to be more frequent in children with mild or moderate hearing loss than in those with severe to profound loss.

### **Financial Impact**

- Research by the National Center for Hearing Assessment and Management (NCHAM) has shown that ... “by the time a child with a hearing loss graduates from high school, more than \$400,000 per child could be saved in special education costs if the child is identified early and given appropriate educational, medical, and audiological services”, including hearing aids. Visit NCHAM’s website for additional information at [www.infanthearing.org/](http://www.infanthearing.org/).

Requiring insurance coverage for hearing aids could stem these factors and allow children and adults to continue to live full lives. We hope that you will consider these factors and vote to pass the bill out of Committee.

Thank you for the opportunity to provide comments. Should you have any questions, please contact Susan Adams, ASHA’s director of state legislative and regulatory advocacy, at [sadams@asha.org](mailto:sadams@asha.org); or Janet Deppe, ASHA’s director of state advocacy, at [jdeppe@asha.org](mailto:jdeppe@asha.org).

Sincerely,



Shelly S. Chabon, PhD, CCC-SLP  
2012 ASHA President