

Connecticut ENT Society  
February 19, 2013  
Written Testimony for the Insurance Committee  
On  
**HB 5433 AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR HEARING AIDS.**

The Connecticut State ENT Society, an organization that represents over 90% of practicing otolaryngologists (ear, nose and throat physicians) in our state would like to engage in dialog that would influence any legislation designed to require health insurance coverage for hearing aids for individuals with a hearing loss of ninety per cent or greater and establish a graduated deductible for such individual. The Connecticut ENT Society supports the premise that every patient in need of a hearing aid and who has insurance should be allowed coverage for this medical condition.

Hearing aid technology is based upon micro circuitry and chip design. The technology improves significantly every 18 months so that latest technology is more expensive and older technology becomes relatively inexpensive quickly. This industry is very similar to consumer electronics in that regard. Therefore, health plans that are trying to define the product delivered and thereby control costs are forcing their insured into older technology that soon will not be functional or supported.

The issue may best be handled with a "percentage of cost method" rather than an actual dollar allotted benefit amount. This % method is less misleading and would allow some defined benefit for the patient while avoiding a difficult situation for the provider who is often put in a difficult position by the patient who believes their benefit covers the cost of the hearing aid. For good technology, the defined benefit often does not cover the cost of the device, let alone the fitting and other costs associated with the prescribing of the hearing aid. This situation would result in an out of pocket expense to the provider, which is not only unfair but would lead to an unwillingness by the provider to provide such a service

Unfortunately ENT physicians currently experience a significant amount of problems with patients who do believe that the hearing aid "benefit" covers the entire cost of the hearing aid and are frustrated when they are told that there is no device available in that price range and that there will be an out of pocket cost to them. In a nutshell, patients are either misinformed by misleading advertising by the managed care organization of their benefit or they misinterpret the benefit themselves as being a "total cost" of the hearing aid rather than a dollar benefit.

To avoid this and help consumers understand their benefit the ENT Society would like to propose that a disclaimer be considered by this committee that would require the MCO to clearly state to the consumer that "the dollar amount is NOT the cost of the device put merely a dollar amount allocated towards the cost of the device and that the patient may be required to cover additional costs over and above the allocated benefit." This would eliminate administrative problems and unpleasant encounters between the patient and physician, who in most cases cannot provide a hearing aide within the "allocated" dollar parameters included in a policy holder's benefit package and find it difficult to convince the patient that this is only a partial reimbursement to the actual cost of the device.

Here are some facts you should know:

- Health insurance coverage for hearing aids varies widely.
- Some states mandate coverage for certain populations, like children. The CT ENT Society has testified and advocated for this requirement for years and was successful in helping to pass legislation in 2001 with PA 00171.
- Health insurance for federal employees includes some coverage, and individual employers may offer the benefit even if not mandated.

Currently there are fifteen states that have mandated hearing aid coverage; most of these cover children only, but vary in age range. Connecticut currently has a law that requires hearing aid coverage for children younger than 12 years of age while Delaware has coverage for younger than 24 years of age. The typical mandate calls for hearing aids for those 18 years and younger. Rhode Island requires coverage for children and adults.

- Legislation also may define dollar amounts and time periods. For example, Kentucky law requires coverage for one hearing aid per ear (up to \$1,400) every 36 months. New Jersey coverage includes \$1,000 per hearing aid for each ear every 24 months. Oregon allows a maximum benefit amount of \$4,000 every 48 months. Wisconsin is the only state that requires coverage for cochlear implants and hearing aids for children younger than age 18. Arkansas requires health plans to offer coverage for hearing aids to employers. If the employer chooses the option, the health plan must provide hearing aid coverage of \$1,400 per ear every three years for individuals of all ages.

In closing, we need to do a better job in providing a benefit for patients who need hearing aid devices and we also need to insure that the Managed Care Organizations clearly identify the benefit as not being a comprehensive benefit, but rather a benefit that may not cover the entire cost of the device. In this way consumers will be better prepared for the often additional costs associated with hearing aids. We welcome any questions.

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