

January 30, 2017

House Committee on Insurance
Statehouse, Room 281-N
Topeka, KS 66612

Dear Chairman Vickrey and members of the Insurance Committee,

Thank you for the opportunity to speak before you today. My name is Lucy Crabtree and I live in Lawrence. I lost my hearing when I was 4 years old—I'm now 33 and currently on my third pair of hearing aids. My current pair is almost 10 years old, so I know I'm due for a new set soon. I purchased this pair with help from Vocational Rehabilitation in Missouri, where I was living at the time, and paid the rest (about \$800) out of pocket. No small feat considering I had just graduated from college and landed my first "real job!"

Now that I'm a financially independent adult, I do not want to rely on VR this time around, but I also cannot afford to pay for new hearing aids out of pocket. I have a severe-to-profound hearing loss (the most severe category of hearing loss), and cannot hear anything without my hearing aids. The hearing aids I need could easily cost up to \$5,000 for both. To pay for that out of pocket would wipe out my savings. So I support the idea of a bill that would require insurance companies to provide coverage for hearing aids—that would certainly ease the looming financial burden.

However, I do not support HB 2021 as it is currently written. Because the bill does not specify the amount of coverage (as some other states do), my fear is that the insurance companies would cover only the bare minimum. What good does it do me if they only cover \$500 of a \$5,000 need? My other fear is that the insurance companies will only provide coverage if I purchase a hearing aid through their preferred vendor. First, I would lose the comprehensive hearing health care of the audiologist office I've been with for almost 30 years. They know me there, are familiar with the progression of my hearing loss, and are able to recommend the right kind of hearing aid that can be programmed especially for me.

Second, I would most likely be stuck with a hearing aid of lesser quality that was not tailored to my specific degree of hearing loss. If I could use my glasses as an example—I have astigmatism and am nearsighted in one eye and farsighted in the other. I cannot legally drive without my glasses. I need a prescription that is tailored to my visual acuity in order to correct my vision accurately and safely. It would be silly, and even dangerous, for me to treat my vision problems with reading glasses purchased at the drugstore.

Other states that mandate insurance coverage for hearing aids specify the amount and also require that hearing aids be fitted by an audiologist or hearing health professional. I will gladly support HB 2021 if it is rewritten to specify an amount per ear (other states range from \$1,500 to \$1,700 per ear for adults), for every three years (following other states' examples).

I have read the fiscal note and its concerns about the economic impact on such a mandate, but the numbers do not take into consideration the relatively low turnover of hearing aids. Most hearing aids last about six years, and as I mentioned at the beginning of my testimony, I'm personally on only my third pair of hearing aids in almost 30 years. Not every Kansan who wears hearing aids is going to need new ones all at the same time.

Further, in order for the State Employee Health Program to shell out \$40 million, that would translate to 16,000 employees receiving hearing aids worth \$2,500 at the same time. However, as of 2014, there were 27,301 state employees, which would have to mean that 58% of them needed hearing aids, a percentage that does not match any models for projecting the average number of people with hearing loss.

In light of these seeming discrepancies, I would like to pose a question for your consideration: what is the economic cost of *not* having a mandate? Perhaps a report could be commissioned to study the current cost to families and individuals who have to fund their hearing aids out of pocket or rely on other means of support, such as VR or SSI. How much is it already costing the state to supply hearing aids? Will mandating insurance coverage ease some of the burden from other agency budgets? Other states with mandated insurance coverage set the caps at different amounts for adults and children (the caps are usually higher for children)—do these caps compromise the quality of the hearing device and/or reimbursement rate for the audiologist or hearing aid dispenser? These kinds of questions could be the focus of a more thorough impact study.

In closing, while I support the idea of insurance coverage for hearing aids, I do not support HB 2021 as written. I would like amendments added that specify the amount per ear, every three years, and a requirement that the hearing aids be dispensed and fitted by an audiologist or other hearing health professional. Most importantly, the bill should grant consumers the ability to choose the appropriate device for their hearing loss, and the flexibility to pay the difference if it exceeds the annual cap.

Thank you for your consideration and your time.

Sincerely,

Lucy Crabtree
Lawrence, KS