**Let Utah Children Hear**

**Utah Pediatric Amplification Legislation**

**The Purpose**

* Utah spear-headed Universal Newborn Hearing Screening. Mandates have since been made in every state. Newborn hearing screenings began in Utah in 1998. Utah understands the need for early detection and intervention for children with hearing loss.
* Approximately 3 in 1,000 babies are born with permanent hearing loss, making hearing loss one of the most common birth defects in America. Utah has approximately 50,000 live births every year; about 100 babies are identified with significant permanent hearing loss through newborn hearing screenings.
* Speech, language, social and cognitive development of Deaf or Hard of Hearing children is likely to be impaired by their hearing loss.  However, access to hearing aids and intervention services improve outcomes dramatically. This remains true for both congenital AND late-onset (acquired) hearing losses.
* Hearing aids can cost up to $6,000 for a pair and must be replaced every 3-5 years. This can cost families up to $40,000 by the time their child reaches 21. Hearing loss can be hereditary, meaning some families have multiple children with hearing loss. This leads to an even greater burden on those families.
* Today, 24 other states have passed laws requiring insurance companies to cover hearing aids for children including AR, CO, CT, DE, GA, ID, IL, KY, LA, MA, ME, MD, MN, MO, NC, NH, NJ, NM, OK, OR, RI, TN, TX, and WI.
* While many states are not initially supportive of hearing aid insurance mandates, exceptions are made because of the cost savings for the state and the insignificant premium increases for each insured citizen. The estimated cost for insurance premium increase in Utah is less than $0.25.
* Under most insurance plans today, hearing aids are NOT a covered benefit for children. Coverage for hearing aids by insurance companies would help to bridge the gap between early identification/diagnosis of hearing loss and intervention.

**How do children currently obtain hearing aids in Utah?**

* A survey out of Georgia stated that less than 10% of parents seeking help to purchase hearing aids for their children received any kind of hearing aid coverage through private health insurance. Anecdotally, professionals in the state of Utah feel this is an appropriate estimate in Utah.
* The Children’s Hearing Aid Program (CHAP), which is funded by the Utah Department of Health and tax payers, was created to attempt to lift the burden of hearing aid cost borne by families due to lack of compliance by insurance companies. This cost adds up to over $100,000 every year, which is needlessly paid by the state.
* While CHAP has helped ease the financial burden for many families, current resources are insufficient for Utah children in the long term. CHAP only covers children under 6 years of age who meet financial criteria and only provides one pair of hearing aids per lifetime. Additionally, CHAP’s funding was depleted 8 months into their last fiscal year leaving many children without access to hearing aids.

**Implications of Non-Treatment versus Treatment of Permanent Hearing Loss**

* Speech, language, social and cognitive development of Deaf or Hard of Hearing children is likely to be negatively impacted by their hearing loss.
* Providing hearing aids to children with hearing loss will reduce the costs borne by the state, including an estimated $420,000 in special education, and much more in social welfare programs. Lifetime cost estimates of insufficiently treated hearing loss can total approximately $1 Million.
* When appropriate early intervention is paired with technology, children with hearing loss with have increased opportunities to be mainstreamed in regular elementary and secondary education classrooms significantly offsetting the above stated costs of education.
* Children with hearing loss who receive early intervention with appropriate amplification demonstrate significantly better speech and reading comprehension than children identified/treated later in life.
* Improved reading and academic skills translate to improved quality of life, personal independence, and less likelihood for the need for welfare services. These skills can also create the opportunity for higher earning capabilities and the chance to become productive members of society.

**What will this legislation mean for children with hearing loss in Utah?**

* A health insurance plan will provide coverage for hearing aids and replacement hearing aids as recommended by a hearing care professional defined as an audiologist or otolaryngologist, to include fitting and dispensing services and the provision of ear molds as necessary to maintain optimal fit of hearing aids.
* A health insurance plan will provide coverage for bone conduction devices and replacement bone conduction devices as recommended by a hearing care professional defined as an audiologist or otolaryngologist to include fitting and dispensing services.
* A health insurance plan will provide coverage for a remote microphone system for use in the home as recommended by a hearing care professional defined as an audiologist or otolaryngologist.
* Amplification coverage will include as medically necessary: one hearing aid in each affected ear every three years, one bone conduction device per affected ear every five years, and a remote microphone system with each new amplification device.

**Why should I support this legislation?**

* Utah adopted newborn hearing screenings in 1998. Lack of access to hearing aids represents a MAJOR gap in services for the 100+ infants born with significant permanent hearing loss and many more identified at later ages every year.
* This legislation can significantly improve the quality of life for children born in Utah with hearing loss and their families.
* We propose that insurance companies who can show an increase in premiums of 1% or greater due to the implementation of the legislation, proven by an actuarial analysis, may be exempt.