HOUSE MEMORIAL 16 REPORTS
48th Legislature, 1st Session

Submitted by

NEW MEXICO COMMISSION FOR DEAF & HARD OF HEARING

December 2006

December 7, 2006

The Honorable Governor Richardson and Members of the Committee,

Significant hearing loss is one of the most common birth defects in the United States. Every day in the United States, 33 infants are born with permanent hearing loss. Approximately 1 in 1,000 newborns are profoundly deaf, and another 2 to 3 have partial hearing loss. Each year, approximately 80 New Mexico infants are born with significant hearing loss. These estimates do not include children who are born with normal hearing but have hearing loss that develops after birth and/or worsens over time, which, by age 5, is estimated to be about 3 times the newborn prevalence rate.

During the 47th Legislative Session, House Memorial 16 was introduced by Representative Daniel P. Silva, Representative Henry "Kiki" Saavedra and Representative Edward C. Sandoval. This Memorial requested the Commission for Deaf & Hard of Hearing Persons to be the Lead Agency to coordinate a study on the feasibility of mandating insurance coverage for children's hearing aids and cochlear implant speech processor replacement as durable medical equipment.

Herewith is the result of that study. As specified in the memorial, the Commission has included the participation of the Department of Health; the Human Services Department; the Children, Youth and Families Department; the Insurance Division of the Public Regulation Commission; the New Mexico School for the Deaf as well as private non-profit organizations including New Mexico Hands and Voices, the Hearing Loss Association of Albuquerque, the New Mexico Speech-Language and Hearing Association, Parents Reaching Out, Presbyterian Ear Institute, the Albuquerque Area Indian Health Board, and the New Mexico Association of the Deaf.

The consequences of hearing loss of any severity or type are profound for children, their families, and society. In 2000, the Joint Committee on Infant Hearing stated that without auditory input and the opportunity to learn language, children with hearing loss almost always fall behind their peers in language, cognition, and social-emotional development. They also have difficulties attaining the same level of academic achievement as their hearing peers. Several studies have shown that deaf children by age 8 are already 1.5 years behind their hearing peers in reading comprehension scores, and half of deaf children graduate from high school with a 4th grade reading level or less.

Even unilateral loss (hearing loss in only one ear) can have substantial negative consequences for academic achievement. Children with unilateral hearing loss are 10 times as likely to repeat at least one grade compared to children with normal hearing. In addition, a number of studies demonstrate that children with unilateral loss lag behind their peers, in all measures used including math, language or social functioning.

The costs to society are also significant in terms of direct medical costs, special education expenditures, and lost productivity. In 2000, the annual average per student education expenditure for a child who was deaf or hard of hearing child was more than twice the expenditure for a child without a disability ($15,992 vs. $6,556). One study measured the lifetime economic cost of hearing loss in children to be more than $2 billion or an average of

$417,000 per child. Another found that the average economic costs in a year for children age 7 to 9 with bilateral hearing loss (hearing loss in both ears) was nearly 4 times those for hearing children ($26,207 vs. $7,823).

Early identification of hearing loss, fitting of high-quality hearing aids, cochlear implants and comprehensive early intervention services can minimize or avoid many negative outcomes experienced by children with hearing loss including improved school performance, communication skills, and speech-language development; better social skills and emotional health; decreased family stress; and improved quality of life.

New Mexico has been successful in its ability to implement universal newborn hearing screening. Our state will only realize the full benefit of this investment when our children with hearing loss identified through newborn hearing screening receive appropriate follow-up services including better access to hearing aids and related professional services.

Medicaid and SCHIP cover more than half of New Mexico's children and cover hearing aids at a minimal rate. Unfortunately, the low reimbursement rate and coverage restrictions limit access to audiologists experienced fitting hearing aids on infants and children and significantly impact the quality and appropriateness of the hearing aids prescribed. Without a mandate to address the financial barriers that impede access to high-quality hearing aids, there is great risk that our children who are deaf or hard of hearing will continue to experience negative outcomes.

Based on the information collected for House Memorial 16, which included surveying the eight states that have mandated children's hearing aid insurance coverage, the New Mexico Commission for Deaf and Hard of Hearing Persons in conjunction with the other agencies and organizations specified in the Memorial, strongly recommend the following:

- Legislation to mandate insurance coverage for hearing aids and any related service as prescribed by a licensed audiologist up to $2200 per hearing aid (includes dispensing fee) and ear molds provided as necessary to ensure optimal fit, for children birth to 18 years of age and children 18-21 years of age still attending high school;

- Increase the appropriation to Medicaid so that Medicaid reimbursement rates for hearing aids can be increased (current reimbursement rate is up to $400 per hearing aid) so that hearing aids are reimbursed at actual invoice cost up to $1400 per hearing aid and the dispensing fee is reimbursed at $300 per hearing aid for children birth to 21 years of age;

- Provision of a deduction for gross receipts for the costs and services related to fitting and dispensing hearing aids and vision aids.

Respectfully submitted,

Thomas J. Dillon III, Executive Director
Commission for Deaf & Hard of Hearing

TABLE OF CONTENTS

ACKNOWLEDGEMENTS………………………………………………………. 6

EXECUTIVE SUMMARY……………………………... 7

JUSTIFICATION FOR MANDATED INSURANCE COVERAGE……… 9

CURRENT SITUATION IN NEW MEXICO………………………………… 11

RECOMMENDATIONS…………………………………………………………. 13

REFERENCES…………………………………………………………………... 14

APPENDIX A
Letters of Support

APPENDIX B
States with Insurance Mandates

APPENDIX C
59A-22-34.5. New Mexico Hearing aid coverage for children required

ACKNOWLEDGEMENTS

House Memorial 16 was sponsored by Representatives Daniel P. Silva, Henry “Kiki” Saavedra and Edward C. Sandoval.

The following agencies and organizations participated in the study: Commission for Deaf and Hard of Hearing Persons, Lead Agency coordinating the study; New Mexico School for the Deaf; Department of Health; Human Services Department; Children, Youth & Families Department; Insurance Division of the Public Regulation Commission; New Mexico Hands and Voices; New Mexico Speech-Language & Hearing Association; Presbyterian Ear Institute (PEI); and the Hearing Loss Association of Albuquerque.

The following individuals contributed their time and expertise:

Thomas J. Dillon III, Commission for Deaf & Hard of Hearing Persons
Shannon Smith Peinado, Commission for Deaf & Hard of Hearing Persons
Kathleen Moseley, New Mexico Hands & Voices
Suzanne Pope, Consultant, Commission for Deaf & Hard of Hearing Persons
Susan Chacon, Department of Health
Nina Johnson, Children, Youth & Families Department
Dr. Norm Dawson, Hearing Loss Association of Albuquerque
Joanie Roybal, Human Services Department
Michael Batte, Public Regulation Commission
Alice Pino, Public Regulation Commission
Dr. Sheree Hall, New Mexico School for the Deaf
Leslie Hinshaw, Albuquerque Area Indian Health Board
Andrea Shije, Parent and Native American Liaison
Christine Epstein, Presbyterian Ear Institute
Dr. Diana Vigil, Ear Associates
Suzanne Miller, New Mexico Speech-Language & Hearing Association
Diane Wood, New Mexico Speech-Language & Hearing Association
Dr. Katherine Cross Maples, Public Education Division
Duane Ellis, Public Education Division
David Murchio, Parents Reaching Out (PRO)

EXECUTIVE SUMMARY

The Commission for Deaf and Hard of Hearing Persons, as the Lead Agency specified in House Memorial 16, coordinated a study on the feasibility of mandating insurance coverage for children's hearing aids and cochlear implant speech processor replacements as durable medical equipment. Unlike hearing aids, cochlear implant speech processor replacements are covered by most insurance plans as durable medical equipment and the House Memorial 16 Study Group is therefore not recommending that cochlear implant speech processor replacements be included in legislation.

The House Memorial 16 Study Group, convened by the Commission, included participation of the Department of Health; the Human Services Department; the Children, Youth and Families Department; the Insurance Division of the Public Regulation Commission; the New Mexico School for the Deaf and private organizations including New Mexico Hands & Voices, Hearing Loss Association of America, Parents Reaching Out (PRO), Presbyterian Ear Institute (PEI), the New Mexico Speech and Hearing Association, the New Mexico Association of the Deaf and other interested stakeholders. The Study Group met monthly in 2006 to study the issue. The Commission provided consultant and staff support to the Study Group.

After careful study, the House Memorial 16 Study Group developed the following recommendations that pertain to health insurance, Medicaid, and Gross Receipts Tax:

Recommendation 1
Each individual and group health insurance policy, health care plan and certificate of health insurance that is delivered, issued for delivery or renewed in this state shall provide coverage as follows:

- Ages covered – Children birth to 18 and children up to age 21 if still attending high school
- Coverage Amount – Hearing Aids and any related service per hearing impaired ear will be reimbursed up to $2,200 per hearing aid, and ear molds provided as necessary to ensure optimal fit. Optional hearing aid rider available
- Benefit Period – Every 36 months
- Provider Qualifications – Medical clearance by medical professionals who are board certified to diagnose and treat diseases of the ear for children under the age of 16 years. Medical approval for children 16 to 21years of age. Licensed audiologists must fit and dispense. Prefer audiologists with pediatric experience for children under the age of five years
- Type of Hearing Loss – Not specified

Recommendation 2
Increase the appropriation to Medicaid so that Medicaid shall provide coverage as follows:

- Ages covered –Medicaid-eligible recipients
- Coverage Amount – Hearing Aids reimbursed at actual invoice cost up to $1,400 per hearing aid; dispensing fee reimbursed at $300 per hearing aid
- Benefit Period – Maintain current eligibility of every 4 years
- Provider Qualifications – Maintain current requirements of recipients under 16 years of age, must be examined by medical professionals who are board certified to diagnose and treat diseases of the ear
- Type of Hearing Loss – Maintain current requirements

Recommendation 3
Provide a deduction from Gross Receipts for the costs and services related to fitting and dispensing hearing aids and vision aids.

These recommendations will help alleviate the enormous financial burden on the families of children who are deaf or hard of hearing. Increasing access to hearing aids and related professional services for infants and toddlers who are deaf or hard of hearing will yield significant future cost savings, most particularly for the special education system. These recommendations will help to reduce the lifetime economic cost of permanent hearing loss in children in terms of special education expenditures, direct medical costs, and lost productivity which is estimated to an average of $417,000 per child. [14]

JUSTIFICATION FOR MANDATED INSURANCE COVERAGE

All 50 states have established Early Hearing Detection and Intervention (EHDI) Programs and are currently screening nearly 95% of all newborns for hearing loss, one of the most common birth defects in the United States. Yet, many of these infants who are identified with permanent congenital hearing loss fail to receive appropriate follow-up services, including hearing aids and related professional services, often because of public and private financing limitations.[16]

Continued progress toward meeting the national public health goals for children's hearing depends on our ability to eliminate financial barriers to hearing aids and related professional services. The U.S. Public Health Service's Healthy People 2010 goals define achievable targets: hearing screening before one month of age, evaluation before 3 months of age, and intervention before 6 months of age. Healthy People 2010 also recommend increased access to hearing rehabilitative services and adaptive devices, including hearing aids, cochlear implants, and assistive or augmentative devices. [16] While almost 95% of newborns are now screened for hearing loss, only about two-thirds of the infants referred from hearing screening receive diagnostic evaluations by 3 months of age, and only half of those diagnosed with hearing loss are enrolled in early intervention by 6 months of age. [19] One of the most serious obstacles to the implementation of the Healthy People 2010 hearing goals for children is inadequate financing of hearing aids and related professional services.

10 Reasons Why Hearing Aids Are Important:

1. Children whose hearing loss is identified by 6 months of age and who receive appropriate early intervention, demonstrate significantly better language scores than children identified after six months of age. [20]

2. Auditory brain development - Hearing aids can be fit on a child as young as 4 weeks old. This is essential to provide the brain with the early and consistent auditory access needed to prevent neurological atrophy of auditory pathways. [21]

3. Young children require an added degree of flexibility when fitted with amplification because their auditory system is developing and changing.

4. By school age, a child with as little as a mild, untreated, permanent hearing loss already has an average 1.2-year language, cognitive and social delay. [22]

5. Hearing aid use, when medically appropriate, is crucial to promoting spoken language acquisition because hearing must happen first before spoken language can occur. [24]

6. Language acquisition is essential in the development of a child's cognitive, literacy, and social-emotional growth. [23]

7. Early communication is critical to the development of a child's emotional health and without this there is a link to depression and other mental health issues later in life. [25]

8. When parents can communicate with their child, a more healthy family dynamic will exist which may result in less need for lifelong intervention and therapies. [20, 24]

9. Hearing loss has been shown to negatively impact every dimension of the human experience including physical health. [26]

10. The impact of untreated hearing loss is quantified to be $122 billion annually in lost wages [26]

Hearing loss in children differs from that in adults. The configurations of hearing loss are more varied in children than in adults, and children are more likely to have asymmetric losses and to have more extensive degrees of asymmetry than adults. [27] Because of these and other differences, children require different amplification characteristics than those used by adults. To achieve optimal amplification, children's hearing aids must provide a signal that makes all speech sounds audible and comfortable and ensures that high input intensities are limited to a safe level. [28] [29] [30] [31] New models of digital hearing aids with features such as automatic feedback cancellation, multiple channels, expansion to reduce low-level noise, and wide dynamic range compression[32] can achieve these goals.

The most appropriate hearing aids for infants and young children are behind-the-ear (BTE) hearing aids with automatic feedback cancellation, multiple channels, expansion to reduce low-level noise, and wide dynamic range compression. [33, 34] These features are currently available only in digital hearing aids. In addition, accessories, including custom ear molds, pediatric ear hooks, batteries, and tamper proof battery doors are necessary for the proper functioning of the hearing aid. Related professional services, including assessment and evaluation, fitting and programming, and repairs, are also essential.

CURRENT SITUATION IN NEW MEXICO

New Mexico children with permanent hearing loss receive hearing aids too late to avoid language delays. Despite the many advantages of early amplification and intervention, the average age of enrollment in early intervention services for New Mexico infants diagnosed with permanent hearing loss is 15.9 months. This far exceeds the goal of enrolling these infants in early intervention by 6 months of age. Significant barriers contribute to the delay in accessing amplification and intervention which include lack of access to audiologists that serve children, especially in rural areas of New Mexico, and the lack of adequate financing for hearing aids and related professional services.

Current reimbursement rates in New Mexico are inadequate to allow our children access to appropriate services. The 2006 cost for an appropriate hearing aid for a child, accessories, and related professional services is estimated at $3000 per aid. [35] A hearing aid and the necessary accessories account for 60% ($1800) of this total cost, and the related professional services account for the balance.[36] Infants and young children will require more frequent professional services than adults because of the complexity of and variation in their hearing loss over time. [37] As young children undergo repeated diagnostic evaluations, and as more reliable and detailed information is obtained regarding their hearing loss, their hearing aids will require repeated re-programming.

Access to appropriate hearing aids and related professional services for infants and children is an essential component of public health objectives for the U.S. Healthy People Goals for 2010. New Mexico's progress toward this goal depends on our level of financial commitment to support children's access to hearing aids. The United States and the State of New Mexico has made remarkable progress in the last decade in identifying infants with hearing loss; comparable efforts will need to be made to ensure that those identified receive the necessary intervention and treatment services, including high quality hearing aids and related professional services.

The House Memorial 16 Study Group identified the most significant financing obstacles for children in Medicaid and SCHIP, and whose families have health insurance reimbursement:

1. Medicaid
   More than half of New Mexico's children from birth to 21 are enrolled in the Medicaid program, and unlike most health insurance, the Medicaid Program covers hearing aids. Nonetheless, access to appropriate hearing aids and related professional services is limited due to the low reimbursement rate and coverage restrictions and limits.

   A. Low reimbursement rate – New Mexico's Medicaid reimbursement rate is $400 per hearing aid every four years, which is inadequate to meet the needs of most children. The audiologists on the House Memorial 16 Study Group stated the concern that some New Mexico audiologists with pediatric expertise or willingness to work with children do not participate in or limit their participation in Medicaid because of low reimbursement. Audiologists must devote more time to working with children than with adults, and

current Medicaid reimbursement rates do not account for the additional time required to provide services to infants and children. Audiologists also report delays in receiving payment and burdensome paperwork requirements that further reduce their interest in Medicaid participation.

B. Coverage restrictions and limits – Although Medicaid covers hearing aids for children, the low rate of reimbursement limits children's access to the more appropriate digital hearing aids with specific features. Providers report that use of inappropriate hearing aids will result in inadequate quality of amplified sound which often results in a child's tragic rejection of the hearing aids.

2. Health Insurance

A. Generally, hearing aids are excluded as a benefit under insurance in New Mexico. Less than forty percent of New Mexico's children between the ages of birth to 17 years of age are privately insured, primarily through employer-sponsored health insurance plans. In reviewing the top three HMO/PPO plans offered in New Mexico, hearing aids are listed as an excluded item with the exception of the New Mexico Medical Insurance Pool which covers hearing aids under individual high deductible policies. Those New Mexicans who have insurance coverage often find to their surprise that their insurance plans do not cover their child's hearing aids.

In addition to the lack of hearing aid coverage, there are additional problems with health insurance:

a) Lack of awareness – Insurers and employers are not well informed about the importance of hearing aids for infants and young children and the consequences of hearing loss and delayed identification among children, and so may not choose such coverage even if it is an option.

b) Employers do not offer hearing aid riders – Insurers may offer hearing aid coverage riders on their policies, but employers seldom take the rider option.

In summary, New Mexico's families face significant reimbursement obstacles in accessing appropriate hearing aids for their children. These obstacles can prevent early fitting of hearing aids during the critical window of time when children are developing language which can have a lifelong negative impact on all aspects of their development and their productivity as future citizens.

RECOMMENDATIONS

Based on their research, the members of the House Memorial 16 Study Committee are compelled to recommend that our state address these obstacles during the 2007 Legislative session by passing the following legislation:

1. Individual and group health insurance policies, health care plans and certificates of health insurance that are delivered, issued for delivery or renewed in New Mexico shall provide coverage for children birth to 18 and children up to age 21 if still attending high school so that hearing aids and any related service per hearing impaired ear will be reimbursed up to $2,200, ear molds provided as necessary to ensure optimal fit, and insurance must provide optional hearing aid rider.

2. Provide a deduction from Gross Receipts for the costs and services related to fitting and dispensing hearing aids and vision aids.

The members of the House Memorial 16 Study Group are also recommending an increase in the appropriation to Medicaid in order for hearing aids for Medicaid-eligible recipients to be reimbursed at actual invoice cost up to $1,400 per hearing aid and the dispensing fee to be reimbursed at $300 per hearing aid.

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Testimony from Department of Health

January 25, 2006.

(Note: This testimony was given prior to passing 59A-22-34.5. New Mexico Hearing Aid Coverage for Children)

Section IV: Narrative

1. BILL SUMMARY

a) Synopsis

HM 16 demonstrates the need for adequate coverage of appropriate hearing aids by Medicaid and private health insurance companies and requests a study be conducted to determine the feasibility of mandating insurance coverage for children's hearing aids.

Significant Issues

Each year in New Mexico 27-80 infants are born with congenital hearing loss. The prevalence places congenital hearing loss among the most common birth defects and does not include the number of children who are born with normal hearing but have late onset or progressive hearing loss.

The New Mexico Universal Newborn Hearing Screening program was mandated by legislation in 2001 requiring all hospitals to screen newborns for hearing sensitivity prior to discharge from the hospital. The program follows guidelines established by the Joint Commission on Infant Hearing of the screening of all newborns before one month of age, audiologic diagnosis before three months of age and enrollment in early intervention services before six months of age. Children can be fitted with hearing aids as young as one month of age. There is a small window of opportunity for early intervention to prevent life-long consequences. There is considerable evidence that early intervention services at this young age can mitigate the effects of the hearing loss and provide the child and family with the opportunity to develop age appropriate communication.

In New Mexico, some type of insurance including Medicaid covers 86% of children. Most insurance plans in New Mexico, except Medicaid do not provide coverage for hearing aids. The average cost of a pediatric digital hearing aid - the standard of care for children - is $2500 per aid and the average cost of a cochlear implant external speech processor is $6000. Medicaid only covers the cost at $400 per aid once every four years. With 26% of New Mexican children

living below the federal poverty level, the hearing aids are unobtainable for many families.

Children's Medical Services in the Department of Health provides medical and developmental service coordination for children requiring further follow-up and/or intervention. The federal Health Resources Services Administration, Maternal and Child Health Bureau provides grant funding to hire a coordinator of the program.

The Family Infant Toddler program in the Department of Health oversees the network of early intervention programs around the state for children eligible for service.

2. PERFORMANCE IMPLICATIONS

HM 16 is not part of the Department of Health's executive budget request.

FY '06 Department of Health Strategic Plan, Program Area II Administration, and Objective 1: Increase the capacity of the Department to address health disparities.

3. FISCAL IMPLICATIONS
No fiscal implications.

4. ADMINISTRATIVE IMPLICATIONS
Staff time will be needed to assist in studying the issues and meeting with agency and community partners.

5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP
None noted.

6. TECHNICAL ISSUES
None noted.

7. SUBSTANTIVE ISSUES
None noted.

8. ALTERNATIVES
None noted.

9. WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?
Children with significant hearing loss whose families seek and are unable to get adequate funding for appropriate hearing aids will have a life-long delay in language acquisition and development. There are psychosocial and educational implications: it may be expected that lost wages and quality of life are clearly impacted.

APPENDIX A

Testimony from a New Mexican Parent

House Bill 389: "Hearing and Vision Aid Dispenser Gross Receipts"

Madame Chair (Representative) and members of the committee, my name is (parent). My 4½-year-old daughter, (child), is hearing impaired. She was diagnosed with a hearing loss when she was a year old, and began wearing hearing aids at 13-months-of-age. Prior to (child's) diagnosis she was exhibiting a number of developmental delays. In many ways she seemed unable to process and integrate information from the world around her. Immediately after she began wearing the aids she was noticeably more responsive to the new sounds meeting her ears. With much help through the use of her hearing aids and work with speech therapists, (child) has come such a long way. She participates fully in her 4-year-olds preschool class, and her hearing loss goes undetected by many. Though (child) receives physical and occupational therapy services through the Albuquerque Public Schools, her speech and hearing related functionality is high enough that she does not require speech therapy.

We were fortunate to be able to afford high quality digital hearing aids, as well as the medical follow-up and therapy also required to maintain and utilize her existing hearing. When we purchased the aids in the fall of 2003, the pair cost $5290.63. Two hundred ninety dollars and sixty-three cents of that amount was tax. As (child) grows we must replace the ear molds, last costing us $130 plus $8.78 in tax. Further, (child) received speech therapy up through the time she turned three to help her catch up with the language skills of her peers. Speech therapy sessions were once weekly for a year, then twice weekly for a year. At a time when our daughter was just learning about the world around her and was already late in the process of acquiring language, providing her with top quality hearing aids and related therapy were of utmost importance to us. We feel the early intervention she received has helped her in her many successes thus far.

Our family suffered great stress related to the uncertainties associated with (child's) hearing loss and her other developmental delays. The great benefit (child's) has received from her hearing aids have helped her father and I feel greatly reassured about her abilities to meet the challenges of her future. Please help all hearing impaired children of New Mexico to be able to afford to receive the same potential benefits by supporting House Bill 389.

(Can include a picture of your child to personalize the letter.)

APPENDIX B

States With Insurance Mandates

Arkansas (HB 1930 / Act 1179) in effect 1/2010
Covered – Does not mandate coverage of the cost of hearing aids but rather requires insurance companies to offer coverage to employers in the state. However, if the employer chooses to add this option, the health plan must provide hearing aid coverage of no less than $1,400 per ear every three years for individuals of all ages.
Limit - $1,400 per aid, every 3 years
Citation: Arkansas Code Ann. §23-79-1401

Colorado (CO SB 057) in effect 1/2009
Covered – Children under 18
Limit – 1 hearing aid per ear every 5 years, no limit on cost but deductibles and co-pays may apply
Citation: Colorado Rev. Stat. §10-16-104
Read about the law: http://www.state.co.us/gov_dir/leg_dir/olls/sl2008a/sl_401.pdf

Connecticut (SB 136) in effect 10/2001
Covered – Children under 12
Limit – $1,000 total, every 24 months
Citation: Connecticut Gen. Statute §38a-490b and §38a-516b

Delaware (DE HB 355) in effect 1/2009
Covered – Children under 18
Limit – $1,000 per aid, 1 hearing aid per ear every 36 months
Citation: Delaware Code Ann. tit. 18 §3357

Kentucky (KRS 304.17A-132) in effect 2002
Covered – Children under 18
Limit – $1,400 per aid, every 36 months
Citation: Kentucky Rev. Stat. Ann. §304.17A-132 [PDF]

Louisiana (La R.S. 22:215.25) in effect 1/2004
Covered – Children under 18
Limit – $1,400 per aid, every 36 months
Citation: Louisiana Rev. Stat. Ann. §22:1038

Maine (ME LD 1514) in effect 1/2008, 1/2009, 1/2010
Covered – Children 5 and under took effect Jan. 1, 2008, children 6-13 takes effect Jan. 1, 2009, children 14-18 takes effect Jan. 1, 2010
Limit – $1,400 per aid, every 36 months
Citation: Maine Rev. Stat. Ann. tit. 24-A §33-2762

Maryland (HB 160) in effect 2002
Covered – Children under 18
Limit – $1,400 per aid, every 36 months
Citation: Maryland Code §15-838
Read about the law: http://www.mdinsurance.state.md.us/sa/documents/MarylandMandatedBenefits09-09rev.pdf

Massachusetts (HB 52) in effect 1/2013
Covered - Children 21 years old and younger
Limit - up to $2,000 per hearing aid every 36 months.

Minnesota (Minn. Stat. 62Q.675) in effect 8/2003
Covered – Children under 18
Limit – 1 hearing aid per ear, every 36 months, no limit on cost and no additional deductible or similar restriction
Citation: Minnesota Stat. §62Q.675

Missouri (376.1220 R.S. Mo) in effect 2004
Covered – Newborns coverage for screening, audiological assessment and hearing aid purchases
Limit – Coverage amount varies per need of newborn
Citation: Missouri Rev. Stat. §376.1220

New Hampshire (HB 561) in effect 1/2011
Covered – No age restrictions
Limit **–** $1,500 per hearing aid, per ear, once every 60 months
Citation: New Hampshire Rev. Stat. Ann. §415-6p and §415:18-u
New Jersey (S. 467 / A. 1571) in effect 4/2009
Covered – Children 15 years old and younger
Limit – Coverage for $1,000 per aid, once every 2 years
Citation: New Jersey Stat. Ann. §17:48-6gg; §17:48A-7dd; §17:48E-35.31; §17B:26-2.1aa; §17B:27-46.1gg; §17B:27A-7.14; §17B:27a-19.18; §26:2J-4.32; §52:14-17.29n; §30:4J-12.2

New Mexico (SB 529) in effect 7/2007
Covered – Children under 18, or those under 21 if still enrolled in high school
Limit – $2,200 per ear, once every 36 months
Citation: New Mexico Stat. Ann.§13-7-10; §59A-22-34.5; §59A-23-7.8; §59A-46-38.5; §59A-47-37.1

North Carolina (HB 589) in effect 1/2011
Covered – Children under the age of 22
Limit – $2,500 per hearing aid, per ear, once every 36 months
Citation: North Carolina Gen. Stat. §58-3-285 [PDF]

Oklahoma (36 Okl. St. 6060.7) in effect 11/2002
Covered – Children under 18
Limit – None for hearing aid cost, once every 48 months
Citation: Oklahoma Stat. tit. 36 §6060.7 [RTF]

Oregon (HB 2589 / Chapter 553 - 2009 Laws) in effect 1/2010
Covered – Children under 18, dependents
Limit – $4,000 per aid, once every 48 months
Citation: Oregon Rev. Stat. §743A.141

Rhode Island (R.I. Gen. Stat. 27-19-51) in effect 1/2002
Covered – All ages
Limit – Increased in 2006 from $400 to $2,000, per hearing aid for those under 19. For all others, increased from $400 to $800, per hearing aid – once every three years for both groups
Citation: Rhode Island Gen. Laws §27-18-60

Tennessee
Covered – Children under 18
Limit - $1000 per hearing aid per ear every 3 years
Citation: Tennessee Code Ann. §56-7-2368
Read about the law: http://state.tn.us/sos/acts/107/pub/pc0199.pdf

Wisconsin (SB 27 / 2009 Wisconsin Act 17) in effect 1/2010
Covered – Children under 18 (Hearing aids and cochlear implants)
Limit – None, covers the cost of one hearing aid per ear (once every 3 years), cochlear implants, and related therapy
Citation: Wisconsin Stat. §609.86; §632.895 (16)

APPENDIX C

59A-22-34.5. New Mexico Hearing aid coverage for children required

A. An individual or group health insurance policy, health care plan or certificate of health insurance that is delivered, issued for delivery or renewed in this state shall provide coverage for a hearing aid and any related service for the full cost of one hearing aid per hearing-impaired ear up to two thousand two hundred dollars ($2,200) every thirty-six months for hearing aids for insured children under eighteen years of age or under twenty-one years of age if still attending high school. The insured may choose a higher priced hearing aid and may pay the difference in cost above the two-thousand-two-hundred-dollar ($2,200) limit as provided in this subsection without financial or contractual penalty to the insured or to the provider of the hearing aid.

B. An insurer that delivers issues for delivery or renews in this state an individual or group health insurance policy, health care plan or certificate of health insurance may make available to the policyholder the option of purchasing additional hearing aid coverage that exceeds the services described in this section.

C. Hearing Aid coverage offered shall include fitting and dispensing services, including providing ear molds as necessary to maintain optimal fit, provided by an audiologist, a hearing aid dispenser or a physician, licensed in New Mexico.

D. The provisions of this section do not apply to short-term travel, accident-only or limited or specified disease policies.

E. Coverage for hearing aids may be subject to deductibles and coinsurance consistent with those imposed on other benefits under the same policy, plan or certificate.

F. For the purposes of this section, “hearing aid” means durable medical equipment that is of a design and circuitry to optimize audibility and listening skills in the environment commonly experienced by children.

EFFECTIVE DATE.--The effective date of the provisions of this act is July 1, 2007.