

House 7488
The H.E.W. Committee
State House
February 11, 2004

My name is Steven A. Florio and I am the Executive Director of Rhode Island Commission on the Deaf and Hard of Hearing. This commission is known as an one-stop center on all Deaf and Hard of Hearing matters. We deal with all deaf and hard of hearing individuals' needs every day whether they need resources, referrals, and training.

We should be very proud that the State of Rhode Island was the first State to have such legislation on hearing aids. After the legislation was passed in the 2000 session to require that the insurers offer coverage for hearing aid in contract as an optional rider, many other states have studied our legislation. Since then, 19 states have pursued for the legislation on hearing aids. Of 19 states, 9 have successfully pursued the legislation into law and 10 states continue to work on getting the legislation passed. Each state has different restrictions and programs to be available in providing hearing aids through insurance plans.

Unfortunately, the current law on hearing aids is a good example of failure. Many employers here in Rhode Island chose not to include the option in the contract. I am saddened to say that this State of Rhode Island is one of them. That is why other states did not include the optional rider, even though, it is good to note that all insurers must be able to offer it. Some states like Missouri, California, Maryland, Virginia, Wisconsin, and a few others have elected that the hearing aid coverage must be included in their insurance plans for all state employees. Those states plans include \$1,400 per state employee per 3 years, \$1,000 per hearing aid per year, etc. Many state employees in Rhode Island have different degrees of hearing loss and they need the hearing aids to achieve their daily functions.

A single hearing aid is quite very expensive and I understand the insurance company's concern from their economic standpoints. The prices per hearing aid are between \$1,000 and \$3,500 depending on the level of hearing loss individual has and the type of hearing aids (conventional, programmable, and digital). Many hearing aid dealers offer many different brands and sizes of hearing aids and features on hearing aids such as 2 channels of sounds, 5 channels of sounds, noise reduction, etc. It is best to have professional audiologists conduct the hearing tests and identify which type of hearing aid that would work best for the individual. This shall be covered by all insurers just like any regular doctor visit for any reason.

Like I said earlier, the prices are between \$1,000 and \$3,500 for a single hearing aid. It is already financially problematic for anyone who really needs one or two hearing aids. In this bill, H7488, “20% of the cost of or \$400 whichever is smaller” is inserted. This would not make any significant difference on anyone who needs it. It is not fair for anyone who has the hearing challenge has to pay most of the costs while others don’t have to. To make the bill more achievable/workable and avoid continuing being a failure in the bill, instead of 20% and \$400 whichever is smaller, the maximum of \$1,400 per person for every 36 months should be covered by the insurer and the insurer shall also offer additional insurance annually for those who want to buy for any loss or damage of hearing aid within the 36-month period in this bill. If we stick with 20% or \$400, it would cost them for \$1,200 for three years if they bought three hearing aids, (one for every year for 3 years). However, with new proposal, it would be \$1,400 over three years (only \$466.67 per year). It is very important for the individual to find the right type of hearing aid for their hearing loss regardless the cost of hearing aid. Some individuals have very profound hearing loss that would need very powerful kind of hearing aids. Someone who has some residual hearing loss would need good hearing aid to pick up the right level of sounds for better hearing. Also, all hearing aids shall be prescribed by certified audiologists or qualified ear care providers so this way, the insurance companies can trust their quality of services. The similar principle for getting glasses that must be prescribed by the eye care providers such as optometrists or opticians.

Whether or not this bill is amended or died, the deaf and hard of hearing state employees including myself want the State of Rhode Island to include the hearing aid option as part of our state employee health plan, especially for all non-union state employees who will have to pay the 7% premium of health insurance plan starting on July 1, 2004 and then 15% on July 1, 2007 according to Governor Carcieri’s plan.

In conclusion, on behalf of the Rhode Island Commission on the Deaf and Hard of Hearing, we support this bill provided that this bill still needs to be improved.

Once again, I want to thank you for giving me an opportunity to share our concerns with you and I strongly encourage you to take serious consideration on new proposal that would make more sense and better chance to make it work for everyone who utilizes the hearing aids as part of their daily lives. For some reason, if more research is needed on this issue, please do not hesitate to contact me for more resources that would help you to make a better decision. I can be reached by e-mail, SFLORIO@CDHH.RI.GOV.

Honorably Submitted by:

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