

**Statement of Barry Kasinitz
on HB 910
Before the Committee on Health and Government Operations
February 25, 2021**

Madam Chair and Members of the Committee. My name is Barry Kasinitz, and I appreciate this opportunity to express my support for HB 910, which would require health insurers to provide coverage for hearing aids for adults.

I am one of the approximately 1 million Marylanders who have a hearing loss. I can testify first hand about the critical role that hearing aids play in all facets of life. I have been wearing hearing aids for more than 40 years, and can safely say that my life would have immeasurably worse were it not for this vital technology.

Studies have shown that people with untreated hearing loss have fewer employment opportunities, fewer opportunities for career advancement, and are more likely to suffer social isolation, depression, dementia, and other health problems than those whose hearing loss is mitigated with hearing aids and other hearing health services.

The National Institutes of Health estimates that lifetime economic cost of permanent hearing loss in adults in terms of career expenditures, direct medical costs and lost productivity to be more than \$300,000 per adult, and \$1 million in overall lifetime costs. Untreated hearing loss is estimated to cost \$56 billion in the United States.

Despite these glaring statistics, too many Marylanders with hearing loss do not have hearing aids. A federal government study found that between 67% and 86% of people who would benefit from hearing aids do not have them. The primary reason is cost. Hearing aids typically cost more than \$1,000 each. The \$5,000 I recently paid for two hearing aids is common. The Hearing Loss Association of America reports that the single most frequent question it receives in its national office is people asking how to afford hearing aids.

And yet, many--perhaps most--health insurance providers do not cover the cost of hearing aids. Medicare, which is the primary health insurance provider for the segment of the population most in need of hearing aids, provides no hearing aid coverage.

This has to change. The National Academies of Science, Engineering and Medicine in its landmark 2016 study entitled "Hearing Health Care for Adults" found that insurance coverage for hearing aids is a critical need for Americans with hearing loss, and recommended it be addressed by both federal and state governments.

While HB 910 would primarily benefit those who don't currently have insurance coverage for hearing aids, a state mandate will even benefit those like me who are lucky enough to enjoy such coverage. Last year I purchased two hearing aids—one for each year—and submitted a

claim to my insurance company for reimbursement. According to the insurer's benefit documents, my policy covers a single purchase every three years "per hearing impaired ear." My insurer agreed to cover the cost of one aid, but not the second. No one I have spoken to at the company has been able to offer an explanation as to why the phrase "per hearing impaired ear" is interpreted to mean only one ear when I wear two hearing aids.

No matter how irrational this decision may be, I have limited options for redress. Ultimately, the company will interpret their policies however they choose. If they were required to abide by a state law, however, I would have recourse if they refused to pay promised benefits. At the very least, they would be compelled provide an explanation for their failure to do so.

While the need for hearing aid insurance coverage is overwhelming, I am aware that legislators must balance this need against the cost to the insurance industry. Especially in light of our current public health crisis, the demands on health insurance providers must be a concern for policy makers.

However, there are two reasons why claims that hearing aid coverage will pose a significant burden on insurance companies are exaggerated. First, scientific studies have found that untreated hearing loss significantly increases health care costs for individuals. These costs are being borne in part by health insurance companies. In this sense, hearing aids should be viewed as a cost-efficient preventative. As legislators consider what hearing aid coverage will cost insurance companies, I hope you will also factor in how much hearing aids will save.

Second, the Food and Drug Administration is currently finalizing regulations for a new category of Over-the-Counter hearing aids that are appropriate for people with mild to moderate hearing loss. If insurance coverage is limited to prescribed devices, the cost to insurance companies will fall dramatically.

While I strongly support HB 910, and believe it is essential public policy, I wish to note one caveat. Quite simply, the \$750 reimbursement per hearing aid is too low. Depending on a person's hearing loss, this cap will still require individuals to spend hundreds of dollars out of pocket for an appropriate hearing aid. Current Maryland law requires insurance companies to pay \$1,400 per hearing aid for hearing impaired children. Extending this benefit level to adult coverage would expand the reach of this critical benefit.

I wish to thank the committee members for their consideration of my views, and more importantly, for their consideration of this vital legislation.

Respectfully Submitted,
Barry Kasinitz
1109 Maple Avenue
Rockville, MD 20851