

Insurance Committee Hearing on HB 2021
January 31, 2017

Dear Chairman Vickrey
Members of the Insurance Committee.

I am Dr. Richard Meidinger. I am here to advocate for hearing aids for all ages to be included in our health insurance.

Hearing is a vital human sense that lets us communicate, socialize, earn a living, and greatly affects our quality of life.

Hearing loss is the third most common chronic physical condition in the United States—as many people report hearing loss as those with diabetes and cancer combined. Untreated hearing loss is associated with anxiety, depression, stress, and loneliness. Noise exposure can lead to high blood pressure and heart disease. Exposure to loud noise at home or in the community can damage hearing as much as working in a noisy work environment.
(a) (b)

The Americans With Disabilities Act recognizes hearing loss as a disability and set requirements for accommodations for people with hearing loss in Public Places. (c)

Over 48 million Americans hearing loss. It may result from hereditary and congenital factors, aging, and, especially, exposure to loud noise. (d)

Hearing loss is the most common cause for Workman's Compensation brought by workers who develop hearing loss in a noisy work place. This includes construction and manufacturing workers, musicians, and even restaurant staff.
(e)

Two to 3 newborns per 1000 are born with hearing lose.

17% of today's teenagers have some hearing loss. (f)

Aging is a key factor. Hearing loss doubles in each decade of life, from natural physical deterioration, and chronic noise exposure. By age 50, 30% of us have measurable hearing loss. By 60, 50%, by 70 it is 75%, and by 80 it's 85%.

Over 50% of veterans returning from the war in the middle east have significant hearing loss. Many of these soldiers are in their 20s. The VA will cover most of their hearing aids and rehabilitation.

Why do we need to treat hearing loss? Because the economic and public health costs are significant. Hearing loss has a profound social, emotional and economic effect on everyone with the disease and our economy.

Sound trauma (loud noise) can cause damage to the hair cells in the inner ear. Running a lawn mower for 8 hours, going to a hard rock concert in a closed building, or shooting a shotgun may cause injury without ear protection. Each hair cell "hears" a specific pitch in the sound that enters the ear. Loud sounds can destroy the hair cell and that specific "pitch" will no longer be carried to our brain hearing center. When enough cells are damaged, you will have trouble understanding words even though we hear them. The damage is not reversible. The hair cells will not regrow. The loss of the hearing stimulation to the brain's hearing center causes that area to atrophy and shrink. A brain MRI scan will show brain loss that begins to look like dementia.

When you are exposed to loud sounds strong enough to injure your ear, you may get a persistent ringing in your ears, called tinnitus. This is the ear's way of telling you to get away from the area because there is a good chance injury. Like pulling your finger from a hot pan so it won't be burned.

My hearing loss experience began about 25 years ago. My father had hearing loss so I assumed it was hereditary and

there was little I could do to stop it.. I was 44 when got my first hearing aids. They helped. I didn't realize that my 16 gauge shotgun and noisy woodworking shop would make things worse, but they did. Hearing loss is usually progressive, and I unfortunately found that ignorance about hearing health can make things worse.

I retired from medicine earlier than I planned, partially because of the hearing loss. About 5 years ago, I had a sudden dramatic worsening of my hearing loss over just a few days time. It was unexpected, very scary, and debilitating. I suddenly found I had a lot more trouble hearing and understanding any conversation. Music was suddenly dull and flat. I felt lost, isolated, and became profoundly depressed. I know these are typical symptoms for anyone who suddenly loses the ability to communicate, but I was not prepared for it.

Fortunately, I had a very good audiologist who was able to fit me with a more powerful hearing aids. A friend introduced me to the Hearing Loss Association of America (HLAA) that is the largest advocate organization for the hard of hearing and the deaf. I went to one of their conventions and met many hearing loss comrades. I wasn't alone and found lots of information and medical work on the ear and balance systems. It is a great place to find information and has a staff to help with questions and doing advocacy to make the public aware of this terrible handicap.

I found that we tend to ignore it. Our schools do not teach hearing health or even talk about the dangers of loud noise. None of my personal physicians (myself included) ever asked about my hearing, and none suggested a screening hearing test. I do not remember hearing about hearing loss, and I do not remember spending any our clinical time examining for it. I do not think that has changed at KUMC since I graduated in 1965.

Hearing loss is real and it has serious consequences. Recent

medical studies show a direct correlation between hearing loss and the development of dementia. Acute and chronic depression and social isolation are common. You stop thinking, stop learning, and avoid socialization, preferring isolation to embarrassment. Without hearing aids keeping you in contact, there can be rapid mental deterioration to dementia. Dementia, including Alzheimer's, is one of the most expensive illnesses to treat. Hearing aids might actually keep dementia at bay by keeping the brain stimulated.

Unfortunately, only 20% of patients with significant hearing loss get hearing aids. That means 80% go without. The main reason cited is cost. Hearing aids cost between \$1500 and \$5000 each, and most of us need two. Very few medical insurance plans in Kansas will cover any of the cost. Hearing aids were left out of Medicare in 1965 because the 1960's aids were not very good. The hearing aids today are electronic miracles. They have digital circuits and blue tooth and t-coil technology that permit them to be tuned to fit a patient's specific hearing deficits.

Only 4 states that have coverage for adults. Another 16 states cover some or all of children's needs. Kansas Medicaid does provide coverage for children with severe hearing loss. There is no coverage for adults. Routine hearing screening is not covered.

The Veterans Administration covers ALL veterans hearing aids, screening, and batteries. This is new. They cover veterans who served on active duty, and the hearing loss no longer has to be combat related.

Federal employees are allowed up to \$2500 per year for aides with a 3 year replacement per ear.

A new study by the National Academies for getting personal hearing devices to people who have only mild to moderate hearing loss should help too. This will take action by the FCC.

(g)

Economic Impact Report:

I reviewed fiscal note on the economic impact of adding hearing aids and I do not understand the figures. The report estimates that the added cost to the State employee's insurance plan could be \$19 million for the first half year and up to \$40 million in FY 2019. Only about 13% of individuals from 20 to 50 years of age have evidence of hearing loss. This should be the age range for most of the State workers. Probably less than 15% of the 13% will need hearing aids. Figuring a cost of \$2500 for a hearing aid, The actual cost has to be significantly less than the the \$19 million estimated cost for the first half year and the \$40.8 million for a full year.

The note projected that it would take another \$800,000 to cover cochlear implants and bone-anchored aids to insure the medicaid adults. Most private insurance plans and Medicare cover cochlear implants, and Social Security is available for severely affected individuals below 65. I would estimate that very a few medicaid adults would need implants, and that should cost from \$13,000 up to \$30,000 each. Again, his estimate of \$800,000 seems excessive. Bone-anchored aids are very rare, and most likely would not need to be included. Therefore, the actual cost of covering hearing aids should present a reasonable risk for the State insurance pool with minimal increase in premium. Hearing aids do not need replacing every year or even every 3 years. The average life of an aid is over 6 years and many remain useful for much longer.

I believe that hearing aids are a vital medical prosthesis that is essential to the treatment of Kansans with hearing loss. They will keep these patients productive and mentally healthy longer. They will keep skilled workers on the job, and slow the development of dementia.

Thank you very much for hearing me out, It is a pleasure to

Speak to you.
Richard Meidinger MD

- a. (hearingloss.org current news section, January 29, 2019)
- b. CDC to release a new report on noise-induced hearing loss on Feb. 7, 2017
- c. (2010ADAStandards.pdf, ANSI A117.1 for hearing assistive devices requirement, Section 219 and 706).
- d. HLAA: <http://hearingloss.org/content/state-hearing-health-insurance-mandates>
ASHA: http://www.asha.org/advocacy/state/issues/ha_reimbursement/
- e. USA Today Sep 2 2016 (CDC to release a new report on noise-induced hearing loss on Feb 7, 2017)
- f. (Journal Science Reports, reviewed on the Today Show June 7, 2016)
- g. June 2016 Hearing Health Care for Adults, The National Academies of Science, Engineering, and Medicine Report on “Hearing Health Care for Adults: Priorities for Improving Access and Affordability”