Assuring Financial Access to Hearing Aids for Infants and Young Children

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www.innfantheearing.org
Healthy People 2010

- Hearing screening before 1 month of age
- Diagnostic evaluation before 3 months of age for those not passing screening
- Intervention before 6 months of age for those diagnosed with hearing loss
- Increased access to hearing technology and related services
2003 Survey of State EHDI Coordinators

88% cited lack of financing and limited access to hearing aids as a major barrier
Economic Impact of Hearing Loss

In 2000, Annual average per student education expenditure for DHH child more than twice the expenditure for a child without a disability ($15,992 vs. $6,556)

Lifetime economic cost of hearing loss in children to be more than $2 billion or an average of $417,000 per child.

Average economic costs per year for deaf child nearly 4 times those for hearing children ($26,207 vs. $7,823).
Children’s Audiology Financing Work Group

- Lucille Beck, Audiology and Speech Pathology Service, VA Medical Center, Washington, DC;
- Phil Bongiorno, American Academy of Audiology, Reston, VA;
- Charlie Diggs (deceased), American Speech-Language-Hearing Association, Rockville, MD;
- Terry Foust, Intermountain Health Care, Salt Lake City, UT;
- Ronald Hager, National Assistive Technology Advocacy Project, Neighborhood Legal Services, Buffalo, NY;
- Robert Hall, American Academy of Pediatrics, Washington, DC;
- Judy Harrison, Alexander Graham Bell Association for the Deaf, Washington, DC;
- Mary Jones, Children’s Developmental Services, State Department of Health and Welfare, Boise, ID;
- Kathryn Kushner, National Institute for Health Care Management, Washington, DC;
- Sara Blair Lake, American Board of Audiology, Reston, VA;
- Hailey Meyer Liechty, parent, Lindon, UT;
- Michael Marge, Office of Disabilities’ Work Group, Department of Health and Human Services, Millersville, MD;
- Laura Matthews, National Governors Association’s Center for Best Practices, Washington, DC;
- Barbara McMullan, MassHealth, Boston, MA;
- Jo Merrill, March of Dimes Birth Defects Foundation, White Plains, NY;
- Lylis Olsen, Hear for Kids, The Ear Foundation of Arizona, Phoenix, AZ;
- Wendy Osterling, Primary Medical Center, Salt Lake City, UT;
- Annette Reichman, Office of Special Education and Rehabilitative Services, Department of Education, Washington, DC;
- Teri Salus, American Academy of Pediatrics, Elk Grove Village, IL;
Accessing Hearing Aids

Medicaid and SCHIP

Private Health Insurance

Part C programs

Hearing Aid Loaner Programs
Medicaid and SCHIP

- Low reimbursement rates (38% of rates paid by private insurers)
- Coverage restrictions and limits
- Limited access to pediatric audiologists
- Medical necessity restrictions
- Timely access to services
Private Insurance

- < 40% of infants and young children covered by private insurance
- 2002 study found on 16% of children with private insurance had hearing aid coverage
- Problems with private insurance
  - Lack of employer awareness
  - Hearing aid riders seldom taken by employers
  - Mandated benefits are relatively low
  - Plan network provider restrictions
Part C Early Intervention Programs

- Variability in eligibility criteria
- Many Part C programs consider hearing aids to be a non-covered medical device
- Limited funding
Part C Funding

Annual Amount of Federal Funding Per Child

- Actual Funding
- Funding in Constant 1991 Dollars


$0  $500  $1,000  $1,500  $2,000  $2,500  $3,000

$0  $500  $1,000  $1,500  $2,000  $2,500

The term, “assistive technology device” means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

-----P.L 1000-407
## How Much Would it Cost?

<table>
<thead>
<tr>
<th>Number and Cost of Hearing Aids</th>
<th>Ages</th>
<th>Prevalence</th>
<th>Newborn</th>
<th>1-12 mos</th>
<th>12-24 mos</th>
<th>24-36 mos</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>3 per 1,000</td>
<td>1.2 per 1,000</td>
<td>1.2 per 1,000</td>
<td>1.2 per 1,000</td>
<td>1.2 per 1,000</td>
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<tr>
<td>Prevalence</td>
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<tr>
<td># of 0-3 year old children w/ bilateral hearing loss needing hearing aids and number of hearing aids required</td>
<td></td>
<td>9,600 (19,200)</td>
<td>3,840 (7,680)</td>
<td>3,840 (7,680)</td>
<td>3,840 (7,680)</td>
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<td>21,120 (42,240)</td>
</tr>
<tr>
<td># of 0-3 yr old children w/ unilateral loss needing hearing aids and number of hearing aids required</td>
<td></td>
<td>1,200 (1,200)</td>
<td>480 (480)</td>
<td>480 (480)</td>
<td>480 (480)</td>
<td></td>
<td>2,640 (2,640)</td>
</tr>
<tr>
<td># w/unilateral and bilateral hearing loss needing hearing aids and number of hearing aids required</td>
<td></td>
<td>10,800 (20,400)</td>
<td>4,320 (8,160)</td>
<td>4,320 (8,160)</td>
<td>4,320 (8,160)</td>
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<td>23,760 (44,880)</td>
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<tr>
<td>Total cost (@ $3,000/aid)</td>
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<td>$61 mil</td>
<td>$24.4 mil</td>
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<td>$24.4 mil</td>
<td>$134.6 mil</td>
</tr>
</tbody>
</table>
Hearing Aid Loaner Programs

✓ Operational in 28 states....but serve relatively few children

✓ Often uncoordinated system that is not well publicized

✓ Current technology often not available

✓ Lack of predictable funding
How Much Would it Cost?
Assumptions

✓ 3 per 1,000 at birth, with 1.2 per 1,000 more each 12 months
✓ 80% have bilateral hearing loss
✓ All DHH children will use a hearing aid
✓ Digital hearing aids and related services @ $3,000 each