



JOSH GREEN, M.D.
GOVERNOR | KE KIA'ĀINA

SYLVIA LUKE
LIEUTENANT GOVERNOR | KA HOPE KIA'ĀINA

STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
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Testimony of the Department of Commerce and Consumer Affairs

Before the
House Committee on Health
Wednesday, March 12, 2025
9:00 a.m.
State Capitol, Conference Room 329 & via Videoconference
On the following measure:

S.B. 1494, S.D. 2, RELATING TO HEARING AIDS

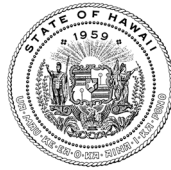
Chair Takayama and Members of the Committee:

My name is Jerry Bump, and I am the Acting Insurance Commissioner of the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department offers comments on this bill.

The purpose of this bill is to require health insurance policies and contracts issued on or after 1/1/2026 to provide optional coverage for the cost of hearing aids at a minimum \$1,500 per hearing aid for each hearing-impaired ear every thirty-six months.

We note that it is unclear whether the amendments in sections 2 through 5 of this bill would be construed as "in addition to the essential health benefits" within the meaning of 45 Code of Federal Regulations (CFR) § 155.170(a), or subject to defrayment provisions under 45 CFR § 155.170(b) which apply to benefits "in addition to the essential health benefits."

Thank you for the opportunity to testify.



JOSH GREEN, M.D.
GOVERNOR

SYLVIA LUKE
LIEUTENANT GOVERNOR

STATE OF HAWAII
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
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TESTIMONY BY DEREK MIZUNO
ADMINISTRATOR, HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
DEPARTMENT OF BUDGET AND FINANCE
STATE OF HAWAII
TO THE HOUSE COMMITTEE ON HEALTH
ON SENATE BILL NO. 1494 SD2

March 12, 2025
9:00 a.m.
Conference Room 329 & Videoconference

WRITTEN ONLY

RELATING TO HEARING AIDS

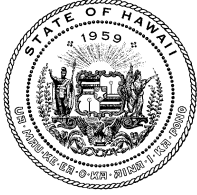
Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee:

The Hawaii Employer-Union Health Benefits Trust Fund (EUTF) Board of Trustees has not taken a position on this bill. EUTF staff would like to provide comments.

Currently, the Kaiser Permanente EUTF medical plans comply with the benefit coverage requirements of hearing aids in SB1494 SD2. The HMSA EUTF medical plans generally cover hearing aids at standard plan coinsurance levels with one hearing aid per hearing impaired ear every 60 months. Compliance with SB1494 SD2 is estimated to add \$2.1 million annually in claims to the HMSA EUTF plans (\$200,000 active employees and \$1.9 million retirees) and increase the unfunded liability by \$40.7 million.

Thank you for the opportunity to testify.

EUTF's Mission: We care for the health and well being of our beneficiaries by striving to provide quality benefit plans that are affordable, reliable, and meet their changing needs. We provide informed service that is excellent, courteous, and compassionate.



**STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

JOHN C. (JACK) LEWIN, M.D.
ADMINISTRATOR

March 10, 2025

TO: REPRESENTATIVE COMMITTEE ON HEALTH
Representative Gregg Takayama, Chair
Representative Sue L. Keohokapu-Lee Loy, Vice Chair, and
Honorable Members

FROM: Jack Lewin MD, Administrator, SHPDA, and
Sr. Advisor to Governor Josh Green MD on Healthcare Innovation

RE: SB 1494, SD2 -- RELATING TO HEARING AIDS

HEARING: Wednesday, March 12, 2025 @ 9:00 am; Conference Room 329

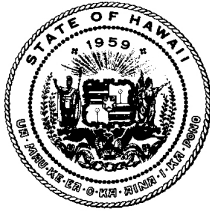
POSITION: SUPPORT, with COMMENTS

TESTIMONY:

SHDPA strongly supports the intent of this bill, which is to provide access to hearing aids for those many kupuna, and for people of all ages including keiki, who suffer from with serious hearing loss. People with serious hearing loss need this assistance to function safely and successfully in life to maintain independence in their activities of daily living and to protect cognitive functioning over time.

Despite the unquestioned needs of many people with documentation of serious hearing loss, there remains a significant amount of subjectivity and many differences of scientific opinion about rapidly evolving hearing augmentation technologies and available specific devices and systems with respect to needs of and benefits conferred to individual patients.

SHPDA thus defers to the professional otolaryngology and scientific audiologic communities regarding the specifics of minimum costs and/or cost-sharing policies that should be included in insurance regulation to address the apparent needs, but with an aim toward optimal personalized results, and consideration of access for lower income and safety net patients.



DISABILITY AND COMMUNICATION ACCESS BOARD

1010 Richards Street, Rm. 118 • Honolulu, Hawai'i 96813
Ph. (808) 586-8121 (V) • Fax (808) 586-8129 • (808) 204-2466 (VP)

March 12, 2025

TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH

Senate Bill 1494 SD2 – Relating to Hearing Aids

The Disability and Communication Access Board (DCAB) supports Senate Bill 1494 SD1 – Relating to Hearing Aids. This bill requires health insurance policies and contracts issued on or after January 1, 2026, to provide optional coverage for the cost of hearing aids at a minimum \$1,500 per hearing aid for each hearing-impaired ear every thirty-six months.

Ensuring access to communication aligns with the Americans with Disabilities Act (ADA) and DCAB's ongoing commitment to advocating for the rights of individuals with disabilities.

Currently, private health insurance plans often provide partial coverage for eyeglasses to correct vision, yet coverage for hearing aids remains inconsistent and insufficient. This bill would ensure individuals with hearing loss have improved access to necessary hearing aids through private insurance carriers, promoting greater communication access.

Hearing is an essential sense necessary for effective communication, daily functioning, and overall quality of life. For individuals with hearing loss, access to hearing aids is crucial for participation in social, educational, and professional environments.

Thank you for considering our position.

Respectfully submitted,

KIRBY L. SHAW
Executive Director

SB-1494-SD-2

Submitted on: 3/8/2025 4:09:27 PM

Testimony for HLT on 3/12/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Rick Tabor	PABEA	Support	Written Testimony Only

Comments:

Thank you Chair & Committee for hearing the hearing aid bill, as originally submitted by the members of the Deaf Blind Taskforce.

I am Rick Tabor, PABEA Legislative Committee Vice Chair, (Policy Advisory Board for Elder Affairs) which is a Governor appointed board tasked with advising the Executive Office on Aging (EOA). My testimony does not represent the views of the EOA but it does represent PABEA support. My testimony is as an individual and on behalf of The PABEA Legislative Committee. We strongly support bill SB1494 SD1.

For almost a decade our Hawaii State Legislators and the Deaf Blind Taskforce has tried to pass a bill that mandates insurance coverages, including Medicaid & Medicare to ‘adequately’ cover the cost of hearing aids. My involvement comes with many hardships leading up to my mother’s passing away a year ago, on February 7, 2025.

There was a recent ammendment stating 'optional' for the bill coverage. Optional coverage was apparently recommended to help pass this bill. However, it would seem the optional option has always been encouraged, without actually occurring. Please remove the optional amendment and specify a need for all 'perscription' hearing aids to be adequately covered at \$1500 per ear every 36 months. The addition of perscribed hearing aids insures a popper diagnosis of need, from a qualied hearing specialist, with fittings and follow up service. We must be careful to protect consumers from over-the-counter hearing aid dangers. Note: my mother blew out her left ear wearing unmanaged OTC hearing aids, as did a good friend.

Facts worth noting;

In 2023, about 29.2% of US adults with hearing loss used hearing aids. This number is lower for Pacific Islanders, Black, Hispanic individuals, and those with low incomes.

Hearing aid use by age;

- The percentage of people who use hearing aids increases with age.
- In 2021, only 9.2% of men and 5.5% of women aged 45 and older used hearing aids.
- In 2023, nearly two-thirds of adults aged 71 and older had hearing loss, but only 14% wore their hearing aids. Discomfort being the number one complaint.

- By age 90, nearly everyone (96.2%) had hearing loss, but most could not afford to purchase hearing aids.

Some important facts about hearing loss:

- Hearing loss is the third most common physical condition that affects people of all ages.
- Presbycusis (age-related hearing loss) typically begins as early as 55.
- Individuals with mild to moderate untreated hearing loss are twice as likely to show symptoms of anxiety or depression and isolation than those with normal hearing or those who wear hearing aids.
- Loneliness/Isolation was declared a National Crisis by the Surgeon General in May 2024. Increased Physical and Mental Health issues are costing insurance coverages more with higher premiums than it would cost to adequately cover hearing aids in a wellness, early intervention treatment
- According to available data, the estimated cost to the nation from not adequately covering hearing aids is several billion dollars annually due to factors like reduced workforce productivity, increased healthcare & mental health costs for related conditions, and the overall economic impact on individuals with hearing loss who cannot afford hearing aids. And that's not to mention the interpersonal relationships issues; family discord, domestic violence and, sadly, an increase in our nation's suicides.

Key uncovered cost points to consider:

- Average hearing aid cost:
Hearing aid prices vary greatly depending on a number of factors. But generally speaking, a pair of hearing aids can cost anywhere from \$1,000 to \$8,000, with some models going up to \$10,000, depending on style and features included, as well as whether service and aftercare are part of the purchase price. Meaning a significant upfront cost for individuals without adequate insurance coverage.
- Medicare & health insurances lack coverage: Currently, Medicare does not cover hearing aids under Parts A or B, and most private health insurance plans offer limited or no coverage, leaving many individuals to pay out-of-pocket.
- Impact on workforce productivity:
Studies show that untreated hearing loss can lead to reduced job performance and potential career limitations, impacting the economy as a whole.
- Social and mental health implications:
Hearing loss can contribute to social isolation, depression, and anxiety, further impacting healthcare costs.
- Hearing loss can lead to deadly falls, but hearing aids may cut the risk. Falling is the top cause of accidental injury for older adults. Even mild hearing loss can increase the risk of falls.
- Studies have shown, consistently wearing hearing aids has been shown to improve balance and prevent falls.

- Studies have shown a 70% increase in Dementia issues for folks living with uncorrected hearing issues.
- Most of those with hearing loss wait seven to 10 years before getting help. Delaying corrective action may result in irreversible hearing loss.
- Less than 30 percent of our kūpuna use hearing devices due to:
- Lack of means to purchase
- Stigma
- Avoidance and denial of hearing issues
- Unfamiliar with where to go for help
- Misdiagnosed or untested due to assumptions of other issues

In closing; please support our 2025 Hawaii State Legislative Session Hearing Aid Bills. And this thought; Being heard is so close to being loved that, for most of us, the two are almost indistinguishable. Because, after all, Knowledge speaks, but wisdom listens. Thanks for listening. And Thank you for all you do. Take Care.

Testimony of
John M. Kirimitsu
Counsel

Before:
House Committee on Health
The Honorable Gregg Takayama, Chair
The Honorable Sue L. Keohokapu-Lee Loy, Vice Chair

March 12, 2025
9:00 am
Conference Room 329

SB 1494 SD2 Relating to Hearing Aids

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on bill mandating optional insurance coverage for hearing aid devices.

Kaiser Permanente Hawaii would like to request an amendment.

Kaiser supports the intent of this bill and already offers a base hearing aid benefit on our standard commercial and individual plans. However, Kaiser is concerned that the \$1,500.00 minimum coverage requirement in this bill will divert the focus away from medical care, i.e., what is medically appropriate, and instead prioritize purely financial incentives, i.e., choosing the most expensive products, which may or may not be more effective. In essence, higher price doesn't always mean higher efficacy and effectiveness.

In the best interest of the patient, Kaiser Permanente requests an amendment to include the nationally accepted evidenced-based "medically necessary" standard, in accordance with HRS § 432E-1.4 (*Medical Necessity*), which will ensure that a hearing aids meet the criteria established by national standards and is considered necessary within the accepted standards in the medical community. This evaluation of medical necessity is critical to allow the clinician to individualize each patient's medical needs and goals. Therefore, we recommend that Page 4, lines 11-15, read as follows:

"§431:10A- Optional coverage for hearing aids. (a) Each individual and group accident and health or sickness policy, contract, plan, or agreement issued or renewed in the State on or after January 1, 2026, shall provide optional coverage for the cost of hearing aids [when medically necessary and prescribed by a licensed

physician or audiologist] for the policyholder and individuals covered under the policy, contract, plan, or agreement.

Additionally, this bill's requirement that insurers notify policyholders of the optional coverage through "*Any literature or correspondence an insurer sends to policyholders, including annual information that is made available to policyholders*" is vague and overly burdensome. Health insurers are already required to send benefit and coverage information to policyholders annually through its Evidence of Coverage, therefore, any further requirement to provide this same information through "any literature or correspondence" is duplicative. For those reasons, Kaiser requests the following amendment to Page 5, lines 16-21 (deleted language is ~~stricken~~ and added language is [bracketed] and underlined):

(f) ~~Any literature or correspondence an insurer sends to policyholders, including~~
[A] ~~annual information that is made available to policyholders, shall include~~
information concerning the optional coverage required by this section; ~~provided~~
~~that the information concerning the optional coverage required by this section~~
~~shall also be posted on the insurer's website.~~

Thank you for your consideration.

March 12, 2025

To: Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the House Committee on Health

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: March 12, 2025; 9:00 am/Conference Room 329 & Videoconference

Re: Testimony with comments on SB1494 SD2– Relating to Hearing Aids

The Hawaii Association of Health Plans (HAHP) would like to offer comments on SB1494 SD2. HAHP is a statewide partnership that unifies Hawaii's health plans to improve the health of Hawaii's communities together. A majority of Hawaii residents receive their health coverage through a plan associated with one of our organizations.

HAHP appreciates the intent of this measure to help those with hearing loss improve their quality of life. However, we would like to respectfully comment on several points:

- Medicare plans are preempted by federal law, so this measure may not have the intended impact.
- We believe that a decision on the type of device a patient may require should be based on medical necessity rather than a mandatory minimum cost.
- Most health plans in Hawaii already offer coverage for hearing aids for their members.
- Finally, if this bill should move forward, we believe that as a new mandated benefit, it should be subject to an impact assessment report by the State Auditor pursuant to Sections 23-51 and 23-52 of the Hawaii Revised Statutes. An auditor's report was requested by the legislature in 2022 (SCR61 SD1 HD1), but has not yet been conducted.

Thank you for the opportunity to testify on SB1494 SD2.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members



March 12, 2025

The Honorable Gregg Takayama, Chair
The Honorable Sue L. Keohokapu-Lee Loy, Vice Chair
House Committee on Health

Re: SB 1494 SD2 – RELATING TO HEARING AIDS

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on SB 1494 SD2, which requires health insurance policies and contracts issued on or after 1/1/2026 to provide optional coverage for the cost of hearing aids at a minimum \$1,500 per hearing aid for each hearing-impaired ear every thirty-six months.

HMSA appreciates the intent of this measure but offers comments regarding the applicability of this measure. Since a majority of Kupuna over 65 are covered by Medicare, which is regulated by federal law, HMSA believes that federal preemption would prevent the state from mandating coverage for this population. We also believe that the decision of the hearing device an individual uses, should be driven by medical necessity and not a mandatory minimum cost.

As identified in the preamble, should this measure move forward, we believe that as a new mandated benefit, it should be subject to an impact assessment report by the State Auditor pursuant to Sections 23-51 and 23-52 of the Hawaii Revised Statutes. An auditor's report was requested by the legislature in 2022 (SCR61 SD1 HD1) but has not yet been received.

Thank you for the opportunity to testify on SB 1494 SD2.

Sincerely,

Dawn Kurisu
Assistant Vice President
Community and Government Relations

SB-1494-SD-2

Submitted on: 3/7/2025 5:39:04 PM

Testimony for HLT on 3/12/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
B.A. McClintock	Individual	Support	Written Testimony Only

Comments:

Please support this important bill. Mahalo.

SB-1494-SD-2

Submitted on: 3/10/2025 2:58:15 PM

Testimony for HLT on 3/12/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Ellen Awai	Individual	Support	Written Testimony Only

Comments:

I support SB1494SD2.for hearing aids for those that need them.

SB-1494-SD-2

Submitted on: 3/10/2025 6:30:02 PM

Testimony for HLT on 3/12/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Sherry Shimizu	Individual	Support	Written Testimony Only

Comments:

March 10, 2025

Dearest Honorables Representatives Takayama (Chair), Keohokapu-Lee Loy (Vice Chair), and Members Amato, Chun, Marten, Olds, Takenouchi, Alcos, Garcia of Health (HLT):

My name is Sherry Shimizu, I am a graduate of Pearl City High School and received a bachelor of science degree at Rochester Institute of Technology in New York with a major in Packaging Science or better known as Engineering and minor is Criminal Justice. I am currently a resident of Pearl City, the same district as your Chair, Representative Takayama (House District 34).

I am testifying today to express my support for SB 1494 SD2, with the understanding that although disappointing is not mandatory but optional, "health insurance policies and contracts issued on or after 1/1/2026 to provide coverage for the cost of hearing aids at a minimum \$1,500 per hearing aid for each hearing-impaired ear every thirty-six months". This bill is very important to me personally, because I have been Deaf in one ear and hard-of-hearing in the other ear all of my life; I used to use one lateral hearing aid and decided to stop about 8 years ago. Hearing aids are very expensive and I cannot afford new ones, similarly with my family members and friends. My parents, siblings and other family members are also either Hard-of-Hearing or Deaf.

I know first-hand the frustration of missing information because I did not hear it clearly; I know first-hand how much hearing aids can and do help in accessing the information I otherwise miss; and I know first-hand how it feels to be told to "Pay Attention!" when I did everything I possibly could to do just that then to be told "nevermind." Adjusting to changes in my hearing, over time, make all this a lifelong challenge.

I know, too, how expensive hearing aids are; the challenges in finding and acquiring the most suitable aids for my own use, as well as after time seeking out a qualified and understanding audiologist, even rarely one who signs. And I certainly know the anguish of sometimes having to give up something I really wanted or needed in order to afford an upgrade to my hearing aids. Over-the-counter (OTC) hearing aids nor so called AirPods do not work for profoundly Deaf people, since much more powerful hearing aids are needed and require adjustments by a professional Audiologist depending on the individual's severe hearing loss. Based on my experience and those of my family and friends' which I just explained, I believe children of school age who want Hearing Aids can and this accommodation contribute to their future success just like me.

Most people with disabilities have resources that help pay for the assistive technology they need: Deaf people are provided with interpreters; Blind people have many resources to access information via speech or braille; Deaf-Blind people have a national program that provides them with the technology they need; and individuals with physical challenges have resources to help pay for durable medical equipment. Individuals who are hard-of-hearing rarely have support to help pay for the most important access devices in their lives, because medical insurance does not cover hearing aids, although it should.

Hearing aids for a hard-of-hearing person are akin to prescription eyeglasses. In both cases a specialized doctor is needed to make a specific prescription, and a licensed provider is needed to provide the technology. Yet prescription eyeglasses are covered (as an option) by insurance, while hearing aids are not. Hearing aids are not permanent nor invasive and are much cheaper than cochlear implants; cochlear implants are a form of abuse parents do to their children, some babies before they are 1 year old, their brains are surgically cut open and skulls drilled through, imagine not even having a chance of forming to full adult size brains. Google is your friend to look up the video of the actual procedure.

We in the hard-of-hearing community have tried for years to advocate for legislation to rectify this situation. Many of us have worked hard to have legislation introduced and heard. Invariably the committees we testify approve the proposed legislation - but the Legislature does not. I am here to ask you, please: we need this technology / accommodation / accessibility and we need your help in enabling us to acquire it. SB 1494 will be a major step in this direction.

Thank you for the opportunity to testify,
Sherry Shimizu

SB-1494-SD-2

Submitted on: 3/10/2025 7:58:26 PM

Testimony for HLT on 3/12/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Sabrina Chang	Individual	Support	Written Testimony Only

Comments:

Dear Legislative Committee,

I am writing to express my strong support for SB1494 that seeks to require health insurance policies and contracts issued on or after 1/1/2026 to provide optional coverage for the cost of hearing aids at a minimum \$1,500 per hearing aid for each hearing-impaired ear every thirty-six months. As a student in the medical field, I believe that this measure is a necessary step toward reducing the health disparities and improving access to essential care for individuals with hearing impairments.

In my clinical experiences, particularly while working with elderly patients in hospital settings, I have observed firsthand how crucial hearing aids are for communication and overall wellbeing. Many patients I have encountered, especially in the ER or during hospitalizations, rely on hearing aids to communicate effectively with their healthcare providers. However, due to the high cost of hearing aids, some patients choose to leave them at home out of fear of losing them in the hospital. Without their hearing aids, even routine communication becomes challenging, particularly during nurse rounds or important medical discussions. This is especially concerning for patients experiencing delirium, where confusion and disorientation already make interactions challenging. Poor communication in these situations can further complicate their medical care and also contribute to a feeling of isolation, which can exacerbate their health concerns.

Beyond hospitals, hearing loss affects people of all ages, and without proper insurance coverage, many struggle to afford the devices they need to stay connected with the world around them. The lack of coverage for hearing aids often exacerbates existing disparities, particularly for individuals who are already facing financial burdens. Hearing aids are not a luxury—they are a critical tool that helps people maintain their independence, participate in daily life, and receive proper medical care. Expanding insurance coverage for hearing aids would help close this gap, ensuring that more individuals can access the devices they need without sacrificing their financial security.

I strongly urge the committee to pass this bill so that individuals, especially those who are elderly or economically disadvantaged, can get the hearing aids they need to lead healthier lives.

Thank you for your time and consideration.

Sincerely,
Sabrina Chang

March 12, 2025

Testimony of Eleanor Macdonald
Submitted to the Hawaii State House
COMMITTEE ON HEALTH

Honorable Rep. Gregg Takayama, Chair
Honorable Rep. Sue L. Keohokapu-Lee Joy, Vice Chair

Re: SB1494 SD2, Relating to Hearing Aids, Insurance

Dear Chair, Vice Chair and Members,

I would like to just offer comments for SB 1494 SD2, Relating to Hearing Aids and insurance coverage.

This legislation leaves it “optional” for health insurers to provide coverage of prescription and over-the-counter hearing aids for individuals who are experiencing hearing loss at a minimum \$1500/hearing impaired ear. There are too many people who cannot afford the high cost of hearing aids and at least \$1000-\$1500 covered by health insurance companies would be hugely helpful for people to pay for hearing aids. In today’s economy and the high cost of eggs just putting food on the table is a challenge.

At this writing, there are five (5) states (Arkansas, Connecticut, Illinois, New Hampshire and Rhode Island) that currently mandate coverage of hearing aids for both children and adults, “potentially exceeding \$1,500.” This coverage by health insurance companies helps to avoid the much higher cost of treating dementia resulting in isolation from family and friends, lack of access to information and eventual atrophy of tissue in the auditory cortex of the brain.

According to The Council for Community & Economic Research, Hawaii is the #1 most expensive state to live in the United States and people throughout the state of Hawaii just find it hard to afford the high cost for hearing aids.

We need health insurance companies to pay a minimum of \$1000-\$1500 per hearing aid.

Mahalo,
Eleanor Macdonald, M.Ed., CRC (ret.)